

FINAL EVALUATION REPORT

Project No: TDRACI29

EFFECTIVE HIV PREVENTION AND CARE AMONG VULNERABLE POPULATIONS IN CENTRAL ASIA AND AZERBAIJAN (2006-2010)



UNITED NATIONS OFFICE ON DRUGS AND CRIME

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List of Acronyms

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

I. Executive Summary

Summary matrix of findings, supporting evidences and recommendations

Findings: problems and issues	Supporting evidences	Recommendations
1. The role of UNODC as a catalyst in the work on improving accessibility of HIV-related services for MARPs in the region has become widely acknowledged by national and international counterparts	The credibility of UNODC enabled the Project to mobilize decision-makers and technical experts from the various sectors such as law enforcement, health, education, and civil society and helped create an enabling environment for multi-sectoral collaboration thereby allowing major stakeholders to acknowledge various perspectives of and links between drug use, HIV, human rights, and most importantly, to accept the necessity to apply human-rights-based and evidence-informed approaches to the development of HIV and drug use related national policies and interventions.	Institution-specific competitive advantage of UNODC in engaging with “power” ¹¹ ministries and agencies must be at the core of the UNODC strategy when advocating, through various available channels for the adherence of all state and non-governmental bodies and organizations to international human-rights standards in their policies and practices thus ensuring humanization of attitudes towards IDUs in community and custodial settings.
2. The technical assistance and advocacy for policy development proposed by the project appear to be highly relevant and appropriate both prior to the project development and in the existing regional context.	Policy and regulatory environments on HIV/AIDS prevention and treatment in Central Asia and Azerbaijan reveal discriminatory provisions and limitation of human right of IDUs and those with HIV-related medical conditions which is particularly the case in penitentiary sector	When feasible, the future interventions need to be focussed at the policy level to help the countries formulate a clear position with respect to the identified issue, develop a strategy for remedial actions and continue to build strong national ownership for process and results.
3. Shifting of focus of the project to the policy level helped attain planned outcomes as the employed strategy covered a spectrum of important structural and normative issues as they relate to the provision of access to HIV prevention, care and support services for drug users and inmates of	Despite implementation challenges the Project demonstrated good effectiveness and efficiency and produced most of the planned outputs having achieved a range of project results ultimately contributing to achievement of the project outcomes and eventually to the overall objective of the	Phase II of the project must be focussed on further strengthening gains achieved in the Phase I including further technical assistance in (i) formulation of respective policies and legislation, (ii) development of occupational and educational standards, (iii) scaling up of OST, and (iv) (iv) development of related advocacy and

¹¹ Public agencies and ministries dealing with law enforcement and public order have traditionally been referred to as those of “power ministries/agencies” in the countries of former Soviet Union.

Findings: problems and issues	Supporting evidences	Recommendations
custodial settings.	project.	technical materials .
4. The project results are characterized by a high level of national ownership as each of the outputs was achieved with the active and meaningful involvement of national decision makers and technical officers who fully shared responsibility for the products quality and suitability.	The project was active in building partnerships and managing multi-sectoral and participatory process at the national and regional levels allowing for broad advocacy of the project agenda including sensitive issues of human rights, OST, harm reduction as they relate to IDUs and prison inmates, as well as for experience and knowledge sharing.	Future projects should ensure that institutionalisation of the proposed change is carried out taking into consideration the whole spectrum of inputs necessary to successfully bring that change including the necessity to take into account issues of appropriateness, sensitivity and/or group culture.
5. The project made the case for multi-sectoral collaboration in the areas of drug use and HIV/AIDS at the national and regional levels. It brought respective international evidence and attracted available expertise both internal and external, facilitating the process of knowledge sharing and learning	The project - through capacity building activities - helped produce a critical mass of regional and national experts – proponents and advocates of the internationally accepted human-rights-based approach to drug users and services designated to this group in the public sector and custodial settings.	Future projects need to 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.
6. . The advocacy and technical assistance provided within the project have demonstrated a certain impact in five out of six countries participating in the project However, there is a continuing resistance and even opposition to establishing a rights-based policy environment and expanding services for drug users taking into consideration best available evidence	OST introduced in Tajikistan and scaled up in Kyrgyzstan, Azerbaijan, and Kazakhstan expand OST coverage. The project contributed to startup needle and syringe exchange programme in a custodial setting in Tajikistan and to facilitate introduction of ARV in the penitentiary system of Uzbekistan. Though not connected with the project activities, OST pilot programme in Uzbekistan was closed on grounds of alleged ineffectiveness; Turkmenistan has yet to move forward with OST pilot despite intensive advocacy and technical assistance provided through the project.	There is a need for further strengthening advocacy efforts at the highest executive level as well as technical assistance and joint efforts with active involvement of all international and national stakeholders to provide for a large scale sustainable results. In Phase II of the project expanding OST to all project countries including introduction in Turkmenistan and resuming it in Uzbekistan is critical for measuring and cross-referencing the impact in the region.
7. The project contributed to developing a concept of	Development of social support services for drug	The value added of the project is that it has opened

Findings: problems and issues	Supporting evidences	Recommendations
social protection services providing support to populations vulnerable to HIV helping them to overcome their personal and socially-mediated problems/matters	users and people living with HIV received a great deal of attention in the region ranging from curricula development in academia to actual service provision.	venues for a cluster of interventions (i.e. integrated service delivery) that will be performed within the Phase II of the project and could be a conceptual ground for the development of new projects.
8. Since the very beginning the project encountered multiple implementation challenges. In particular, there were significant delay of initial project approval by some of the collaborating governments. That along with lengthy procedures for hiring of key project personnel and official nominations of the national focal points and members of national expert groups postponed implementation of the project 2007. Also the last year of project implementation was the most difficult one because of specific managerial requirements of the donor (CAAP/WB) that resulted in a situation whereby available budget hardly covered operating expenses and personnel cost. All those challenges were exacerbated by political unrests in Kyrgyzstan and Tajikistan that affected timeliness of implementation of some project activities	Copies of letters of exchange with governments, MoU with CAAP/WB and other managerial documents have given evidence of efforts of ROCA administration and project staff to mitigate encountered problems by optimizing managerial approaches (i.e. adopting workplans to make them more time-intensive, looking for in-kind contributions from international and national partners when conducting trainings, assessments and other activities)	If possible the government's consent should be sought already at the level of hard pipe-line project through informal negotiations so that to make easier receiving official endorsement at the time of the project approval. There is a need to carefully negotiate with donors the details of funding arrangements including coverage of staff salaries and operating expenses in each of the project country for the whole period of the project cycle and with certain room for manoeuvre left for an implementing partner/UNODC as regards the scope and spectrum of activities.

Project Background

Introduction

UNODC being the lead agency in the UNAIDS family for HIV/AIDS prevention and care among injecting drug users and in prison settings (and HIV related to trafficking in human beings) entered the international development aid “scene” in the region at the moment when a range of UN agencies and other international and bilateral organizations had already begun operating in the region.

Historically, the international development aid in Central Asia has been mostly directed to service provision (the donor support has started in the 1990-s, at the time of the post-soviet crisis when governments did not have means to address arising HIV problems). Though recently the focus of the development assistance has begun to shift to national capacity building, at the time of project initiation in late 2006, UN and INGOs still directly supported many interventions, especially for vulnerable populations, implemented at field level; as a rule these interventions did not have system level impact.

The project TDRACI29, Effective HIV/AIDS Prevention and Care for Vulnerable Populations in Central Asia and Azerbaijan has provided an opportunity for UNODC to lead the development assistance related to HIV for vulnerable groups in the region by employing strategies and interventions that were aligned with national programmes and provided for sustainable and comprehensive response.

In line with the Millennium Development Goals, UNGASS Declaration of Commitments on HIV/AIDS (2001), UNGASS Political Declaration on HIV/AIDS(2006), relevant technical documents of UNODC and within the broader context of guiding UN instruments on the development assistance, the project contributed to the goal of halting of HIV spread in Central Asia and Azerbaijan through strengthening national capacity to achieve the universal access to services for HIV prevention, treatment and care with special focus on injecting drug users (IDUs) and inmates in prison settings

This multi-component project was developed in a consultative process with government agencies, UN, bi- and multilateral donors and designed to complement and contribute, through normative work, advocacy and sustainable capacity building, to the existing projects/programmes implemented by other international players with the common goal to prevent generalized HIV epidemics in the region.

The project addressed issues of upgrading of relevant legislation, norms and standards with the aim to align them with aforementioned UN documents and to create a favourable policy environment for scaling up the coverage of injecting drug users and inmates in prison settings by HIV/AIDS prevention and care. Support to the establishment of an up-to-date sustainable professional capacity building system was the other goal objective of the project.

The project strategy was based on the analysis of data of the situation assessment as regards HIV and drug use and prisons in Central Asia and Azerbaijan that were available at the time of project .The main characteristics of the situation in Central Asia and Azerbaijan and countries’ response could be summarized as follows.

- Concentrated HIV epidemics have been driven predominately by unsafe injecting practices widespread among drug users in all six counties; incidence of HIV infection has been growing among females.
- HIV prevention and treatment interventions have not been mainstreamed in public health care system (including health care in penitentiary system) meaning that adequate health services for vulnerable populations were hardly available.
- The lack of knowledge of policy makers and medical profession of evidence-based approaches to HIV prevention and treatment for populations with high risk of HIV infection have led to the use of outdated inefficient strategies and interventions and stigmatization and discrimination of people from those populations by decision makers and service providers in public health domain.
- Law enforcement and criminal justice systems, including penitentiary system, also have not had institutionalized/legally bound guidance/normative framework on HIV prevention and treatment within their competencies, with the consequences similar to those of the state-run health system.
- One of the main obstacles hampering the response to HIV epidemics has been outdated or insufficiently upgraded national legislation that impeded scaling up of evidence-based approaches (harm reduction) to HIV prevention among vulnerable groups.
- HIV prevention and treatment services, especially those meant for vulnerable populations, have been fragmented, uncoordinated, had vague normative frameworks and referral schemes; no official standards for providing harm reduction interventions existed.
- Unlike in the developed countries, in Central Asia and Azerbaijan, harm reduction services have not been a normal element of the spectrum of health and social services. Often the front-line low threshold services run by NGOs functioned in parallel to the similar state-run health care services and without legally bound links with state-run higher-threshold services which made provision of continuity of care problematic.
- Monitoring and evaluation of the effectiveness of HIV-related services for vulnerable populations and enforcement of their functioning have been insufficient and accountability channels not clear.

However, despite the fact that the formulation of desired results and proposed monitoring mechanisms as relates to the universal access varied in preciseness and specificities in the project countries, the mere fact of the existence of national HIV prevention programmes and specific mentioning of vulnerable groups in these programmes have opened up a feasible venue for UNODC to support governments in their obligations to fulfill the rights of IDUs and prison inmates to access to HIV prevention, treatment and care.

The overall project objective was to contribute to the establishment of a favourable environment in project countries to increase access of drug users and prison inmates to evidence-based HIV prevention and treatment services, through addressing normative policy, programmatic aspects and institutional capacity building. The project has been implemented by the UNODC Regional Office for Central Asia (ROCA) in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan with backstopping by the HIV/AIDS Unit of UNODC HQ.

Operationally, there have been five blocks of interventions envisioned with the project, namely those related to: 1) national programmes; 2) national legislation; 3) standards of adequacy of services; 4) standards of professional competences; 5) model teaching curricula.

During the project implementation UNODC sought participation in all major bodies such as National AIDS Coordination Committees, Common Country Mechanisms and the like, in UN Theme Groups and/or UN Joint HIV Teams and/or in Technical Working Groups that have been operating under coordinating bodies. National Focal Points for the project implementation were appointed from the ministries of health, ministries of justice or ministries of interior and drug control agencies to provide for project coordination on behalf of national governments.

Wide joint programming with UN agencies was envisioned, especially within UNDAF, in areas related to IDUs and prison inmates. Collaboration with EU, bilateral international organizations and INGOs also was considered.

Since its inception in 2006, the project was revised twice: in 2009 and 2010. In 2007, the process of redefining of the original project concept started so that the focus of project interventions was shifted from the previously proposed trainings at the service delivery level towards technical assistance in policy development and institutional capacity building, while not changing the originally formulated objective and outcomes. The first revision was undertaken based on the recommendations of the mid-term evaluation (Nov-Dec 2008) to formalize conceptual changes mentioned above and to extend the project in order to have sufficient time for completion of remaining tasks such as continued assistance in legislation amendment, curricula update of training institutions, introduction and scaling up of opioid substitution treatment, and improvement of communication strategies.

The original budget of the project was \$4,000,000. After the first revision the overall target for the project budget was increased to US\$ 4,500,000. The second project revision was conducted in July 2010 due to receiving grants from the Central Asia AIDS Project (CAAP) funded by the World Bank (\$744,769) and from the Central Asia Regional HIV/AIDS Project (CARHAP) supported by DFID/UK (\$61,000) which made the project budget \$4,888,106. Two new outputs were added to the scope of the projects activities but the duration remained as per the first revision. In December 2010, one month technical extension was allowed as a buffer for completing project evaluation report and launch of the second phase of the project.

Major Findings of the Evaluation

As a result of the project implementation the role of UNODC as a catalyst in the work on improving accessibility of HIV-related services for MARPs in the region has become widely acknowledged by national and international counterparts. The credibility of UNODC enabled this regional project to mobilize decision-makers and technical experts from the various sectors such as law enforcement, health, education, and civil society and helped create a conducive environment for multi-sectoral collaboration thereby enabling major stakeholders to perceive various perspectives of and links between drug use, HIV, human rights, and most importantly, to find “right” solutions and make relevant decisions. It also helped to a certain extent synchronize activities implemented within HIV-related projects supported by other international and bilateral organizations.

The technical assistance and advocacy at policy development level proposed by the project and the focus on amending legal and regulatory framework, developing professional and education standards and contributing to the development of a comprehensive package of interventions for HIV/AIDS prevention, treatment and support among drug users and prison inmates appear to be highly relevant and appropriate, both prior to the project development and in the existing regional context. The above also apply to the attainability of project objectives, as the employed three-component strategy covers full spectrum of issues as they relate to the provision of access to HIV prevention, care and support services for drug users and inmates of custodial settings.

Despite multiple implementation challenges the project demonstrated good effectiveness and efficiency and produced most of the planned outputs having achieved a range of project results. The key project outputs include (i) legislative review with recommendations that contributed to the process of national legislative and policy reform, (ii) development of the 5-year action plans (and operational plans) for OST scale up for the four countries along with advocacy booklets and fact sheets on OST that became a basis for the countries' move towards improving access to one of the most effective HIV prevention intervention; development of country roadmaps for initiating upgrade of the monitoring system to measure access of IDUs and prison inmates to HIV-related services, elaborating a system of alternatives to incarceration, thus widening spectrum of HIV related health services for most-at risk populations, (iii) development of professional and educational standards as well as of a set of teaching modules and a manual for ToT on management of HIV-related low-threshold services that allowed to update the system of professional knowledge transfer.

All the above results contributed to the objective of making policy and legislative environment more conducive for achieving universal access of drug users and prisoners to HIV related health and social protection services.

The project has been active in building partnerships and managing multi-sectoral and participatory process at the national and regional levels allowing for broad advocacy of the project agenda including sensitive issues of human rights, OST, harm reduction as they relate to IDUs and prison inmates, as well as for experience and knowledge sharing.

The advocacy and technical assistance provided within the project have demonstrated a certain impact in terms of OST introduction (Tajikistan) and scale up (Kyrgyzstan) with Azerbaijan, and Kazakhstan gradually moving towards higher OST coverage within the strategic plans and away from just OST piloting. Although there has been active position of other development partners in this area the progress made with direct technical support provided by the project must be appreciated. In addition to OST gains, the project contributed to startup needle and syringe exchange programme in a custodial setting in Tajikistan and facilitated introduction of ARV in the penitentiary system of Uzbekistan.

The project results are characterized by a high level of national ownership as each of the outputs was achieved with the active and meaningful involvement of national decision makers and technical officers who fully shared responsibility for the products quality and suitability. The value added of the project is that it has opened venues for a cluster of interventions that will be performed within the Phase II of the project and even could be used as a basis for the development of new projects.

The level of utility of the project results is reflected in the high degree of the official endorsement of the project "products" and their actual utilization (i.e. adoption of new laws/amendments by parliaments, ministerial orders and instructions for introducing new teaching curricula, practical usage of the OST plans, etc.) providing clear indications of the high relevance of the project objective, planned outcome and strategy employed.

The project contributed to developing a concept of social protection services that go beyond delivering social allowances to the elderly and disabled but providing support to populations vulnerable to HIV helping them to overcome their personal and socially-mediated problems/matters.

Lessons Learned and Best Practices

The project continues to be relevant in the context of Central Asia and Azerbaijan as well as other neighboring transitional economies. Transformation of the project from concentrating on the previously proposed trainings at the service delivery level towards technical assistance in policy development and institutional capacity building became a turning point enabling the project to achieve positive results. This approach while being more complex for practical implementation since it was aiming at policy, normative and structural changes has brought about more substantial and long-term results in comparisons with the results that would be expected from field trainings of service providers.

The other noticeable feature of the project has been the participatory environment employed by UNODC's project team that helped government counterparts to build trust in the UNODC's work and assume the ownership of the process and outputs of the project.

The project made the case for multi-sectoral collaboration in the areas of drug use and HIV/AIDS at the national and regional levels with resulting "products" developed by multi-sectoral and multi-disciplinary groups national experts in each of the countries thus providing for the full national ownership of those products (i.e. legislative assessment with recommendations for reform).

The regional character of the project brought about lessons itself by augmenting advocacy effects of the workplan activities. Developed on the regional scale the project helped open minds of professionals and policy-makers on issues relating to IDUs and prisoners. It brought respective international evidence and attracted available expertise both internal and external, facilitating the process of knowledge sharing and learning, and having added to producing a critical mass of regional and national experts – proponents and advocates of the internationally accepted (human-right based) approach to drug users and health services designated to this group in the public and prison settings.

One of the lessons that could be drawn from the project implementation is the necessity to maintain advocacy work in the region at quite a high "voltage". The continuing resistance and even opposition to establishing rights-based policy environment and expanding evidence-based services for drug users all attest to the need for continuing advocacy at all levels of decision making starting from the top executives and legislature.

The other lesson learned relates to the "pilot approach" used in many development aid projects (with the inherent risk of the pilots being everlasting) which this project tried to transform by going for technical assistance for the development of mid-term action plans for step-by-step increasing access to a certain service (i.e. OST).

The lesson on managerial side has been: not to compromise with donors' desire to allocate funding only for activities per se without allowing for project staff salaries and operating expenses even if there are left some funds within the project budget for the latter from previously received sources. Having agreed to accept earmarked donor's funds can result in a "financial crisis" in the course of implementation since salary rates and operating expenses tend to grow overtime, and by the end of the project there may be a need to reduce either the number of (well performing) staff and/or to narrow the scope and amount of activities.

Recommendations and Conclusions

Recommendations:

- Institution-specific competitive advantage of UNODC in engaging with law enforcement and criminal justice ministries and agencies must be at the core of the UNODC strategy when advocating, through various available channels, for the adherence of all state and non-governmental bodies and organizations to international human rights standards in their policies and practices thus ensuring humanization of attitudes towards IDUs in community and custodial settings.
- Phase II must be focussed on further strengthening of gains achieved in the Phase I including further technical assistance in (i) formulation of respective policies and legislation, (ii) development of professional and educational standards, (iii) scaling up of OST, and (iv) development of related advocacy and technical materials
- When feasible the future interventions need to be focussed at the policy level to help the countries formulate a clear position with respect to the identified issue, develop a strategy for remedial actions and continue to build strong national ownership for process and results.
- Future projects need to further 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.
- Future projects should ensure that institutionalisation of the proposed changes is carried out taking into consideration the whole spectrum of inputs necessary to successfully bring those changes including the necessity to take into account issues of appropriateness, sensitivity and/or group culture.
- There is a need for further strengthening advocacy efforts at the highest executive level as well as widening technical assistance and joint efforts with active involvement of all international and national stakeholders to provide for large scale sustainable results.
- In Phase II expanding OST to all project countries including introduction in Turkmenistan and resuming in Uzbekistan is critical for measuring and cross-referencing the impact in the region.
- The value added of the project is that it has opened venues for a cluster of interventions (i.e. integrated service delivery) that will be performed within the Phase II of the project and could be a conceptual ground for the development of new projects.
- If possible the government's consent should be sought already at the level of hard pipe-line project through informal negotiations so that to make easier receiving official endorsement at the time of the project approval. There is a need to carefully negotiate with donors the details of funding arrangements including coverage of staff salaries and operating expenses in each of the project country for the whole period of the project cycle and with certain room for manoeuvre left for an implementing partner/UNODC as regards the scope and spectrum of activities.

Conclusions.

The strategies employed by the project meet the criteria of the Paris Declaration on Aid Effectiveness (2005) as they allow for full alignment with national HIV-related programmes/plans, provide for maintaining country ownership and mutual accountability, as well as ensure harmonization of development assistance within UN agencies and other aid organizations.

Specifically, the project contributed to the process of elimination of legal barriers that block access to HIV prevention and treatment for IDUs and prison inmates. It made inputs for laying a foundation for strengthening health systems, including those functioning in prison settings, by assisting countries to tailor HIV prevention and treatment services to needs of IDUs and prison inmates and to integrate these services into existing national health, social and criminal justice systems. The project also facilitated national efforts for increasing capacity of human resources for health and other related social systems including those functioning within criminal justice system.

The value added of the project is that it has opened venues for a cluster of interventions (i.e. integrated service delivery) that will be performed within the Phase II of the project and created a conceptual ground for the development of new projects of a broader scope (i.e. related alternatives to incarceration for offending drug users, addressing human rights issues of compulsory treatment of drug dependence).

II. Main Report

1. BACKGROUND INFORMATION AND CONTEXT

The project TDRACI29, Effective HIV/AIDS Prevention and Care for Vulnerable Populations in Central Asia and Azerbaijan is a multi-component project which was developed in a consultative process with government agencies, UN, bi- and multilateral donors. The project was designed to complement and contribute, through normative work, advocacy and sustainable capacity building, to the existing projects/programmes implemented by other international players with the common goal to prevent generalized epidemics in the region.

The project was developed in response to a significant HIV epidemic, concentrated particularly among injecting drug users. The prevalence of problem drug use ranges from the highest 1% of the adult population in Kazakhstan to the lowest 0.5% in Tajikistan with other countries' indicators being within these ranges (UNODC, 2006). The majority of drug users (about 80 per cent) inject opiates and practice high-risk behaviour (use of contaminated injection equipment, engagement in unsafe sex, etc.). The proportion of all HIV infections occurred in the region as a result of injecting drug use ranges between 60 and 80 per cent. Prevalence of HIV among people who inject drugs ranges between 3.0 per cent and 17.6 per cent in the project countries (UNAIDS, 2010).

The situation in the penitentiary system is of a serious concern: around 25-30 per cent of people living with HIV/AIDS are in prisons with a significant proportion of new cases of the infection detected among convicted people on entering the prison. HIV transmission within prisons among inmates serving their terms also has been registered in most of the project countries based on repeated testing (where available)(RCAIDS, Sentinel surveillance, 2009).

Countries' response to HIV and AIDS is encapsulated in the respective national programmes. However, there are a number of policy and programming barriers which have hindered the countries' response to the epidemic. In particular, (i) until recently, opioid substitution therapy was unavailable in most countries of the region except in Kyrgyzstan and, as a pilot with very limited enrolment (about 100 people) in Azerbaijan, (ii) harm reduction services, such as provision of sterile injecting equipment, opioid substitution therapy and condoms, were not available in countries' prison system, and (iii) utilisation of and adherence to antiretroviral therapy has been lower than needed. Therefore, increasing preventive, curative and social support interventions among IDUs in communities and prison systems have been essential to contain the epidemic growth.

The project has been implemented by the UNODC Regional Office for Central Asia (ROCA) in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan with backstopping by the HIV/AIDS Unit of UNODC HQ. The Regional Project Coordinator (RPC) is based in Kazakhstan, Astana with six National Project Officers (NPO) serving in each project country and six Project Assistants supporting the project implementation as full-time (four people) or part-time (two people) employees. NPOs under the guidance of the RPC are responsible for managing daily activities; building partnerships with national and international partners on a country level; managing and facilitating the work of Technical Working Groups (TWG) on IDU's established in each country and National Expert Groups consisted of national consultants hired for fulfilling certain tasks to achieve specific outputs; contributing to the annual project planning and reporting exercises. NPOs directly reported to the RPC and the latter reports to ROCA. On technical matters RPC received support/advice/guidance from UNODC Vienna HIV/AIDS unit.

In the process of project implementation it became clear that there was a need for a greater focus on structural barriers (legislation and policies, institutional capacities) that hamper access of drug users and prisoners to effective evidence-based health services rather than concentrating on trainings of individual outreach workers and other service providers of low-threshold services (the latter were provided by many other international development aid organizations/project). Therefore the "weight" of activities was gradually shifted towards policy and institutional development from trainings of services providers while the whole bulk of activities was still fitting the project objective and outcomes/outputs. It is believed that the proposed strategies and interventions have provided for a more comprehensive and sustainable response. Also by the advice of the Ministry of Health of Kazakhstan, the role of the Kazakhstan National Centre of Applied Research on Drug Abuse has been defined as a consultative body rather than the implementing partner (as it was described in the original project document).

Since the employed strategy turned to be highly relevant to the political environment of the region and yielded great appreciation of national governments and international partners it was decided that the focus on supporting legislative and policy reforms and institutional capacity development should become the essence of the project. The consequent changes were proposed in the logframe, the project action plan and annual workplans. These changes were formalized through the project revision in 2009 after the mid-term evaluation (Nov-Dec 2008) which endorsed in its recommendations the chosen course of action. In addition to the above conceptual changes the project was extended for a year in order to have sufficient time for completion of remaining tasks such as continued assistance in legislation amendment, curricula update of training institutions, introduction and scaling up of opioid substitution treatment, and improvement of communication strategies.

The original budget of the project was \$4,000,000. After the first revision the overall target for the project budget was increased to US\$ 4,500,000. The second project revision was

conducted in July 2010 due to receiving grants from the Central Asia AIDS Project (CAAP) funded by the World Bank (\$744,769) and from the Central Asia Regional HIV/AIDS Project (CARHAP) supported by DFID/UK (\$61,000) which made the project budget (\$4,888,106) exceeding its target (\$4,500,000) set by the previous revision. Two new outputs were added to the scope of the projects activities but the duration remained as per the first revision. In December 2010, one month technical extension was allowed as a buffer for completing project evaluation report and launch of the second phase of the project.

Since the very beginning the project encountered multiple implementation challenges. In particular, there were significant delays of initial project approvals from collaborating governments: Uzbekistan approved the project only in October 2006, approval from Turkmenistan came in April 2007, and Kazakhstan signed the project in May 2007. Late hiring of key project personnel and official nominations of the national focal points and members of national expert groups all postponed implementation of the project at full pace till mid 2007. Also the last year of project implementation was the most difficult one because of specific managerial requirements of the donor (CAAP/WB) that resulted in a situation whereby available budget hardly covered operating expenses and personnel cost (more details on that are given in the Section 4.7). Notwithstanding those challenges the project achieved most of the planned targets.

2. EVALUATION – PURPOSE AND SCOPE

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

The evaluation is to measure results of project implementation in all six countries participating in the project (Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) over the period from July 2006 to December 2010. The evaluation specifically addresses the following quality criteria: the project relevance, effectiveness, efficiency, sustainability and, to the less extent, impact. For details see ToR (Annex 1.)

3. METHODOLOGY

This evaluation employed the following methodology (for details see Annex 2. Methodology and Design Matrix):

- desk review of the project document, concept note, logframe, action plan, annual workplans, terms of reference for consultancies, reports of meetings/workshops/trainings, and project progress reports;
- desk review of the project products as per expected results: an integrated legislative report, reports on occupational standards and curricula update, Action Plans on OST introduction for Azerbaijan, Kazakhstan, Tajikistan and Turkmenistan, and workshops reports as per AWP.;
- observation during field visits.

- A qualitative research methodology in the form of semi-structured interviews with the following respondents:
 - a) the project team (regional coordinator and NPOs);
 - b) UNODC country and HQ staff involved in the project planning and implementation;
 - c) national partners, including state and NGO (non-state) sector representatives;
 - d) international partners including representatives from UN agencies, donor community and their implementing partners, who had worked closely with the project.

Total more than 53 individuals were informants on the findings of this report (see Annex 3).

Limitations. Short timeframe became a constraint during both field visits and the desk review. The consultant had eighteen working days (unevenly distributed among countries because of the flight schedules) to visit six countries that were made available for meetings with the government officials, donors and project partners. Nevertheless, good and efficient arrangements for meetings, organized by the project staff, allowed meeting and interviewing most key project partners and informants. It is only in Turkmenistan with its complicated and lengthy procedures of arranging such meetings the Consultant failed to meet some of the government officials and instead allocated more time for interviewing other available partners representing academia, civil society, UN, and donor partners who informed on the project results. The above limitations, however, did not negatively affect the evaluation and/or somehow compromised the validity of findings.

4. MAJOR FINDINGS AND ANALYSIS

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, effectiveness, efficiency, sustainability and, to the less extent, impact. It describes in details and evaluate issues related to (i) project position with regard a priority area/comparative advantage of UNODC, (ii) relevance and attainability of the project objectives, (iii) results achieved, (iv) sustainability of results and benefits, (v) relevance and utility of the results; (vi) management structure of the project, its functionality; (vii) partnerships and governance (efficiency of cooperation with national and international stakeholders), and (viii) problems and constraints encountered during implementation.

4.1. Project position with regard a priority area/comparative advantage of UNODC.

The presence of UNODC in the region of Central Asia is visible. It implements several regional projects in collaboration with the law enforcement and criminal justice authorities and its role among them is very well recognised and appreciated.

The consultant noticed that perhaps, because the organisation has an institution-specific competitive advantage in engaging with law enforcement and drug control sectors its role in the issues related to health and particularly HIV/AIDS had been less recognised or even unknown in the region prior to this project. The above observation was confirmed in the course of interviews with project national and international partners.

The role of UNODC as a catalyst in the work on improving accessibility of HIV-related services for MARPs in the region is now widely acknowledged by national and international counterparts. The credibility of UNODC enabled the regional project to mobilize decision-

makers and technical experts from the various sectors such as law enforcement, health, education, and civil society and helped create an environment for multi-sectoral collaboration thereby enabling major stakeholders to perceive various perspectives of and links between drug use, HIV and human rights, and, most importantly, to find the “right” solutions and make relevant decisions. It also helped to a certain extent synchronize activities implemented within HIV-related projects supported by other international and bilateral organizations.

4.2 Relevance and attainability of the project objectives

The project objectives have been highly relevant as contributing to the Global UNODC Strategy for 2008-2011, in particular the 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 Eastern Europe and Central Asia 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 Tajikistan, Uzbekistan, Kyrgyzstan, and Kazakhstan further to Caucasus, Russia, Eastern Europe and North China – the so called “Northern Route” (World Drug Report, UNODC, 2010).

Although the percentage of sexual transmission of HIV has been steadily rising in recent years currently ranging from 25% in Kyrgyzstan to 35% in Kazakhstan (with other countries ranging in between) the majority of these cases are among women who were infected by their sexual partners who are IDUs. It is therefore crucial to work with IDUs to prevent further spread of the HIV/AIDS epidemic. (RCAIDS, country info, 2009)

Another important feature of the epidemic in the region is a high concentration of people living with HIV in prisons with HIV prevalence ranging from 2.6% in Kazakhstan to 4.5% in Azerbaijan, 5% in Uzbekistan, 7% in Kyrgyzstan, , and 7.8% in Tajikistan (AIDS Centres, 2008-2009). A significant proportion of new diagnoses of HIV infection are being established in the prison system, and it is proved that many of these new cases indeed occurred within prisons (sentinel surveillance/AIDS Centres data,2009).

The aforementioned is often a result of drug-related laws which criminalize possession of small amounts of illicit drugs and a consequence of the insufficient range of available alternatives to incarceration or inadequate application of the available alternatives to cases of non-violent drug related crimes. While in prisons injecting drug users (IDUs) are often deprived of adequate medical and social care which facilitates further spread and concentration of HIV infection in prison system.

At scrutiny, policy and regulatory environments regarding HIV/AIDS prevention and treatment in countries of Central Asia and Azerbaijan reveal discriminatory provisions and limitation of human right of IDUs and those with HIV-related medical conditions which is particularly the case in penitentiary sector.

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 are fragmented and poorly coordinated. Referral links between low threshold services (often provided by NGOs) and high threshold services are weak or non-existent thus compromising the principle of continuity of care. Official standards for providing harm reduction interventions though received some development, continue to be associated with services outside conventional package and therefore remain highly irregular in scope and contents. Moreover, in a centralised system of public services existing in the region the need for written instructions or guidance is essential and such guidance must be in the form of a mandate such as law, regulation and/or standard.

Prior to the project, opioid substitution therapy (OST) was unavailable in most countries of the region but Kyrgyzstan and, as a small pilot, in Azerbaijan. Moreover, neither of the countries had a mid-term or long-term action plan for OST expanding beyond a piloting phase. UNODC has been the first to shift the focus from short-term planning of the activities that supported OST pilots to assisting countries in longer term strategic planning of OST scaling up to reach the coverage sufficient for impacting HIV epidemic. Vigorous and consistent advocacy and sound technical assistance provided by UNODC during the project implementation resulted in governments' commitment to take up responsibility (including a financial burden) for gradual scale up of the access to OST as per action plan developed with the assistance of UNODC.

Over the last two years availability of OST has been increasing in Kyrgyzstan, Azerbaijan and Kazakhstan; two new OST sites became operational in Tajikistan; Turkmenistan has been at an extended planning stage of initiating OST pilot, and Uzbekistan has untimely discontinued the only OST pilot site on grounds of alleged ineffectiveness leaving however, the "door open", and is currently setting the ground for policy dialogue and an in-depth research of available evidence on OST, both pros and cons.

Based on the above the technical assistance and advocacy at policy development level proposed by the project and the focus on amending legal and regulatory framework, developing professional and educational standards and contributing to the development of a comprehensive package of interventions for HIV/AIDS prevention, treatment and support among drug users and prison inmates appear to be relevant and appropriate both prior to the project development and in the existing regional context. The above also applies to the attainability of project objectives, as the employed three-component strategy covers full spectrum of issues as they relate to the provision of access to HIV prevention, care and support services for drug users and inmates of custodial settings.

4.3 Project Results

The project aimed at achieving nine outputs that would feed into the three following outcomes:

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

Outcome 2: National quality standards for the provision of a full spectrum of effective evidence-based HIV related interventions for drug users and inmates in custodial settings developed and endorsed by health authorities.

Outcome 3: Updated curricula for undergraduate, graduate and postgraduate/continuous professional education in health care, social protection, law enforcement and penitentiary system and relevant occupational standards provide for enhanced professional competencies of service providers that allow for provision of comprehensive HIV related services for IDUs and inmates in custodial settings developed and endorsed by relevant authorities.

The project produced most of the planned outputs having achieved a range of project results (full list of achieved results see in Annex 2.). The key project outputs include legislation review, development of professional and educational standards, development of the 5-year action plans (and operational plans) for OST scale up for the four countries, development of a set of teaching modules and a manual for ToT on management of HIV-related low-threshold services, advocacy booklets and fact sheets on OST as well as other related advocacy and technical assistance "products" (i.e. development of country roadmaps for initiating upgrade of monitoring of the access of IDUs and prison inmates to HIV-related services, elaborating a system of alternatives to incarceration, etc.)

Outcome 1: Legislation Review. The integrated regional legislation analysis report presents a comprehensive picture of the current legal environment with respect to human rights of drug users and prison inmates, and particularly, to their access to HIV prevention and treatment in six project countries, and provides recommendations for legislative and policy reform for national governments and international development partners.

As part of the integrated report the six country reports present analysis of national laws, policy documents, bylaws and ministerial regulations covering national programmes on drug control and HIV, administrative laws and criminal justice codes, suggesting detailed recommendations for updating the vast legislation areas. All reports were endorsed by key national stakeholders and published in Russian and English.

Based on the recommendations of the report the following legislative reforms have been undertaken in the project countries:

In Azerbaijan, UNODC advocated and helped develop the new law on HIV enacted in June 2010; the law incorporates provisions stipulating the state guarantee of access to evidence-based HIV prevention, treatment and care services for most at risk populations including IDUs and prison inmates, namely the law mandates the availability of and easy access to such crucial harm reduction interventions as NSPs and OST in community and in prisons. The adoption of the law was followed by amendments in relevant bylaws and ministerial regulations covering regulations related to criminal justice and administrative laws, social protection/disability, education, mass media and labour code (in total eleven legislative documents were amended or elaborated by end of 2010); the amendments are needed for the implementation of the new law.

In Kazakhstan the new programme on Health of the Population incorporates recommendations of the project legislation analysis. Public debates with involvement of parliamentarians on repealing of discriminatory HIV-related provision in the national Criminal Code have started recently.

In Kyrgyzstan, the work on legislation review went in parallel with the development of legislation called "The law on humanization of criminal justice regarding drug related

offences ”. This process led to revision of the fundamental normative documents such as Administrative Code, Criminal Code, Penitentiary Code as well as other laws and regulations. Recommendations of the legislative report have been reflected in the new Concept of Anti-drug Strategy till 2015 developed under coordination of the State Drug Control Service and which is currently under review by major stakeholders. The new national strategy for the Reform of Penitentiary System for 2011-2015 (“Umut”-2) that was launched in December 2010 in Bishkek also embraces principles of human rights observance and includes chapters on access to evidence-based health care and social rehabilitation to prisoners.

Tajikistan endorsed some 19 amendments to the law on HIV issued in late 2008 including cancellation of discriminatory provisions such as deportation of HIV infected persons and mandatory testing for selected populations, the new national programme on counteracting HIV/AIDS for 2011-2015 is expected to incorporate harm reduction programmes including OST.

In Turkmenistan, in 2008, based on recommendations of the National Expert Group on legislative analysis, Methadone was shifted from List 1 (prohibited controlled narcotic drugs) to List 2 (narcotic drugs under strict control but allowed for medicinal use) and Buprenorphine from List 2 to List 3 (psychotropic drugs under control allowed for medicinal use) of the Official Lists of Narcotic Drugs and Psychotropic Substances.

In Uzbekistan, the Parliament has developed a draft law on HIV and UNODC (at their request) commented on it to ensure it incorporates human rights dimensions and provides for the access of MARPs, inter alia IDUs and prisoners, to evidence-based HIV prevention care and support; currently this draft is undergoing the hearing process and is expected to be endorsed in 2011. As per recommendations of the legislative report, Naloxone and Naltrexone (opioid antagonists used for overdose management and relapse prevention respectively) were included in the list of essential pharmaceuticals of the Ministry of Health. To provide for state’s guarantees of universal access to drug dependence treatment the Ministry of Health drafted a new Law on Drug Dependence Treatment and submitted to the Parliament for review.

Similarly, based on recommendations of the legislative analysis a revision of upper limits to possession of drugs for personal use has been initiated in Uzbekistan and Kazakhstan.

UNODC was a cosponsor of the four out of five Inter-parliamentary Conferences on HIV for countries of Central Asia and Azerbaijan held over 2006-2010, where presentations were made to promote human-rights-based approach to HIV prevention and treatment and discuss findings and recommendations of the mentioned legislative analysis with the senior government officials, parliamentarians and NGOs from the six countries.

Outcome 2: Development of standards for the provision of evidence based HIV-related interventions for drug users and inmates in custodial settings. Outputs for this outcome included products related to the introduction of the comprehensive package of HIV-related interventions for drug users and monitoring of the access to relevant health care services (based on recommendations of WHO/UNODC/UNAIDS Technical Guide on National Targets Setting, 2009).

UNODC provided technical support and initiated the process of revisiting national monitoring and evaluation systems for harmonization of target indicators reflecting availability of and access to HIV-related services for drug users and prison inmates in the national programmes on HIV, Tuberculosis, Drug Control and Penal/Criminal Justice Reform in all project countries. This was done through a series of technical regional workshops and in-country

consultative meetings. The most intense in-country advocacy work was provided to the two countries, Uzbekistan and Turkmenistan, with topics covering drug control policy issues, human-rights, harm reduction, clinical aspects of drug dependence treatment and HIV prevention and treatment for IDUs and prison inmates. That work was complemented by close partnership with other major players in the region (GFATM, CAAP/WB, USAID, CARHAP, AFEW) in concerted efforts to achieve universal access to HIV prevention and treatment; a contribution of UNODC to the following results has been highly appreciated by national and international stakeholders.

Namely, at a series of regional and in-country workshops, recommendations for update of the national frameworks for monitoring and evaluation of the access to HIV prevention and care services for drug users and in prison settings were drafted in the form of country roadmaps (working papers) aimed at introducing specific indicators of the access to the nine interventions of the comprehensive package along with indicators reflecting quality of services (adherence to standards/protocols) and behavioural level results of the interventions.

In Kazakhstan and Azerbaijan, some of the indicators have been included into reporting forms of AIDS Centre; other countries are still considering their use (most probably through the implementation of the new HIV programmes).

As was mentioned, an intensive and focused advocacy and technical assistance have been provided specifically for introduction and/or scaling up of access to OST in the project countries. A series of regional workshops (started from the inception workshop in Bishkek, Kyrgyzstan, in September 2008) and in-country consultative meetings on OST introduction/scaling up were held over the project cycle thus contributing not only to raised awareness of multisectoral audiences of the importance of OST as an effective means of HIV prevention, improved knowledge and skills of the provision of OST but also facilitating trust building and partnership development between national, state and non-governmental partners and among international partners. Also a set of advocacy materials on OST in Russian was developed and two GIS maps showing actual availability/range of services in communities and penitentiary system in Kazakhstan were developed as the baseline.

As a result of this work five-year budgeted National Action Plans for scaling up of the access to opioid substitution treatment (OST) were developed and submitted to national health authorities for incorporation in the national programmes on HIV prevention and drug control of Azerbaijan, Kazakhstan, Tajikistan and Turkmenistan. The plans outline actions for achieving 30-40% coverage of IDUs by OST in five years period and provide cost estimates of the interventions. The three former countries officially endorsed the plans and have finalized (Kazakhstan) or currently finalizing the biennial operational plans (2011-2012). The Action Plan is still under consideration of the Ministry of Health of Turkmenistan. Kyrgyzstan has been moving on with OST scale up by national plans developed earlier with support of GFATM; Uzbekistan may consider UNODC support for the development of a similar plan in case of a political change in due course.

The plans stimulated such processes in the four (Azerbaijan, Kazakhstan, Tajikistan and Turkmenistan) out of six project countries as the initiation of the process of optimizing of the Methadone procurement mechanism (registration of the drug), intensive capacity building of service providers, the development/update of national protocols for OST and infrastructure strengthening (renovation) of OST provision sites.

The work of UNODC on expanding the spectrum of HIV-related services contributed in achieving the following.

In Tajikistan, the Ministry of Health by its order started two OST pilot sites (in Dushanbe and Khujand) and the third site will be opened in 2011 (in Khorog, GBAO).

In Azerbaijan the second OST site was opened in the Republican AIDS centre in Baku (in addition to the one in the Republican Narcology); the consultations underway on the establishment of OST sites in the TB clinic in Baku and provinces.

As part of the work on national quality standards for provision of comprehensive and evidence-based HIV related interventions for drug users and inmates in custodial settings, UNODC contributed to the introduction of needle and syringe programmes in a prison in Tajikistan; the establishment of social bureaus in two prisons in Dushanbe has started with the aim to provide access of prisoners to quality social support services.

As a joint activity of UNODC and USAID two drop-in centres were first ever established in Turkmenistan (Ashgabat). Consequently the Ministry of Health ordered to expand the network of drop-in centres in provinces and incorporate topics on outreach work into training of family doctors. The Penitentiary Department of the Ministry of Interior established a new unit responsible for post-release social assistance.

In Kazakhstan, to improve access of IDUs to the comprehensive package of HIV-related interventions the Ministry of Health updated instructions on the organization of work of Trust Points² for injecting drug users and the Rules of Medical Examination for detection of HIV to further improve accessibility of respective services to this group.

In Kyrgyzstan, UNODC contributed to the development of standards for providing harm reduction interventions. These standards later were incorporated into the national guidebook on drug dependence treatment and were used in drafting the respective law.

In Uzbekistan, UNODC provided technical assistance in developing the standards on harm reduction services and updating legislation on Trust Points for IDUs in line with the interventions for effective HIV prevention, treatment, care and support among IDUs as recommended by the WHO/UNODC/UNAIDS. It was agreed that UNODC will help the National AIDS Centre build the capacity of 235 Trust Points providing services to the MARPs particularly IDUs in the frame of Phase II (XCEA-01) project and GFATM's extended Round-3 Project (RCC) in 2010-2013.

In Azerbaijan and Kazakhstan UNODC contributed to the development of new proposals for funding within Round 10 of GFATM focusing on development of a full range of quality HIV-related services for MARPs i.e. drug users and prison inmates. Uzbekistan received the extension of Round 3 grant for 2011-2017 through the Rolling Continuation Channel (RCC). A substantial funding is designated to the IDUs and harm reduction activities/services.

Outcome 3: Development of professional and educational standards. The project has made technical inputs to reformation of the ministerial legal environment regulating the access of drug users to HIV prevention and treatment services, and to updating the systems of knowledge transfer in relative sections of medicine, social work and jurisprudence.

In particular, UNODC technical assistance helped update national occupational standards and education curricula for medical workers, law enforcement and penitentiary staff, and social protection workers in order to enhance professional competencies needed for providing effective HIV prevention and treatment interventions for IDUs and prison inmates.

Specifically:

² Trust Point is a community-based site of low-threshold HIV-related service delivery for drug users, sex workers and other vulnerable groups; the services usually include provision of sterile injecting equipment, information, counselling, social support and referral to health specialists.

In Azerbaijan, teaching modules on HIV were amended in line with recommendations of national experts and introduced in the curricula of penitentiary staff undergoing a special course at the Training Centre under the Ministry of Justice and the Academy of Penal System in Ryazan, Russian Federation. Updated curricula are ready for introduction at the national school of medicine for teaching psychiatry and infectious diseases. The process of updating curricula for other disciplines is underway.

In Kazakhstan, all recommendations for curricula update for under-graduate and graduate professional medical education have been mandated by the Order of the Ministry of Health and currently are under implementation in schools of medicine nationwide; selected modules of the updated curricula for penitentiary staff were piloted in the National Academy under the Committee for Penal System of the Ministry of Justice (Kostanai). Draft educational standards for social workers (involved in work on HIV prevention among IDUs, including those in penitentiary system) were developed to be used for post-graduate courses for social workers.

In Kyrgyzstan, the Ministry of Justice (MoJ) has officially adopted new job descriptions and occupational standards for staff of penitentiary system.

In Tajikistan, the Ministry of Health has developed addenda/inserts to the existing national occupational standards of HIV prevention and treatment interventions for MARPs including IDUs and prison inmates. Based on the aforementioned recommendations, new curricula for psychologists and social workers were introduced at the Tajik State University in 2010.

Turkmenistan introduced selected modules and updated curricula for Departments of Psychiatry and Narcology, Family Medicine, Tuberculosis, and Infectious Diseases of the State Medical University, as well as at the Penitentiary Department of the Police Academy for under- and postgraduate students.

In Uzbekistan, the Ministry of Health officially adopted new education curricula/modules and professional standards for doctors and nurses of a number of medical disciplines and amended contents of training for other personnel providing HIV-related services to IDUs and people in detention.

In addition, as the result of the establishment of the Central Asian Centre on Harm Reduction (Knowledge Hub) in Bishkek, Kyrgyzstan, four training manuals covering issues of management of harm reduction programmes, outreach work, work with police, overdose prevention were updated by national consultants representing civil society and affected communities of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. The manuals were pilot tested during the national trainings conducted in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan; and five new training modules were developed by a group of local experts: the modules comprise legal aspects of harm reduction programmes for medical, social and outreach workers; VHC counselling, care and support; drug policy development; procurement management; and treatment of IDUs for HIV infection. A special website was created by the “Knowledge Hub” in Bishkek, Kyrgyzstan, with the bulletin composed as a digest of the recent global and regional developments/events/articles in harm reduction, human rights of MARPs and drug control policy published quarterly in the Russian language. Its sustainability is ensured by the affiliation with the state facility (the republican narcological dispensary in Bishkek) and a pledge to continue financial support made by some development aid organizations for one more year until internal resources could be mobilized. In addition, sets of information and advocacy materials (booklets, fact sheets) on harm reduction were developed in Russian, published and widely disseminated among policy makers, parliamentarians, law enforcement, and service providers in health care and social work.

Figure 1 below shows that the project was aligned with existing national programmes and through the established National Expert Groups (that consisted of national consultants hired for fulfilling certain tasks to achieve specific outputs in the three indicated areas) contributed to the targets set in these national programmes.

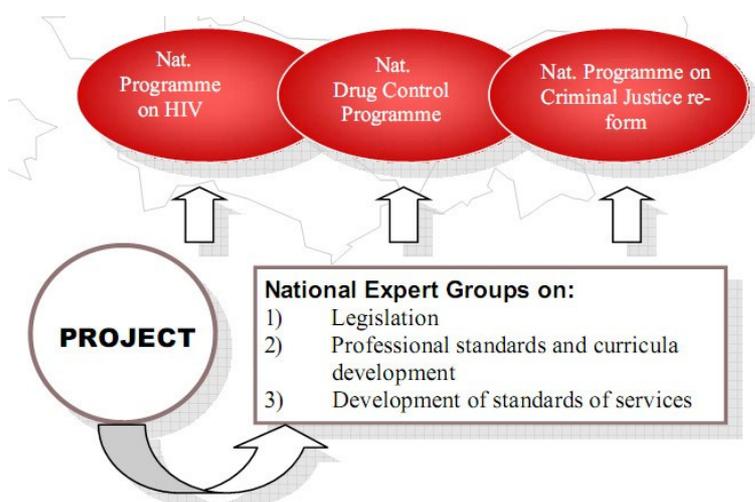


Fig 1. The project working mechanism

4.4 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 contribute to the establishment of a favourable legal and policy environment conducive for achieving universal access to HIV-related health care and social protection services for drug users and people in places of detention. To attain the objective technical assistance to the project countries has been aimed at supporting policy development and institutional development meaning that most of the interventions were focused on updating/amending/elaborating regulatory frameworks (laws and national programmes) and sectoral (ministerial) normative documents, or in other words, were bound to the drug control and HIV-related formal regulation mechanisms. Then the main criterion of sustainability should be the level of official endorsement/approval/stipulation of the proposed changes/ recommendations/ products, i.e. their institutionalization.

The results described in the previous section give strong evidence of their sustainability over time since in all countries proposed changes were institutionalized, though to various degrees: from the adoption of a new law on HIV and a set of bylaws in Azerbaijan to amendments in the law (Tajikistan) and innovative national programmes (Kazakhstan, Kyrgyzstan) to changes in Schedules of Controlled Psychoactive Substances in Turkmenistan; from the issuance of ministerial Orders mandating new sets of professional standards and curricula in health care, and/or social protection and/or law enforcement in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan to semi-formal introduction of elements of the new curricula in Turkmenistan; from endorsing of OST Plans to actual introduction of OST (Tajikistan) and its expansion (Azerbaijan, Kazakhstan).

Moreover, the project results are characterized by a high level of national ownership as each of the outputs was achieved with the active and meaningful involvement of national decision makers and technical officers who fully shared responsibility for the products quality and suitability (see Tables 1 and 2 on composition of national expert groups and national counterparts, as well as reports of workshops, meetings and trainings).

Certainly, further elaboration of regulatory frameworks, practical implementation and effective enforcement of the formally adopted laws and other normative documents are needed and though those tasks are beyond the objective and planned outcomes/outputs of the project, the value added of the project is that it has opened venues for a cluster of interventions that will be performed within the Phase II of the project (i.e. development of manuals for faculty to facilitate the implementation of the new curricula, capacity building of health managers to enable them to provide integrated services for MARPs, etc.) and has outlined conceptual grounds for new projects (i.e. alternatives to incarceration, legislative reforms related to involuntary treatment/medical interventions). As was already noted, in the legislation inventory alone the volume of proposed changes is intensive to the extent that implementation of some selected recommendations may require developing an individual project. The implemented project thereby reveals some features inherent to a programme as relates to its scope and long term perspectives.

Definitely, future work should take into account the necessity to beware of examples of laws and policies that were endorsed but came deficient in implementation due to:

- poorly developed enabling regulatory framework;
- lacking infrastructure and resources;
- low technical capacity of responsible staff; and the last but not least
- non-sensitive and culturally inappropriate delivery

This notion, though not directly linked to the project in question, is particularly important when dealing with populations at risk who may choose not utilise a service simply because it's set up and management are not carefully weighed against sensitivity or group culture thus leading to the low sustainability of such services.

4.5 Project management and its functionality

The project has been implemented by the UNODC Regional Office for Central Asia (ROCA) in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan with backstopping by the HIV/AIDS Unit of UNODC HQ.

The Regional Project Coordinator (RPC) is based in Astana, Kazakhstan, functioning at the same time as Head of the UNODC Programme Office for that country. There are National Project Officers (NPO) in each project country working with support coming from Project Assistants working full-time or part-time for the project. NPOs under the guidance of the RPC are responsible for managing daily activities; building partnerships with national and international partners on a country level; managing and facilitating the work of Technical Working Groups (TWG) on IDUs, contributing to the annual project planning and reporting exercises; participating in UN Joint Theme Groups on HIV, taking part in the development of countries' UNDAF and fulfilling other tasks as per requests of ROCA and HQ. NPOs directly report to the RPC and the latter reports to ROCA. On technical matters RPC receives support/ advice/guidance from UNODC Vienna HIV/AIDS unit.

To provide for national ownership and facilitate the project coordination at national level, National Focal Points were nominated by governments of each participating country; they comprised the Project Steering Committee. The Steering Committee was represented by senior officials of ministries of health, justice, interior, and drug control agencies (total 14 people). The Steering Committee participated in annual review meetings and in the mid-term review meeting to discuss, ascertain and endorse results of annual/mid-term project implementation, annual plans and changes in project outcomes if proposed by project staff. Technical Working Groups on IDUs or specifically for OST introduction/scaling up (supported by UNODC) were established in Kazakhstan, Tajikistan and Turkmenistan; existed in Kyrgyzstan prior to the project start up, and is under establishment in Azerbaijan.

These are multi-sectoral groups consisting of national decision-makers and experts whose task has been technical support for the process of institutionalization of the project's outputs (i.e. elaboration of operational plan of OST introduction/scale up, drafting national guidelines/ministerial orders/instructions to be submitted to national authorities for official endorsement).

In 2010, five people (two full time employees in the capacity of NPOs, one full-time PA and one part-time IT Assistant and part-time Communication Specialist/Web Designer) joined the project team within the frame of the activities financed by a one-year grant from the Central Asia AIDS Control Project (CAAP)/World Bank, so called Knowledge Hub sub-project. They were hired on a competitive basis according to UN rules and per UNDP regulations for the "sub-project" implementation in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan while being nationals of Kyrgyzstan and residing in Bishkek.

The number of employees of the Knowledge Hub, their functional duties and nationality/place of residence were conditions of the grant award and formalized by the Agreement between CAAP and UNODC. Administrative and managerial support of the project team from HQ and ROCA has been adequate and effective in helping the project team produce most deliverables in timely manner. Technical support somewhat failed only in the case of preparation of the service adequacy mapping study which proved to be a complex and resource intensive task, and eventually was transferred to the Phase II of the project.

Daily communication among the project management team spread throughout six countries has been maintained through e-mail, and telephone. The team approach was further strengthened by regional semi-annual (2007-2008) and annual (2008-2009) meetings. The team composition and collaborative spirit developed within this team allowed for the smooth implementation of the project activities. Organisation of annual project review and planning meetings with key national partners including members of Steering Committees helped increase ownership of the project results by government counterparts in the region.

4.6 Partnership and governance

The project has been active in building partnerships and managing multi-sectoral and participatory process at the national and regional levels allowing for broad advocacy of the project agenda including sensitive issues of human rights, OST, harm reduction as they relate to IDUs and prison inmates, as well as experience and knowledge sharing. During November 2006–December 2010, the project managed to mobilize some 192 individuals, representing various sectors and international organizations and partners, as the project counterparts who were regularly involved in technical and advocacy work at country, regional and global levels (for details see Table 1).

Over the project implementation cycle, the project collaborated with other major players in the region including national non-governmental organizations, UN agencies and international/bilateral organizations. The project annual workplans were regularly shared with these partners. It helped mobilize resources and allowed to identify areas for joint activities. In particular, a number of regional conferences and meetings were held jointly with AFEW, CAAP, WHO, GFATM and CADAP/EU to discuss the issues of integration of health care and social protection services (as they relate to drugs use, HIV and tuberculosis).

In summary, the cost-share contribution of major partners reached \$72,401 in 2007; \$130,670 in 2008; and in excess of \$130,000 in 2009) making up a significant proportion (up to 10%) of the project budget. Having had additional resources meant a greater scope and/or number of activities implemented within the frame of the project thus facilitating the move towards the project targets. It also reflected the willingness of international partners to closer collaborate with UNODC thus acknowledging the importance and quality of the work done within the project.

Table 1 Sectoral representation of the project counterparts³ (2006-2010)

Country	Central Government*	Education Sector**	Health Sector	International Organization	Justice Sector	Law Enforcement	Legislators***	NGO	UN Partner	Grand Total
Azerbaijan	4	6	8	1	4	1	2	6	1	33
Kazakhstan	-	6	10	2	5	2	2	5	1	33
Kyrgyzstan	2	1	10	5	10	2	3	5	8	46
Tajikistan	2	2	4	5	2	1	1	1	2	20
Turkmenistan	3	4	3	3	2	6	1	2	5	29
Uzbekistan	2	-	5	8	2	1	1	3	9	31
Grand Total	13	19	40	24	25	13	10	22	26	192

*Representatives of Cabinet of Ministers, Office of President, Ministry of Foreign Affairs

**Representatives of Ministry of Education and universities/ teaching institutes/colleges

*** Members of Parliament

4.7 Problems and constraints encountered during implementation

Challenges encountered in the course of project implementation could be categorized as (i) managerial, (ii) politically mediated, and (iii) substantive.

(i) As already was mentioned endorsement of the project by some governments (especially Kazakhstan and Turkmenistan) delayed the full-fledged project implementation until mid 2007. That required intensive efforts of the project staff to catch up with the originally planned pace of implementation of the project activities in 2007.

In 2010, a new sub-project with a specific set of activities and a managerial set defined by the donor (CAAP/WB) and agreed by UNODC was integrated in the project. As became clear by the second half of the year, that managerial set up of the “sub-project” somewhat

³ Counterparts – those with whom UNODC has been working on a constant basis, formally and informally (i.e. health authorities and ministerial technical officers, representatives of NGOs, members of TWGs, etc.)

hampered the smoothness of the implementation of its activities in those three countries: all the “ sub-project” staff were residing in Kyrgyzstan with no funds allocated for that staff’s travel to the other three countries (where a substantial chunk of activities were to be held and in fact, eventually, was implemented) or for salaries of the UNODC staff residing in those countries (who actually implemented the “sub-project” activities in their countries) and for operating expenses borne by respective UNODC Programme Offices while implementing the activities.

Unwillingness of the donor to make amendments to the agreement so that to remedy the unbalanced budget allocation had aggravated already a complex situation (delayed implementation of that particular set of activities) and led to the budget crisis that was solved only by mobilizing funds of the Phase II of the project which was started in December 2010. While no immediate negative impact on the Phase II is envisioned, the early development of fund raising strategy may be needed.

Finally, the project faced a continuing rise of costs of conducting meetings and trainings in all six countries explained by the global financial crisis, inflation of local currencies, and by falling rate of US dollar. In addition, expenses for national project staff salaries became significantly larger due to the revision of salaries initiated by UNDP in 2007-2008 with the situation exacerbated by the above described limitations imposed by the donor (CAAP) as regards payments of staff salary and operating expenses. These factors imposed constraints on the initially planned number and size of trainings and workshops, and the scope of technical assistance (i.e. mentioned mapping study). To overcome the resulting budget shortage, cost-sharing with other international partners was used in a number of in-country meetings, regional events and consultancies in all six countries.

(ii) Over the project implementation cycle there have been a range of significant political events the project countries and some of them affected the project implementation though to a various extent.

Since May 2009, in Uzbekistan, significant changes in political climate related to drugs and HIV prevention and treatment among vulnerable and most-at risk groups were observed: the national drug demand reduction policy was heavily shifted towards predominance of primary prevention of drug use with the diminished support for evidence-based harm reduction interventions (the ones aiming at ameliorating drug related harms among problem drug users/drug dependent people) almost to their fading out and the claim for upholding of “national values, traditions and mentality” as the core of the drug demand reduction policy versus evidence-based interventions was repeatedly maintained by national officials of all ranks. Consequently, on grounds of alleged ineffectiveness the OST pilot programme in Tashkent was closed which, to some extent, slowed down respective decisions on OST introduction of other project countries; references have now been made on Uzbekistan’s experience as to be cautious with the pace of OST implementation. However, Uzbekistan is currently setting the ground for policy dialogue on available evidence to decide whether to go on with OST.

The above change also led to a transformation of the country’s previous position on HIV prevention in custodial settings any possibility of illicit drug circulation penitentiary facilities and the occurrence of sexual activities among prison inmates was denied, implying that no risks for HIV transmission existed there This has negatively affected any possibility to implement evidence-based preventive interventions in prisons.

The political instability and outbreaks of riots in Kyrgyzstan in April-June 2010 negatively affected the project implementation there and also in other three countries (Kazakhstan, Tajikistan and Uzbekistan) covered by the “Knowledge Hub sub-project” coordinated from Kyrgyzstan as all UN activities were suspended for a few weeks.

In Tajikistan, establishing social bureaus and referral services in two prisons was delayed due to mass escape from a pre-trial prison and because a riot happened in autumn 2010 in the country with subsequent tightening of prison regime leading to a ban of any external interventions within penitentiary system up until December 2010. Yet preparations for infrastructure renovation have been completed and plans for prison staff trainings agreed upon with prison authorities. The remaining activities have been transferred to the Phase II of the project and will be implemented over the first quarter of 2011.

Turkmenistan has yet to articulate the country’s official stance with respect to human-rights principles and evidence-based framework of the project as they relate to HIV and drug use. This “political vagueness” has resulted into the country’s slow and partial implementation of the project activities.

Another limiting factor common for all project countries relates to frequent governmental staff turnover which effectively could diminish advocacy and technical gains of the project, especially on sensitive issues of OST and harm reduction both in community and in custodial settings. This issue has a potential solution built in the strategy employed by the project, i.e. through changing political and enabling legislative and regulatory environment that would be obligatory to abide for any new administrator/politician/senior manager. Otherwise the continuity of efforts will be jeopardized by the lack of knowledge or interest to respective issues among new partners.

(iii) Substantively, no major challenges were encountered, however, as indicated above, the project faced challenges in evaluating adequacy of service delivery (mapping) for HIV/AIDS prevention, treatment and support for IDUs. Preparation of this study proved to be a complex and resource intensive task and consequently it was transferred to the Phase II of the project.

4.8 Project Effectiveness

The UNODC project was revised following the mid-term review and was set out to deliver nine outputs necessary to attain planned three outcomes and achieve the project’s objective of contributing to the establishment of a favourable environment in project countries to increase access of drug users and prisoners to evidence-based HIV prevention and treatment services, through addressing normative policy, programmatic aspects and capacity building.

While implementation at full pace started only in 2007 (almost one year late) and consequently the project underwent two project revisions with one year extension (see details on the revisions in Chapter 1. Background information and context), the team managed to produce a number of impressive outputs having achieved or significantly achieved the eight out of nine outputs in accordance with the annual plans and mainly within the planned timeframe.

On these grounds the programme may be considered effective given the produced outputs namely: (i) the legislation review completed – both integrated and country specific reports published and disseminated; (ii) legislators and policy makers gained knowledge and skills for developing human-rights based and evidence-based laws and relevant national programmes (as evidenced by legislative amendments developed and adopted in most of the project countries); (iii) harmonization of M&E indicators reflecting access to HIV-related services for drug users and prison inmates in the national programmes on HIV, Tuberculosis, Drug Control and Penal/Criminal Justice Reform initiated; (iv) Action plans for OST

introduction and scaling up developed for four countries and endorsed by three of them; (v) professional standards developed and ready for implementation/partially implemented; (vi) model curricula for medical, law schools and social work developed/endorsed/partially implemented; (vii) manuals for trainers developed and pilot tested; and (viii) training modules for low threshold services developed.

Overall achievement of the project is estimated at about 90%, meaning that about 90% of revised outputs have been produced as planned (see Annex 2. Results achieved) or if put differently, the completeness of the fulfilment of five outputs was 100% (outputs 1.1, 1.2, 3.1, 3.3 and 3.4), two outputs were delivered at 95% level (outputs 2.2 and 3.2), one output – at the level of 85% (2.1) and one – 10% (output 2.3). 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 national governments reflecting working style and manners adopted and practiced in the countries of the region. In a number of cases the political situation did not allow to effectively implement project activities (such as discontinued OST piloting in Uzbekistan or the prison riots preventing access to penitentiary in Tajikistan thus delaying activities related to the establishment of social bureaus in prisons) while at times, a rational explanation for “not moving ahead” under all other conditions being equal could not be found (e.g. continued resistance to the OST implementation in Turkmenistan despite the absence of visible political and regulatory barriers).

Despite the initial delays, managerial challenges, and revisions mentioned above, the project team has performed effectively and within limited time and resources implemented a significant volume of activities including 61 global/regional workshops/ conferences, and some 239 national meetings/workshops and conferences (for details see Table 2, and Annex 3 for complete list of workshops under the project).

Table 2. Sectoral representation of participants of UNODC-supported conferences, meetings and workshops⁴ held in 2006-2010

Country	Central Government*	Education Sector**	Health Sector	International Organization	Justice Sector/ Penitentiary	Law Enforcement	Legislators***	Mass media	NGO	UN Partner	Grand Total
Azerbaijan	10	10	30	6	13	3	8	6	20	5	111
Kazakhstan	-	12	75	10	26	8	7	6	11	5	160
Kyrgyzstan	3	9	22	28	27	9	3	5	106	13	225
Tajikistan	3	15	121	17	18	4	1	6	92	3	280
Turkmenistan	-	25	221	58	70	57	9	3	16	45	504
Uzbekistan	14	5	224	81	486	-	6	1	86	88	991
Grand Total	30	76	693	200	640	81	34	27	331	159	2271

*Representatives of Cabinet of Ministers, Office of President, Ministry of Foreign Affairs

**Representatives of Ministry of Education and universities/ teaching institutes/colleges

*** Members of Parliament

The monitoring mechanism to measure the progress of project implementation was established at the beginning of project implementation and is based on logframe indicators

⁴ Counted are only events directly or to the great extent supported financially by UNODC (the number of participants in this table is less than those in the consolidated table showing UNODC participation and support to other events for which UNODC contributed much lesser)

which were further translated into Annual Workplans (AWP), where they are presented in a simple form describing the expected and actual results of each of the implemented activities.

National Project Officers (NPOs) have been responsible for monitoring of project implementation in their respective countries by completing relevant columns of AWP. Project Coordinator has monitored the overall performance of the project staff and the progress of project implementation in the region using the above monitoring tools and conducting mid-year and annual review meetings where results of project implementation were presented by NPOs and by national counterparts and discussed among the staff and Steering Group (at annual review meetings). This mechanism is believed to have helped remedy “slow-downs and drifting-aways” from the agreed course of action in a timely manner.

The project team has been effective in managing multisectoral and participatory process at country as well as at the regional level having mobilised 178 experts, representing national expert groups on legislation, occupational standards and curricula development (see Table 3).

Effective collaboration established by the project enabled it to bring expertise related to HIV/AIDS and IDUs and allowed respective learning and knowledge sharing from different countries. The project allowed for advocating sensitive issues such as rights -based approach to HIV services, OST, and harm reduction for IDUs and prisoners and the need for relevant changes in legislative and regulatory framework. Regular regional meetings facilitated joint work on technical and policy issues creating a friendly but somewhat competitive environment which helped countries move forward and produce quality deliverables.

Table 3. Sectoral representation of national expert groups members [groups on legislation, curricula and occupational standards]

Country	Central Government*	Education Sector**	Health Sector	International Organization	Justice Sector/Parliamentary	Law Enforcement	Legislators***	NGO	UN Partner	Grand Total
Azerbaijan	4	6	8	1	4	1	2	6	-	32
Kazakhstan	-	4	8	10	5	3	1	4	7	42
Kyrgyzstan	1	5	5	1	8	1	-	2	-	23
Tajikistan	1	7	4	1	4	2	1	5	-	25
Turkmenistan	1	7	5	2	6	2	-	2	2	27
Uzbekistan	-	5	10	-	2	1	4	7	-	29
Grand Total	7	34	40	15	29	10	8	26	9	178

*Representatives of Cabinet of Ministers, Office of President, Ministry of Foreign Affairs

**Representatives of Ministry of Education and universities/teaching institutes/colleges

*** Members of Parliament

During the field mission the Consultant observed a continuous professional interaction previously acknowledged and described in the mid-term review. It allowed for continuous collaboration among professionals via the Internet/e-mail exchange and helped building regional expertise on a range issues relating to HIV and IDU.

4.9 Project Efficiency

Despite the mentioned delays and other challenges (see Section 4.7) the project team managed to have achieved or significantly achieved the eight out of nine outputs within the planned timeframe.

The project produced the above outputs by spending 99% of the total allotment of 4,328,000 USD. 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 more “material” planned output.

Analysis of proportional distribution of project funding revealed that 21% of direct project funding was spent on project staff salaries, 11% went to other direct operating expenses, and 4% was spent on national staff travel; significant funds were invested in funding national working groups and experts – 26%, and trainings and conferences – 36%.

The revised project is regarded as optimally efficient as any interventions at the policy and legislation level may be regarded as efficient compared to interventions at lower levels because it engages potentially powerful and regular resource and decision maker – the Government.

Using standard approach to examining efficiency one would attempt to find out if the programme 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 reformation and promote the agenda for change. Therefore in terms of this particular project fewer resources would probably mean reduced output.

4.10 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 prisoners beyond short-term objectives, i.e. outputs and outcomes. Therefore, creating a conducive legal and regulatory environment which helps increase availability and access to evidence-based HIV-related preventive, treatment and support services for IDUs in communities and for prisoners is the goal, and the by-effects on the move towards this goal whether positive or negative, intended or unintended, are the ones that need to be evaluated impact-wise as far as the project is concerned.

The impact of the work on legislative reform undertaken by the project has been reflected not only in actual amendments to national legislation adopted in three countries (Azerbaijan, Kazakhstan and Tajikistan) and in initiating the process of policy and legislative change (Kyrgyzstan and Uzbekistan), but also in the increased capacity of national lawyers, policy makers, legislators and civil society to develop domestic policies or legislating using the acquired knowledge of international human-rights-based and evidence-informed approaches and applying skills honed within the frame of the project implementation.

The UNODC project, no doubt, has turned up the voice for increasing availability of services for IDUs in public sector and within prison system. While not all legislative, professional and educational recommendations have been implemented (and could not be implemented in a relatively short life of the project), the advocacy and technical assistance provided within the project have demonstrated a certain impact in terms of OST introduction (in Tajikistan) or its

scale up, most notably in Kyrgyzstan (1044 people with drug dependence in community currently receiving OST in 20 sites including 3 in custodial settings – servicing 316 prison inmates) with Azerbaijan, and Kazakhstan gradually moving towards higher OST coverage within the strategic plans and away from just OST piloting. Although there has been active position of other development partners in this area the progress made with direct technical support provided by the project must be appreciated.

In addition to OST gains, the project contributed to startup needle and syringe exchange programme in a custodial setting in Tajikistan and facilitated introduction of ARV in the penitentiary system of Uzbekistan.

The impact of occupational and educational standards development (their upgrade) will not be realized in the immediate future but rather in years to come as both will take a staged process to fully evolve and be integrated into the system. Nevertheless, the project contributed to developing a new (for the region) concept of social protection services (and suggesting actual sets of interventions and standards for respective professional competencies needed to provide those interventions) that go beyond delivering pensions for elderly and disabled but to providing support to populations vulnerable to HIV helping them to overcome their personal and socially-mediated problems/matters.

5. LESSONS LEARNED AND BEST PRACTICES

The project continues to be relevant in the context of Central Asia and Azerbaijan as well as other neighboring transitional economies. Shifting the focus of the project from concentrating on the originally proposed trainings at the service delivery level towards technical assistance in policy development and institutional capacity building became a turning point enabling the project to achieve positive results. This approach, while being more complex for practical implementation since it was aiming at policy, normative and structural changes, generated more substantial and long-term results in comparisons with the results that would be expected from field trainings of service providers (as it is well known, the gradual level of attrition of those trained often makes the efforts almost unworthy in the long run)

The other noticeable feature of the project has been the participatory environment employed by UNODC's project team that helped government counterparts to build trust in the UNODC's work and assume the ownership of the process and outputs of the project. The project made the case for multi-sectoral collaboration in the areas of drug use and HIV/AIDS at the national and regional levels. This collaboration helped develop quite unique tools (the assessment instrument for legislative analysis, regional prototypes for occupational standards and teaching curricula) used in the work of and by national expert groups involved in reviews of legislation and development of professional and educational standards, and that could be used for future improvements of relevant legislative and normative bases after the completion of the project.

The regional character of the project brought about lessons itself by augmenting advocacy activities of the workplan. Developed on the regional scale the project helped open minds of professionals and policy-makers on issues relating to IDUs and prisoners. It brought respective international evidence and attracted available expertise both internal and external, facilitating the process of knowledge sharing and learning having added to producing a critical mass of regional and national experts – proponents and advocates of the internationally accepted (human-right based) approach to drug users and health services designated to this group in the public and prison settings.

One of the lessons that could be drawn from the project implementation is the necessity to maintain advocacy work in the region at quite a high “voltage”. The continuing resistance and even opposition to establishing rights-based policy environment and expanding evidence-based services for drug users attest to the need for continuing advocacy at all levels of decision making starting from the top executives and legislature to service providers and civil society.

The other lesson learned relates to the “pilot approach” used in many development aid projects and which this project tried to transform by going for technical assistance for the development of mid-term action plans for step-by-step increasing access to a certain service (i.e. OST). To provide for pilots to “survive” strong advocacy efforts are needed and to expand the service there is a need not only to create demand for that service on the side of the relevant clientele but also it is necessary to implement activities empowering the rights-holders (affected groups) by helping them to put forward their claims to duty-bearers (government/service providers), and for former be able to withstand the authoritative counter decisions like those the project witnessed with OST piloting in Tashkent.

The lesson on managerial side has been: not to compromise with donors’ desire to allocate funding only for activities per se without allowing for project staff salaries and operating expenses even if there are some “leftover” funds within the project budget available for the latter from previously received sources. Such an approach can result in a “financial crisis” in the course of implementation since salary rates and operating expenses tend to grow overtime, and by the end of the project there may be a need to reduce either the number of (well performing) staff and/or to narrow the scope and amount of activities.

6. Overall Recommendations and Conclusions

Recommendations:

- Institution-specific competitive advantage of UNODC in engaging with law enforcement and criminal justice ministries and agencies must be at the core of the UNODC strategy when advocating, through various available channels, for the adherence of all state and non-governmental bodies and organizations to international human rights standards in their policies and practices thus ensuring humanization of attitudes towards IDUs in community and custodial settings.
- Phase II must be focussed on further strengthening of gains achieved in the Phase I including further technical assistance in (i) formulation of respective policies and legislation, (ii) development of professional and educational standards, (iii) scaling up of OST, and (iv) development of related advocacy and technical materials
- When feasible the future interventions need to be focussed at the policy level to help the countries formulate a clear position with respect to the identified issue, develop a strategy for remedial actions and continue to build strong national ownership for process and results.
- Future projects need to further 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.
- Future projects should ensure that institutionalisation of the proposed changes is carried out taking into consideration the whole spectrum of inputs necessary to

successfully bring those changes including the necessity to take into account issues of appropriateness, sensitivity and/or group culture.

- There is a need for further strengthening advocacy efforts at the highest executive level as well as widening technical assistance and joint efforts with active involvement of all international and national stakeholders to provide for large scale sustainable results.
- In Phase II expanding OST to all project countries including introduction in Turkmenistan and resuming in Uzbekistan is critical for measuring and cross-referencing the impact in the region.
- The value added of the project is that it has opened venues for a cluster of interventions (i.e. integrated service delivery) that will be performed within the Phase II of the project and could be a conceptual ground for the development of new projects.
- If possible the government's consent should be sought already at the level of hard pipe-line project through informal negotiations so that to make easier receiving official endorsement at the time of the project approval. There is a need to carefully negotiate with donors the details of funding arrangements including coverage of staff salaries and operating expenses in each of the project country for the whole period of the project cycle and with certain room for manoeuvre left for an implementing partner/UNODC as regards the scope and spectrum of activities.

Conclusions:

The strategies employed by the project meet the criteria of the Paris Declaration on Aid Effectiveness (2005) as they allow for full alignment with national HIV-related programmes/plans, provide for maintaining country ownership and mutual accountability, as well as ensure harmonization of development assistance within UN agencies and other aid organizations. They also fit to the UNODC global and regional strategies in areas related to HIV prevention among drug users and in prisons.

Specifically, the project contributed to the process of elimination of legal barriers that block access to HIV prevention and treatment for IDUs and prison inmates. It made inputs for laying a foundation for strengthening health systems, including those functioning in prison settings, by assisting countries to tailor HIV prevention and treatment services to needs of IDUs and prison inmates and to integrate these services into existing national health, social and criminal justice systems. The project also facilitated national efforts for increasing capacity of human resources for health and other related social systems including those functioning within criminal justice system.

Despite managerial challenges and sometimes unfavourable political environment the project achieved most of its planned targets (outcomes and outputs) in an efficient and, to some extent, innovative way. The level of institutionalization of the project results (its products) was high because of their relevance, national ownership, broad partnerships with various sectors of participating and international stakeholders and due to employment of feasible working modalities (i.e. national expert groups).

The value added of the project has been that it has opened venues for a cluster of interventions (i.e. integrated service delivery) that will be performed within the Phase II of the project and created a conceptual ground for the development of new projects of a broader scope (i.e.

related alternatives to incarceration for offending drug users, addressing human rights issues of compulsory treatment of drug dependence).

The evidence of the project effectiveness and relevance is supported by the fact that the major donor (OFID) of the project has agreed to finance the Phase II of the project. Phase II has been developed taking into account lessons learned of the project in question being a logical continuation of its work; the new phase of the project will be implemented in eight countries of Eastern Europe and Central Asia.

In future work the findings of this evaluation report indicate the necessity to:

- better utilize institution-specific competitive advantage of UNODC in engaging with law enforcement and criminal justice ministries and agencies when advocating for the adherence of all state and non-governmental bodies and organizations to international human rights standards in their policies and practices;
- continue focusing at the policy level to help the countries formulate a clear position with respect to the HIV prevention, treatment and care among MARPs and develop a strategy for remedial political actions, if needed,
- further 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.
- sustain intensive advocacy efforts at the highest executive level as well as expand technical assistance and joint efforts with active involvement of all international and national stakeholders to provide for a large scale sustainable results.
- to carefully negotiate with donors the details of funding arrangements including coverage of staff salaries and operating expenses in each of the project country for the whole period of the project cycle and with certain room for manoeuvre left for an implementing partner/UNODC as regards the scope and spectrum of activities.

In general, this project highlighted the role of UNODC as a catalyst in the work on improving accessibility of HIV-related services for MARPs in the region by mobilizing decision-makers and technical experts from the various sectors such as law enforcement, health, education, and civil society and helping to create an enabling environment for multi-sectoral collaboration thereby allowing major stakeholders to acknowledge various perspectives of and links between drug use, HIV, human rights, and most importantly, to accept the necessity to apply human-rights-based and evidence-informed approaches to the development of HIV and drug use related national policies and interventions.

Annex 1. Terms of reference for the final project evaluation

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

1. BACKGROUND INFORMATION

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

At the same time HIV prevention is not integrated in state health care system. Services meant for key target populations at higher risk (i.e. IDUs) are fragmented, poorly coordinated and have vague normative framework; no official standards for providing harm reduction interventions exists. Referral links between low threshold and high threshold services are weak or non-existent thus compromising the principle of continuity of care.

While opioid substitution treatment (OST) has been introduced in Azerbaijan, Kyrgyzstan, Kazakhstan and, very recently, in Tajikistan, it is still in its pilot stage in all these countries and accessible only for a tiny proportion of those in need. Some governments in the region are still hesitant as regards the expanding of this highly effective intervention. Discontinuation in 2009 of the pilot OST programme in Uzbekistan illustrates the fragility of these programmes in the region.

While prison authorities are willing to develop general medical services and drug treatment services, so far only one country of Central Asia (Kyrgyzstan) has introduced a full range of HIV prevention and treatment services in penitentiary system, though, recently, Tajikistan has started introducing harm reduction measures (i.e. NSP) in prisons too.

This multi-component project is aimed at supporting policy development and institutional capacity of six recipient states, as well as at facilitating the establishment of favourable legal and normative environments to increase access of drug users and prison inmates to evidence-based HIV prevention and treatment services. It was developed in a consultative process with government agencies, UN, bi- and multilateral donors, and, has complemented - through normative work, advocacy and sustainable capacity building – existing projects/programmes implemented by other international players with the common goal to prevent generalized epidemics in the region. The project has been implemented by the UNODC Regional Office for Central Asia in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan with backstopping by the HIV/AIDS Unit of UNODC HQ.

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

The original budget of the project was \$4,000,000. Since its inception in 2006, the project was revised twice: in 2009 and 2010. The first revision was undertaken based on the recommendations of the mid-term evaluation (November-December 2008) to formalize conceptual changes mentioned above and to extend the project to have sufficient time for completion of remaining tasks (e.g. continued assistance in legislation amendment, curricula update of training institutions, introduction and scaling up of opioid substitution treatment, improvement of communication strategies). The overall target for the project budget was being increased to US\$ 4,500,000. The recommendation for project extension was supported by national counterparts at the mid-term review meeting (January 2009).

The second project revision was conducted in July 2010 due to receiving grants from the Central Asia AIDS Project (CAAP) funded by the World Bank (\$744,769) and from the Central Asia Regional AIDS Project supported by DFID/UK (\$61,000) which made the project budget (\$4,888,106) exceeding its target (\$4,500,000) set by the previous revision. With the increased funding the scope of the project's activities has somewhat expanded (two new outputs were added). However, the duration of the project has not been extended as these new activities fit well within the project logical framework and just augment the work planned at the time of the previous revision.

The overall objective of the project reads as follows: through addressing normative policy, programmatic aspects and capacity building, the project will contribute to the establishment of a favourable environment in project countries to increase access of drug users and prison inmates to evidence-based HIV prevention and treatment services. The following revised Outcomes and Outputs should be evaluated.

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

Output 1.1: Country specific recommendations for update of national legislation and normative frameworks on drug control, HIV and criminal justice including relevant national programmes developed and submitted to national authorities

Output 1.2: Legislators and policy makers are able to develop human-rights based and evidence-based national programmes related to HIV, drugs and criminal justice

Performance indicator: timely, quality technical assistance

Outcome 2: National quality standards for the provision of a full spectrum of effective evidence-based HIV related interventions for drug users and inmates in custodial settings

Output 2.1: Recommendations for update of the national frameworks for monitoring and evaluation of the access to HIV prevention and care services for drug users and in prison settings as per WHO/UNODC/UNAIDS guidelines developed for endorsement by national authorities

Output 2.2. National action plans for scaling up of access to opioid substitution treatment (OST) finalized for inclusion in the national programmes on HIV preventions and drug control

Output 2.3 Social bureaus and referral services established in two prisons in Tajikistan

Performance indicator: timely quality technical assistance

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

Output 3.1: Recommendations for the updating of occupational standards of service providers re. HIV prevention, treatment and care for IDUs & prison inmates developed for endorsement by national authorities and introduction into ministerial normative documents

Output 3.2: Model curricula for pre- and post-diploma education at medical school, law school and training institutions for social work developed for endorsement by relevant ministries/agencies in all six countries

Output 3.3, A manual for trainers developed and pilot tested

Output 3.4 Teaching modules for workers of low-threshold services developed and published

Performance indicator: timely quality technical assistance including support of trainings

2. PURPOSE OF THE EVALUATION

In compliance with the project document, the final project evaluation is undertaken by initiative of UNODC ROCA, with the Regional Project Coordinator being the evaluation manager, to measure its achieved results against planned outcomes and outputs.

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

The main stakeholders of the evaluation are national counterparts of the project in whose countries the project is being implemented, management of UNODC HQ HAU and ROCA, project staff, and management of CAAP and CARHAP. All stakeholders will participate in the evaluation according to their roles in project implementation by submitting project-related information to evaluator (i.e. ROCA and project staff), taking part in interviews and other exercises undertaken during the evaluation. The evaluation report will be shared with relevant units of UNODC, government counterparts, and the donor countries, the latter two will comprise the Core Learning Partnership (see details in Annex 1).

3. EVALUATION SCOPE

The evaluation will measure results of project implementation in all six countries participating in the project (Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) over the period from July 2006 to December 2010. It specifically will address the following quality criteria: the project relevance, effectiveness, efficiency, sustainability and, to the less extent, impact.

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

- project position with regard a priority area/comparative advantage of UNODC;
- relevance and attainability of the project objectives;
- results achieved;
- sustainability of results and benefits;
- relevance and utility of the results;
- managements structure of the project, its functionality;
- partnership and governance (efficiency of cooperation with national and international stakeholders)
- problems and constraints encountered during implementation

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

Relevance

- To what extent is the project aligned with the policies and strategies of the partner country, UNODC, other United Nations organizations and bilateral donors?
- Is the project the appropriate solution to the problems it is intended to address?
- Does the project eliminate the root causes of the problems?
- Are the objectives of the project still relevant? Is the problem addressed still a major problem?
- What is the value of the project in relation to other priority needs and efforts made to solve it?
- Is the project in line with the priority areas for technical cooperation identified by UNODC and does it make use of the Office's comparative advantage?

Effectiveness

- Has the project achieved its objectives and results (outputs, outcomes, and impact)? If not, has some progress been made towards their achievement?
- What are the reasons for the achievement or non-achievement of the project objectives?
- Has a project monitoring system been set up, including a baseline survey, to make possible proper monitoring throughout the project?
- To what extent is the progress made so far the result of the project rather than of external factors?
- What could be done to make the project more effective?
- Were recommendations, lessons learned and best practices from evaluations

of similar projects and previous phases considered when planning the project?

Efficiency

- Has the budget been allocated and spent as planned?
- Is the project delivering its outputs on time?
- Has the staff been selected and recruited in a timely manner?
- Compared with alternative approaches to accomplishing the same objectives, has progress been made at an acceptable cost?
- Could more have been achieved with the same input?
- Could the same have been achieved with less input? Would alternative approaches accomplish the same results at a lower cost?
- What measures have been taken during planning and implementation to ensure that resources are efficiently used?
- To what extent are the organizational structures of UNODC, the managerial support provided to the project, and the coordination mechanisms used by UNODC supporting the project or programme?

Impact

- What difference has the project made to beneficiaries?
- What are the intended or unintended positive and negative long-term social, economic, technical, environmental, and other effects on individuals, communities, and institutions?
- What are the micro- or macro-level long-term social, economic, technical, environmental, and other effects on individuals, communities, and institutions?

Sustainability

- 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?
- Is their engagement likely to continue, be scaled up, replicated or institutionalized after external funding ceases?
- Is the host institution developing the capacity and motivation to efficiently administer the initiative?
- Can the initiative become self-sustaining financially?

Lessons learned and best practices

- What lessons can be learned from the project implementation in order to improve performance, results and effectiveness in the future?
- What best practices emerged from the project implementation?
- Can they realistically be replicated?
- What lessons can be drawn from unintended results?

4. EVALUATION METHODS

The evaluation will be conducted by using the following methods:

- desk review of the project document, concept note, logframe, action plan, annual workplans, terms of reference for consultancies, reports of meetings/workshops/ trainings, and project progress reports;
- desk review of the project products as per expected results: an integrated legislative report, reports on occupational standards and curricula update, Action Plans on OST introduction for Azerbaijan, Kazakhstan, Tajikistan and Turkmenistan, and workshops reports as per AWP.);
- interviews with key stakeholders (national project Focal Points), National Project Officers, experts involved in project work, international partners, participants of the trainings/workshops/consultative meetings held in the frame of the project and with ultimate beneficiaries- drug users and prison inmates (the latter if allowed by national regulations);
- observation during field visits.

The evaluator should provide a detailed description of evaluation methods to be used prior to the field mission (i.e. a design matrix). The evaluator is expected to summarize the review of documentation in an inception report, which by building on the terms of reference, specifies the evaluation methodology and determines the exact focus and scope of the exercise, including the evaluation questions. The methodology will include, but not necessarily be limited to, those listed above. This step is needed because it enables the evaluation manager, project staff and the evaluator to check whether the evaluation is proceeding as desired and to discuss any previously unidentified challenges or limitations that may have emerged.

Judgements presented in the evaluation report should be supported by reference to the methods used for coming to a certain conclusion. In conducting the evaluation, the evaluator needs to take account of relevant international standards, including the UNODC Independent Evaluation Unit (IEU) Evaluation Policy and Guidelines⁵ and the United Nations Evaluation Group (UNEG) Norms and Standards.

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

5. EVALUATION TEAM COMPOSITION

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

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

The expert shall act independently in their individual capacity, and not as a representative of the government or organization which appointed them. The independent expert should adhere to the independence and impartiality of the evaluation process discussed in the UNODC guiding principle for evaluation and have no previous experience or involvement with the project. This expert should have the following qualifications:

- Experience in conducting independent evaluations (if possible, within the UN system);
- Familiarity with the HIV- and drug-abuse-related situation, including the HIV-related situation in penitentiary system, in Central Asia and Azerbaijan;
- Knowledge of the concept of universal access to HIV prevention, treatment and care and of the specific evidence-based strategies for HIV prevention among injecting drug users and in prison settings;
- Understanding of the importance of human rights in HIV prevention and care especially as it relates to most-at risk populations;
- Excellent analytical, drafting and communication/writing skills in English.
- Knowledge of Russian will be considered as an asset for the international expert and is a requirement for the national experts (knowledge of national language is an asset for national evaluators).

6. PLANNING AND IMPLEMENTATION ARRANGEMENTS

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

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

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

⁵ <http://www.unodc.org/unodc/en/evaluation/about-projects-.html>

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

The final evaluation report should be submitted to UNODC no later than in a week after receiving stakeholders' feedback to the draft report. The report should be no longer than 15 pages, excluding annexes and the executive summary. The report will be distributed by UNODC as required to the governmental authorities and respective donors, and will be discussed at a meeting by the parties to the project. For the latter meeting and for the further use, the summary of the evaluation report with recommendations should be prepared by the evaluator as a PowerPoint presentation and sent to the UNODC Project Coordinator along with the final version of the evaluation report.

The suggested timeframe for the evaluation mission: November 2010 – January 2011 (regional travel: November-December 2010; work from home: 1st-2nd week of November 2010 and 2nd week of January 2011)

The timetable of evaluation mission is shown in the below matrix.

When (October 2010- January 2011) (Tentative dates)	What tasks	Whose responsibility	Where (location)
1 st -2 nd week of November (12 working days)	Desk review and inception report	Evaluators	Home
3 ^d week of November (one working day)	Briefing of evaluator	UNODC Regional Project Coordinator	Field office: UNODC Programme Office in Astana
3 ^d week of November (3 working days)	Field mission/visit	Evaluators, UNODC Regional Project Coordinator, National Project Officer, Project Assistant (KAZ)	Kazakhstan, Astana, Pavlodar
4 th week of November (2 working days)	Field mission/visit	Evaluators, UNODC National Project Officer, Project Assistant (KYR)	Kyrgyzstan, Bishkek
4 th week of November (3 working days)	Field mission/visit	Evaluators, UNODC National Project Officer, Project Assistant (TAJ)	Tajikistan, Dushanbe, Khudjand
4 th week of November (2 working days)	Field mission/visit	Evaluators, UNODC National Project Officer, Project Assistant (AZE)	Azerbaijan, Baku
1 st week of December (3 working days)	Field mission/visit	Evaluators, UNODC National Project Officer, Project Assistant (TUR)	Turkmenistan, Ashgabat
1 st -2 nd weeks of December (3 working days)	Field mission/visit	Evaluators, UNODC National Project Officer, Project Assistant (UZB)	Uzbekistan, Tashkent
2 nd week of December (one working day)	Debriefing session	Evaluators, UNODC Regional Project Coordinator National Project Officer, Project Assistant (UZB)	Uzbekistan, Tashkent UNODC ROCA
2 nd -3 rd weeks of December (12 working days)	Preparation of the draft report	Evaluators	Home
4 th week of December- 1 st week of January 2011 (10 working days – no consult fees for this period)	Round of comments among relevant stakeholders	Evaluators, UNODC Regional Project Coordinator National Project Officer, Project Assistant (KAZ)	All project countries and UNODC IEU
2 nd week of January 2011 (5 working days)	Finalization of the report and its submission to UNODC	Evaluators	Home
Total (paid) working days for the consultancy: 50			

Detailed budget estimates

Item	AZE	KAZ	KYR	TAJ	TKM	UZB	Total
Consultant's fees:\$400x50 days							\$20,000
Consultant's transportation costs including in-country travel in Kazakhstan	740 (Baku-Ashgabat)	1055 (Home city-Astana, Astana-Pavlodar-Astana, Astana-Almaty)	(Almaty-Bishkek-Almaty by car)	1155 (Almaty-Dushanbe, DushanbeKhudjand-Dushanbe, Dushanbe-Baku (via Almaty))	915 (Ashgabat-Tashkent (via Istanbul))	935 (Tashkent-Home city)	\$4,800 (not included in the lump sum of the payment to consultant: air tickets will be procured by UNODC Program Offices in project countries)

Travel of Project Coordinator to accompany evaluator within Kazakhstan and to Tashkent for debriefing session with ROCA management		800 (Pavlodar-Astana-Pavlodar, Astana-Tashkent – Astana)					\$900
DSAs for Consultant	747 (3dBaku)	734 (3d-Astana, 1d-Pavlodar)	1085 (5d-Bishkek)	720 (4d-Dushanbe)	384 (3d-Ashgabat)	1080 (6d-Tashkent)	\$4750
Transportation cost and DSAs for Project Coordinator, nat. consultants in KAZ and TAJ and NPO in TAJ	-	480 (1d-Pavlodar) x 2 people, 2d-Tashkent)	-	40 (1d-Khudjand) x 2 people	-	-	\$1040
Interpretation	350	350	350	350	300	300	\$2000
Translation							\$800
Costs of meeting with stakeholders in six countries	1000	1000	800	700	800	700	\$5000
Printing of the evaluation report and its dissemination among stakeholders							\$1200
Total							\$37,890

Expected deliverables

- Inception report (including a finalized design matrix),
- Draft evaluation report
- Debriefing meeting with PPP presentation
- Final evaluation report.

7. PAYMENT

Consultant will be issued consultancy contracts and paid in accordance with United Nations rules and procedures.

A lump-sum will be paid in three installments:

- The first payment will be made upon signature of the contract (15 per cent of the consultancy fee plus 75 per cent of the daily subsistence allowance);
- The second payment (35 per cent of the consultancy fee and 25 per cent of the daily subsistence allowance) will be made upon receipt of the draft report by the relevant units and sections at headquarters and UNODC ROCA and by the HQ Independent Evaluation Unit;
- The third and final payment (50 per cent of the consultancy fee) will be made only after completion of the respective tasks and receipt of the final report and its clearance by the Independent Evaluation Unit.

PERFORMANCE INDICATORS for Successful Evaluation

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

Prepared by Nina Kerimi

UNODC Regional Project Coordinator

Annex 2. Methodology

A. Evaluation Questions

Relevance

- To what extent is the project aligned with the policies and strategies of the partner country, UNODC, other United Nations organizations and bilateral donors?
- Is the project the appropriate solution to the problems it is intended to address?
- Does the project eliminate the root causes of the problems?
- Are the objectives of the project still relevant? Is the problem addressed still a major problem?
- What is the value of the project in relation to other priority needs and efforts made to solve it?
- Is the project in line with the priority areas for technical cooperation identified by UNODC and does it make use of the Office's comparative advantage?

Effectiveness

- Has the project achieved its objectives and results (outputs, outcomes, and impact)? If not, has some progress been made towards their achievement?
- What are the reasons for the achievement or non-achievement of the project objectives?
- Has a project monitoring system been set up, including a baseline survey, to make possible proper monitoring throughout the project?
- To what extent is the progress made so far the result of the project rather than of external factors?
- What could be done to make the project more effective?
- Were recommendations, lessons learned and best practices from evaluations of similar projects and previous phases considered when planning the project?

Efficiency

- Has the budget been allocated and spent as planned?
- Is the project delivering its outputs on time?
- Has the staff been selected and recruited in a timely manner?
- Compared with alternative approaches to accomplishing the same objectives, has progress been made at an acceptable cost?
- Could more have been achieved with the same input?
- Could the same have been achieved with less input? Would alternative approaches accomplish the same results at a lower cost?
- What measures have been taken during planning and implementation to ensure that resources are efficiently used?
- To what extent are the organizational structures of UNODC, the managerial support provided to the project, and the coordination mechanisms used by UNODC supporting the project or programme?

Impact

- What difference has the project made to beneficiaries?
- What are the intended or unintended positive and negative long-term social, economic, technical, environmental, and other effects on individuals, communities, and institutions?
- What are the micro- or macro-level long-term social, economic, technical, environmental, and other effects on individuals, communities, and institutions?

Sustainability

- 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?
- Is their engagement likely to continue, be scaled up, replicated or institutionalized after external funding ceases?
- Is the host institution developing the capacity and motivation to efficiently administer the initiative?
- Can the initiative become self-sustaining financially?

Lessons learned and best practices

- What lessons can be learned from the project implementation in order to improve performance, results and effectiveness in the future?
- What best practices emerged from the project implementation?
- Can they realistically be replicated?
- What lessons can be drawn from unintended results?

B. Methods of Data Collection and Data Analysis

This evaluation employed the following methodology:

- desk review of the project document, concept note, logframe, action plan, annual workplans, terms of reference for consultancies, reports of meetings/workshops/ trainings, and project progress reports;
- desk review of the project products as per expected results: an integrated legislative report, reports on occupational standards and curricula update, Action Plans on OST introduction for Azerbaijan, Kazakhstan, Tajikistan and Turkmenistan, and workshops reports as per AWP.s.;
- observation during field visits.
- A qualitative research methodology in the form of semi-structured interviews with the following respondents:
 - e) the project team (regional coordinator and NPOs);
 - f) UNODC country and HQ staff involved in the project planning and implementation;
 - g) national partners, including state and NGO (non-state) sector representatives;
 - h) international partners including representatives from UN agencies, donor community and their implementing partners, who had worked closely with the project.

Total more than 53 individuals were informants on the findings of this report (see Annex 3).

C. Sampling

Stakeholder group	Total	Interview sample	Survey sample	Coverage
Project team (incl. former staff members and consultants)	5	4	-	80,00%
Beneficiaries/ trainees	65	-	65	pending response rate
Beneficiaries/ counterparts	3	3	-	100,00%
UNODC other sections (regional office; HQ)	8	7	-	87,50%
Partners/ other providers of similar type TA	4	3	-	75,00%
Donors	2	2	-	100,00%

D. Evaluation Matrix

Relevance

Main Evaluation Question	Specific Evaluation Question	Indicator	Data Source	Data Collection Method	Method of Data Analysis	Limitation/Risk
Relevance and attainability of the project objectives	To what extent is the project aligned with the policies and strategies of the partner country, UNODC, other United Nations organizations and bilateral donors?	n/a	Project documents Relevant policies Senior officials	Desk Review Interview	Data Verification Comparison Triangulation	None
	Is the project the appropriate solution to the problems it is intended to address?	n/a	Project documents, Project partners, UNODC staff	Desk Review Interview	Data Verification Comparison Triangulation	None
	Does the project eliminate the root causes of the problems?	n/a	Project documents Project staff Senior officials	Desk Review Interview	Data Verification Comparison Triangulation	None
	Are the objectives of the project still relevant? Is the problem addressed still a major problem?	n/a	Project documents Project staff Senior officials	Desk Review Interview	Data Verification Comparison Triangulation	None
	What is the value of the project in relation to other priority needs and efforts made to solve it?	n/a	Project documents Project staff Senior officials	Desk Review Interview	Data Verification Comparison Triangulation	None
	Is the project in line with the priority areas for technical cooperation identified by UNODC and does it make use of the Office's comparative advantage?	n/a	Project documents Project staff Senior officials	Desk Review Interview	Data Verification Comparison Triangulation	None

Effectiveness

Main Evaluation Question	Specific Evaluation Question	Indicator	Data Source	Data Collection Method	Method of Data Analysis	Limitation/Risk
The effectiveness of the project in terms of achieving its planned objectives, including outputs delivered and contribution to outcomes.	Has the project achieved its objectives and results (outputs, outcomes, and impact)? If not, has some progress been made towards their achievement?	Performance indicators	Project reports	Desk review Interview	Data verification Comparison	
	What are the reasons for the achievement or non-achievement of the project objectives?	n/a	Project report Project stakeholders	Desk review Interview	Data verification Observations	
	Has a project monitoring system been set up, including a baseline survey, to make possible proper monitoring throughout the project?	n/a	Project reports Project staff	Desk review Interview	Data verification Comparison Observations	
	To what extent is the progress made so far the result of the project rather than of external factors?	n/a	Project reports Project staff Senior officials	Desk review Interview	Observations	
	What could be done to make the project more effective?	n/a	Project reports Project staff Senior officials	Desk review Interview	Data verification Comparison Observations	
	Were recommendations, lessons learned and best practices from evaluations of similar projects and previous phases considered when planning the project?		Project staff Senior officials	Desk review Interview	Data verification Observations	

Efficiency

Main Evaluation Question	Specific Evaluation Question	Indicator	Data Source	Data Collection Method	Method of Data Analysis	Limitation/Risk
The efficiency of project implementation, including with respect to both UNODC and partner government mobilisation and management of resources (budget, inputs and activities).	Has the budget been allocated and spent as planned?		Project documents, Project staff	Desk review Interview	Data verification	
	Is the project delivering its outputs on time? Has the staff been selected and recruited in a timely manner?		Financial reports Project staff	Desk review Interview	Comparison	
	Compared with alternative approaches to accomplishing the same objectives, has progress been made at an acceptable cost?		Project reports Project staff	Desk review Interview	Data verification	
	Could more have been achieved with the same input? Could the same have been achieved with less input? Would alternative approaches accomplish the same results at a lower cost?		Senior officials	Interview	Data verification	
	What measures have been taken during planning and implementation to ensure that resources are efficiently used?		Project documents Advocacy materials	Desk review Interview	Data verification Observation	
	To what extent are the organizational structures of UNODC, the managerial support provided to the project, and the coordination mechanisms used by UNODC supporting the project or programme?		Project documents Advocacy materials	Desk review Interview	Data verification Observation	

Impact and sustainability

Main Evaluation Question	Specific Evaluation Question	Indicator	Data Source	Data Collection Method	Method of Data Analysis	Limitation/Risk
The likely overall impact of the project and the sustainability of benefits arising from the project	What difference has the project made to beneficiaries? What are the intended or unintended positive and negative long-term social, economic, technical, environmental, and other effects on individuals, communities, and institutions?	n/a	Project documents Senior officials	Desk review Interview	Data Verification Comparison Triangulation	
	What are the micro- or macro-level long-term social, economic, technical, environmental, and other effects on individuals, communities, and institutions?		Project documents Senior officials	Desk review Interview	Data Verification Comparison Triangulation	
	To what extent will the benefits generated through the project be sustained after the end of donor funding?		Strategy papers Development plans Senior officials	Desk review Interview	Data Verification	
	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?	n/a	Strategy papers Development plans Senior officials	Desk review Interview	Data Verification	
	Is their engagement likely to continue, be scaled up, replicated or institutionalized after external funding ceases?	n/a	Project documents Senior officials	Desk review Interview	Data Verification Comparison	
	Is the host institution developing the capacity and motivation to efficiently administer the initiative?	n/a	Senior officials	Interview	Data verification Observation	
	Can the initiative become self-sustaining financially?	n/a	Senior officials Beneficiaries	Interview	Observation Interview	

Annex 3. Schedule of meetings with list of persons met

KAZAKHSTAN					
ASTANA 17-18 November 2010					
	Date and time of meetings	Names and positions of interlocutors	Place of the meeting	Character of interlocutors involvement in RAC-I29 implementation	Notes
1	17/11/10 14.00-14.30	Aigul Katrenova Senior specialist, State committee of Sanitary-epidemiological Surveillance, MoH	MoH	Working focal point from MoH National expert in legislation group	was very much involved in the project activities
2	14.45-15.15	Dr. Nuriya Gafarova, Head of Department of organizational and methodological work Republican Center for Applied Research on Drug addiction (Pavlodar)	MoH	Member of National expert group on legislation review; orgmetod@ncenter.kz	very much involved in the project activities
3	17.00	Mr. Marat Boranbayev Head of Department of prevention and interagency cooperation Drug enforcement committee, MoI	UNODC POKAZ (Astana)		
4	18/11/10 10.00-10.30	Ainur Kaniyeva Head of department of Medical care, Penal system Committee, MoJ	Penal system Committee (KYIC)	Working focal point, Member of national expert group on professional standards	
5	11.15	Dr. Nurlan Yerezhepov General director Republican Center for Applied Research on Drug addiction (Pavlodar)	UNODC POKAZ (Astana)	National partner	
6	12.00	Dr. Rashida Satybayeva Associate professor, Department of pediatrics, Kazakh State University "Astana"	UNODC POKAZ (Astana)	Member of national expert group on curricula rashida64@rambler.ru	
ALMATY 19 November 2010					
7	19/11/10 9.30	Lolita Ganina – head of the epidemiological department	Republican AIDS centre, MoH	National expert, NEG on legislation review (727) 2420611; epid.ganina@rcaids.kz	
8	10.00	Dr. Marat Tukeev Director general Republican AIDS Center	Republican AIDS centre, MoH	m.tukeev@rcaids.kz	
9	10.30	Dr. Tatyana Davletgaliyeva Manager of programme activities, PIU GFTAM	Republican AIDS centre, MoH	gf.davltat@rcaids.kz	
Telephone interviews, TBD (18 november)					
10		Mr. Konstantin Yudakov Senior lecturer, Department of Criminal law and organization of execution of punishment»	Kostanai Institute of Law, Criminal and Execution system Committee, MoJ	Member of national expert group on curricula Juci_konst@mail.kz	
11		Mr. Igor Vassilenko Head of public Foundation "Help		vassilenko@rambler.ru	

KYRGYZSTAN					
	Date and time of meetings	Names and positions of interlocutors	Place of the meeting	Character of interlocutors' involvement in RAC-I29 implementation	Notes
1	22 November 2010	Mirlan Mamyrov, NPO Ainura Esenamanova, training coordinator	UNODC programme office	Implementing agency	Confirmed
2		Erik Iriskulbekov, Executive director of Regional Resource Centre on Harm Reduction, Member of working group on legislation analysis		Partner organization. UNODC is strengthening the capacity of the Regional resource centre	Confirmed

3		14.00-15.30	Ilyas Kerimkulov Katalova Oksana, (GSIN) Members of working group on professional standards improvement		National partners from penitentiary system	Confirmed
4		15.30-16.30	Sultangaziev Aibar, Director of Harm reduction programmes Association "Partner Network"		Civil society partner organization, Member of the working group on curriculum development	
5		17.00	Alexander Zelitchenko, Advisor to Chairman of State drug control service, Professional standards working group	Office of State drug control service	Member of the working group on professional standards development	
6	23 November 2010	23 Nov 10.00-11.00	Tokubaev Ruslan Bektursunovich, (Director of Republican Narcology center)	Narcology center (Donetskay a str.)	Project's focal point (appointed by the Government)	Confirmed
7		11:00 – 12:00	Kalieva Elmira (head of unit for drug prevention among teenagers) Working group on education curricular	Narcology center (Donetskay a str.)	Member of the working group on curriculum development	TBC
8		14.00-15.00	Marat Djamankulov, Expert of the legal department of President's Office, Member of the working group on legislation analysis	Жогорку кенеш	Member of the working group on legislation analysis. Marat used to work for the Ministry of Justice whose Deputy minister was our focal point nominated by the Government.	Confirmed
9		15.00-16.00	Gulmira Abitovna Ibraeva, Chief specialist of department of medical assistance and prevention, Ministry of health, Member of the working group on professional standards		Member of the working group on professional standards development	Confirmed
10		21 Nov 16.00-17.00	Batma Estebesova, NGO "Sotsium" Member of the Board of Harm reduction Knowledge Hub		Civil society partner organization, Sub-project beneficiary	Confirmed

TAJKISTAN			
1	10:00	D-r Nigora Abidjanova	Public Health Programme Director, OSI
2	11:30	D-r Mirzoev Azamjon Safolovich	Deputy Minister of Health RT
	13:00	Mr. Dodarbekov Mansurjon	Head of Department, HIV/AIDS Republican Center
3	15:00	D-r Malakhov Mahmadrhim Nabievich	Republican Narcology Center Director
4	16:30	D-r Sharipova Khursandoy Yodgorovna Mr. Rasulov Sayfiddin D-r Sharipov Azalsho Abdurakhmonovich	Professor, Head of Department, Tajik State Medical University Psychology Department, Tajik State National University Head of Department, Tajik Institute of Advanced Medical Specialists Preparation
		26.11.2010	
5	9:00	D-r Maria Boltaeva	National Coordinator, UNAIDS
7	11:30	Colonel Abdulkhakov Bahrom Akramovich D-r Nurov Rustam	Deputy Chief of Correctional Facilities Department, MJ RT Head of Medical Department CFD MJ RT
8	14:30	D-r Nidoev Sulhiddin	State inspector, Legal Department, President Executive Apparatus .RT
9	16:00	D-r Muborak Ismailova D-r Umedjon Ibragimov	CARHAP Regional Programme Coordinator CARHAP National Programme Coordinator
		27.11.2010, Khudjand	
10		D-r Turakhonov Firdavs	Head Doctor of Regional Narcology Center

11		Mr. Gayrat Zaripov	Director of Regional Center for Monitoring and Prevention of drug addiction at the Ministry of Health
12		D-r Madaminov D	Head of Sector responsible for curative services,

AZERBAIJAN						
	Time	Organization	Met person	position	Place of meeting	Comments
1	1 st Day visit is planned to meet Ombudsmen and MoJ representatives in Ombudsmen Apparatus and women's prison					
2	9.00-10.00	Harm Reduction	Zulfiyya Mustafayeva, President	Chairwoman NGO "Legal Development and Democracy" Harm Reduction Network	UNODC	
3,4	11.0-12.0	Parliament	Hadi Recebli Musa Guliyev	1. Parliamentarian, Chair of Parliament Committee on Social Policy 2. Parliamentarian, Deputy of Chair on Social Policy, lider of working group on legislation	Parliament	
5, 6, 7	12.0-13.0	MoH	Sultan Aliyev, Tahir Hadjiyev Adil Kerimov	1. Head of department of "Organization of medicine service", MoH 2. Senior consultant, MoH 3. Coordinator of narcology issues in MoH	MoH	
	13.0-14.0	Lunch				
8,9	14.30-15.30	Medical University	Lale Rustamova, Aliyev Nargiz Alieva	1. Dean in Medical University, chair of "Infectious diseases" 2. Senior teacher in Medical University, chair of "Infectious diseases", clinician	UNODC	
10	16.0-17.0	GFATM	Sevinc Topchubasheva	Coordinator of HIV/AIDS, GFATM	UNODC	
11, 12	17.30-18.30	National Red crescent Society, OSI	Matanat Garakhanova 50 5570348 Leyla Imanova 55 780 40 00	1. Head of Medical Department, Red Crescent Society 2. Director of Medical Programme, OSI	UNODC	

TURKMENISTAN			
№	Дата	Агентство	Официальное лицо
1	03.12.10	JSI Project/USAID	Сона Валиева, менеджер
2		Посещение Центра Общения для потребителей наркотиков	Реджеп Нуриев, заведующий городским наркодиспансером, Берды Бердыев, координатор по аутрич-работе
3		Дроп-ин центр для уязвимых групп при СПИД-центре	Тачнабат Аннамурадова, консультант
4	06.12.10		
		Медуниверситет, Кафедра наркологии и психиатрии	Сульгун Бурунова, заведующая
5		UNFPA	Кемал Гошлиев, эксперт по ВИЧ
6		Академия Полиции МВД, кафедра уголовного права	Эзиз Кичикакаев, старший преподаватель
7	07.12.10	Министерство Здравоохранения и медицинской промышленности	Курбан Чарыев, главный нарколог

Uzbekistan

December 9-11, 2010

Date and time of meetings	Names and positions of interlocutors	Place of the meeting	Character of interlocutors' involvement in RAC-I29 implementation
08.12.10 / 20:00	Arrival in Tashkent and checking in the Hotel	Airport	
9 December	Thursday		
09:00-09:40	Meeting with UNODC RAC-I29 Project staff in Uzbekistan Mr. Akmal Rustamov, NPO and Ms. Irina Makarova, PA	UNODC	<ul style="list-style-type: none"> • Introduction to Project Implementation and Schedule of meetings during Final Evaluation in Uzbekistan • Set up a work place and equipment for the evaluator
09:40-10:30	Review of relevant project documents	UNODC	Project products, laws and regulations, reports, HIV and Drug use Stats, etc.
11:00-12:30	Meeting with key Government stakeholders in Uzbekistan: <ul style="list-style-type: none"> • Ministry of Health • Ministry of Interior • National Drug Control Agency 	NCDC, Cabinet of Ministers	<ul style="list-style-type: none"> • Feedback and discussion around the project results with local counterparts involved in the implementation • Recommendations of future activities • Any Q&As
13:00-14:00	Lunch Break		
14:30-15:30	Meeting with WHO Dr. Iskandar Ismailov, Regional Adviser on HIV/ STIs	WHO	<ul style="list-style-type: none"> • Key UN partner of project • Members of UN Joint Team on HIV/AIDS side
16:00-17:00	Analysis of relevant project documents	UNODC	
10 December	Friday		
09:30-10:00	Debriefing meeting	UNODC	Project Staff
10:30-12:00	Meeting with National Experts Group in Legislation Review (list is attached)	UNODC	Experts pool involved in conducting the legislation analysis and preparation of report with set of recommendations
12:30-14:00	Lunch break		
14.30-15.30	Meeting with Dr. Guzal Giyasova, Director of ARV Center (former Head of National AIDS Center)	ARV Center	MOH focal point for Project in 2006-2009
16:00-16:30	Debriefing meeting with Mr. Masood Karimipour Regional Representative UNODC/ROCA	UNODC	Preliminary results of final project evaluation (achievements and challenges of all six project countries)
11 December	Saturday		
10:00-11:00	Meeting with National Experts Group on professional standards and curricula development (list is attached)	UNODC	Experts pool involved in conducting the review of professional standards and education curricula and developed the report with set of recommendations
11:00-11:30	Final debriefing meeting with Project Staff	UNODC	Outcomes of evaluation and way forward
11:40-12:00	Hotel check out and departure to Airport		

Respondents to be contacted through email and phone (due to unavailability in the country)

Name of Person/ Organization	Email	Phone	Character of interlocutors' involvement in RAC-I29 implementation
Dr. Tatiana Shoumilina former UNAIDS Country Coordinator for Uzbekistan (2007-2010) UNAIDS Zimbabwe (current employment)	shoumilinat@unaids.org		Joint UN Team on AIDS Main UN Partner in project implementation
Mr. Komiljon Akhmedov UNAIDS National Project Officer	akhmedovk@unaids.org	+99897 4858806 (mobile)	Joint UN Team on AIDS Main UN Partner in project implementation
Ms. Tatyana Nikitina, Director Mr. Dmitriy Subotin, Consultant IDU support NGO "Intilish"	nikitina_ts@mail.ru subotin_dmitriy@mail.ru	+99897 1572868	UNODC experts in harm reduction aspects Activities under Harm Reduction Knowledge Hub (CAAP/WB sub-project)
Dr. Guzal Akramova, Manager CCM Secretariat	akrguz@rambler.ru	+99897 7272519	Main Government partner on coordination of HIV activities (UNODC is the member of CCM)

List of UZ respondents during Project Final Evaluation

1. Alexander Artemov, NCDC
2. Saodat Jumanova, NCDC
3. Andrey Mokiy, NCDC
4. Bakhodir Yusupov, MOI (GUIN)
5. Lyudmila Tursunkhodjaev, MOH
6. Matlyuba Alimova, MOH
7. Luisa Baymirova, MOH
8. Makhmuda Kattakhodjaeva, TMA
9. Guzal Giyasovoa, ARV Knowledge Hub
10. Maysara Gazieva, AIDS Center
11. Guli Ismailova, DVI
12. Rovshan Azimov, TMA
13. Vera Belotserkovets, Phtiziatry Institute
14. Dilorom Sadykhodjaeva, TashIUV
15. Makhmud Abdukhalikov, AI Makhmud Maslakhati
16. Shoira Umarova, ex-Parliament rep
17. Iskander Ismailov, WHO

Annex 4. Results Achieved (Project Objective, Outcome, major Outputs)

Project Objective: Through addressing normative, policy, programmatic aspects and capacity building, the project will contribute to the establishment of a favourable environment in project countries to increase access of drug users and prison inmates to evidence-based HIV prevention and treatment services

Results achieved based on indicators: The project implementation has catalyzed the process of legal and policy reforms in six project countries as it relates to accessibility of HIV-related services for drug users and people in prison (and as reflected in outcomes and outputs)

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

Results achieved based on indicators:

- In Tajikistan, a new law on HIV issued in late 2008 incorporated some of the suggested recommendations (i.e. abolishing mandatory HIV testing for some groups);
- In Azerbaijan, the new HIV law which includes provisions that make a focus on the issues of the access to HIV prevention, treatment and care for vulnerable and at-risk groups, IDUs and prison inmates among the latter, has entered in force. A governmental order has been issued on the development of relevant bylaws and ministerial instructions for the implementation of the law and its enforcement.
- .In Uzbekistan, in 2008 the Parliament developed a new draft law on HIV; at the request UNODC provided comments to the draft it to ensure its alignment with human rights principles and that the law would provide for the access to evidence-based HIV prevention and curative interventions for MARPs, drug users and prisons among them. The draft law is still under review and shall be issued in 2011.
- In Turkmenistan, in 2008, based on recommendations of the National Expert Group on legislative analysis, Methadone was shifted from List 1 (prohibited controlled narcotic drugs) to List 2 (narcotic drugs under strict control but allowed for medicinal use) and Buprenorphine from List 2 to List 3 (psychotropic drugs under control allowed for medicinal use) of the Official Lists of Narcotic Drugs and Psychotropic Substances.
- In Uzbekistan, naloxone and naltrexone (opioid antagonists used for overdose prevention and relapse prevention) were included in the list of essential pharmaceuticals of the Ministry of Health (formely these drugs did not have a legal status in the country); this decision was influenced by a recommendation of the legislation report
- Based on recommendations of the report the process of revising the upper limits of the possession of drugs for personal use and not for sale has been started in Uzbekistan and Kazakhstan.
- In Kyrgyzstan, the legal review has catalysed the process of humanization of legislative norms related to drug use (including in prisons) through amendments made to bylaws and ministerial regulations. The National Report on Drug Policy was presented at the CND meeting (March 2009), the report was developed with support of UNODC and is the only one in the region that takes into consideration human-rights principles.

Output 1.1: Country specific recommendations for update of national legislation and normative frameworks on drug control, HIV and criminal justice including relevant national programmes developed and submitted to national authorities

Results achieved based on indicators:

- Six country reports containing the results of analysis of national laws, policy documents, bylaws and ministerial regulations covering national programmes on HIV and drug control, administrative and criminal justice laws and producing detailed recommendations for the update of the vast legislation areas developed, endorsed by major national stakeholders and published (in English and Russian) as part of the integrate report.

- The integrated regional legislation analysis report that presents generalized picture of the current legal environment as it relates to human rights of drug users and prison inmates, and namely, to their access to HIV prevention and treatment in six project countries, and provides recommendations for national governments and international development partners developed and published (in English and Russian) online and in hard copies
- 14 consultative meetings/workshops to discuss suggested recommendations for legislation amendments held
- Endorsement documents (minutes/letters of endorsement/ draft laws) available for all six countries
- Results of the legislation analysis and its recommendations reported at three international, and four regional conferences
- relevant information materials disseminated and the access of drug users and prisoners to human-rights-based and evidence-informed HIV-related interventions advocated at a range of events devoted to World AIDS Day that have been held annually in community and in prisons in all six project countries

Output1.2: Legislators and policy makers are able to develop human-rights based and evidence-based national programmes related to HIV, drugs and criminal justice

Results achieved based on indicators:

- national programmes on HIV, TB, Drug Control and Penal Reform reviewed and gaps identified as it relates to services for drug users (strategies, interventions, target and progress indicators); tentative set of target indicators of the access of drug users to HIV related services to be integrated into the relevant programmes identified and agreed upon as well as the next steps for the process of integrating the selected indicators into the new national programmes in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, and Turkmenistan.
- In Kyrgyzstan, UNODC provided support in the development of the new concept and matrix of activities for national programme on drug control drafted by Drug Control Agency
- In Uzbekistan, government officials involved in the development of drug control and HIV prevention programmes as well as those responsible for health care in prisons along with parliamentarians were engaged in intensive policy dialogues related to human rights-based and results-based approaches to national programmes development (during two country-level consultative workshops, two international and one national conferences)

Outcome 2: National quality standards for the provision of a full spectrum of effective evidence-based HIV related interventions for drug users and inmates in custodial settings

Results achieved based on indicators:

- In Tajikistan, UNODC contributed to the introduction of needle and syringe programmes in two prisons; the establishment of social bureaus in two prisons in Dushanbe has started with the aim to provide access of prisoners to quality social support services.
- In Tajikistan, based on the below described Plan a decree issued by the Ministry of Health prescribing the opening of the three sites for opioid substitution treatment provision (in Dushanbe, Khudjand, and Khorog) with two sites opened in 2010 (in Dushanbe and Khudjand) and the third OST site (in Khorog) to be opened in early 2011. Besides technical inputs in the development of the Plan UNODC supported infrastructure development and capacity building of service provider's teams of the sites.

In Turkmenistan, first ever two drop-in centres in Ashgabat have been established as a joint activity of UNODC and USAID. Based on the experience of work of the drop-in centre a special order of the Ministry of Health (Order #114 of 3 September 2010) was issued instructing health care authorities to expand the network of drop-in centres in provinces and include topics on outreach work into training of family doctors. The Prison Department of the Ministry of Interior established a new unit whose duty is to develop a plan for and coordinate of the social assistance to released prisoners. In general, intensive capacity building of decision makers and managers of health care services in community and within penitentiary system on international

standards of organizing and running HIV-related services for drug users and prisons inmates was provided throughout the project cycle partly being integrated into broader trainings for medical profession, health administrators, workers of low-threshold services and prison authorities.

- In Azerbaijan, the access to OST expanded through opening of a site at the AIDS centre in Baku (in addition to the one existed at the republican narcological dispensary); a consultative process going on the establishment of OST sites at the TB clinic in Baku and, per the below indicated Plan, in provincial cities and towns.
- In Kazakhstan, several recommendations were incorporated into new/updated MoH decrees related to access of IDUs to the comprehensive package of HIV-related interventions [MoH Decree #228 on the update of “Instruction on the organization of work of Trust Points for injecting drug users”, MoH Decree # 552 as amended “Approval of rules of medical examination for detection of HIV”
- In Kyrgyzstan, UNODC contributed to the development of standards for providing of harm reduction interventions. These standards later were incorporated into the national guidebook on narcological assistance and were used in drafting the Law on Narcological Assistance to population.
- In Uzbekistan, based on the request of MOH (National AIDS Center), UNODC provided technical assistance in developing the standards on Harm Reduction services and updating the Regulation on Trust Points for IDUs (235 TPs) in line with the interventions for effective HIV prevention, treatment, care and support among IDUs as recommended by the WHO/UNODC/UNAIDS Technical Guide on Target Settings (2009). The standards are under review by the experts and should be approved in the beginning of 2011. UNODC will help the National AIDS Center to build the capacity of 235 Trust Points in the frame of Phase II (XCEA-01) project and GFATM’s extended Round-3 Project (RCC) in 2010-2013.
- Consultations with governments on national targets for achieving the adequate access of IDUs including in prison settings to evidence-based HIV prevention and treatment are ongoing.
- In Azerbaijan, Kazakhstan and Uzbekistan UNODC contributed to the development of the new proposals to GFATM specifically focusing on interventions that would provide for the development of a full range of quality HIV-related services for MARPs (especially drug users and prison inmates) thus facilitating the countries’ progress towards the universal access. In Uzbekistan, GFATM proposal received extension of Round-3 grant for another six years (2011-2017) through Rolling Continuation Channel (RCC) and it has a huge component on IDUs and Harm Reduction activities.

Output 2.1: Recommendations for update of the national frameworks for monitoring and evaluation of the access to HIV prevention and care services for drug users and in prison settings as per WHO/UNODC/UNAIDS guidelines developed for endorsement by national authorities

Results achieved based on indicators:

- an agreement on the necessity to develop national target and progress indicators re. the scale of access to HIV-related services achieved and next steps as regards the upgrade of national M&E systems outlined and agreed upon by multi-sectoral representatives of all the six countries at a series of regional and national workshops on monitoring and evaluation of the access of drug users and prisoners to HIV-related services.
- a road map to address gaps in the access to quality health care in prisons and to start reforming the system of coercive drug dependence treatment as well as the matters related to broadening alternatives to incarceration in the project countries were defined at a regional workshop and in-country consultations with involvement of officials of the Ministry of Justice, Ministry of Interior, Supreme Court, Office of Prosecutor General, Ministry of Health, Drug Control Agencies, academia, and relevant NGOs in all the six project countries.
- issues of integration of health care and social protection services (as they relate to drugs use, HIV and tuberculosis) including in prisons discussed at five regional conferences/ meetings and a range of national meetings jointly held with AFEW, CAAP and EU

Output 2.2. National action plans for scaling up of the access to opioid substitution treatment (OST)

finalized for inclusion in the national programmes on HIV preventions and drug control

Results achieved based on indicators:

- Desk reviews with situation assessment related to HIV and drug use to be used as background material for the development of planning documents for improving standards of HIV related services for drug users and in prison settings prepared for Azerbaijan, Kazakhstan, Turkmenistan and Tajikistan
- Action plans for OST introduction and scaling up as recommended by WHO/UNODC/UNAIDS Technical guide on Targets Setting (2009) developed for Azerbaijan, Kazakhstan, Turkmenistan and Tajikistan and endorsed by the first three countries; in Turkmenistan, the consultative process for the plans endorsement still ongoing
- In Kazakhstan, a set of advocacy materials in Russian was developed, printed out and disseminated (including through the Internet) among national stakeholders, in particular a brochure “Maintenance Opioid Agonist Therapy (OST): International Experience” and the related fact sheet; two GIS maps produced and disseminated that reflect actual availability/range of services in communities and penitentiary system.
- In Kyrgyzstan, a package of advocacy materials on OST in Russian was compiled and widely disseminated among national partners and wider public, including through the Internet
- Intensive advocacy for OST introduction/scaling up through 16 consultative meetings/workshops with multi-sectoral representation held in all the project countries
- An overview of the access to OST in the project countries with recommendations for its scaling up presented at three international and four regional conferences

Output 2.3 Social bureaus and referral services established in two prisons in Tajikistan

Implementation of this output was delayed mostly due to the mass escape from a prison and the “terrorist” riot happened in Tajikistan in autumn 2010, consequent tightening of prison regime and prohibition of any external interventions within penitentiary system up until December 2010. However, preparations for infrastructure renovation have been completed and plans for prison staff trainings agreed upon with prison authorities. The remaining activities will be transferred to the Phase II of the project and implemented over the first quarter of 2011.

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

Results achieved based on indicators:

- In Azerbaijan, teaching modules on HIV have been amended in line with recommendations of national expert group and introduced in the curricula for penitentiary staff trained at the Training Centre under the Ministry of Justice and the Ryazan Academy of Penal System (Russian Federation) for a course designed specifically for Azerbaijani students (a quota of senior officers of penitentiary system studying there). Updated curricula are ready for introduction at the national school of medicine for teaching psychiatry and infectious diseases. The process of updating curricula for other disciplines is going on.
- In Kazakhstan, selected modules of the updated curricula for training of penitentiary staff pilot-tested at the National Academy under the Committee for the Penal System of Draft educational standards for social workers (involved in work on HIV prevention among IDUs, including those in penitentiary system) were developed and will be presented to the “Association of doctors and pharmacists of Kazakhstan” to be used for post-graduate courses for medical specialists and social workers
- In Kyrgyzstan, the Ministry of Justice (MoJ) has officially adopted new job descriptions and occupational standards for staff of penitentiary system based on recommendations of the assessment report, produced within the frame of RAC-I29 project by the national expert group
- In Tajikistan, the Ministry of Health has developed addenda to the existing national occupational standards as per the national expert group’s recommendations
- In Turkmenistan selected modules of the updated curricula of the Departments of Psychiatry and

Narcology, Family Medicine, Tuberculosis, and Infectious Diseases of the State Medical University, as well as of the Crime and Penitentiary Departments of the Police Academy have been introduced into current educational programmes for pre- and post graduate students.

- In Uzbekistan, as the result of work done by the national experts group, the Ministry of Health has officially adopted new education curricula/modules and professional standards for such disciplines as Narcology, Dermatovenerology, Phthisiology and Pulmonology, General Practice, Epidemiology, Obstetrics and Gynecology, Nursing and introduced the amendments in training courses for other personnel who are providing HIV-related services to IDUs and people in detention.

Output 3.1: Recommendations for updating occupational standards of service providers re. HIV prevention, treatment and care for IDUs & prison inmates developed and submitted for endorsement by national authorities and their introduction into ministerial normative documents

Results achieved based on indicators:

- Country reports with analysis of current occupational standards and recommendations for their update developed, submitted to relevant ministries/agencies in all six countries and endorsed in Tajikistan, Kazakhstan, Kyrgyzstan and Uzbekistan
- 6 consultative meetings with national AIDS authorities, health administration, law enforcement and penitentiary authorities and other interested parties held for endorsement of the updated occupational standards

Output 3.2: Model curricula for pre- and post-diploma education at medical school, law school and training institutions for social work developed for endorsement by relevant ministries/agencies in all six countries

Results achieved based on indicators:

- Model curricula for pre- and post-diploma education at medical school, law school and training institutions for social work developed, submitted to relevant ministries/agencies in all six countries and endorsed in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
- 6 consultative meetings with national AIDS authorities, health administration, law enforcement and penitentiary authorities and other interested parties held for endorsement of the updated curricula (in majority of countries those were combined meetings covering Outputs 3 and 4)

Output 3.3 A manual for trainers developed and pilot tested

- Four trainings manuals were updated by national consultants representing civil society and affected communities of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. These manuals cover the following topics:
 - Management of harm reduction programmes
 - Outreach work in harm reduction programmes
 - Work with police (with focus on IDU and SW)
 - Overdose prevention
- The manuals were pilot tested during the national trainings conducted in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

Output 3.4 Teaching modules for workers of low-threshold services developed and published

- New thematic areas were identified during the training needs assessment conducted in 2009. Based on this assessment the five priority areas were identified by local experts from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan who later developed five new training modules:
 - Legal aspects of harm reduction programmes for medical, social and outreach workers.
 - VHC counselling, care and support.
 - Drug policy development.
 - Procurement management.
 - HIV treatment for IDU.

Annex 5. List of Workshops under the Project I29

	Workshop Title	Purpose	Links with Outcomes Under Project	Year	Country	Type	No of Participants not including UNODC Staff and Facilitators
Global and regional events							
1	1st Partnership Forum on coordination of HIV prevention in Central Asia	Discussions on programming and planning of international development assistance on HIV prevention, treatment and care in CA and establishment of a regional network	Outcome 1	2006	Regional	Decision making	6
2	Consultation on HIV and IDU's at UNODC HQ in Vienna	Advocacy for and knowledge transfer of effective HIV prevention among IDUs&prison inmates	Outcome 1	2007	Global	Advocacy	10
3	Global Harm Reduction Conference, Warsaw	Advocacy and knowledge transfer on effective HIV prevention interventions for IDU's	Outcome 2	2007	Global	Advocacy	4
4	Inter-country consultation on drug policies, HIV and criminal justice reform in Vienna, Austria, (HQ event)	Consultations with government officials representing MoH , MoJ, MoI, DCA on future drug control and HIV prevention policies including criminal justice domain	Outcome 1	2008	Global	Decision making	18
5	International Conference on HIV and Drug Use, Barcelona	Advocacy for human-rights based policies towards Hiv prevention among drug users	Outcome 1	2008	Global	Advocacy/ sensitization	1
6	Seminar "Social work and new EU regulations for penitentiary system: theory and practice", Vologda, Russia	To train penitentiary authorities in human-rights based regulations and its connections with the access to health care/HIV prevention in prison settings	Outcome 2	2007	International	Training	3
7	European Regional Workshop on HIV and IDU, Prague	Advocacy and knowledge transfer on effective HIV prevention interventions for IDU's	Outcome 2	2007	International	Training	3
8	Conference "Effective and evidence-based narcology in the era of HIV", Moscow	Advocacy for OST and awareness raising of new developments on drug dependence treatment and HIV prevention among IDUs	Outcome 2	2008	International	Advocacy/ knowledge transfer	12
9	International Conference on Harm Reduction, Moscow	Organization of a satellite session to present results of the legislation analysis	Outcome 1	2008	International	Advocacy/ sensitization	12
10	Seminar on Reducing Harms of Drug use in Middle East, West and Central Asia	Networking and advocacy event held to promote a comprehensive policy on medical-social consequences of drug use with focus on HIV prevention	Outcome 2	2008	International	Advocacy/ sensitization	7
11	Workshop National Target Setting for UA to HIV related Services for ISUs	Knowledge transfer to policy and decision makers from 6 project countries on the comprehensive package of HIV prevention and treatment interventions to curb HIV spread among IDU's and steps for setting targets and progress indicators based on guidelines developed by WHO & UNODC	Outcome 2	2007	Regional	Training	54
12	Regional training for national expert groups for the review and revision of national legislation re. access to HIV services for IDU's and in prisons	Teaching national experts the legislation assessment &analysis techniques	Outcome 1	2007	Regional	Training	49
13	2nd Central Asian Inter-parliamentary Conference (jointly with CAAP-WB and UNAIDS)	Defining priority directions for regional HIV prevention strategy and the role of parliaments	Outcome 1	2007	Regional	Advocacy	4
14	Conference on drug policy and medical-social consequences of drug use including HIV epidemic	Advocacy for the human-rights-based, evidence-informed and balanced approaches to drug policy to allow for the effective containment of the illegal drug market and reduction of drug-related harms.	Outcome 1	2007	Regional	Advocacy	120

15	Regional orientation workshop for national experts from Kyrgyzstan, Kazakhstan and Tajikistan on the review and elaboration of professional standards	Knowledge transfer on the concept of UA and evidence-informed and human-rights based approaches in tackling media-social consequences of drug use with focus on HIV	Outcome 3	2007	Regional	Training	28
16	Regional orientation workshop for national experts from Azerbaijan, Turkmenistan and Uzbekistan on the review and elaboration of professional standards	Knowledge transfer on the concept of UA and evidence-informed and human-rights based approaches in tackling media-social consequences of drug use with focus on HIV	Outcome 3	2007	Regional	Training	30
17	Regional consultation workshop for national experts from Kyrgyzstan, Kazakhstan and Tajikistan on the review and development of educational standards	Knowledge transfer and skills development for the curricula assesment techniques	Outcome 3	2007	Regional	Training	25
18	Regional consultation workshop for national experts from Azerbaijan, Turkmenistan and Uzbekistan on the review and development of educational standards	Knowledge transfer and skills development for the curricula assesment techniques	Outcome 3	2007	Regional	Training	25
19	2nd Partnership Forum on coordination of HIV prevention in Central Asia	Annual review of programme/project implementation in CA and discussions on coordination of HIV-related activities among UN, INGOs, bilaterals	Outcome 4	2007	Regional	Decision making	10
20	1 st Joint Reference-Groups Workshop on Professional Standards and Curricula Update: Part 2	Presentation of first draft reports on curricula updates and discussion on their elaboration	Outcome 3	2008	Regional	Technical work/ Decision making	15
21	3d Partnership Forum on coordination of HIV prevention in Central Asia	Annual review of programme/project implementation in CA and discussions on future planning	Outcome 1	2008	Regional	Decision making	4
22	3d Central Asian Inter-parliamentary Conference	To assess progress in work of parliaments in overcoming legal barriers to HIV prevention, treatment and care among vulnerable groups	Outcome 1	2008	Regional	Decision making	4
23	Workshop on legal and managerial aspects of OST introduction/scaling up in CA&AZE	To transfer knowledge/best practices and skills for introducing OST, draft road maps for introducing OST in TAJ, TKM and KAZ and its scaling up in AZE	Outcome 2	2008	Regional	Training/decision making	79
24	1 st Joint Reference-Groups Workshop on Professional Standards and Curricula Update: Part 1	Part 1: Presentation of first draft reports on professional standards and discussion on their elaboration	Outcome 3	2008	Regional	Technical work/ Decision making	16
25	1 st Joint Reference-Groups Workshop on Professional Standards and Curricula Update: Part 2	Presentation of first draft reports on curricula updates and discussion on their elaboration	Outcome 3	2008	Regional	Technical work/Decision making	15
26	2nd Joint Reference-Groups Workshop on Professional Standards and Curricula Update: Part 1	Presentation of interim drafts of the professional standards and their finalization	Outcome 3	2008	Regional	Technical work/Decision making	13
27	2nd Joint Reference-Groups Workshop on Professional Standards and Curricula Update: Part 2	Presentation of interim drafts of curricula updates and their finalization	Outcome 3	2008	Regional	Technical work/Decision making	13
28	3d Joint Reference-Groups Workshop on Professional Standards and Curricula Update: Part 1	Presentation of final drafts of the professional standards and agreeing on further steps/formats of country reports	Outcome 3	2008	Regional	Technical work/Decision making	10
29	3d Joint Reference-Groups Workshop on Professional Standards and Curricula Update: Part 2	Presentation of final drafts of curricula updates and agreeing on further steps/formats of country reports	Outcome 3	2008	Regional	Technical work/Decision making	9
30	Seminar on management of TB and HIV in Prisons	To teach prison health care specialists to apply WHO protocols on TB/HIV prevention&treatment in prisons	Outcome 2	2008	Regional	Training	6

31	International seminar “HIV prevention, treatment and care in prisons”, Moscow .	Various models of HIV prevention, treatment and care programs in different prison systems presented and discussed	Outcome 2	2008	International	Training	6
32	Forum on health in prisons incl. introduction of OST in penitentiary system	An advocacy event; satellite session on OST and other harm reduction measures in prisons organized by UNODC	Outcome 2	2008	Regional	Advocacy/sensitization	5
33	Drugs and HIV: Alternatives to incarceration and access to health care in criminal justice system, Almaty Kazakhstan, 1-3 April	To develop a roadmap for criminal justice reform in participating countries including the reformation of the system of coercive treatment of drug dependence within and outside of penitentiary system	Outcome 1	2009	Regional	Strategy development, technical work	34
34	Unified Budget and Workplan (UBW) Planning Workshop for Eastern Europe and Central Asia supported by UNESCO	Planning and regional coordination of HIV prevention programmes and projects	Outcome 4	2009	Regional	Training/Programming and planning, M&E	5
35	Inter-regional consultation: Preganancy, Drug Dependence and HIV: New approaches to HIV Prevention	Development of strategies and services for HIV prevention for woment from vulnerable groups	Outcome 2	2009	Inter-regional	Technical work/Decision making	3
36	Ensuring Universal Access to HIV Prevention and Treatment: Monitoring and Evlaution of the Access for Most-at-Risk Groups, Ashgabat, Turkmenistan, 11-14 Sept	To initiate the process of upgrading of national monitoring and evaluation systems for measuring the access of MARPs to HIV-related health care services.	Outcome 2	2009	Regional	Training/Decision making/Technical work	47
37	Coference on Integration of TB services with Primary Health Care System	Discussion on prioritized directions in finding solutions and filling the gaps, as well as improvement of access and quality of TB services provided to population	Outcome 2	2009	Regional	Advocacy	4
38	Accessibility of HIV-Related Services for Drug Users: results-Based Programming and Planning, Almaty, 13-15 October 2010	To assist countries to start a process of preparation of a new cycle of the four mentioned national programmes to make them results- and human-rights based thus improving their effectiveness and providing for their full compliance with UN strategies and principles.	Outcome 2	2009	Regional	Training/Technical work/decisionmaking	21
39	HIV/TB: challenges and lessons learned from the dual epidemics	Exchange of regional experience, sharing of scientific data and information about effective measures aimed at reducing the risks of HIV/TB co-infection, methods of treatment, care and support for people with HIV/TB and the development of a regional HIV/TB control strategy	Outcome 2	2009	Regional	Advocacy/decision making	6
40	4th Inter-parliamentary conference on HIV	Advocacy for legislative changes to provide for better access to HIV services for vulnerable groups	Outcome 1	2009	Regional	Advocacy	4
41	4th Central Asian Forum of Partners Working on HIV Prevention	Exchange of experience, reporting of programme/project results, discussion of regional coordination	Outcome 4	2009	Regional	Technical, M&E	4
42	Regional consultative meeting for organizations involved in advocacy of OST programs at the national and regional levels, 9-10 February 2010	To review existing experience of OST implementation in the region, SWAT analysis and planning for intensified advocacy .	Outcome 1 and 2	2010	Regional	Advocacy/decision making	5
43	The 16th Core Group Meeting of the TB/HIV Working Group	Jointly with WHO: Discussion to address the problem of HIV associated TB among drug users, and how to catalyze implementation in countries with drug use problems.	Outcome 2	2010	Regional	Technical work, strategizing, M&E	2
44	First Regional Conference on Medication Assisted Treatment of Drug Dependence in NIS countries	Sharing lessons, opromoting research and mobilizing affected communities to catalyze rapid MAT scaling up in the region (NIS)	Outcome 2	2010	Inter-regional	Technical work, strategizing, M&E	3
45	The 5th Interparliamentary Conference of Central Asia countries and Azerbaijan on HIV and AIDS: legislative support to HIV prevention measures and priorities of regional cooperation	To promote elimination of the legal, normative and other obstacles for the implementation of the effective strategies and harm reduction programs, including elimination of the criminalization of possession of equipment for the injection and use of drugs;	Outcome 1	2010	Regional	Advocacy, decision-making	6
46	XVIII International AIDS conference (UNODC together with the Knolwedge Hub supported a satellite session on HR in CA)	To learn new approaches in HIV prevention, treatment and care with focus on vulnerable groups, exchange of experience and build new partnerships	Outcome 1 and 2	2010	Global	Awareness raising , advocacy, networking	10

47	Regional ToT on Advocacy for Harm Reduction for National NGOs of Central Asia, Almaty, Kazakhstan, 9-13 August	To improve knowledge and skills of advocacy techniques	Outcome 2	2010		Training	34
48	Workshop on DDR and HIV/AIDS prevention, Tehran, Iran, 5-6 October	To develop a framework for the regional programme for improving the availability and accessibility of quality drug abuse prevention, drug dependence treatment and care services in the framework of the regional programme on Afghanistan and neighbouring countries	Outcome 1, 2, 3, 4	2010	Inter-regional	Programming and planning	6
49	Regional Meeting for CCMs of countries of Central Asia and Republic of Azerbaijan, Almaty, Kazakhstan, 11-14 October 2010	Strengthen CCM members and stakeholders' understanding of the six minimum requirements for grant eligibility and of CCM Core functions.	Outcome 4	2010		Fundraising, partnership and networking	2

Subtotal 49

No of participants - 812

AZERBAIJAN

	Workshop Title	Purpose	Links with Output Under Project	Year	Country	Type	No of Participants not including UNODC Staff and Facilitators
50	1st Meeting of National experts group on legislation review	Presentation of UNODC project, the Model law, ToR for member of WG, preparation work plan of WG, allocation of responsibilities	Outcome 1	2007	AZE	Advocacy/sensitization	7
51	2d Meeting of National experts group on legislation review	Collection a list of laws and regulations that must be collected and considered, discussion of the process of filling the Assessment Tool	Outcome 1	2007	AZE	Training/decision making	7
52	3d Meeting of National experts group on legislation review	Discussion of work process on collection of normative documents Presentation of results -comparative table with Model law, division of labour	Outcome 1	2007	AZE	technical work	7
53	4th Meeting of National experts group on legislation review	Presentation of results of filled Assessment Tool	Outcome 1	2007	AZE	technical work	7
54	5th Meeting of National experts group on legislation review	National experts presented parts of draft report (process of compilation), development of recommendations	Outcome 1	2007	AZE	decision making/technical work	7
55	6th Meeting of National experts group on legislation review	Revision of the draft report with assessment, analysis and recommendations	Outcome 1	2007	AZE	decision making/technical work	7
56	4th Meeting of National experts group on legislation review	Revision of the draft report with International consultant's comments, preparation of the final report	Outcome 1	2007	AZE	technical work	7
57	7th Meeting of National experts group on legislation review	Legislation review report was finalised with comments of International consultant and presented to NPO	Outcome 1	2007	AZE	technical work	30
58	1st Meeting with Chairman and members of the Parliament Committee for Social Policy regarding recommendations of updating of Natl Legislation	Legislation review report was presented, implementations of recommendations in health care been announced	Outcome 1	2007	AZE	Advocacy/sensitization; decision making	15
59	1st Session of the Parliament Committee regarding drafting of a new Law on HIV/AIDS	Extended joint session of members of the Parliament Committee and Expert Group to discuss the process on drafting of new Law on HIV	Outcome 1	2007	AZE	Decision making	40
60	2nd joint meeting with Parliament committee, UNODC, OSI,	Elaboration of joint plan of action, agreement on partnership, schedule, plan of actions and collection of working material	Outcome 1	2008	AZE	Technical work/consultation	6
61	2nd Session of the Parliament Committee regarding drafting of a new Law on HIV/AIDS	Establishing of Working group members, representing all involved ministries and agencies, dealing with IDUs, AIDS and prisoners for development of new HIV/AIDS Law jointly with members of Parliament Committee	Outcome 1	2008	AZE	Advocacy/sensitization; decision making	40
62	Meeting No 1 of Multisectoral Technical Working Group on IDUs and Prisoners	Creation of partnership and cooperation between all agencies, involved in supporting service provision in prevention of HIV/AIDS for IDUs	Outcome 2	2006	AZE	Advocacy/sensitization; decision	30

		and prisoners; introduction of UNODC project, identifying list of partners and organizations for partnership in related fields				making	
63	Meeting No2 of Multisectoral Technical Working Group on IDUs and Prisoners	Experience sharing of all collaborated agencies, the conciliation of the interests of pathensrhip and decision plan of action from all involved agencies	Outcome 2	2007		Advocacy/sensitization; decision making	20
64	Meeting No3 of Multisectoral Technical Working Group on IDUs and Prisoners	Experience sharing and presentation UNODC project on legislation review, presentation of recommendations for MTWG members, discussion of main finding and recommendations	Outcome 1	2007	AZE	Advocacy/sensitization; decision making	20
65	Meeting No3 of Multisectoral Technical Working Group on IDUs and Prisoners	Experience sharing, presentation of progress on project implementation by involved agencies, National Strategy on HIV/AIDS for 2007-2011 years	Outcome 2	2007	AZE	Advocacy/sensitization; decision making	15
66	Meeting No3 of Multisectoral Technical Working Group on IDUs and Prisoners	Update on implementations progress by all involved agencies, discussion on joint cooperation within KAP survey, conducted by ICRC	Outcome 2	2007	AZE	Advocacy/sensitization; decision making	10
67	Meeting No4 of Multisectoral Technical Working Group on IDUs and Prisoners	Update on implementations progress by all involved agencies, reporting on current epidemiology status by AIDS Centre and obstacles on laboratory testing, and ARV treatment	Outcome 2	2007	AZE	Advocacy/sensitization; decision making	20
68	Meeting No5 of Multisectoral Technical Working Group on IDUs and Prisoners	Update on implementation progress by all involved agencies, discussion of organization of 2nd generation surveillance, conducted jointly by UNTG	Outcome 2	2007	AZE	Advocacy/sensitization; decision making	15
69	Meeting No6 of Multisectoral Technical Working Group on IDUs and Prisoners	Presentation of difficulties in implementation of HR principles in penitentiary system and existing legislation barriers in this regard, briefing by ICRC and penitentiary department	Outcome 2	2007	AZE	Advocacy/sensitization; decision making	16
70	Meeting No8 of Multisectoral Technical Working Group on IDUs and Prisoners	In order to increase of effectiveness and ensures the development of received knowledge into the practice briefing missions, conducted with UNODC support by partners from MoJ, MoH	Outcome 2	2008	AZE	Advocacy/sensitization; decision making	10
71	Meeting No7 of Multisectoral Technical Working Group on IDUs and Prisoners	Briefing on project development by members of WG, presentations preliminary result on surveillance, agreement on future cooperation	Outcome 2	2008	AZE	Advocacy/sensitization; decision making	15
72	Meeting No8 of Multisectoral Technical Working Group on IDUs and Prisoners	Briefing on project development by members of WG, consolidation of efforts on advocacy (discussion of preparation for national Conference on HIV, supported by UNODC & OSI	Outcome 2	2008	AZE	Advocacy/sensitization; decision making	10
73	Meeting N1of OSI Working Group under UNODC	Establishing of Working group members, representing all involved ministries and agencies, dealing with IDUs, AIDS and prisoners for development of new HIV/AIDS Law represented by govmtnal and nongovernmental agencies for provision of technical support to international consultant and ensure follow up actions with respective policy makers	Outcome 1	2008	AZE	Advocacy/sensitization; decision making	7
74	1st meeting of WG on professional standards	Discussion of organizational issues, division of labour, plan of work	Outcome 3	2007	AZE	Technical work	6
75	2d meeting of WGon professional standards	Presentation of standarts(health care, penitentiary system, social care)	Outcome 3	2007	AZE	Technical work/ Consultative work	6
76	3d meeting of WG on professional standards	Preparation for training by Reference group members, training schedule, identification of facilitators	Outcome 3	2008	AZE	Training/technical work	6
77	Training on assessment tool on professional standards in health care, penitentiary and law enforcement systems, social work	Presentation of Assessment Tool and training on national experts, discussion of work process	Outcome 3	2008	AZE	Training	6

78	4th meeting of WG on professional standards	Discussion on health care component of professional standards (medical specialties, social work)	Outcome 3	2008	AZE	Technical work/advocacy	5
79	5th meeting of WG on professional standards	Discussion on penitentiary and law enforcement components of professional standards	Outcome 2	2008	AZE	Technical work/advocacy	6
80	6th meeting of WG on professional standards	Development of recommendations for report on professional standards	Outcome 2	2008	AZE	technical work	5
81	7th meeting of WG on professional standards	Presentation of draft report on professional standards	Outcome 2	2008	AZE	Technical work	5
82	1st meeting of WG on development of recommendation for improvement of educational curricula for specialists in health care, penitentiary system, law enforcement and social work re. HIV prevention for IDUs and prison inmates	Discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	AZE	Advocacy/sensitization	5
83	2d meeting of WG on curricula upgrade	Presentation of reviews of system (health care, penitentiary system, social care)	Outcome 3	2007	AZE	Training/decision making	5
84	3th meeting of on curricula upgrade	Presentation of the standards of educational curricula by Reference group members, discussion	Outcome 3	2007	AZE	technical work	5
85	4th meeting of WG on curricula upgrade	Presentation of Assessment Tool and training of national experts, discussion of work process	Outcome 3	2008	AZE	technical work	5
86	5th meeting of on curricula upgrade	Working out the educational programs of graduate and postgraduate medical education (+ low threshold workers, social work in HC)	Outcome 3	2008	AZE	decision making/technical work	5
87	6th meeting of on curricula upgrade	Working out the educational programs of graduate and postgraduate law education (penitentiary system and law enforcement)	Outcome 3	2008	AZE	decision making/technical work	5
88	7th work meeting of WG on curricula upgrade	Development of recommendations for report on educational curricula	Outcome 3	2008	AZE	technical work	5
89	8th meeting of on curricula upgrade	Presentation of draft report and recommendations for improvement of educational curricula (implemented in health care system)	Outcome 3	2008	AZE	decision making/technical work	5
90	National conference devoted to World Day for Drug Abuse Prevention	Acknowledgment and recognition of HIV/AIDS related problems among IDUs by officials and creation a favourable social environment for improving of access to HIV/AIDS Prevention for vulnerable group of population	Outcome 1	2008	AZE	Advocacy/sensitization	50
91	National Conference on HIV Prevention among IDUs and in Prisons	Conference held in the frame of WAD will highlight the necessity of evidence-informed targeted interventions for at-risk populations	Outcome 1	2008	AZE	Advocacy/sensitization	70
92	1st Working group meeting on OST expansion within MoH	Developing and discussion of OST national, operational and financial plan	Outcome 2	2010	AZE	decision making/technical work	6
93	2nd Working group meeting on OST expansion within MoH	Developing and discussion of OST national, operational and financial plan	Outcome 2	2010	AZE	decision making/technical work	6
94	3rd Working group meeting on OST expansion within MoH	Developing and discussion of OST national, operational and financial plan	Outcome 2	2010	AZE	decision making/technical work	6
95	Meeting with UNTG	Agreement on technical and financial support of OST National plan by UN agencies and	Outcomet 2	2010	AZE	decision making/technical work	6
96	Meeting on with dean, senior magistral staff from Azerbaijan State Medical University and NGO representatives	Elaboration of Training manual for medical students and inclusion it in the high education schedule	Outcome 3	2010	AZE	technical work	6
97	Meeting of Parliament Working group on Social Policy	Finalization and adoption of HIV/AIDS Law	Outcome 1	2010	AZE	decision making, technical work	40
98	Organization of narcological services , training	Discussion on organization of integration services for IDUs	Outcome 2	2010	AZE	training, capacity	20

	conducted by international facilitators' training					building	
99	Meeting UNTG and GF	Elaboration of M&E plan on HIV/AIDS for introduction to CCM working group	Outcome 1	2010	AZE	decision making, technical work	10
100	National conference devoted to World AIDS (UNODC jointly with Ombudsmen Apparatus)	Acknowledgment and recognition of HIV/AIDS related problems among prisoners by officials and creation a favorable social environment for improving of access to HIV/AIDS Prevention for vulnerable group of population	Outcome 1	2010	AZE	Advocacy /sensitization	50

Number of workshops - 61

Number of participants - 723

KAZAKHSTAN							
	Workshop Title	Purpose	Links with Output Under Project	Year	Country	Type	No of Participants not including UNODC Staff and Facilitators
101	National Experts Group 1 work meeting on legislation review	Elections and effective engagement of Civil Society, Private Sector and People living with and affected by the diseases.	Outcome 1	2007	KAZ	Advocacy/ sensitization	7
102	NEG 2 work meeting on legislation review	Training on the assesment techniques	Outcome 1	2007	KAZ	Training/decision making	8
103	NEG 3 work meeting on legislation review	Strengthen CCM members and stakeholders' understanding of the importance of the CCM Secretariat's function from proposal development to grant closure.	Outcome 1	2007	KAZ	technical work	8
104	NEG 4 work meeting on legislation review (only for experts from Astana)	Discussions on the current assessment of national legislation	Outcome 1	2007	KAZ	technical work	4
105	NEG 5 work meeting on legislation review	Presentationof the first draft assessment report	Outcome 1	2007	KAZ	decision making/ technical work	9
106	NEG 6 work meeting on legislation review	Revision of the draft report with assessment, analysis and recommendations.	Outcome 1	2007	KAZ	decision making/ technical work	9
107	NEG 7 work meeting on legislation review	revision of the draft report with International consultant's comments, preparation of the final report	Outcome 1	2007	KAZ	technical work	6
108	Stakeholders Round table meeting on presentation of legislation review report	legislation review report was presented to national and international counterparts, comments from various counterparts received and discussed, steps of further implementation discussed; work on analysis of professional standards and curricula upgrade been presented, implementations of recommendations in health care been announced	Outcome 1	2008	KAZ	Advocacy/sensitization; decision making	18
109	NEG 1 work meeting on professional standards	acquaintance, discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	KAZ	Advocacy/sensitization	9
110	NEG 2 work meeting on professional standards	presentation of reviews of system(health care, penitentiary system, social care)	Outcome 3	2007	KAZ	advocacy/sensitization	9
111	NEG 3 work meeting on professional standards	introduction of law enforcement system representative, presentation of the Prototype of professional standards by Reference group members	Outcome 3	2007	KAZ	Training/technical work	8
112	Training on assessment tool on professional standards in health care, penitentiary and law enforcement systems, social work	Presentation of Assessment tool and training on national experts, discussion of work process	Outcome 3	2008	KAZ	Training	9
113	NEG 4 work meeting on professional standards	Discussion on health care component of professional standards (medical specialties, low threshold workers, social work in HC)	Outcome 3	2008	KAZ	Technical work/ advocacy	7
114	NEG 5 work meeting on professional standards	discussion on penitentiary component of professional standards, social work	Outcome 3	2008	KAZ	Technical work/ advocacy	8
115	NEG 6work meeting on professional standards	Development of recommendations for report on professional	Outcome 3	2008	KAZ	technical work	7

		standards					
116	NEG 7 work meeting on professional standards	presentation of draft report on professional standards	Outcome 3	2008	KAZ	Technical work	5
117	NEG 1 work meeting on development of recommendation for improvement of educational curricula for specialists in health care, penitentiary system, law enforcement and social work re. HIV prevention for IDUs and prison inmates	Acquaintance, discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	KAZ	Advocacy/sensitization	6
118	NEG 2 work meeting on curricula upgrade	presentation of reviews of system(health care, penitentiary system, social care)	Outcome 3	2007	KAZ	Training/decision making	5
119	NEG 3 work meeting on curricula upgrade	presentation of the Prototype of educational curricula by Reference group members, discussion	Outcome 3	2007	KAZ	technical work	6
120	NEG 4 work meeting on curricula upgrade	presentation of Assessment tool and training of national experts, discussion of work process	Outcome 3	2008	KAZ	technical work	7
121	NEG 5 work meeting on curricula upgrade	Working out the educational programs of graduate and postgraduate medical education (+ low threshold workers, social work in HC)	Outcome 3	2008	KAZ	decision making/technical work	5
122	NEG 6 work meeting on curricula upgrade	Working out the educational programs of graduate and postgraduate law education (penitentiary system and law enforcement)	Outcome 3	2008	KAZ	decision making/technical work	6
123	NEG 7 work meeting on curricula upgrade	Development of recommendations for report on educational curricula	Outcome 3	2008	KAZ	technical work	5
124	NEG 8 work meeting on curricula upgrade	presentation of draft report and recommendations for improvement of educational curricula (implemented in health care system)	Outcome 3	2008	KAZ	decision making/technical work	6
125	Activity in colony 159/9 in Karaganda, Karaganda and Kokshetau Department of Penitentiary committee	The activities within the WAD will raise awareness on HIV prevention, treatment, care and rehabilitation issues, as well as UNODC project in Kazakhstan for specialists working in penal system, police, specialists working in AIDS centers and imprisoned women.	Outcome 1	2008	KAZ	Advocacy	50
126	Round table meeting with stakeholders on presentation of 5 years plan on introducing of OST in KZ	the specialists of the MoH,DCA MIA, MoJ, Republican AIDS center, Pavlodar narcological center, PIU GFTAM were aware the 5-years plan developed by Dr. Dvoryak and discussed on OST issues and barriers to introducing of OST in Kazakhstan.	Outcome 2	2009	KAZ	Advocacy/decision making	9
127	National experts group meeting on OST	the specialists of the MoH,DCA MIA, MoJ, Republican AIDS center, Pavlodar narcological center, PIU GFTAM were aware the 5-years plan and discussed on OST issues and barriers to introducing of OST in Turkmenistan. The participants showed their willingness to conduct the introducing the OST in KZ.	Outcome 2	2009	KAZ	Advocacy/decision making	17
128	National experts group meeting on OST	Introducing, presentation of 5 years plan on introducing of OST	Outcome 2	2009	KAZ	Advocacy/decision making	9
129	“Seminar “HIV/AIDS and drug use in penitentiary system” and launch of post-graduate training course for penitentiary specialists on evidence-based and human-rights-based approaches of HIV prevention and treatment for drug users and people in places of detention in Kostanai Academy of penitentiary system	Facilitate a half-day orientation session on HIV and related issues for faculty of the Academy under the Committee for Penitentiary System of the Ministry of Justice, and a two-day course on HIV and drugs in prisons for prison officers enrolled in the advanced course of post-graduate education at the academy	Outcome 2	2009	KAZ	training/technical work	112
130	Seminar/meeting on collaborative issues of HIV/TB organized jointly by UNAIDS/ Kazakh MoH/Penitentiary Committee, MoJ 19-20 October, 2009 Almaty	To discuss possible ways of collaboration between MoH, Penal system MoJ, donor organization in regards to improvement of services for prison inmates for medical services and social care (prevention of HIV/AIDS, TB)	Outcome 1	2009	KAZ	decision making/technical work	4
131	National workshop “The effective management of	It was expected that by the end of the workshop it participants will:	Outcome 2	2009	KAZ	advocacy/sensitization	31

	health care for drug users: new approaches, December 21-22, 2009, Astana, Kazakhstan	<ul style="list-style-type: none"> • gain new knowledge by learning up-to date methods of drug dependence treatment and principles of the effective management of health services for drug users; • be aware of new indicators of accessibility and quality of evidence-based public health and social protection services for drug users and the approaches for their integration into national system of monitoring and evaluation (reporting); • develop draft roadmaps for integration of a wide range of services for drug users at regional and city levels; • select priority provinces/cities for piloting the model of integrated services for drug users, including in places of detention 				zation	
132	Interagency working group (IWG) on OST meeting (27/02/09)	Discussion of draft plan on scaling up OST in Kazakhstan, as effective method of drug dependence treatment; development of steps for implementation of Action plan	Outcome 2	2009	Kaz	decision making/technical work	13
133	Interagency working group (IWG) on OST meeting (22/06/09)	To present the mid-term results of OST pilot project implementation in Pavlodar & Temirtau cities; to discuss first draft of OST scaling up Action Plan for years 2010-2014	Outcome 2	2009	KAz	decision making technical work	15
134	Interagency working group (IWG) on OST meeting (16/10/09)	Discussion of first draft of operational plan for OST scaling for 2010-2011; Distribution of responsibilities, workplans and work timeframe of Interagency working group	Outcome 2	2009	Kaz	decision making/technical work	13
135	Advocacy round table meeting on OST in Almaty (01/11/2010)	Identifying objectives for successful implementation of OST scaling program in Almaty city	Outcome 2	2010	KAz	training/decision making/ advocacy	20
136	Interagency working group (IWG) on OST meeting (22/11/09), Astana	Identifying objectives for successful realization of OST scaling program for 2010-2014; approval of latest Workplan for 2010-2011	Outcome 2	2010	Kaz	decision making/technical work	16
137	Advocacy Round table in Kazakhstan Parliament "Vulnerable population groups and rights for health and protection from discrimination. Access of prevention and treatment of HIV infection, reduction of discrimination level"(20/11/2010)	To discuss ways of improvement of national policy on HIV prevention and treatment of drug dependence (presentation of National Action plan for scaling up OST in Kazakhstan for 2010-2014);to discuss amendments to the Article 116 of Criminal Code of the Republic of Kazakhstan	Outcome 2	2010	Kaz	decision making/technical work	28
138	Training of penitentiary system specialists from health departments of regional committees and correctional institutions (5-6/12/2010), Karaganda	Activities within WAD will raise awareness on HiV/TB and drug dependence prevention and treatment of penitentiary system specialists	Outcome 2	2010	KAZ	Advocacy/technical work	20

Number of workshops - 38

Number of participants - 534

KYRGYZSTAN

	Workshop Title	Purpose	Links with Output Under Project	Year	Country	Type	No of Participants not including UNODC Staff and Facilitators
139	Drug Dependence: Prevention, Treatment and Rehabilitation	Knowledge transfer on techniques of drug use/drug dependence prevention, treatment and rehabilitation	Outcome 2	2006	KYR	Training	30
140	ToT for supervisors/programme coordinators on outreach work among IDUs	Knowledge transfer on basics of outreach work and management of low-threshold services for IDUs	Outcome 2	2006	KYR	Training	25
141	National workshop on standards of HIV related services, target and progress indicators to achieve the universal access to HIV prevention, treatment and care for IDU	Knowledge transfer of the concept of UA, optimal spectrum and scale of HIV-related interventions for IDU's and prison inmates, & measure of the access to services	Outcome 1	2007	KYR	Training	35
142	Experts Group meeting on legislation review	Acquaintance, presentation of UNODC project and ToR for	Outcome 1	2007	KYR	Advocacy/sensit	6

		legislation review, distribution of Model law; organizational issues, preparation for Regional meeting				ization	
143	EG work meeting on legislation review	Discussion of work process on collection of normative documents, filling the Assessment instrument, identifying work plan,time of performance	Outcome 1	2007	KYR	Training/decision making	6
144	EG work meeting on legislation review	Presentation of results -comparative table with Model law	Outcome 1	2007	KYR	technical work	6
145	EG work meeting on legislation review	presentation of results of filled assessment tool	Outcome 1	2007	KYR	technical work	6
146	EG work meeting on legislation review	national experts presented parts of draft report (process of compilation), development of recommendations	Outcome 1	2007	KYR	decision making/technical work	6
147	EG work meeting on legislation review	revision of the draft report with assessment, analysis and recommendations	Outcome 1	2007	KYR	decision making/technical work	6
### ##	EG work meeting on legislation review	revision of the draft report with International consultant's comments, preparation of the final report	Outcome 1	2007	KYR	technical work	6
149	Study tour to Madrid, Spain,	Advocacy and awareness raising of best practices in HIV prevention in prisons and knowledge transfer	Outcome 2	2007	KYR	Advocacy/sensitization	3
150	Session of the Technical working group on IDUs	Findings of the legislation analysis report presented to public	Outcome 1	2008	KYR	Advocacy	15
151	Session of committee on health in prison	Findings of the legislation analysis report presented to public. Presentation of reports on professional standards and curriculum updates	Outcome 1	2008	KYR	Advocacy/decision making	20
152	Working group meeting on professional standards	acquaintance, discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	KYR	Advocacy/sensitization	9
153	WG meeting on professional standards	presentation of reviews of system(health care, penitentiary system, social care)	Outcome 3	2007	KYR	advocacy/sensitization	9
154	WG meeting on professional standards	introduction of law enforcement system and NGO representative, presentation of the Prototype of professional standards by Reference group members	Outcome 3	2007	KYR	Training/technical work	9
155	WG meeting on professional standards	discussion on health care component of professional standards (medical specialties, low threshold workers, social work in HC)	Outcome 3	2008	KYR	Technical work/advocacy	9
156	WG meeting on professional standards	presentation of Assessment tool and training of national experts, discussion of work process	Outcome 2	2008	KYR	Training	9
157	WG meeting on professional standards	discussion on penitentiary component of professional standards, social work	Outcome 3	2008	KYR	Technical work/advocacy	9
158	WG meeting on professional standards	Development of recommendations for report on professional standards	Outcome 3	2008	KYR	technical work	9
159	WG meeting on professional standards	presentation of draft report on professional standards	Outcome 3	2008	KYR	Technical work	9
160	Session of committee on health in prison	Findings of the legislation analysis report presented to public. Presentation of reports on professional standards and curriculum update	Outcome 3	2008	KYR	Advocacy/decision making	20
161	Working group meeting on development of recommendation for improvement of educational curricula for specialists in health care, penitentiary system, law enforcement and social work re. HIV prevention for IDUs and prison inmates	acquaintance, discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	KYR	Advocacy/sensitization	10
162	WG meeting on curricula upgrade	presentation of reviews of system(health care, penitentiary system, social care)	Outcome 3	2007	KYR	Training/decision making	10
163	WG meeting on curricula upgrade	presentation of the Prototype of educational curricula by Reference group members, discussion	Outcome 3	2007	KYR	technical work	10
164	WG meeting on curricula upgrade	presentation of Assessment tool and training of national experts, discussion of work process	Outcome 3	2008	KYR	technical work	10

165	WG meeting on curricula upgrade	Working out the educational programs of graduate and postgraduate medical education (+ low threshold workers, social work in HC)	Outcome 3	2008	KYR	decision making/technical work	10
166	WG meeting on curricula upgrade	Working out the educational programs of graduate and postgraduate law education (penitentiary system and law enforcement)	Outcome 3	2008	KYR	decision making/technical work	10
167	WG meeting on curricula upgrade	Development of recommendations for report on educational curricula	Outcome 3	2008	KYR	technical work	10
168	WG meeting on curricula upgrade	presentation of draft report and recommendations for improvement of educational curricula (implemented in health care system)	Outcome 3	2008	KYR	decision making/technical work	10
169	Session of committee on health in prison	Findings of the legislation analysis report presented to public. Presentation of reports on professional standards and curriculum update	Outcome 1	2008	KYR	Advocacy/decision making	20
170	Forum of civil society organizations, 30-31 March	Discussion on better involvement of civil society in HIV counter activities and improvement of interaction among civil society organization.	Outcome 1 KH	2010	KYR	Advocacy/decision making/technical work	60
171	5-day national training on "Community mobilization", Kyrgyzstan, 27 September - 01 October 2010	To increase vulnerable groups skills in effective communication, to increase their motivation and responsibility, ensure "qualification minimum" when providing services.	Outcome 2 KH	2010	KYR	advocacy/technical work	25
172	5-day national training on "Legal support to HR programmes", Kyrgyzstan, 11-15 October, 2010	To develop skills to legally solve professional problems of social and outreach workers.	Outcome 1 KH	2010	KYR	advocacy/technical work	25
173	5-day national training on "Outreach work", Kyrgyzstan, 22-26 November, 2010	To develop participants skills in providing services through the outreach work.	Outcome 2 KH	2010	KYR	advocacy/technical work	25

Number of workshops -35

Number of participants - 405

TAJIKISTAN							
	Workshop Title	Purpose	Links with Output Under Project	Year	Country	Type	No of Participants not including UNODC Staff and Facilitators
174	Development&Managing of HIV Prevention&Care Services for IDUs	Knowledge transfer on basics of low-threshold services management	Outcome 2	2006	TAJ	Training	33
175	ToR of supervisors/programme coordinators on outreach work among IDUs	Knowledge transfer on basics of outreach work nad amnagement of low-threshold services for IDUs	Outcome 2	2006	TAJ	Training	29
176	NEG 1 work meeting on professional standards	Discussion of organizational issues, plan of work, delegation of responsibilities.	Outcome 3	2007	Tajikistan	technical work	6
177	NEG 2 work meeting on professional standards	Reviews of relevant documents on health care, penitentiary sistem, social care	Outcome 3	2007	Tajikistan	technical work	6
178	NEG 3 work meeting on professional standards	presentation of reviews of system(health care, penitentiary system, social care)	Outcome 3	2007	Tajikistan	technical work	5
179	NEG 4 work meeting on professional standards	Presentation of health service, law enforcement, penitentiary systems	Outcome 3	2007	Tajikistan	technical work	6
180	NEG 5 work meeting on professional standards	Preparation of presentation to the first reference group meeting	Outcome 3	2008	Tajikistan	decision making/technical work	10
181	NEG 6 work meeting on professional standards	Development of recommendations for report on professional standards	Outcome 3	2008	Tajikistan	decision making/technical work	5
182	NEG 7 work meeting on professional standards	Presentation of first draft of report on professional standards	Outcome 3	2008	Tajikistan	technical work	6
183	NEG 8 work meeting on professional standards	Discussion of recommendation for report on professional standarts	Outcome 3	2008	Tajikistan	technical work	6
184	NEG 9 work meeting on professional standards	Presentation of draft report on professional standards	Outcome 3	2008	Tajikistan	decision making/technical work	6
185	Training on assessment tool on professional standards in health care, penitentiary and law	Presentation of Assessment tool and training on national experts, discussion of work process	Outcome 3	2008	Tajikistan	Training	6

	enforcement systems, social work						
186	NEG 1 work meeting on curricula upgrade	Confirmation of national experts on development of recommendation for improvement of educational curricula for specialists in health care and penitentiary system . HIV prevention for IDUs and prison inmates.Discussion of organizational issues, plan of work, delegation of responsibilities.	Outcome 3	2007	Tajikistan	technical work	9
187	NEG 2 work meeting on curricula upgrade	Reviews of relevant documents on health care, penitentiary sistem,	Outcome 3	2007	Tajikistan	technical work	8
188	NEG 3 work meeting on curricula upgrade	Presentation of the Prototype of educational curricula by NEG	Outcome3	2007	Tajikistan	technical work	8
189	NEG 4 work meeting on curricula upgrade	Working out the educational programs of graduate and postgraduate medical education,medical college.	Outcome 3	2007	Tajikistan	technical work	8
190	NEG 5 work meeting on curricula upgrade	To integrate the cocerned projects into curriculum programme of high education controlling and treatment HIV/AIDS within vulnerable groups	Outcome 3	2007	Tajikistan	technical work	8
191	NEG 6 work meeting on curricula upgrade	To make a presentation of integrated curriculum programme combating HIV/AIDS withing vulnerable gropus	Outcome 3	2007			8
192	NEG 7 work meeting on curricula upgrade	To prepare presentations of reference groups in the meeting (Ashgabad)	Outcome 3	2007	Tajikistan	technical work	8
193	NEG 8 work meeting on curricula upgrade	Outcomes of joint meetings of reference groups on developing professional standards and curricula	Outcome 3	2008	Tajikistan	technical work	8
194	NEG 9 work meeting on curricula upgrade	Preparation for the second joint meeting on developing professional standarts and curriculum programmes	Outcome 3	2008	Tajikistan	technical work	8
195	NEG 10 work meeting on curricula upgrade	Preparation for the second joint meeting on developing professional standarts and curriculum programmes	Outcome 3	2008	Tajikistan	technical work	8
196	NEG 11 work meeting on curricula upgrade	Outcomes of joint meetings of reference groups on developing professional standarts and curriculum programmes Tashkent 24-26 March	Outcome 3	2008	Tajikistan	technical work	8
197	NEG 12 work meeting on curricula upgrade	To circulate the final version of the outcomes of the curriculum programme assesments amd modules	Outcome 3	2008	Tajikistan	technical work	8
198	NEG 13 work meeting on curricula upgrade	Comments on the final version of curriculum programmes	Outcome 3	2008	Tajikistan	technical work	8
199	NEG 14 work meeting on curricula upgrade	Discussion and estimation of the final version of curriculum programmes in capacity of models	Outcome 3	2008	Tajikistan	technical work	8
200	NEG 15 work meeting on curricula upgrade	Methods of assesment and studying	Outcome 3	2008	Tajikistan	technical work	8
201	NEG 16 work meeting on curricula upgrade	Training of trainer for making standart assessments and curriculum programmes within project " Combating HIV/AIDS targeting vulnerable groups in Central Asia.	Outcome 3	2008	Tajikistan	technical work	3
202	NEG 17 work meeting on curricula upgrade	Joint assessment of a curriculum programme	Outcome 3	2008	Tajikistan	Training	8
203	NEG 18 work meeting on curricula upgrade	Making reports of national experts for further attention of UNODC as a result of joint efforts	Outcome 3	2008	Tajikistan	technical work	7
204	NEG 19 work meeting on curricula upgrade	Dicussion the outcomes of joint meetings related to the developing of professional standarts Presentation of draft report on educational curricula	Outcome 3	2008	Tajikistan	technical work	7
205	The stakeholder meeting on update of occupational standards and curricula	Discussion of recommendations for the update of occupational standards and curricula of higher professional and vocational education system	Outcome 3	2009	Tajikistan	decision making	28
206	The stakeholder meeting of national legislation analysis	Discussing of results of national legislation analysis and recommendations for its amendments	Outcome 1	2009	Tajikistan	decision making	34

207	5-day national training on "Prevention of opioid overdoses in harm reduction programs " Tajikistan, Dushanbe 25 - 29 Oct 2010	To develop skills to legally solve problem of prevention of overdose in Tajikistan.	Outcome 2 KH	2010	Tajikistan	advocacy/technical work	20
208	5-day national training on "Universal access to Opioid Substitution Therapy ", Tajikistan, Dushanbe 15-19 Novr 2010	To review existing experience of OST implementation in the region and in Tajikistan.	Outcome 2 KH	2010	Tajikistan	advocacy/technical work	22

Subtotal Number of trainings/workshops - 35

No of participants - 374

TURKMENISTAN

	Workshop Title	Purpose	Links with Output Under Project	Year	Country	Type	No of Participants not including UNODC Staff and Facilitators
209	A follow-up national training on legislation review in Turkmenistan	Awareness raising on human-rights based approach in HIV prevention, further elaboration of skills on the assessment analysis	Outcomet 1	2007	TKM	Training	30
210	1st Meeting of National experts group on legislation review	Presentation of UNODC project, the Model law, ToR for member of WG, preparation work plan of WG, allocation of responsibilities	Outcome 1	2007	TKM	Advocacy/sensitization	10
211	2d Meeting of National experts group on legislation review	Formation a list of laws and regulations that must be collected and considered, discussion of the process of filling the Assessment Tool	Outcome 1	2007	TKM	Training/decision making	10
212	3d Meeting of National experts group on legislation review	Discussion of work process on collection of normative documents Presentation of results -comparative table with Model law	Outcome 1	2007	TKM	technical work	10
213	4th Meeting of National experts group on legislation review	Presentation of results of filled Assessment Tool	Outcome 1	2007	TKM	technical work	10
214	5th Meeting of National experts group on legislation review	National experts presented parts of draft report (process of compilation), development of recommendations	Outcome 1	2007	TKM	decision making/technical work	10
215	6th Meeting of National experts group on legislation review	Revision of the draft report with assessment, analysis and recommendations	Outcome 1	2007	TKM	decision making/technical work	10
216	4th Meeting of National experts group on legislation review	Revision of the draft report with International consultant's comments, preparation of the final report	Outcome 1	2007	TKM	technical work	10
217	7th Meeting of National experts group on legislation review	Legislation review report was presented to national and international counterparts, work on analysis of professional standards and curricula upgrade been presented, implementations of recommendations in health care been announced	Outcome 1	2008	TKM	Advocacy/sensitization; decision making	20
218	1st meeting of WG on professional standards	Discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	TKM	Advocacy/sensitization	5
219	2d meeting of WG on professional standards	Presentation of reviews of system (health care, penitentiary system, social care)	Outcome 3	2007	TKM	advocacy/sensitization	5
220	3d meeting of WG on professional standards	Introduction of law enforcement system representative	Outcome 3	2007	TKM	Training/technical work	5
221	Training on assessment tool on professional standards in health care, penitentiary and law enforcement systems, social work	Presentation of Assessment Tool and training on national experts, discussion of work process	Outcome 3	2008	TKM	Training	10
222	4th meeting of WG on professional standards	Discussion on health care component of professional standards (medical specialties, social work)	Outcome 3	2008	TKM	Technical work/advocacy	5
223	5th meeting of WG on professional standards	Discussion on penitentiary component of professional standards	Outcome 3	2008	TKM	Technical work/advocacy	5
224	6th meeting of WG on professional standards	Development of recommendations for report on professional standards	Outcome 3	2008	TKM	technical work	5

225	7th meeting of WG on professional standards	Presentation of draft report on professional standards	Outcome 2	2008	TKM	Technical work	5
226	1st meeting of WG on development of recommendation for improvement of educational curricula for specialists in health care, penitentiary system, law enforcement and social work re. HIV prevention for IDUs and prison inmates	Discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	TKM	Advocacy/sensitization	5
227	2d meeting of WG on curricula upgrade	Presentation of reviews of system (health care, penitentiary system, social care)	Outcome 3	2007	TKM	Training/decision making	5
228	3th meeting of on curricula upgrade	Presentation of the Prototype of educational curricula by Reference group members, discussion	Outcome 3	2007	TKM	technical work	5
229	4th meeting of WG on curricula upgrade	Presentation of Assessment Tool and training of national experts, discussion of work process	Outcome 3	2008	TKM	technical work	5
230	5th meeting of WG on curricula upgrade	Working out the educational programs of graduate and postgraduate medical education (+ low threshold workers, social work in HC)	Outcome 3	2008	TKM	decision making/technical work	5
231	6th meeting of WG on curricula upgrade	Working out the educational programs of graduate and postgraduate law education (penitentiary system and law enforcement)	Outcome 3	2008	TKM	decision making/technical work	5
232	7th work meeting of WG on curricula upgrade	Development of recommendations for report on educational curricula	Outcome 3	2008	TKM	technical work	5
233	8th meeting of WG on curricula upgrade	Presentation of draft report and recommendations for improvement of educational curricula (implemented in health care system)	Outcome 3	2008	TKM	decision making/technical work	5
234	Joint UNAIDS/WHO/UNODC High level Round Table meeting: "Improving Access to Health Care Services in Prisons"	Expansion of the DOTS program for the prison system to improve the access of prisoners to TB/HIV prevention services	Outcome 1	2007	TKM	advocacy/training	50
235	National conference on Drug Abuse Prevention and HIV-related issues	Raise awareness of students of the importance of HIV prevention among drug users and measures to reduce the spread of HIV in prisons	Outcome 1	2007	TKM	advocacy/training	200
236	1st work meeting of WG on OST introduction	Discussion of report of S. Dvoryak, international expert on OST	Outcome 1	2009	TKM	technical work	5
237	2d work meeting of WG on OST introduction	Development of comments to draft National plan on OST	Outcome 1	2009	TKM	technical work	5
238	3d work meeting of WG on OST introduction	Development of comments to draft National plan on OST	Outcome 1	2009	TKM	technical work	5
239	One-day national seminars for local officials of Dashoguz and Lebap velayats on OST Work Plan introduction and recommendations of WG on legislation	Presentation and discussion of 5-year WP on OST and recommendation of WG on legislation analysis	Outcome 1	2009	TKM	advocacy/training	40
240	One-day national seminars for drug depended persons of Dashoguz and Lebap velayats on HIV prevention with HR elements	Training on HR measures for HIV prevention	Outcome 1	2009	TKM	advocacy/training	40
241	Session on OST 5-years plan and recommendations of WG on legislation analysis presentation on the International Conference on cross border cooperation	Presentation and discussion of 5-year WP on OST and recommendation of WG on legislation analysis	Outcome 1	2009	TKM	advocacy	60
242	National seminar "Capacity building on the field of outreach work"	Session: OST	Outcome 1	2009	TKM	advocacy/training	25
243	National seminar for girls-leaders	HIV prevention and communication skills on counselling	Outcome 3	2009	TKM	advocacy/training	20

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244	National seminar "Health in prisons"	Session: HIV in penitentiary setting	Outcome 1	2009	TKM	advocacy	50
245	Natl seminar "Treatment and rehabilitation of persons with drug dependence"	Session: OST	Outcome 1	2009	TKM	advocacy/trainin g	25
246	Two-day national seminar Prison Reform- International Best Practice	Presentation of the Best practices of implementation of OST programmes in prison setting and benefites which country will received if OST will be introduces	Outcome 1	2010	TKM	advocacy/trainin g	41
247	Three-day seminar "Effective management of health care services for drug depended persons"	Gain knoledge and skills on OST implementation	Outcome 1	2010	TKM	advocacy/trainin g	35
248	Session on HIV and stigma& discrimination prevention among LE representatives of Farab border check point	Raise knowledge and skills of LE representatives on HIV/drug abuse prevention and stigma and discrimination reduction	Outcome 3	2010	TKM	advocacy/trainin g	20
249	Sessions over the last three days of the two-week cascade training in the frame of Treatment	Raise knowledge and skills on human rights and issues of stigma and discrimination; outreach work; overdose prevention and management; and integrated health service delivery for drug users	Outcome 1	2010	TKM	advocacy/trainin g	30
250	Two round table meeting with officials and stakeholders devoted 1st December in Ashgabat and Lebap velayat	Advocacy meeting on human rights and issues of stigma and discrimination; outreach work; overdose prevention and management; and integrated health service delivery for drug users	Outcome 1	2010	TKM	advocacy/trainin g	30
251	LEA Round table meeting	Presentation and disscussion on XCEA01 project (Phase II) with national and international stakeholders	Outcome 1	2010	TKM	advocacy/trainin g	30
252	SPP seminar jointly with UNDP and USAID	Raise knowledge and skills on developing national plan on HIV, preparation on reports, identification of at-most risk groups of population, organisation servilance sistem, monitoring and assessment	Outcome 1	2010	TKM	advocacy/trainin g	30
253	Session on the UNFPA Round Table on strengthening the cooperation between the Ministry of Defense, Ministry of Internal Affairs and the National HIV Prevention centre on HIV Prevention in Turkmenistan	Ideas on cooperation between Ministries and agencies were collected and draft plan of joint activities were developed	Outcome 1	2010	TKM	Advocacy/traini ng	25
Number of workshops - 45				Number of parricipants - 971			
UZBEKISTAN							
	Workshop Title	Purpose	Links with Output Under Project	Year	Country	Type	No of Participants not including UNODC Staff and Facilitators
254	National conference Ministry of Interior's Strategy in countering HIV/AIDS epidemic in Uzbekistan (Samarkand)	The conference provided a forum for open discussion of HIV prevention issues among personnel of the Ministry of Interior and the penitentiary system and to work out the strategies for HIV related effective interventions in penitentiary system	Outcome 1	2007	UZB	Advocacy/sensit ization	130
255	Initiation of ARV therapy among adults in correctional setting (Kiev, Ukraine)	24 employees of penitentiary system gained a new knowledge and skills on ARV therapy, and methods of work focusing on particular target group, inmates.	Outcome 2	2008	UZB	Advocacy/know ledge transfer	24
256	National experts group meeting on legislation review (1)	Acquaintance, presentation of UNODC project and ToR for legislation review, distribution of Model law; organizational issues, preparation for Regional meeting	Outcome 1	2007	UZB	Advocacy/sensit ization	9

257	National experts group meeting on legislation review (2)	Discussion of work process on collection of normative documents, filling the Assessment instrument, identifying work plan,time of performance	Outcome 1	2007	UZB	Training/decision making	9
258	National experts group meeting on legislation review (3)	Presentation of results -comparative table with Model law	Outcome 1	2007	UZB	technical work	9
259	National experts group meeting on legislation review (4)	presentation of results of filled assessment tool	Outcome 1	2007	UZB	technical work	9
260	National experts group meeting on legislation review (5)	national experts presented parts of draft report (process of compilation), development of recommendations	Outcome 1	2007	UZB	decision making/technical work	9
261	National experts group meeting on legislation review (6)	revision of the draft report with assessment, analysis and recommendations	Outcome 1	2007	UZB	decision making/technical work	9
262	National experts group meeting on legislation review (7)	revision of the draft report with International consultant's comments, preparation of the final report	Outcome 1	2007	UZB	technical work	9
263	National experts group meeting on professional standards (1)	acquaintance, discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	UZB	technical work	7
264	National experts group meeting on professional standards (2)	presentation of reviews of system(health care, penitentiary system, social care)	Outcome 3	2007	UZB	technical work	7
265	National experts group meeting on professional standards(3)	Development of Work plan for the group	Outcome 3	2007	UZB	technical work	7
266	National experts group meeting on professional standards (4)	discussion on health care component of professional standards (medical specialties, low threshold workers, social work in HC)	Outcome 3	2008	UZB	Technical work/advocacy	7
267	National experts group meeting on professional standards (5)	discussion on penitentiary component of professional standards	Outcome 3	2008	UZB	Technical work/advocacy	7
268	National experts group meeting on professional standards (6)	Development of recommendations for report on professional standards	Outcome 3	2008	UZB	technical work	7
269	National experts group meeting on professional standards (7)	presentation of draft report on professional standards	Outcome 3	2008	UZB	technical work	7
270	National experts group meeting on curricula update (1)	acquaintance, discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2007	UZB	technical work	6
271	National experts group meeting on curricula update (2)	presentation of reviews of system(health care, penitentiary system, social care)	Outcome 3	2007	UZB	technical work	6
272	National experts group meeting on curricula update (2)	Development of Work plan for the group	Outcome 3	2007	UZB	technical work	6
273	National experts group meeting on curricula update (3)	discussion on health care component of professional standards (medical specialties, low threshold workers, social work in HC)	Outcome 3	2008	UZB	Technical work/advocacy	6
274	National experts group meeting on curricula update (4)	discussion on penitentiary component of professional standards curricula	Outcome 3	2008	UZB	Technical work /advocacy	6
275	National experts group meeting on curricula update (5)	Development of recommendations for report on professional standards	Outcome 3	2008	UZB	technical work	6
276	National experts group meeting on curricula update (6)	presentation of draft report on professional standards	Outcome 3	2008	UZB	technical work	6

277	National experts group meeting on curricula update (7)	acquaintance, discussion of organizational issues, delegation of responsibilities, plan of work	Outcome 3	2008	UZB	Advocacy/sensitization	6
278	National experts group meeting on curricula update (8)	presentation of reviews of system(health care, penitentiary system, social care)	Outcome 3	2008	UZB	Training/decision making	6
279	National experts group meeting on curricula update (9)	presentation of the Prototype of educational curricula by Reference group members, discussion	Outcome 3	2008	UZB	technical work	6
280	National experts group meeting on curricula update (10)	presentation of Assessment tool and training of national experts, discussion of work process	Outcome 3	2008	UZB	technical work	6
281	Consultative meeting on Legislation Analysis with national stakeholders of the Republic of Uzbekistan	Present initial results of legislation analysis and recommendations for reform	Outcome 3	2009	UZB	advocacy	22
282	Improving national legislation and mechanisms of its enforcement to ensure universal access to prevention and treatment of HIV-infection in Uzbekistan	Present initial results of legislation analysis and recommendations for reform	Outcome 3	2009	UZB	advocacy	29
283	National Workshop "Fundamentals of programming and planning, results-oriented: the development, monitoring and evaluation of national prevention programs"	Present the best practices in programming, planning and M&E system development and discuss improvement of existing systems	Outcome 1 and 2	2010	UZB	Training/decision making	23
284	National workshop "Organization of effective drug abuse treatment: Modern approaches"	Present the best practices in modern approaches of drug dependence treatment and HIV prevention	Outcome 2	2010	UZB	Training	32
285	Training seminar "Management of programs to prevent HIV infection among vulnerable groups" (Harm Reduction Knowledge Hub)	To Create the conditions for the acquisition of the workshop participants knowledge and skills necessary for project managers / HIV prevention programs among vulnerable populations	Output 2	2010	UZB		26
286	National Seminar on "Outreach programs for HIV prevention among vulnerable groups" (Harm Reduction Knowledge Hub)	Train service providers on the basics of outreach work among high risk groups <ul style="list-style-type: none"> • Provide the participants the necessary information on the epidemiological situation on HIV / AIDS and drug use, and risks associated with them • Familiarizing participants with the structure, goals and objectives cabinet confidence and the role of outreach worker • Creating the conditions for the practical skills necessary to conduct outreach 	Output 2	2010	UZB		32
287	Training seminar "Organization of effective assistance to people living with HIV: Modern Approaches"	To train medical workers, social workers and NGOs on provision of ARV, psycho-social support to PLHA	Outcome 2	2010	UZB	Training	28
288	National conference on HIV	Awareness raising of evidence-based and human-rights based approaches to HIV prevention with focus on MARPs; sharing best practices	Outcome 1	2010	UZB	Advocacy/technical knowledge sharing	75

Number of workshops/trainings/meetings - 35

Number of participants - 524

RAC-I29 management meetings and trainings

289	HIV/AIDS Unit Staff Meeting in Vienna-2006	To inform global UNODC staff on UNODC role and responsibilities within UNAIDS family, formulate the organizations' goals and targets, and strengthen networking among the regions	Outcome 4	2006	Global	Training	12 UNODC staff
290	UNODC ROCA HIV unit management retreat-2006	Staff capacity building on results-based programming and planning	Outcome 4	2006	Regional	Training	11 UNODC staff
291	Mid-year review meeting-2007	Monitoring of project implementation	Outcome 4	2007	Regional	Decision	11 UNODC

						making	staff
292	Annual review and planning meeting	Review of the project implementaions results in 2007& discussing draft AWP08	Outcome 4	2007	Regional	Decision-making	27 (7 UNODC staff)
293	HIV Staff meeting in Vienna	To raise awareness of UNODC staff on the developments in HIV prevention for vulnerable groups and transfer new knowledge on project management	Outcome 4	2008	Global	Training	11 UNODC staff
294	One-day mid-year review meeting	Mid-year results of project discussed and remedial actions agreed upon	Outcome 4	2008	Regional	Decision making	10 UNODC staff
295	Mid-Term Review Meeting of the joint UNODC – OPEC Fund Project “Effective HIV Prevention, Treatment and Care among Vulnerable Populations in Central Asia and Azerbaijan”	To present the progress in project implementation for 2006-2008 and discuss the future plans	Outcomes 1, 2, 3,4	2009	Regional	M&E, planning	44 (7 UNODC staff)
296	RAC-I29-staff retreat	Discuss important issues on project management	Outcome 4	2009	Regional	M&E, planning	11 UNODC staff
297	Session of Board of Directors of the Knowledge Hub, 10 February	To discuss issues related to operational functioning of the Knowledge Hub, its work plan and budget.	Outcome 4 KH	2010	Regional	decision making / technical work	12 (1 UNODC staff)
298	Meeting with donor organizations, 25 March 2010	To present to international partners aims, goals, planned activities and structure of Knowledge Hub	Outcome 4 KH	2010	Regional	Technical work	25 (1 UNODC staff)
299	UNODC ROCA staff retreat	Discussion of ROCA managerial set up, strategic planning	Outcome 4	2010	Regional	Programing and planning	45 UNODC staff
300	RAC-I29-staff meeting	Discussion of mid-year review results and preparatory work for the final proppect evaluation	Outcome 4	2010	Regional	M&E, planning	9 UNODC staff
Number of events - 12			Number of participants - 74 (UNODC staff excluded)				
TOTAL: number of events - 300			Number of participants - 4651				