

Final Evaluation RAS/AD/RAS/I09
:
**Strengthening Comprehensive HIV/AIDS Prevention and Care for Drug
Abusers in Custodial and Community Settings**

Thematic area
Drug Demand Reduction

Countries
Cambodia, China, Indonesia, Malaysia, Myanmar, Thailand, Vietnam

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Abbreviations and Acronyms

ATS	Amphetamine Type Stimulants
CCDAC	Central Committee for Drug Abuse Control (Myanmar)
DSEP	Department for Social Evil Prevention (Vietnam)
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Use/r
MOLISA	Ministry of Labour, Invalids and Social Affairs (Vietnam)
NADC	National Authority for Combating Drugs (Cambodia)
NNCC	National Narcotics Control Commission (China)
NNB/BNN	National Narcotics Board (Indonesia)
ONCB	Office of Narcotics Control Board (Thailand)
RPF	Regional Programme Framework

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Preface

The project was designed to be implemented over a two year period. UNODC was working with one national partner in each participating country, these were specifically the National Authority for Combating Drugs in Cambodia (NACD), the National Narcotics Control Commission in China (NACD), the Committee for Drug Abuse Control in Myanmar (LCDC), the Office of the Narcotics Control Board in Thailand (ONCB) and the National Committee on AIDS, Drugs and Prostitution Control in Vietnam (SODC). The project budget comprised a donor contribution of US\$ 885,000.

The evaluation was conducted over a four week period by an international drug control expert with no connection to any of the implementing organisations. There was insufficient time to contact all stakeholders in all countries. The evaluation was conducted in conjunction with evaluations of three other projects, which added to the workload, but helped to consolidate the evaluator's grasp of drug demand reduction issues in the region and the commitments and activity of UNODC in particular.

Summary matrix of findings, supporting evidence and recommendations

Findings, problems and issues	Supporting evidence	Recommendations
Good progress towards overall Project Objective in some countries <i>Improve the capacities of Government agencies to reduce HIV vulnerability from harmful drug use</i>	Changes in legislation (China, Cambodia): in-country trainings (China, Indonesia, Thailand, Vietnam) Interviews, draft legislation	Advocacy for wider changes diverting drug consumers from prison or compulsory treatment
Regional Training Workshops well organised and good content delivered	Workshop documents, informants	Use closing workshop to map out Phase II of project
Cadre of Master Trainers of impressive level of competence	Informants, project documents, interviews	Sustain competence with future training
In-country follow-up workshops initiated in some countries	Informants	Prepare follow-up focusing on in-country training with UNODC backstopping
Project contributed to legal changes in some partner countries – further changes seem possible	Informants, documents	Continue working with change agents to improve legislation towards public health and good governance
Project partners suggest that policy change in some countries is blocked by vested interests	Informants	Link up drug control with anti corruption agenda – scrutinise policies and unintended consequences
Contradictions between	Law defines drug use as	Promote legislative change

Findings, problems and issues	Supporting evidence	Recommendations
legislation and policy in several countries	crime – and policy statements as a health problem	to decriminalize drug consumption
Strong sense of moral outrage about drug use among law enforcement and policy makers	Informants	Promote better understanding of drug use – training on stigma
Community policing component has rationale in project design, but difficult to integrate with other project activities	Informants, project documents	Consider developing community policing as separate strand of activities. Link with bi-lateral donors, ODC as coordinator. Submit proposal to MOU
Poor understanding of addiction and addiction treatment among many (not all) practitioners	informants	Invest in training, work on instruments and training manuals
Tension between public health and law enforcement in executing agencies in partners countries	In some countries attempts by public health to introduce Harm Reduction is blocked by law enforcement	Workshops on HR for policy makers, senior law enforcement, Ministry of Justice
Resort to criminal justice system to deal with social problems	Informants, project documents	Research and evidence informed discussion to widen understanding of drugs issue
Regional project provided participants with opportunity for learning from each other	Informants, site visits	Build on regional network – support with website, future training events
Project highly relevant to region – given rise in incidence of drug use and prison overcrowding	Informants, reports	Follow-up with projects in each country and regional project on alternatives to custodial punishment
US\$ 280,000 were taken out of project to fund other activities	Project documents, interviews Project Coordinator, current and former Regional Representative	Return funds for further activities
Adherence to original objective of reducing HIV in prison settings	Project documents begin by speaking about prisons, is then amended to ‘secure settings’ which are effectively drug treatment centres or boot camps for drug users	Continue with advocacy at policy level to gain access to prisons

Executive Summary

- Results 1: Constructive contribution to legislative process, as project trainees participate in the drafting process of new drug laws in Cambodia, China, and Vietnam
- Results 2: Master Trainers conduct training in their countries, raising capacity among professionals working in closed settings. Scale varies, from systemic integration in curriculum and roll out over province (China) to token training events (Cambodia)
- Results 3: Training material used in the regional training workshops were translated and adopted (China, Vietnam, Thailand)
- Project design and direction changed at inception meeting – from emphasis on ‘prisons’ to ‘closed settings’
- Community policing component has rationale in project design, but difficult to integrate with other project activities
- Project ambitions are disproportionate to funding and time frame
- Ongoing work needed to access prisons
- Ongoing work needed to deliver legislative changes allowing for the diversion of drug consumers from prison and closed settings
- On-going work needed for in-country follow up, training, instrument development by teams of Master Trainers with UNODC support
- Project has created good working relationships and has enhanced agency prestige in all of the countries evaluated
- Project part of a step-by-step approach
- The execution of the project was adversely affected by the removal of just under a third (US\$ 280,000) of allocated funds to finance the post of an HIV Advisor stationed in Beijing. In spite of financial cuts all activities are about to be completed, with support from UNODC Bangkok staff, Project Coordinator’s network and support from some of the project partners
- Project consists of a series of Training Workshops aimed at creating a core of Master Trainers. Original plan for 2 year project spun out over 5 years.
- Considerable differences in project impact among participating countries. Key criteria for success is direction from policy makers, coherence of teams and regularity in workshop attendance

1 Introduction

Background and Context

The global HIV/AIDS epidemic killed more than 3 million people in 2003 and an estimated 5 million acquired HIV, bringing to 40 million the number of people living with the virus.

It is estimated that in 2003, the year before project commencement, between 700,000 and 1.3 million adults and children in East Asia and the Pacific were living with HIV/AIDS, including an estimated 150,000 to 270,000 new infections. Relatively low national prevalence figures obscure the seriousness of localised epidemics, and sharp rises in infections, particularly in China, Indonesia and Vietnam.

Infection rates in the region are highly correlated with injecting drug use, related sharing of contaminated injecting equipment and further transmission into general populations through unsafe sexual practices. Injecting drug users (IDUs) in the region generally show an HIV infection rate of 50% or more. Selective sites, for example in Myanmar, have shown some of the highest infection rates in the world (+ 90%). No significant reduction of the HIV/AIDS rates among IDUs has yet been demonstrated in the region, even in countries such as Thailand where HIV was first identified in the mid 80s.

In many countries of the Greater Mekong Subregion, illicit drug use is categorized as criminal behaviour subject to penal sanctions, notwithstanding some government policies that recognize drug dependence as a public health issue. The consequences of the legal framework include compulsory drug abuse treatment and rehabilitation, irrespective of the service's effectiveness, and a large proportion of inmates with drug related personal histories, often in excess of 50% of the prison system total.

International evidence has shown that incarceration presents a heightened risk of exposure to HIV through illicit drug use and sexual transmission and as prisoners are released, that the risk is transferred into open communities. The project document quotes international evidence that "incarceration presents heightened risk of exposure to HIV...and as prisoners are released, that risk is transferred to the community."¹ At the project inception meetings the UNODC Regional Representative referred to prisons as 'pumping grounds' for the spread of the HIV epidemic² and discussed the leading role of UNODC as a UNAIDS co-sponsor in addressing this problem. According to the comparative scientific literature the mechanisms of criminalising drug consumption, large scale incarceration, and punitive offender management regimes have reduced prisons to HIV incubators, with critical long-term knock-on effects for wider society as prisoners are released back into the community.³

¹ UNODC, 2004. *Strengthening comprehensive HIV/AIDS prevention and care Among Drug Users and in prison settings*. Bangkok: Wayne Bazant, UNODC

² UNODC, 2006 *Inception Meeting and Regional Advocacy Workshop Strengthening comprehensive HIV/AIDS prevention and care Among Drug Users in Communities and in prison settings*. Workshop Report. Bangkok: UNODC

³ Klein, Axel, Marcus Roberts and Mike Trace, *Drug Policy and the HIV Pandemic in Russia and Ukraine*, Briefing Paper 2 for the Beckley Foundation Drug Policy Programme, April 2004

Governments in the region recognize the limitations of their compulsory drug abuse treatment and prison system responses, together with the need for new and improved methods that will reduce personal and public health harms.

Significantly, it was not regional partners who initiated or even subscribed to prison-based projects to reduce HIV/AIDS and injecting drug use. It is not clear if the relevant authorities, the ministries of Justice, Public Security and Internal Affairs responsible for prison administration are as yet fully aware of the threat and the method and effectiveness of interventions.

Given the scale of the problem itself, the financial resources committed – US\$885,000 – were so small that the project can only be seen as a pilot. The modest amount is further reduced by the regional scope covering some six countries with a combined population of over 1.7 billion people. The potential impact is then reduced further by the amendments to project title and objectives, with a shift from prisons, to ‘secure settings’, and the inclusion of ‘community.’

B Purpose and scope of the evaluation

The evaluation reviews the problem addressed by the project and the effectiveness of the proposed strategy. More specifically:

- whether the needs of executing agencies at the time of project formulation were properly addressed
- whether project activities and resources were allocated adequately
- whether the project’s approach has been appropriate

It assesses the outputs, outcomes and any impact achieved by the project as well as the likely sustainability of project results. In keeping with the objectives of the Regional Programme Framework 4.4, the focus is on results, namely outputs and outcomes and the direct contribution made by the programme.

Recommendations for any future action in respect of issues related to the implementation or management of the project, as well as concerning replication of the project approach and strategy in other regions or in specific countries covered by the project follow. Lessons learnt and opportunities for follow-up are listed.

A note on style: in keeping with academic writing traditions, reflecting the process of discussion and examination that preceded each finding and to maintain the appearance of objectivity, the evaluator will be referred to in the first person plural.

C. Executing Modalities of the programme

This was a regional programme developed and designed in consultation with the partner countries of the MOU region (Mekong countries) joined by Indonesia (while Lao PR dropped out) and with Malaysia as an observer. Resources were provided by a number of donor countries⁴ and delivered and coordinated by UNODC.

⁴ Italy, Sweden UNAIDS, IDI (AusAID) and Indonesia (in kind)

A network was set up with the national narcotic boards in the partner countries, and a dialogue initiated with key stakeholders – ministries of health, law enforcement, public security. A coordinator was identified in each country to act as focal point and counterpart for the UNODC project manager. These were to assist with the coordination of project activities and the implementation of in-country activities. In Cambodia, Myanmar and Vietnam UNODC country offices provided support as did staff from the regional office in Bangkok. The key partners agencies were:

Cambodia	National Authority for Combating Drugs (NACD)
China	National Narcotics Control Commission (NNCC)
Indonesia	National Narcotics Board (NNB/BNN)
Myanmar	Central Committee for Drug Abuse Control (CCDAC)
Thailand	Office of Narcotics Control Board) ONCB
Vietnam	Department of Social Evil Prevention (DSEP) Ministry of Labour, Invalid and Social Affairs

D Methodology

The report follows the multi-method evaluation model laid out in the UNODC guidance literature,⁵ including the study of secondary sources (project document and its revisions, progress and monitoring reports, where available previous evaluations, self evaluations and client feedback, policy documents, documents from other projects by UNODC or other donors, scientific literature). This was followed by collecting data from a range of primary sources, mainly interviews with key stake holders (both face to face and by telephone), field visits to project sites including Drug Rehabilitation Centres Ludlum Kaew in Thailand, Battambang in Cambodia, and Bac Ninh in Vietnam, and the direct observation of practices.

E Limitations of the Evaluation

The evaluation suffered from constraints in terms of time, availability of stakeholders, and inability to travel to some of the partner countries such as Myanmar and Malaysia. In both Indonesia and Vietnam time was extremely limited and it was difficult to interview all the stakeholders. Few people directly involved in projects AD/RAS/AD/RAS/I09 could be interviewed in Vietnam. Every effort was made to collect relevant documents, but it was not always possible to obtain English language copies.

As the evaluation was combined with that of three other projects this could lead to confusion at times among informants and the evaluator. Some of the stakeholders had limited English language competence which constrained communications and skewed the interviewing process towards informants who were possibly less knowledgeable but more fluent. The evaluator has only a limited knowledge of the cultural complexity and political reality of the countries in the region.

The lack of support for the evaluation by some of the UNODC field offices was disappointing. In Jakarta the UN advisor on HIV/AIDS was unable to meet the

⁵ UNODC, 2008. *Evaluation Handbook: A practical Guide for use by UNODC Staff to plan, manage and follow up an evaluation*. Vienna: UNODC, Independent Evaluation Unit.

evaluator. In Vietnam Mr Mnguyen Tuong Dung provided valuable input but the head of the office was unavailable. This is felt as a serious loss for the quality of the data gathering process as UNODC staff have such a rich insight into drug control issues and could provide valuable background and contextual information, as well as important details on the project itself.

In China there was some interference at the Yunnan Police Academy. A staff member from the National Narcotics Control Commission who had not been involved in the project but had been sent along to monitor the evaluation, took an active part in the interviewing process, which could have influenced responses and was, as a matter of procedure, quite inappropriate.

The evaluation report will concentrate on the countries where interviews and site visits could be conducted. It is deemed inadvisable to draw conclusions on the basis of telephone interviews and document review, hence there will be no comment on Myanmar and Malaysia.

II Major Findings and Analysis

A Relevance of the programme

It is very clear from an objective perspective that the programme in its original conception is of very high relevance to every participating country. The incarceration rates are high, drug use is rising fast and HIV is a constant threat. Informants in Cambodia reported that the project had come out of MOU discussions, and several of the country presentations delivered at the Inception Meeting confirm the relevance of the proposal and the acute concern in policy circles over the underlying issue. Such data notwithstanding, perceptions of risk varied among countries. The People's Republic of Laos disagreed with the importance of the issue and dropped out of the project altogether. Stakeholders from Thailand said that it seemed the project had been imposed by UNODC with little consultation with partner countries. On the other hand, Indonesia, not a MOU country, applied to join the project, and Malaysia attended as an observer. Most participating countries recognised that the project addressed some of the key issues identified in one of the four strategic pillars of the ACCORD Plan of Action that provides ASEAN and China with cooperative operations in response to dangerous drugs.

The difficulty of balancing a strict policy of repression, where drug use is considered a moral evil and harmful to society, with a public health approach aimed at reducing BBVs plays out differently in each country (not just in this region). Cambodia for example is introducing measures to allow for harm reduction like NSP and MMT, while raising penalties for possession offences. China has taken a pragmatic approach and introduced legislation that addresses the drug use-prison-HIV nexus with the introduction of treatment alternatives and harm reduction measures. Laws are often complex and conflicting, preventing the introduction of effective measures such as needle exchange.⁶ And further changes to facilitate drug treatment, outreach and the

⁶ E.G Myanmar presentation at Seminar on Community Policing for Building Safer Community May 2009, mentions as constraints the 1993 Narcotic and Psychotropic Substances Law which stipulates: (i) Compulsory registration and treatment (ii) 3 to 5 year imprisonment, severe punishment (iii) No alternative sentencing (iv) not in line with harm reduction process

diversion of petty offenders from custodial punishments are blocked by political posturing – the desire to appear tough (e.g. in Cambodia). Even more difficult is the built-in opposition of law enforcement agencies, which according to one Indonesian informant, take advantage of harsh measures to collect bribes. In a situation of such inter-country variance and political complexity, a regional programme provides an opportunity for all participants to review policies and initiate new practices under the guidance of an international organisation.

Regarding the strategic priorities of UNODC itself, the project also fitted in clearly with the Regional Programme Framework. Thematic pillar 5 identifies the goals of setting up high level committees on HIV/AIDS in correctional settings, developing alternatives to custodial penalties and supporting effective HIV/AIDS prevention and care. The strategy, as well as the project, both make clear that change can only come after a change of mindsets at the policy level. Yet at the same time practitioners need to be won over and trained up, so that they can stand ready for implementation and act as lobbyists and agents for change. Nurturing such core teams to push for change in each country has been highly rewarded, at least in China.

While the project is clear about the need to work in the prison setting – “pumping stations for HIV”, project partners made clear at the inception meeting that working in prisons would be impossible. At this late stage the terms and remit of the project were changed from prisons to ‘closed settings.’ It needs to be pointed out that drug treatment centres for self-referred drug users and offenders referred by the courts or police for drug possession offences, are in fact custodial institutions ranging from boot camps on military bases run by the armed forces to closed residential settings that are guarded and fenced off.

There are examples of effective interventions that can be run in such locales, including Universal Prevention with long term benefits. Yet, the idea of launching harm reduction measures in treatment centres seems odd. Sexual health messages should be part of the life skills and healthy living modules of the treatment process.

This change brought about a dilution of the project’s objectives and made for a much less sharp focus than intended in the original document. It meant that the original concerns over HIV/AIDS being ‘pumped out’ of prisons went unaddressed. It is difficult to identify a cohesive programme leading towards a single or small set of goals. Instead there is a range of activities supporting interventions in ‘closed settings’, which is somewhat different from the original project goal.

Activities and implementation

At the core of the project are a number of subject specific workshops. The rationale is to harness international expertise on particular areas relating to project outcomes and delivery and pass it on to participants. These are then expected to disseminate their new learning, to influence policy and to train colleagues in their own countries. In spite of the logistical difficulties involved this is an appropriate method for a regional capacity building project. It would have been far more effective if a second phase, with support for in-country delivery could have been built in from the outset.

A difficulty arose with the time frame of the project. Initially designed for two, the project took five years to deliver. While five years is realistic given the ambitious remit in trying to create 'enabling environments' the funding was simply inadequate to lend the necessary weight. The workshops could therefore appear somewhat disparate, especially for countries that were sending a different team to each workshop, and there was a risk of losing momentum.

B Attainment of the programme of project objectives

Improve the capacities of Government agencies to reduce HIV vulnerability from harmful drug use. With an immediate objective of equipping Government agencies responsible for public security, compulsory drug abuse treatment and rehabilitation, and correctional services to improve capacities to reduce HIV vulnerability from harmful drug use.

As a preamble we would like to draw attention to the fact that the original project concept underwent significant changes at the inception meeting, when the output wording was changed to include 'custodial *and community* settings', principally because of the difficulty of gaining access to prisons. The shift away from prisons towards compulsory drug treatment centres impacted significantly on project activities and the trajectory of implementations in participating countries. Not having been able to engage fully with the prison service did not mean, however, that no progress was achieved towards the objective. The government agencies identified as the primary project beneficiaries, were often the same as those responsible for the operation of adult prisons and there is considerable potential for cross-over. Moreover, creating an enhanced enabling environment within institutions and changing the policy framework to allow for more effective interventions and the prevention of risk could be achieved.

The project impact was so different across participating countries as to make a general assessment impossible. It is therefore proposed to provide a brief summary of each participating country that could be evaluated with site visits and interviews against objectives and each of the outputs.

Cambodia: It is difficult to assess the impact of the project on the improvement of government capacity given the multitude of initiatives by various UN agencies including two UNODC managed projects with overlapping objectives. It could be said that the participation of NACD officers in RASAD/RAS/I09 has assisted in the introduction of changes to the Law on Drug Control to allow for a range of drug treatment and harm reduction measures in closed settings. These gains are counterbalanced by the sharp increase in penalties for petty offenders that are set to drive up the number of incarcerations. Commitment of the project participants interviewed was not high, and there is little prospect of in-country follow-up.

China: The project has directly contributed to changes in the legislative framework with the 2008 law marking a shift away from incarceration to care in the community. It has created a cadre of technical specialists who have used the project to build their own expertise, and the techniques learnt in the project to inform their professional

practice. Training initiatives aimed at key stakeholders have been piloted and are ready for roll out. Political and institutional support for the project objectives have been secured, a core group of advocates has been trained and mobilized as an effective team who will continue with activities and implementation after RASAD/RAS/I09 has been completed.

Indonesia: Successive training events have raised capacity in some of the drug treatment establishments for preventing HIV/AIDS. Early inclusion of NGO staff in a team of Master Trainers has helped in building the role of NGOs and the working relationship between the governmental and non-governmental sectors in the prison arena. The opportunity to showcase MMT in prison put Indonesia in a regional leadership role.

Thailand: The training of Master Trainers, and the national training that they have provided in turn to the police, staff in juvenile detention centres and department of corrections has contributed considerably to enhancing capacity in closed settings. Through the preparation and distribution of manuals instruments have been provided to the key target groups (law enforcement, treatment workers) thereby raising their capacity in implementing HIV/AIDS prevention. The project team is contributing to the ONCB Work Plan, and is in preparatory cooperation with the Ministry of Justice and Ministry of Public Health to extend harm reduction and to draft new legislation for the coming fiscal year.

Vietnam: It was reported that the project had contributed to changes in the revision of the drug control law. Training programmes for staff of the DSEP have been conducted. Materials have been translated and adapted for training.

C Achievement of the programme outputs

Output 1: *Regional advocacy campaign completed for the provision of effective HIV/AIDS prevention and treatment responses of public security personnel in custodial settings and in community settings*

This output can be said to have been achieved in a general way. There are wide variations in the quality and effectiveness of interventions at national level, but there has been some activity in all countries. Changes in legislation in Cambodia, China and Vietnam, extension of treatment, and the reclassification of drug users from criminals to people in need of support are all steps in the right direction.

Output 2: *National prototypes of community policing model selected and implemented*

There has been some work in some countries, but little or no activity in others. This particular output, though it has a rationale within the project, is tangential to the overall design. It is a sound strategy to involve police officers early on in the campaign for promoting preventative measures against HIV/AIDs. But to introduce 'Community Policing' which marks a different approach to policing, underpinned by a different set of philosophical principles, as a sub component of an HIV reduction project seems ambitious at best. We conclude that some progress has been made in

police involvement in HIV prevention by changing attitudes of law enforcers towards drug users. Indeed, changing attitudes among police officers is crucial for a public health centred approach to take root. The trainings with police officers, the manuals and the policy level work in Cambodia, China, Thailand and Vietnam has all contributed towards this goal.

Output 3: *Effective health models for HIV/AIDS prevention and drug abuse treatment adapted to compulsory treatment settings*

Some progress towards this goal has been made in all evaluated countries. Much more needs to be done.

Country specific achievements:

Cambodia: Participants organised some training for prison officers as a small pilot. Some ten officers were trained in a one day workshop, as it was not possible to release any more from active duty. Three further training sessions were run for different cohorts from CC1 (compulsory treatment centre). One of the key concerns was universal protection for staff, as prison officers have been infected with TB from prisoners.

The problem faced by Cambodian participants is that there was little continuity among workshop attendants. Of the five participants only two were nominated by the prison service, the other two came from the NACD and one from NAA. One of the NACD participants had very poor English and little understanding of the issues. Even the participating prison officer seemed out of touch as he rarely visited any prisons, did not believe there was any drug use, and thought safe sex information and condom distribution would only “encourage” homosexual practices which he believed were very rare. He had not been selected for the next workshop and was no longer interested in the project.

China: The Chinese project team comprised five officers from the Yunnan Police Academy who stayed together for the duration of the project and who will continue working on the project for at least another two years. It is quite evident that they have formed a strong team with complementary skills and capabilities. The list of outputs is impressive, beginning with the impact on the new drug law, in connection with which Professor Zhang Yirong was invited to make a presentation to the drafting committee. The new law allows an alternative to compulsory treatment for a two year period for drug offenders. They can now stay in the community and receive treatment locally with support of the family. This approach was described by a member of the NNCC as pragmatic and humane, as there are an estimated 1,9 million drug users in China but only 200,000 drug treatment centre places.

The team adapted training materials and produced a number of manuals directed at different target groups. One manual had been prepared for police and corrections officers, “Trainers Handbook of Compulsory Training of HIV/AIDS Prevention in Closed Settings.” An exemplary quality assurance process was applied, with the draft of the manual circulated to eight police stations in Yunnan province for comment. Another was adapted for students in tertiary education (polytechnic level). Team members had also published reports and academic papers.

Training has been delivered in different settings, including drug treatment centres and police stations. Furthermore, HIV prevention training has been provided to police officers on other courses. The participants benefited from specific HIV prevention information as well as from the training skills imparted by the workshop. There has been a positive knock-on effect on other training delivered by the team, as they incorporate these acquired techniques into their practice.

The team is currently applying for funds from national and international sources for rolling out the training of trainers in different police stations and training centres across the country.

Indonesia: Indonesia on coming into the project, used the opportunity to showcase its Methadone Maintenance Treatment in Bali, and to create a team of Master Trainers. The team has conducted training sessions for prison officers and clinical staff at the Lapas Khusus Narcotic Centre for Drug Offenders, one of 14 of such centres, and hopes to target more. The participants in the Community Policing workshop were not available for interview, but one of the informants commenting on the project, “To be honest, not much has happened.” But Indonesia did send a high level delegation, and the wave of terrorist attacks in recent years has triggered lot of interest in community policing.

Thailand: The project partners were the ONCB, who appointed a team of five officers to attend all workshops and study visits. Thai informants made clear that the project in its original form was impossible to realise because the Department of Corrections, which are ‘a big source of HIV’, would not grant access to foreigners to its prisons. The changes to the project therefore involved also the Department of Probation and Department of Juvenile Detention. The former particularly have good links with the prisons. The ONCB has been able to use contacts and provide training on HIV prevention to prison officers in 25 prisons. In addition, peer projects have been piloted in a number of prisons, with peers acting as sources of information on HIV and drugs, as referral points for HIV testing and as counsellors and mentors. By using the information learned at training workshops and materials distributed the team prepared a training manual for HIV/AIDS prevention in closed settings which has been distributed to correctional services and juvenile detention centres.

With the support of the Commissioner in Police Region 1 good progress could be made towards introducing community policing. Training sessions were held with police officers to achieve a change of attitude, and to get officers to adopt a more constructive role when dealing with drug users and ex offenders. They are recognised as key players in removing the stigma attached to conviction for drug offences. As a result of these changes in police attitudes “drug users are more likely to attend treatment.”

Vietnam: The Focal point for the project was the Ministry of Labour, Invalids and Social Affairs, in the Department for Social Evil Prevention. They were able to pass on recommendations to the Policy Committee coordinating the drafting of the new Drug Control Law and introduce harm reduction measures and contribute to the treatment section.

They were furthermore able to integrate the learning from the workshops into the in service training provided for MOLISA staff. Over 600 MOLISA officers had been trained, and the modules developed after regional training were now integrated into the training curriculum. Equally important were planning techniques, such as the log frame, and teaching methods, particularly participatory approaches, learned from the project.

There were real limitations to further activity because of funding constraints. The shortage of funds, and, in the opinion of the evaluator, a partial understanding of project objectives and principles, stand in the way of a potentially much wider roll out. According to one informant from a donor agency, Vietnam has everything on paper but no implementing capacity. The new legal framework was also deeply flawed because even though the penal code no longer defines drug use as a criminal offence, the arrestee will still be subjected to compulsory treatment in a residential centre for up to two years. Treatment, however, is, in effect, not treatment, but incarceration with exercises and forced labour. The project, therefore made an impact, but the quality of subsequent interventions needs to be looked at carefully.

D Institutional and management arrangements

(i) Financial management

The project started in November 2004 with an operating budget of US\$ 855,000. By the time the Project Coordinator was recruited and came into post in February 2006 some US \$ 280,000 had been taken out of the project fund to support the establishment of a post of an HIV/AIDS advisor in China. This money was never replenished, leaving the project short just under a third of the estimated budget needed. This has created a dilemma for the project coordinator trying to deliver on project commitments, and an embarrassing situation for the Regional Office vis-à-vis donors. While it is common practice within organisations to move funds around, these are temporary arrangements and only work on the assumption that they will be returned. Where donors support specific projects and programmes the organisation is under a contractual as well as a moral obligation to use the funds provided for that agreed purpose and no other, however worthy. Where it is considered imperative to reallocate funds this can always be done with the permission of the donor. No such permission was sought in this case, leaving the organisation exposed. The Regional Representative at the time admitted that what had happened had been “seriously wrong” but that it had been decided at headquarters and was communicated to him in an e-mail from the Head of Asia Section. It is advisable for the organisation get to the bottom of the decision-making process and to review the rationale. This should provide an explanation for donors, should this be demanded, and provide an opportunity to put in place measures to prevent repeat occurrences of what one informant has called “looting a project.”

It is also important to absolve the Project Coordinator of responsibility for any shortfalls arising from the depletion of the budget. The fact that the outputs have been achieved and that activities have been carried out to general satisfaction of participants as well as in accordance with the project document is in itself an impressive feat. It could only be realised by the Project Coordinator mobilising

UNODC internal resources, the Project Coordinator's personal networks, and by participants agreeing to shoulder some of the costs.

The support from UNODC staff in the Bangkok office, by acting as resource persons has to be mentioned as it shows how the organisation can add value in both senses of the term. Firstly it is a centre of expertise, bringing its in-house capacity into play and secondly, in terms of cost-effectiveness, it deploys staff already based in the region, which is far more efficient use of funds than recruiting consultants from outside. The Project Coordinator also commented positively on the support provided by the two successive Regional Representatives overseeing the project, and the back-up received when parrying difficult requests from participants, particularly over money.

According to the project document participating countries were supposed to make in kind contributions totalling to about \$ 85,000. Since not all countries complied with the terms of this compact the resources had to be found elsewhere. A further US\$ 184,848 pledged by AusAID was withdrawn as project changes no longer fitted agency priorities. These multiple financial disappointments have left the project financially precarious.

(ii) Project implementation

Planning a series of workshops for government officials from six different countries is a logistical challenge. Much time was invested in identifying suitable localities without exceeding the budget. The fact that the series of 12 workshops (bar one) has been completed is an achievement deserving recognition. Different countries experienced different problems, the team from China, for instance, needed over four weeks of lead time to allow for study leave to be arranged and exit permits to be issued. In the case of one workshop the turnaround time was too short.

The real difficulty lies in being able to influence in-country implementation after the workshops. The Project Coordinator has no leverage of any sort to prompt participants into action. Even the selection of participants is ultimately in the hands of countries themselves. Had there been a fund earmarked for in-country activities, or a fully funded in-country follow on project, the Project Coordinator would have been in a better position.

The monitoring in terms of reporting on activities was exemplary, and has created a rich source of documentation. Training instruments, presentations and project exercises have generated resources that may well be useful on a project website. It is regrettable that the funding shortage did not permit a mid-term evaluation to be carried out, as it would have prepared the ground for continuing activity and funding applications. As it happens there will be, at best, a hiatus between project and further activities.

III Outcomes, Impact and Sustainability

Outcomes

The project goal was to *Improve the capacities of Government agencies*. As the projected budget precluded implementing activities for end users in project countries the most effective strategy was to change policy and train up change agents. These had to be identified in each participating country and then equipped with skills and instruments. The methodology employed was to run a series of workshops in which participants were trained up through a combination of techniques in the key skills, the rationale being that once trained, they become Master Trainers, who pass on their new expertise to colleagues in their home country. This is a tried and tested development method, which seems appropriate and realistic for a project such as AD/RAS/I09. .

As the project budget was cut by just under a third the Project Coordinator had to find ways of cutting costs in order for all workshops to be set up. She therefore employed a number of UNODC staff as well as using her personal network to provide training at low cost. She also did some of the training herself. There were comments from some informants (Indonesia, Thailand) that the trainers were not always the most relevant for the particular session. Yet, other informants were very positive about the calibre of training and trainers. The one criticism about a particular session – delivered by the legal advisor from the regional office, for nor being related to the topic – could not be upheld. Indeed, the session in question, on the incongruence of legal definitions of repeat offenders (who receive a sharper penalty) and the medical notion of relapse (built into recovery and followed by more treatment) is highly relevant for practitioners and policy makers. Both the conceptualisation of the training and the implementation were, then, effective and efficient.

On the other hand, one participant deplored the long breaks between workshops, while another found the travel wearisome. It is difficult to suggest how these complaints, valid though they may be, can be addressed in an international project.

Difficult also to control is the use of skills and instruments by Master Trainers in their home countries, as these depend on imponderable factors, commitment and organisational capacity. Where the teams are consistent and cohesive the outcome of the project rests in a cadre of advocates for HIV/AIDS prevention in closed settings and among law enforcement agencies. The teams have been skilled up and are able to deliver further training in their capacity as Master Trainers. Skills have been transferred and projects implemented, and a good momentum has been achieved. In countries where the training impact was fragmented, with different people attending different session, the results are comparatively poor. In some cases the trainees had poor English, and in the absence of interpreting facilities it is difficult to see any benefit in their participation.

Impact

The first of the two key ways in which the project has impacted is through the changes in skills, knowledge, attitude and behaviour among officers working in closed settings, prisons and the police towards drug users. From reports of training programmes in China the changes have been considerable among police officers in

Yunnan province, where several sessions have been held, and also among treatment professionals from all over the country. By engendering changes in curriculum for police officers, and the production of training materials, the project activities are continuous and self-supporting. Similarly, changes have been integrated in the training curriculum of different agencies in Thailand, and to a lesser degree Indonesia and Vietnam. Where the Master Trainers have bonded into teams, as in China and Thailand, the capacity raising process is set to continue. In the other countries the impact will be more sporadic, and probably fizzle out without external assistance.

A longer legacy may have been left by the contribution to the legislative processes. In China, Cambodia and Vietnam this has been direct and constructive, with project trainees taking part in the drafting of new legislation. This participation promises to incorporate elements in the new laws that will create safer environments.

Working with police officers has made some progress in different places. The realisation is growing among policy makers and at least some law enforcement officers in countries like China, Cambodia and Vietnam that they will not be able to imprison their way out of the drug problem and that other approaches are more effective and efficient. The turn towards this ‘pragmatic and humane approach’, according to one Chinese informant, has been supported by the project.

Due to the changes in the project, refocusing attention from prisons to closed settings, one of the most serious problems – the incidence of dangerous drug using practices and other HIV risk factors in prison settings – remains unaddressed. The key issue identified in the original project design is therefore still a problem of urgency. Moreover the persistence of project partners in criminalising drug use is creating a problem of vulnerability among drug users (and their partners and the wider community) that has to be tackled at the front end, instead of providing back end crisis management.

Sustainability

The long term impact of the project depends, therefore, on the ability to maintain the constructive dialogue with partner countries in (i) policy shifts, from war on drugs to public health, and (ii) to enhance and expand community prevention, treatment, and after care. The project has embarked on this process and contributed to countries taking first steps.

Policy changes decided at high level have to be implemented by qualified practitioners, which, with the training of Master Trainers, was the thrust of the project. Cadres or teams have been created in some of the countries, and are set to raise capacity in line with project objectives. This is a successful outcome in terms of sustainability, but without follow-on, there is a high risk of dissipation in due course. Where manuals have been created, and modules been integrated into existing training programmes for police or corrections officers, or for social and health workers project impact is ongoing. At the same time, it needs to be clear that even Master Trainers need refresher workshops, skills need to be updated, but the quality assurance process for training manuals and teaching modules in the in-country languages is beyond UNODC capacity at present.

Lessons Learned and Best Practice

Lessons Learned

Lessons have been learnt at several levels pertaining to programme design, the role of UNODC and the running of regional projects, as well as practical issues.

(i) The design itself was relevant in addressing a significant issue, but was adjusted to fit in with political realities. It is clear that UNODC has to be pragmatic in its project proposals and should consult carefully with partners as to what is feasible. At the same time it is also the role of the agency as a politically neutral centre of expertise to push the agenda. It should therefore continue to emphasise that the most effective method for preventing the spread of HIV/AIDS is by reducing the number of people entering the prison system in the first place. This has been realised in China, and up to a point in Vietnam where changes have been made to divert drug offenders into treatment. Providing better services inside the prison is a very poor second option, and should at best be a rapid response and short term measure to an immediate problem. It is also important to remain wary of commitments to costly treatment options – MMT – when resources are scarce, the risk being that these remain on paper, or as token gestures for small client numbers.

(ii) One of the difficulties with a regional programme lies in pitching the training content at the right level for all participants. The Project Coordinator took an inclusive approach ensuring that everybody was on board. For the more advanced participants this could be frustrating. It was discouraging for them to then see how the participants from other countries did not follow up, would send different trainees to different workshops meaning there was no cumulative learning and dragging the whole process down, or send people whose professional background made them inappropriate, or had insufficient English skills. The solution to these tensions is ultimately not in the gift of a Project Coordinator. Some countries have ‘absorption capacity’ limits, there simply are not the right people with the skills and the language in the right post available for training. But great benefits could be realised, and the value of the international workshop secured at in-country level, if the project contained a budget for national training. A regional project of this scale could have included at little extra cost (national training for 50 in Vietnam was costed at US\$ 10,000) a series of in-country training programmes at least for Cambodia, Myanmar and Vietnam. Not only would this multiply the training benefits and secure the legacy of the project in every aspect, it would also be a good management tool in providing the Project Coordinator with some leverage over the country teams.

(iii) Regional training provides the opportunity for international networking and peer learning for participants. There were positive experiences; the director of Lulum Kaew Drug Rehabilitation Centre in Thailand visited facilities in China and on his return decided that he would also provide self-catering facilities in his centre. Being able to cook is a useful life skill and raises self esteem, and has recognised therapeutic benefits. The Indonesians were impressed by the museum of narcotics in Myanmar, and the Chinese team said they learned a lot from Thailand. There were interpersonal friendships and country to country partnerships cemented by group work exercises and regular post workshop contacts. The risk is that regional contacts can confirm existing assumptions, particular the use of the boot camp/ re-education approach that

is peculiar to the region. Study visits to countries with different approaches are therefore recommended to widen horizons.

(iv) Training programmes are difficult in any prison project, because of the pressures on the system. Any in-country roll out has to accommodate the fact that prison facilities are overcrowded and understaffed because of the 24 hour security requirements. This makes it difficult for prison governors to release staff for training. One solution is to offer successive training sessions for different cohorts of officers, possible over short periods of time. The material should therefore be broken up into short modules to allow officers to take part in one hour sessions before or after their shifts.

V Recommendations

- 1) Establish the decision making process behind the reallocation of budgeted funds to activities outside the project
- 2) On going work with law enforcement agencies to impart the significance of public health priorities and the counterproductive consequences of some law enforcement measures. The project has to be the beginning of a process, and should continue with training on community policing, alternatives to custodial punishment etc.
- 3) Efforts have to continue to gain access to prisons and work on improving conditions, to improve prisoner health care, lobby for access for outside organisations like NGOs to 'break through the prison wall'. The separation of young offenders from adults must be pursued. Training for correction officers on Universal Precaution, peer to peer projects, etc.
- 4) Training by UNODC can be better coordinated. The Treatnet II training could be factored into other projects like AD/RAS/I09, and equally build on the gains of what has gone on before. It is important that coordination and a sense of complementarity is conveyed to the recipients, who are often confused by the provisions of different programmes.
- 5) There should be some form of follow-up project to provide in-country training for at least Cambodia, Myanmar and Vietnam
- 6) Consideration for creating a regional centre of excellence with rolling UNODC organised and ONCB supported training programmes.
- 7) A clear follow on from AD/RAS/I09 would be the creation of a regional network for drug/HIV workers in closed settings with a website, and possibly training events and experience sharing. UNODC could host the website and provide a secretariat at least initially.

Conclusion

1) As the programme has come to an end, all recommendations for activities are contingent on sourcing additional funds. There are, however, also actions which can be taken by the regional office in terms of policy approaches and the positioning of the office on strategic issues to further the two key thematic areas 'rule of law' and 'health and development' outlined in the Regional Programme Framework. There is an opportunity for employing the prestige and authority of the organisation to push proactively for the adoption of public health principles (RPF objective 3.2.5), the anti corruption agenda (RPF objective 3.2.2), and to generally promote good governance. Few other agencies have the goodwill and credibility to be forthright in engaging regional partners in promoting approaches that would be both more humane and more effective in achieving long term public health goals.

UNODC is in an ideal position for the promotion of public health based drug control solutions because of its prestige and record of expertise. It has access to a network of international experts to bring specialised knowledge to situations. The major problem faced by the region is the policy of criminalising drug consumption. This is at the root of a burgeoning prison population. One member of the ONCB in Thailand said that with a prison population of over 200,000, over 50-60% of inmates had committed drug related offences. The long term implications of this policy, not to speak of capacity problems, are that "drug users come to prison and mix with other criminals and come out worse."

There is also an important opportunity for linking up the UNODC drug control and anti-corruption agendas. In many regional countries corruption is rife, and drug control measures are providing a golden opportunity for corrupt practice at all levels. In Cambodia Australian and US embassy informants expressed their concern over the involvement of politically well connected businessmen in drug trafficking. Tough crackdowns on petty drug dealing and use provide a screen against such activities, as they allow governments to point to the number of arrests and convictions as evidence for their 'commitment'. It also provides law enforcement officers with a ready income opportunity to make up for poor pay levels. In Indonesia, informants from the NGO sector said that drug law reform was blocked by the police precisely because of their vested interests in the existing situation. The evaluator, as a casual observer, witnessed incidents of corruption in Cambodia, Indonesia and Thailand, and infers that corrupt practices are widespread and endemic.⁷ This is difficult to reconcile with a moral stance on behaviour – such as drug use – and raises difficult long term issues for state legitimacy. The best way of tackling corruption is to eliminate opportunity, hence the criminalisation of use, which presents that opportunity needs to be re-defined.

The project has demonstrated how much can be achieved in changing mindsets and should provide a platform for the next step in the fight against HIV/AIDS, criminalisation, and of course, police corruption by advocating a different approach to drug consumption and small possession. The Chinese example of providing treatment in the community should be used as a regional example. A more developed

⁷ Note publication on 26/09/09 of Thailand's National Anti-Corruption Commission lists drug dealing as one of the key five ways in which police abuse their position

methodology could be borrowed from Portugal. There is little point in investing heavily in HIV prevention in an overcrowded prison system, when it would be more effective and efficient to divert a sizeable number of inmates into treatment programmes. The introduction of alternative penalties such as community service should also be considered for repeat offenders, who at the moment are sent to prison for 2-3 year terms in most of the countries visited.

The push for the de-penalization of drug consumption should take a three pronged approach (i) Work at high level with policy makers, in seminars, regional working groups, involving study visits and the transfer of expertise. (ii) Training of law enforcement officers and correction personnel who need to understand the objective and underlying rationale (iii) Training of treatment personnel and supervisors to take up the work load when the time comes. This programme should take a time frame of 5 – 10 years, and be made up of a series of self-standing but related projects. A priority should be to develop the knowledge base on drug use patterns – in spite of the considerable investment in the drug control sector there is little understanding of drugs and the role they play in contemporary South East Asian societies. Getting to understand how people get into drug use as well as into the drug economy at the lower levels is essential for taking drug control forward, and introducing the principle of evidence based policy.

Other projects for policy makers should involve a technical working group on alternatives to imprisonment. It is suggested that contact be made with Australian and European partners, including Portugal, Germany and the UK. Investing in the development of community based drug treatment provision, via basic psychotherapeutic approaches and self help groups, and aimed at grass roots level via a cascade system of trainers should be another component. Working with police, raising awareness and providing skills is a further component.

Annex 1 Documents consulted

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2. UNODC, 2006, Report on Inception Meeting and Regional Advocacy Workshop, “Strengthening Comprehensive HIV/AIDS Prevention and Care among Drug Users in Communities and in Prison Settings” (AD/RAS/I09), April 17-21, 2006 Bangkok, Thailand
3. UNODC, 2007, Report on Regional Seminar “Developing effective tools and skills in reporting, Documentation, Monitoring and Evaluation for a comprehensive implementation of projects”, 27-30 March 2007, Ho Chin Minh City, Viet Nam.
4. UNODC, 2007, Report on Regional Seminar Understanding the Interplay between Drug Dependence, Aftercare and Risky Behaviour in Closed Settings and the Community, Chongqing, China, 13-15 August 2007
5. UNODC, 2007, Report on Regional Seminar Developing Systems of Protection and strategies to address Stigma and discrimination among Drug users and HIV Positive Persons”, 30 January-01 February 2007, Pattaya, Chonburi, Thailand
6. UNODC, 2008, Report on “Understanding Gender Concerns and Providing Better Access to Reach Services for Female drug Users and Partners of Male Drug Users” 04-06 June 2008 Jakarta, Indonesia
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8. UNODC, 2008. *Evaluation Handbook: A practical Guide for use by UNODC Staff to plan, manage and follow up an evaluation*. Vienna: UNODC, Independent Evaluation Unit.
9. UNODC, 2008, Annual Progress Report (2008) To the United Nations Trust Fund for Human Security, Phnom Penh, UNODC Field Office.
10. UNODC, 2009, Report on Regional Seminar, ‘DRUGS AND THE COMMUNITY – A LAW ENFORCEMENT RESPONSE’, 27-29 May 2009, Ayuthaya, Thailand.
11. UNODC, 2009, Report on “Training of Trainers in Training Methodologies for advocacy on drug abuse and HIV in closed settings among Law Enforcement personnel and service providers”
12. Royal Government of Cambodia, 2009, Law on Drug Control, Final Draft , Phnom Penh 23 March 2009.

Annex 2 Schedule of interviews

Date and country	Name	Organisation
Thailand 31/08	Ms. Manjul Khanna	UNODC, Project Coordinator,
01/09	Mr Gary Lewis	UNODC, Regional Representative, RCEAP
	Mr William Wu	Regional Specialized Offices Interpol
	Mr Michel Bonnieu	UNODC , Senior Regional Legal Adviser
	Tele-interview Mr Akira Fujino	UNODC, former Regional Representative
	Mr Mark Stanley	UNODC
02/09	Mr. Pithaya Jinawat	ONCB, Deputy Secretary General
	Ms. Tanita Nakin	ONCB, Senior Drug Demand Reduction Advisor
	Ms Rachanikorn Sarasiri	ONCB, Director of Foreign Affairs Bureau
	Ms Anchalee Sirisabphya	ONCB, Director, Demand Reduction Bureau
	Ms Chuanpit Choomwattana	ONCB, Director of Demand Reduction Strategy
	Ms Supodjane Chutidamrong	ONCB, Development and Administration Division
	Mrs Phornprapha Klaewkla	ONCB, Chief of System Development of Drug Rehabilitation Section
	Ms Phunnee Atibodhi	ONCB, Registered Nurse
	Ms Nipa Ngamtrairai	ONCB, Public Health Officer
	Mrs Phunnee Atibodhi	Acting Director, Drug Addicts Rehabilitation Center
	Mr Mipa Ngumbarai	Public Health Officer, Department of Correction
	Mr Montol Kaewkao	Director, Drug Addicts Rehabilitation Center
	Ms Supawadee Nayaw	Professional Nurse, Drug Addicts Rehabilitation Center
Indonesia 03/09	Dr. Indrarini Listyowati	National Narcotics Board
	Ms. Betty Sri Retnaningdyah	National Narcotics Board
	Ms. Vera Octarina	Pelita Ilmu Foundation
04/09	Dr Bennie Ardjil	Head of Kepala Therapy and Rehabilitation Center
	Dr Kusman Suriakusmah	Head of Kabid Therapy and Rehabilitation Center
	Dr Amrita Singgih	National Narcotics Board
Cambodia 07/09	Dr. Anand Chaudhuri	Project Coordinator, UNODC Cambodia
	Mr Lour Ramin	Permanent Vice Chair, NACD

	Tony Lisle	UNAIDS
	Dr. S Vonthanak	NIPH Expert
08/09	Graham Shaw	WHO
	Amy Canon	US Embassy
	Prof Eng Hout	Secretary of State, MOH
	Mr Martin Lutterjohann	German Integrated Expert (GTZ/CIM)
14/09	Ms Iv Sry	Director Planning and Training Department
	Mr Neak Yuthea	Project Coordinator
	Mr Thong Sokunthea	Deputy Director of Legislation, Education and Rehabilitation
	Ms Chak Thida	Deputy Program Officer
	Mr Buth Borin ,	Deputy Director of Health Service and Vocational Training Skill
	Mr. Ling Tonghuot	NACD
Vietnam 16/09	Mr. Le Duc Hien	Deputy Director, Department for Social Evil, Molisa
	Ms Vui Thi Hai Hoa	International Cooperation Officer, Department for Social Evil
	Mr. Tran Xuan Nhat	Department for Social Evil
	Ms. Nguyen Thanh Huong,	Department for Social Evil
	Ms. Nguyen Thi Dang	Department for Social Evil
	Mr. Nguyen Tuong Dzung	UNODC, Programme Officer
China 18/09	Mr. Yu Yanjing	General Secretary Yunnan Police Officer Academy
	Mr. Zhang Yirong,	Dean of Narcotics Control Department, Yunnan Police Officer Academy
	Mr. Xie Xiangjiang	Associate Professor Yunnan Police Officer Academy
	Ms. Wang Jingke	Director, Foreign Affair Office Yunnan Police Officer Academy
	Ms. Zhang Bei	Lecturer, Foreign Affair Office Yunnan Police Officer Academy
24/9/09	Mr. Wang Qianrong	Deputy Secretary-General, National Narcotics Commission
	Mr Wang Hongru	National Narcotics Commission

Annex 3 Question Matrix

Design	Verification	Comment
1. Was the project developed in consultation with MOU countries?		
2. What caused the departure from the original, clearly stated objective of working in prisons?		
3. How can mitigating measures be undertaken in treatment centres?		
4. How does community policing contribute to project objectives		
5. What is the evidence base for HIV in prisons in region – is there awareness?		
6 Number of prisoners and trends?		
7. Number of drug related prisoners?		
8. Training – how many for how long and to what level		
9. Who trained – what expertise		
10. What follow-up		
11. What in-country activity		

Annex 4
Evaluation assessment questionnaire

Project/programme title: Strengthening Comprehensive HIV/AIDS Prevention and Care for Drug Abusers in Custodial and Community Settings

Project/programme number: RAS/AD/RAS/I09

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:

- 5 = Excellent (90-100 per cent)
- 4 = Very good (75-89 per cent)
- 3 = Good (61-74 per cent)
- 2 = Fair (50-60 per cent)
- 1 = Unsatisfactory (0-49 per cent)

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

A	Planning	Rating				
		1	2	3	4	5
1	Project design (clarity, logic, coherence)			x		
2	Appropriateness of overall strategy				x	
3	Achievement of objectives				x	
4	Fulfilment of prerequisites by Governments		x			x
5	Adherence to project duration			x		
6	Adherence to budget	x				

B	Implementation	Rating				
		1	2	3	4	5
7	Quality and timeliness of UNODC inputs			x		
8	Quality and timeliness of government inputs		x			x
9	Quality and timeliness of third-party inputs					
10	UNODC headquarters support (administration, management, backstopping)	x				
11	UNODC field office support (administration, management, backstopping)				x	
12	Executing agency support - coordinator				x	

C	Results	Rating				
		1	2	3	4	5
13	Attainment, timeliness and quality of outputs				x	
14	Achievement, timeliness and quality of				x	

	outcomes					
15	Programme/project impact				x	
16	Sustainability of results/benefits				x	

D	Recommendations <i>The evaluator should choose ONE of the four options below</i>	Rating				
		1	2	3	4	5
	Continue/extend without modifications					x
	Continue with modifications					
	Revise project completely					
	End project					

E	<p><u>Comments</u></p> <p>The scoring has been affected by the delay in project inception, which drags down item 7, and the appropriation of a large slice of the budget – this drags down items 6 and 10. Note should also be taken of the change to the design at the inception meeting, which created a gap between the original design and the actual delivery. Noting the large differences between country performance, this project has had considerable impact and should be extended in time and reach. In the scoring expression is given to this by providing a high and a low score for government inputs. We suggest a modification to move into the prisons. It is anticipated that this will take time, but the project has created goodwill and a track record of cooperation that will help defuse the anxiety of governments and prison services.</p>
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