

FINAL EVALUATION

Project Number

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Project Title

Drug Abuse Treatment and HIV/AIDS Prevention for Street Children with Solvent Abuse Problems in Karachi and Lahore

Thematic Area

Prevention, Treatment and Rehabilitation

Country

Pakistan

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CONTENTS

Summary matrix	3
Executive summary	5
I. Introduction	7
A. Background and context of the programme or project	7
B. Purpose and scope of the evaluation	7
C. Executing modalities of the programme or project	8
D. Evaluation methodology	8
E. Limitations to the evaluation	9
II. Major findings and analysis	9
A. Relevance of the programme or project	9
B. Attainment of the programme or project objectives	10
C. Achievement of the programme or project outputs	11
D. Institutional and management arrangements and constraints	16
III. Outcomes, impact and sustainability	17
A. Outcomes	17
B. Impact	18
C. Sustainability	18
IV. Lessons learned	19
V. Recommendations	20
VI. Conclusions	22
Annexes	
• List of persons interviewed	25
• Evaluation assessment questionnaire	26

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Summary matrix of findings, supporting evidences and recommendations

Findings	Supporting evidence	Recommendations
1) Project helped pioneer the concept of solvent and other drug abuse treatment specifically in street children	Information acquired through interviews with the representatives of partner organizations i.e. NGOs etc.	Not applicable (NA)
2) Project in its limited resources, has supported public sector institutions and NGOs in promotion and provision of related services to the street children	Information acquired through interviews with the representatives of partner organizations i.e. NGOs etc and visits to some of established referral and treatment centres/services.	Not applicable (NA)
3) Project partner organizations have established a number of referral and information centres in Karachi and Lahore	Information acquired through interviews with the representatives of partner organizations i.e. NGOs etc and visits to some of established referral and treatment centres/services.	The capacities of existing partner needs to be further strengthened and new partner organizations needs to be involved to expand the coverage of program
4) The overall figures for drug abuse treatment and rehabilitation remains steady and slow, as only 10% of the total 11000 identified children in Lahore and Karachi have been treated for drug abuse	Information acquired through interviews with the representatives of partner organizations and project progress reports.	There is a dire need for scaling up and extending the treatment and rehabilitation services. The minimum timeframe for treatment and rehabilitation shall be extended from one month to a minimum of three months per child
5) The figures are further contracted and sluggish when it comes to integration of rehabilitated children	Information acquired through interviews with the representatives of partner organizations and project progress reports.	The issue of integration of rehabilitated children needs to be explores and mechanisms for follow-up sorted out Mechanisms for long term vocational trainings shall be explored through relevant partners and facility of microcredit further extended
6) Monitoring and especially evaluation remained spontaneous and a good deal of information on efficiency of interventions remained undetermined	Information acquired through interviews with the representatives of partner organizations, UNODC officials and review of project progress reports.	There is a strong need to improve and strengthen monitoring, evaluation and reporting capacities at all level including partners

<p>7) The most important management issue, the project faced during its execution was the early termination of the Project's Lahore component in mid 2009, due to scarcity of funding and lack of cooperation among stakeholders</p>	<p>Information acquired through interviews with the UNODC officials and review of project progress reports.</p>	<p>The issue and reasons for pre-scheduled discontinuation of project support in Lahore needs to be further explored and cooperation and resource allocation modalities for future such partnerships shall be carefully sorted out</p>
<p>8) The major outcomes of the project include awareness raising, strengthening the capacities of partner organizations and drug abuse treatment and rehabilitation of willing street children</p>	<p>Information acquired through interviews with the representatives of partner organizations i.e. NGOs etc and visits to some of established referral and treatment centres/services.</p>	<p>Such future projects shall dedicate part of resources to run mass awareness campaigns and orientation sessions to bring the issue into lime light</p>
<p>9) Project support was very instrumental but too short to sustainable level of improvement in the condition of street children</p>	<p>Information acquired through interviews with the representatives of partner organizations i.e. NGOs etc and visits to some of established referral and treatment centres/services.</p>	<p>There is a dire need for scaling up and extending the treatment, achieve a rehabilitation and integration services in future in the cities of Lahore and Karachi as well as in the other provincial capitals of Quetta and Peshawar</p>
<p>10) In the post project period a number of issues will be faced by the project partners and after the termination of project support, the options for partner organizations will be limited to continue and extend coverage of services.</p>	<p>Information acquired through interviews with the representatives of partner organizations i.e. NGOs etc.</p>	<p>The project support needs to be continued for a reasonable period of time to allow partner organizations build capacities and resources to sustain interventions.</p>

EXECUTIVE SUMMARY

The pilot project was launched in 2006 as an initial response to a UNODC, 2004 study which has estimated that the number of street children in the four provincial capitals, from 30000-35000. Out of which 30% are using different type of drugs. The objective of the project was to build up comprehensive drug abuse prevention and treatment services for street children in Karachi and Lahore, with a view to lowering their vulnerability and susceptibility to drug abuse and HIV/AIDS, through strengthening the capacities of public institutions and NGOs. This terminal evaluation of the project was meant to assess project strategy, design, implementation & results and to identify lessons learned so as to improve the follow up project. Required information was gathered mainly through discussions/interviews with the officials of UNODC, and partner organizations and review of project records.

The overall conclusions of the evaluation exercise include; pioneering the concept of solvent and other drug abuse treatment specifically in street children, support to public sector institutions and NGOs in promotion and provision of related services to the street children, establishment of a number of referral and information centers in Karachi and Lahore and establishment of two drug treatment and rehabilitation centers, one each at Karachi and Lahore. The overall figures for drug abuse treatment and rehabilitation remains steady and slow, as only 10% of the total 11000 identified children in Lahore and Karachi have been treated for drug abuse. The figures are further contracted and sluggish when it comes to integration of rehabilitated children. The slower rates of rehabilitation have considerably hampered the achievability of project objectives. Monitoring and especially evaluation remained spontaneous and a good deal of information on efficiency of interventions remained undetermined. The most important management issue, the project faced during its execution was the early termination of the Project's Lahore component in mid 2009, due to scarcity of funding and lack of cooperation among stakeholders. The major outcomes of the project include awareness raising, strengthening the capacities of partner organizations and drug abuse treatment and rehabilitation of willing street children. The overall impact of the project depends on the continuation and extension of services in times to come. Project support was very instrumental but too short to achieve a sustainable level of improvement in the condition of street children. In the post project period a number of issues will be faced by the project partners and after the termination of project support, the options for partner organizations will be limited to continue and extend coverage of services.

The overall recommendations of the evaluations include that there is a dire need for scaling up and

extending the treatment, rehabilitation and integration services in future in the cities of Lahore and Karachi as well as in the other provincial capitals of Quetta and Peshawar. A more comprehensive and holistic approach is needed to deal especially the neglected issue of integration and follow up of rehabilitated children. The issue and reasons for pre-schedule discontinuation of project support in Lahore needs to be further explored and cooperation and resource allocation modalities for future such partnerships shall be carefully sorted out. There is a strong need to improve and strengthen monitoring, evaluation and reporting capacities at all level including partners. The capacities of existing partner needs to be further strengthened and new partner organizations needs to be involved to expand the coverage of program. The issue of integration of rehabilitated children needs to be explored and mechanisms for follow-up sorted out. Such future projects shall dedicate part of resources to run mass awareness campaigns and orientation sessions to bring the issue into lime light. The minimum timeframe for treatment and rehabilitation shall be extended from one month to a minimum of three months per child. Mechanisms for long term vocational trainings shall be explored through relevant partners and facility of microcredit further extended. Some sort of agreement with education department shall be reached out to accommodate rehabilitated children in schools through provision of scholarships.

I. INTRODUCTION

A. Background and context

UNODC, in collaboration with the Government of Pakistan, undertook a study in 2004 on solvent abuse among street children in Karachi, Lahore, Peshawar and Quetta. The main findings of the study were: there are approximately 30,000-35,000 children living on the street in the four cities, 30% of whom are addicted to different drugs. Study respondents were 100% male. Adhesive glue was the primary drug of choice consumed by 90%, followed by petrol and thinners. The mean age of the street children involved in solvent abuse (inhaling) was 14 years. Seventy six percent (76%) had never gone to school. Seventy two percent (72%) were not currently living with their families, of which 9.3% had completely lost contact with their families. Seventy percent (70%) of these children live on the street (parks, shrines, workplaces etc.). Fifty-five percent (55%) of the children complained of at least one medical problem.

The needs of these children in terms of treatment, rehabilitation and integration into society are enormous and require a lot of effort from all stakeholders on matching scale. The project was launched in 2006, with a total time frame of three years to address the issues of inadequate services for street children with solvent abuse problems in two cities, Karachi and Lahore. The objective of the project was to build up comprehensive drug abuse prevention and treatment services for street children in Karachi and Lahore with a view to lowering their vulnerability and susceptibility to drug abuse and HIV/AIDS, through improvements in the effectiveness of assistance provided to them by public institutions and NGOs. The project design encompassed: i) mapping of street children abusing drugs and solvents; ii) establishment of two information and referral centers; iii) treatment & rehabilitation for street children with drug/solvent abuse problems; and iv) placement of children who have successfully completed the rehabilitation programme. The project was also meant to provide a knowledge base as well as a tested and refined methodology for replication in an expanded wider programme.

B. Purpose and scope of the evaluation

This is the terminal evaluation of the project on 'Drug abuse treatment & HIV/AIDS prevention for street children with solvent abuse problems' in Karachi and Lahore. The Evaluation was undertaken to assess project strategy, design, implementation & results and to identify lessons learned so as to improve the follow up project.

In line with the ToRs, the overall scope of this evaluation included the assessment of 1) Project design and strategy - relevance with regard to the needs 2) Project implementation - effectiveness and efficiency, has the project achieved its objective 3) Sustainability and lessons learned - in order to improve performance, results and effectiveness 4) To furnish recommendations for follow-up projects. The evaluation report has been prepared by the Consultant on the standard format based on the guidelines of UNODC evaluation reports.

C. Executing Modalities of the project

The project is implemented by the UNODC Country Office for Pakistan in close collaboration with the Ministry of Narcotics Control, Ministry of Social Welfare & Special Education and Anti Narcotics Force, Provincial Governments and Non-Government Organizations (NGO's). UNODC's National Project Coordinator is managing the project assisted by a Project Officer. Project implementation is overseen, guided and monitored through the Project Steering Committee comprising UNODC and Government counterparts.

In the field the project is implemented through three partner organizations selected on the basis of their expertise and prior work experience. These include two nongovernmental organizations i.e. Azad Foundation and Aas Trust in Karachi, and one public sector institution i.e. Punjab Child Protection and Welfare Bureau in Lahore. A number of other important stakeholders are also involved including City Government Karachi, Police, Street Children and their families. Most of the project activities were expedited through the respective partner organizations under the overall supervisory and guidance of UNODC and Ministry of Narcotics Control.

D. Methodology

In view of the short time span of the evaluation exercise and the open ended nature of evaluation questions, a semi structured qualitative approach was adopted. Required information was gathered through discussions/interviews with the officials of UNODC, and involved partner organizations, i.e. NGO's. The meetings were prescheduled and arranged by UNODC Islamabad. Additionally project documents especially progress reports were also thoroughly consulted to obtain required information.

As envisaged in the Terms of Reference, the total timeframe for the evaluation exercise consisted of 9 working days, during the 3rd week of February 2010, i.e. 1 day for review of documents, 3 days for field visits and 5 days for analysis, debriefing and report writing. Field visits were organized and a series of meetings were held with available key respondents mostly in Karachi.

In Lahore despite field visit no contact could be made with concerned authorities to obtain their views and required data, due to their non availability in the wake of pre-scheduled closure of project interventions in mid 2009. A debriefing was also held at Ministry of Narcotics Control soon after the field visits.

In total fifteen officials were met, including two from UNODC, one from Ministry of Narcotics Control, seven from Aas Trust Karachi and five from Azad Foundation Karachi (Please see details in Annex-1). Informal interviews and group discussions were useful in acquiring information regarding project's achievements, performance and challenges. In Karachi three facilities were also visited including two treatment and rehabilitation centers and one referral and information centre. It is important to mention that a number of under treatment children were also met during the exercise at the rehabilitation centers. Additional information on project design and progress were obtained from project documents, progress reports and records. In view of the semi structured approach most of the data was collected and analyzed in qualitative form.

E. Limitations to the evaluation

It is worthy to note that evaluations are evidence based and heavily dependent on the availability of gathering authentic data. Efforts were made during the very short time span of three days of field work, to acquire as much information as possible, however, each and every detail could not be ascertained in such a short period of time. Furthermore, despite visiting Lahore, no direct contact could be made with the relevant project staff or concerned authorities in order to obtain first hand information and views. The relevant staff and concerned authorities were not available due to the early closure of project Lahore component in mid 2009. In view of this the evaluation depended on the acquisition of required data from project records and progress reports only.

II. MAJOR FINDINGS and ANALYSIS

A. Relevance of the project

Overall the project in its support role strived to address the critical issue of drug abuse treatment in street children in the two major cities of Karachi and Lahore. The pilot project was launched in response to a UNODC, 2004 study, which has estimated that the number of street children in the four provincial capitals of Karachi, Lahore, Quetta and Peshawar, from 30,000-35,000. These children have been displaced from their homes, mainly due to disturbed and broken family relations and poor economic and living conditions. Out on the street, these children are spending a pathetic and hazardous life, and are faced with a number of social and health challenges and risks, like drug abuse, homelessness, malnourishment, physical abuse, poor mental and

medical conditions, criminal behaviors, lack of life skills and purpose etc.

The needs of these children in terms of treatment, rehabilitation and integration into society are enormous and require longer term efforts of all stakeholders on matching scale. The project in its limited resources and scope tended to focus the crucial issue of drug abuse treatment and HIV preventions in street children especially with solvent abuse problems in the two major cities. It is worthy to note that the 2004 study had concluded that 30% of the street children are using different type of drugs, with adhesive glue as the primary drug of choice for 90% of them.

The project support to its partners was instrumental in highlighting the issues of drug abuse treatment in street children and promotion of related services. It was revealed during discussions with project partners that the project helped pioneer the concept of solvent and other drug abuse treatment, specifically in street children. Previously, the scarce drug abuse treatment facilities were limited mainly for adults and the concept of dealing separately with the drug abuse treatment was not in practice. The Project, through and with its partners, helped initiate, promote and provide separate facilities and services for street children. The overall project concept was found relevant in highlighting and addressing the drug abuse treatment issues, however in view of the complexity and scale of the problems a more comprehensive and holistic approach is required on sustainable basis to deal with issues of treatment, rehabilitation and most importantly integration of street children into society.

B. Attainment of the project objectives

As outlined in the logical framework, the immediate objective of the project was to lower the susceptibility of street children to drug addiction and HIV through sustainable improvements in the effectiveness of assistance provided to them by public institutions and NGOs. Overall the project, in its limited resources, contributed towards its immediate objective and has supported public sector institutions and NGOs in the promotion and provision of drug abuse treatment and rehabilitation services to the street children in Karachi and Lahore.

Capacities of partner public sector institutions and NGOs were strengthened through employing desired human, technical and material resources. Children on the street were reached out to and drug abuse awareness and treatment facilities were established as well as services were provided to a number of affected children. According to the figures provided by partner NGOs, a total of more than 6000 children were identified with drug abuse problems on the streets of Karachi. Many of them visited referral centers and availed basic services like cleaning, food, medical

care, counseling etc. Out of these 533 children were treated for drug abuse and were imparted some basic life and vocational skills at the rehabilitation centers. In Lahore the available project progress reports shows that during Jan 2007 to march 2009 a total of approximately 5000 children visited the two information and referral centers out of which 645 children were referred to the drug abuse treatment and rehabilitation centers. The overall figures for drug abuse referral on treatment and rehabilitation remains steady. Analysis of above figures shows that during the project period around 10% of the total identified/contacted children have been referred or treated for drug abuse.

At this stage it seems beyond the scope of this assignment to exactly gauge the increase or decrease in the susceptibility of street children to drug addictions and HIV as a result of project interventions. Such measurements require detailed time series quantitative data on drug abuse among street children. Keeping in view the scale of the problem the lowering of susceptibility cannot be achieved only through short term project interventions of drug abuse treatments or awareness alone, it also require lots of consistent reconciliation and rehabilitation efforts of all stakeholders including state institutions, NGOs, street children and most importantly affected families. Basically the problem needs to be addressed comprehensively to finally take away all such children from the inhospitable street environment. It is also important to mention that discontinuation of services at Lahore, due early termination of project support in mid 2009, also has considerably hampered the realization of long term project objectives in Lahore.

C. Achievement of the project or programme outputs

1. Establishment of Information and Referral Centers

Project output targets included the establishment of two state of the art information and referral centers for street children, one each at Karachi and Lahore. However it was learnt during the evaluation exercise that partner organizations had established a number of referral centers in Karachi and Lahore. Some of these centers already existed before the advent of the project, especially in Karachi, and some were established and strengthened through the support of the project to extend the coverage of services to as many street children.

Azad Foundation, one of the project partners, currently maintains and operates three such state of the art information and referrals centers in various convenient localities of Karachi. These centers are currently providing basic social, medical, counseling and information services to street children. Some of these centers have already existed before the project and are supported by other organizations like UNICEF and City District Government. Additionally, towards the later

part of the project, another partner NGO -Aas Trust, which maintains and operates drug abuse treatment centers- established two smaller scale community based referral centers in different localities to motivate children for drug abuse treatment.

It was also learnt from the project records that two such information and referrals centers were established in Lahore and basic social, counseling and information services were provided, and willing children were referred to drug abuse treatment and rehabilitation center. The mentioned centers at Karachi are currently in operation and are providing full scale services, while the two referral centers in Lahore seem to cease to exist in the wake of pre-closure of Lahore component of the project in mid 2009, due to funding and cooperation issues.

According to the figures provided by partner NGOs (Azad and Aas), a total of more than 6000 children were identified with drug abuse problems on the streets of Karachi. Many of them visited the information and referral centers and availed basic services like cleaning, food, medical care, counseling etc. Out of these 533 children (only 9% of the total identified children) were motivated and referred, during the project period, for undergoing drug abuse treatment and were imparted some basic life and vocational skills at the rehabilitation centers. Around 50% of the treated/rehabilitated children were united with their families.

In Lahore no direct contact could be made during the evaluation exercise in order to extract first hand information, due to non availability of concerned authorities as the project interventions were terminated in mid 2009. However, available project progress reports shows that during Jan 2007 to march 2009 a total of approximately 5000 children visited the two information and referral centers out of which 645 children were referred to the drug abuse treatment and rehabilitation centers. The overall figures for drug abuse referral on treatment and rehabilitation remains steady. Analysis of above figures shows that during the project period only 10% of the total identified/contacted children in Lahore and Karachi, have been referred or treated for drug abuse.

It can be deduced from the above discussion that information and referral centers are the first stop for street children in their journey of rehabilitation and integration. It plays vital role in building confidence and trust of the street children towards rehabilitation and integration. It also provides much needed basic social and psychological services. However, in view of the day care nature of the services it can be assumed that these centers are not the ends, rather they are the means to the end of complete rehabilitation and integration of street children.

Dost-1, Jamshid Town Karachi

One such referral and information centre “Dost-1” located in Jamshid Town Karachi was visited during the evaluation exercise. Established in 2005 by Azad Foundation Karachi (not for profit organization), and is partially supported by UNICEF and Social Welfare Department. Basically it is designed to operate as a day care center and is providing necessary basic social, medical and counseling services to street children. With the advent of project this center are also used as main source to refer children for further drug abuse treatment and rehabilitation. According to 2004 estimates, this locality carries a total population of 3500-4000 street children distributed among 35 spots. The children at the street are identified and reached out by two social motivators and are motivated and guided to visit the said information and referral center. It was learnt during discussion with NGO staff that currently Dost-1 receives average 35-40 street children per day. These children are provided with basic facilities like cleaning, bathing, cooking, basic medical care, drug and psychological counseling and basic non formal education etc. The centre is led by project coordinator and consists of a doctor, psychologist, non formal education teacher, peer educator and two social motivators. Most of the staff and operation is sponsored through NGO resources with the support of UNICEF and City Government. However project has provided support in shape of providing services of two social motivators.

Since its inception in 2005 Dost-1 has registered and provided basic services to more than 2000 street children in the locality. The center is also been utilized as a main source of referring willing children for further drug abuse treatment at treatment and rehabilitation centers. The overall figures on referrals cannot be ascertained but it was learnt that during 2009 the centre has referred 113 children for further drug treatment and rehabilitation and have also successfully united 73 with their families after rehabilitation. During discussions centre’s staff also highlighted issues and risks in the dealing with street children like threats from street gangsters who manage manipulate groups of street children for their interests. Aggressive and violent behavior of street children is another limitation in dealing with them.

2. Upgrading of Drug treatment & rehabilitation centres.

Project output targets included identification of two drug treatment and rehabilitation centers, one each at Karachi and Lahore to provide drug abuse treatment and rehabilitation services to children with drug abuse problems, referred by the information and referral centers. In Lahore a public sector institution “The Punjab Child Protection and Welfare Bureau”, while in Karachi a private institution “AAS Trust”, were identified and selected as partner organizations and their capacities were strengthened through human and material inputs, in order to provide drug abuse treatment and rehabilitation services to street children. It was learnt during discussion with partners that before the advent of the project, such separate facilities of drug abuse treatment for street children were very rare or even non-existent.

Aas Trust, one of the project partners, currently maintains and operates a state of the art drug treatment and rehabilitation centre for street children in Karachi. The center is currently providing comprehensive drug treatment, rehabilitation and basic services to children with drug abuse problems. Willing children are referred by the referral centers and are registered for a one month in-house comprehensive drug abuse treatment and rehabilitation program at the rehabilitation centers. It was highlighted by the centre staff that project provisions of one month period for treatment and rehabilitation is inadequate as in many chronic cases it takes much longer.

Additionally towards the later part of the project in 2009, another partner NGO -Azad Foundation, which maintains and operates referral and information centers - also established a drug treatment and rehabilitation center and is providing required in house services to street children referred by referral centers. Project contributed handsomely by providing human and material resources to strengthen these centers. However it was learnt that contributions are also made from NGOs own resources and other partners especially city district government, which has provided land for the Azad Foundation's rehabilitation center. Ass Trust is also negotiating the acquisition of a piece of land with city government for construction of state of the art rehabilitation centre. It is important to mention that in view of the scale and complexity of the problems of drug abuse in street children, the contributions and partnerships of all stakeholders are equally important to achieve overall impact.

It is also learnt from the project records that such drug treatment and rehabilitation center under the auspices of Punjab Child Protection Bureau, which provided drug treatment and rehabilitation services. The mentioned centers at Karachi are currently in operation and are providing full scale services to street children. However the current status Lahore treatment and rehabilitation centre couldn't be determined due to non availability of the concerned authorities in the wake of project termination in mid 2009.

According to the figures provided by partner NGOs (Azad and AAS), in Karachi total 533 children (9% of the total identified children) were motivated and registered for undergoing a one month in house drug abuse treatment and were imparted some basic life and vocational skills at the rehabilitation centers. In Lahore available progress report shows that during Jan 2007 to march 2009, total of 645 children were referred for drug abuse treatment and rehabilitation centers. The overall figures for drug abuse treatment and rehabilitation remains steady. Analysis of above figures shows that during the project period only 10% of the total identified children in

Lahore and Karachi have been treated for drug abuse.

3. Integration and Placement of children who have successfully completed rehabilitation

One of the outputs of the project was to integrate the treated children back into families and to allow them to look for better life perspectives. In this regards the drug treatment and rehabilitation centers at Karachi and Lahore also provided in house learning facilities in basic education and vocational and life skills. Apart from being an important project output, integration of rehabilitated children can also be viewed as an important project performance and outcome indicator. As the overall aim of lowering the susceptibility of drug abuse can be partially gauged through the number of street children integrated into normal life.

The total figures for integration or job placement cannot be made available, however, a partial analysis of progress report shows that during 2009, Aas foundation in Karachi could unite 84 out of total 233 street children who have undergone drug abuse treatment. The figures are further sluggish when it comes to job placements, as only 6 of the total 233 treated children have been placed on jobs. In Lahore, the progress reports shows that during April 08-Mar 09, only 30 of the total 369 children were reunited with their families. In this case, the figures on job placement show that only two children were placed on jobs. Additionally some of the rehabilitated children were provided a meager sum of micro credit to start a modest economic activity. The slow pace of reunion and integration points towards many questions like where the rest of the children go after completing the one moth treatment and rehabilitation process. The options seem to be very limited and there are chances that some of them may go back to the street life style, putting all efforts of the project and partners in jeopardy.

A number of reasons can be provided for the slow rate of integration of treated children. Most importantly project design and strategy focused mainly on the treatment of drug abuse and awareness. Neither was any strategy evolved nor was any significant resources allocated for integration for children after treatment. Furthermore, the limited time frame of one month for treatment and rehabilitation didn't allow for learning any significant skill or trade which enables the child to do some productive work after leaving the rehabilitation center. On the other hand the integration process was found cumbersome due to the difficulties in identification and tracing the parents and at times the unwillingness of children or parents to reunite. The children who are unable to unite with the families are the matter of major concern as they have nowhere to go and thus leaving no option to go back to old habits on the street.

D. Institutional and management arrangements and constraints

The project is implemented by the UNODC Country Office for Pakistan in close collaboration with the Ministry of Narcotics Control, Ministry of Social Welfare & Special Education and Anti Narcotics Force, Provincial Governments and Non-Government Organizations. UNODC's National Project Coordinator is managing the project assisted by a Project Officer. Project implementation is overseen, guided and monitored through the Project Steering Committee comprising UNODC and Government counterparts. The project is implemented in the field through three partner organizations selected on the basis of their expertise and prior work experience. These include two nongovernmental organizations i.e. Azad Foundation and Aas Trust in Karachi, and one public sector institution i.e. Punjab Child Protection and Welfare Bureau in Lahore. A number of other important stakeholders are also involved including City Government Karachi, Police, Street Children and their families. Most of the project activities were expedited through the respective partner organizations under the overall supervisory and guidance of UNODC and Ministry of Narcotics Control.

Project performance and progress was monitored mainly through Project Steering Committee review meetings and preparation of quarterly progress reports and field visits. During project period five steering committee review meetings were held to discuss progress of interventions and related issues. The committee was chaired by Anti Narcotics Force and participants included representative of involved government agencies, UNODC and partner organizations. Progress was reported on quarterly basis by the partners but was found inconsistent in timings and formats. Progress data was neither consolidated nor analyzed to prepare consolidated project annual progress reports, which makes it difficult to assess the project performance and take corrective actions. It was learnt from discussions with the partner organizations and review of progress reports that despite all efforts, monitoring and especially evaluation remained frail and spontaneous, and a good deal of information on efficiency of interventions remained undetermined. More importantly, information on the overall effectiveness and sustainability of interventions was rarely collected or processed. Neither was such monitoring and evaluation framework devised or capacity available to collect and process such information. This lack of timely information on project progress, efficiency and effectiveness has in turn hampered the process of taking timely corrective decisions to steer the project interventions and processes to achieve desired targets and objectives.

The most important institutional and management issue the project faced during its execution was the early termination of the Project's Lahore component. The contract with the partner

organization i.e. Punjab Child Protection Bureau Lahore, was concluded in mid 2009 and project support was discontinued. While the Karachi component of the project is still in operation. Despite efforts no direct contact could be made during the evaluation exercise with the concerned authorities to ascertain their views due to their non availability. Project progress reports or minutes of the steering committee also doesn't speak much of the reasons for the said early discontinuation. However, at times Lahore progress reports did repeatedly highlight the issues of scarcity of counterpart and project funds to effectively operate referral and treatment centres and lack of motivation for field staff. It is also learnt from discussions with the UNODC colleagues, the early closure can be attributed mainly to lack of confidence, understanding and cooperation among the authorities of Bureau and concerned provincial government agencies. This lack of cooperation has resulted in tightening of government grants for the Bureau. Seemingly the main reasons for discontinuation of project revolve around the scarcity of counterpart and project resources and lack of cooperation among stakeholders to sustain project activities. Another reason put forth was the issue of establishing separate facilities, outside the Bureau premises and mandate, for the drug abuse children to keep them away from the regular non-drug user children enrolled at the bureau. All this also highlights that the project somehow lacked effective coordination and dispute resolution mechanisms among stakeholders. The closure of Lahore component has indeed resulted in discontinuation of services to the street children of Lahore and has also hampered the overall objectives of the project.

III. OUTCOMES, IMPACT AND SUSTAINABILITY

A. Outcomes

1. Awareness raising and capacity building of partners

Overall the project contributed handsomely in highlighting the issues of drug abuse and HIV in street children in Karachi and Lahore. Project interventions helped greatly in educating the street children and partners about their roles, responsibilities, rights, obligations and challenges in eradicating the menace of drug abuse and related issues like HIV prevention. On the other hand project interventions were geared towards building and strengthen the capacities of partner organization i.e. the involved NGOs and public sector institutions, to effectively understanding and analyzing the prevailing issues and finding ways to deal with the problem. Desired financial and technical inputs and support was provided to these institutions to extend the coverage of their services to as many street children. The project has organized a number of capacity building and awareness events including trainings, workshops, community meetings etc. In this regard the study tour of project team members to Bangladesh is worth mentioning, which has provided the staff members the international perspective of the issue and to learn about the best practices.

2. Drug Abuse Treatment and Rehabilitation of Street Children

Over the year project interventions contributed to drug abuse treatment and rehabilitation of willing street children in Karachi and Lahore. According to the figures provided by partner NGOs (Azad and AAS), in Karachi total 533 children were motivated and registered for undergoing a one month in house drug abuse treatment and were imparted some basic life and vocational skills at the rehabilitation centers. Around 50% of the treated/rehabilitated children were united with their families. In Lahore progress report shows that during Jan 2007 to march 2009, total of 645 children were referred for drug abuse treatment and rehabilitation centers. However the overall figures for drug abuse treatment and rehabilitation remains steady. Analysis of above figures shows that during the project period only 10% of the total identified children in Lahore and Karachi have been treated for drug abuse.

3. Integration and Placement of children

The final outcome of the project interventions aimed at reunion of the rehabilitated children with their families and to provide them better life prospects. Over the years the project strived hard to integrate rehabilitated children with their families and to equip them with some life and vocational skills to become a productive member of the society. It is important to mention that final figures on integration or job placement cannot be made available, however a partial analysis shows that the overall integration rates of the rehabilitated children progressed with much slower pace. The fate of the rest of the children who were treated but couldn't be reunited or integrated is not clear, as options for them seems to be very limited and there are chances that some of them may go back to the street life style, putting all efforts of the project and partners in jeopardy.

B. Impact

The longer term changes and impact of project interventions greatly depend on the continuation and extension in the coverage of services in times to come. The overall expected impacts of these services will include minimization and eradication of drug abuse culture in street children and finally integration of these children in the society as normal citizens. On one hand this will result in more positively oriented and productive children, playing their due role in uplift of their families in particular and society in general. However the challenges are enormous and needs consistent efforts of all stakeholders especially of partner organizations, donors, street children and most importantly the affected families.

C. Sustainability

As earlier mentioned the overall impact of the project interventions greatly depend on the

continuation and extension in the coverage of services in times to come. Project support was very instrumental but too short to achieve a sustainable level of improvement in the condition of street children. In the post project period a number of issues will be faced by the project partners especially the implementing agencies like involved NGOs. Project has provided expert and financial support to these organizations to build their capacities to deal with the issues. However despite expression of willingness of these organizations to continue services in the absence of project support, it can be easily deduced that, after the termination of project support, the options for these organizations will be very limited to continue and extend coverage of these services for longer periods.

It is worthy to note that the financial and human resources at the governmental level and nongovernmental level are very thin and scarce. Thus, in the absence of especially financial and capacity building support, it will virtually be impossible for them to carry forward their drug abuse treatment and rehabilitation agenda. One such example is the discontinuation of these services to the street children in Lahore after the project has been closed before time in mid 2009. In view of the larger street children population in Karachi and Lahore, it was observed that the current inputs and infrastructure are insufficient to take care of the ever growing demand for engaging and dealing with the issues of street children. Most of the partner organization respondents also highlighted the need for longer term support and institutionalization of interventions.

IV. LESSONS LEARNED

The needs of street children in terms of treatment, rehabilitation and integration into society are enormous and require longer term efforts on matching scale. Lowering of susceptibility cannot be achieved only through project interventions of drug abuse treatments or awareness alone, it also require lots of consistent reconciliation and rehabilitation efforts of all stakeholders including state institutions, NGOs, street children and most importantly affected families.

Project initiative of promoting and provide separate such facilities and services for street children was instrumental in dealing with drug abuse however one month treatment and rehabilitation period was viewed too short and inadequate to completely rehabilitate the affected children. Information and referral centers are the first stop for street children in their journey of rehabilitation and integration. However, in view of the day care nature of the services it can be assumed that these centers are not the ends in itself, rather they are the means to the end of complete rehabilitation of street children.

It is learnt from the available data that the current treatment and rehabilitation rate of children remained very slow and steady as the project could only deal 10% of the total identified children in Lahore and Karachi have been treated for drug abuse. Much faster and larger efforts are required to deal with maximum number of affected children.

The integration and reunion process is cumbersome and time consuming. Project design didn't allocate matching attention and resources to deal with this important issue. The role of children's families in particular and other relevant institution and society in general is very important and needs to be further explored to break the chain of street life.

Monitoring, evaluation and reporting remained frail and spontaneous and a good deal of information on efficiency of interventions remained undetermined. Importantly information on the overall effectiveness and sustainability of interventions was rarely collected.

Coordination among stakeholders and availability of problems solving mechanisms also remained weaker. Additionally external issues like political differences and scarcity of counterpart funds remained the major reason for pre schedule closure of Lahore component of the project.

V. RECOMMENDATIONS

In view of the scale of problems and needs of street children there is a dire need for scaling up and extending the treatment, rehabilitation and integration services in future in the cities of Lahore and Karachi as well as in the other provincial capitals of Quetta and Peshawar. It was observed that however instrumental, the scope and resources of the pilot project were very limited to deal with issues of larger population of street children. To achieve some tangible results in the longer run, there is a dire need for continuation and expansion of such support and interventions for a considerable period of time not less than five years. Furthermore it is also recommended that a more comprehensive and holistic approach is needed to deal especially the neglected issue of integration and follow up of treated and rehabilitated children.

The issue and reasons for the early discontinuation of project support in Lahore needs to be further explored and cooperation and resource allocation modalities for future such partnerships shall be carefully sorted out, to avoid such call offs. In this regards the capacities and circumstances of partner organizations shall be assessed in advance and project design must incorporate adequate problem solving and coordination mechanism among stakeholders to give

way to smooth implementations.

A good deal of timely information is required to measure and improve efficiency and effectiveness of such interventions. There is a strong need to improve and strengthen monitoring and evaluation capacities at all level i.e. the Project, Ministry and partner organizations. For future such projects a detailed M&E framework need to be developed consisting of various performance and outcome indicators, benchmarks, targets etc. It shall also elaborate on the data gathering, analysis and dissemination mechanisms. Progress reporting system needs to be improved through standardization and shall consist of a good deal of description of consolidated progress, issues, lessons learnt and corrective measures taken. Based on the impressions from the quarterly progress reports a quarterly review meeting shall be organized including all partners. In a while, may be towards the end of the 2nd phase, a need will arise to evaluate the possible longer term changes of project interventions. A detailed beneficiary survey in line with the indicators of UNODC 2004 baseline survey may provide useful time series data to assess the extent and variations in drug abuse in the major cities of Pakistan and will greatly help in measuring the lowering of susceptibility of street children. Therefore provisions shall be made for a detailed beneficiary survey to assess overall outcome and impact indicators.

Apart from strengthening the governmental sector it is also strongly suggested to partner with and build capacities of local civil society organizations in playing their due role in addressing the needs of street children. The number of partner organization needs to be enhanced to increased and improve the coverage of services. In addition to the support for treatment and rehabilitation centers, a small grant program can be initiated for other partner organizations to promote post rehabilitation services like integration with families, provision of vocational skills, decent job opportunities and follow up. Capacities of partners also need to be built to successfully identify, plan, execute, coordinate and monitor the interventions. A network of these partner organizations needs to be established and strengthened for effective coordination and information sharing.

In such multi stakeholder interventions, awareness level of project partners in general and beneficiaries in particular are another essential factor responsible for attaining effectiveness. Thus there is a greater need to aware all stakeholders regarding various aspects of prevailing issues and challenges including their roles, rights and obligations etc. It is suggested that such future projects shall dedicate part of resources to run mass awareness campaigns and orientation sessions to bring the issue into lime light.

During the course of exercise the partner organizations staff pointed that certain areas of project design needs consideration. In this regards the overall time frame of one month for drug abuse treatment and rehabilitation per child was found inadequate. It was suggested that the minimum timeframe for such treatment and rehabilitation shall not be less than three months per child. This will provide enough time for completed treatment and rehabilitation. As mentioned earlier the post rehabilitation follow up mechanism is somehow missing in the design, thus future such projects shall incorporate this element as an integral part and allocate suitable resources to deal with the needs of the rehabilitated children. In this regard mechanisms shall be explored for long term vocational trainings for these children. It is also recommended to reach some sort of agreement with education department to accommodate rehabilitated children of school going age. Some sort of scholarship provisions may help in sharing the burden of educational expenses by the poverty stricken families. Furthermore the scope of micro credit facility for rehabilitated children shall be enhanced and expanded to increase its coverage.

VI. OVERALL CONCLUSIONS

Overall the project in its support role strived to address the critical issue of drug abuse treatment in street children in the two major cities of Karachi and Lahore. The Project helped pioneer the concept of solvent and other drug abuse treatment specifically in street children. However, in view of the complexity and scale of the problems, a more comprehensive and holistic approach is required on sustainable basis to deal with issues of treatment, rehabilitation and integration of street children.

Overall the project, in its limited resources, contributed towards its immediate objective and has supported public sector institutions and NGOs in promotion and provision of drug abuse treatment and rehabilitation services to the street children in Karachi and Lahore. However at this stage it seems beyond the scope of this assignment to exactly gauge the increase or decrease in the susceptibility of street children to drug addictions and HIV. Such measurements require detailed time series quantitative data on drug abuse among street children.

In view of the scale of the problem, lowering of susceptibility cannot be achieved only through short-term project interventions of drug abuse treatments or awareness alone, it also require lots of consistent reconciliation and rehabilitation efforts of all stakeholders including state institutions, NGOs, street children and most importantly affected families.

Project partner organizations have established a number of referral and information centers in

Karachi and Lahore. These centers are currently providing basic social, medical, counseling and referral services to street children. Some of these centers already existed before the advent of project, especially in Karachi, and some were established and strengthened through the support of project to extend the coverage of services to as many street children. However, in view of the day care nature of the services it can be assumed that these centers are not the ends in itself, rather they are the means to the end. The fate of the centers in Lahore is undetermined in the wake of project termination.

Project supported two drug treatment and rehabilitation centers, one each at Karachi and Lahore to provide drug abuse treatment and rehabilitation services. In Lahore a public sector institution “The Punjab Child Protection and Welfare Bureau” while in Karachi a private institution “AAS Trust” were identified and as partner organization and their capacities were strengthened through human and material inputs to provide drug abuse treatment and rehabilitation services to street children.

Analysis of available data shows that during the project period in Karachi total 533 children have undergone a one month in house drug abuse treatment and were imparted some basic life and vocational skills at the rehabilitation centers. While in Lahore total of 645 children were referred for drug abuse treatment and rehabilitation centers. The overall figures for drug abuse treatment and rehabilitation remains steady and slow, as during the project period only 10% of the total 11000 identified/contacted children in Lahore and Karachi have been treated for drug abuse. The figures are further contracted and sluggish when it comes to integration of rehabilitated children with their families and providing them decent job placements. The slower rate of treatment and rehabilitation has considerably hampered the achievability of project objectives.

Despite all efforts, monitoring and especially evaluation remained spontaneous and a good deal of information on efficiency of interventions remained undetermined. Importantly information on the overall effectiveness and sustainability of interventions was rarely collected. Neither is such monitoring and evaluation framework devised or capacity available to collect and process such information. This lack of timely information has in turn hampered the overall efficiency, effectiveness and impact of projects.

The most important institutional and management issue the project faced during its execution was the early termination of the Project’s Lahore component in mid 2009. Despite efforts views of the concerned authorities couldn’t be ascertained during the evaluation exercise. However is

was learnt from project records and discussions with the UNODC colleagues the early closure can be attributed mainly to lack of confidence and cooperation among the authorities of Bureau and concerned provincial government agencies. This lack of cooperation has resulted in tightening of government grants for the Bureau. Seemingly the main reasons for discontinuation of project seemingly revolve around the scarcity of counterpart and project resources and lack of cooperation among stakeholders, to sustain project activities. Another reason put forth was the issue of establishing separate facilities, outside the Bureau premises and mandate, for the drug abuse children to keep them away from the regular non-drug user children enrolled at the bureau. All this also highlight that project somehow lacked effective coordination and dispute resolution mechanisms among stakeholders.

The major outcomes of the project includes awareness raising among all stakeholders i.e. concerned governmental institutions, civil society, street children and their families regarding drug abuse and HIV prevention. Project interventions were also instrumental in strengthening the capacities of partner organizations to effectively deal with drug treatment and rehabilitation issues. Over the year Project interventions contributed to drug abuse treatment and rehabilitation of willing street children in Karachi and Lahore. Project also strived to integrate rehabilitated children with their families and to equip them with some life and vocational skills to become a productive member of the society.

The overall impact of the project interventions greatly depend on the continuation and extension in the coverage of services in times to come. Project support was very instrumental but too short to achieve a sustainable level of improvement in the condition of street children. In the post project period a number of issues will be faced by the project partners especially the implementing agencies like involved NGOs. Despite expression of willingness of these organizations to continue services in the absence of project support, it can be easily deduced that, after the termination of project support, the options for these organizations will be very limited to continue and extend coverage of these services for longer periods.

Annex I List of people met

1. Dr. Farruk Ansari, Project Officer UNODC, Islamabad
2. Dr. Nadeem Rehman, Project Coordinator UNODC, Islamabad
3. Mr. Raja Ghias ud din, Deputy Secretary, Ministry for Narcotics Control, Islamabad
4. Mr. A. G. Allana, Chairman, Aas Trust, Karachi
5. Dr. Aamer Hafeez, Medical Director, Aas Trust, Karachi
6. Mr. Kaleem, Drug Abuse Counsellor, Aas Trust, Karachi
7. Ms. Rehana Saleem, Drug Abuse Counsellor, Ass Trust, Karachi
8. Mr. Liaqat, Outreach Worker, Aas Trust, Karachi
9. Ms. Tahira Qasim, Clinical Psychologist, Aas Trust, Karachi
10. Dr. Riaz Hussain, Medical Officer, Aas Trust, Karachi
11. Project Coordinator Dehliz, Azad Foundation, Karachi
12. Mr. Mohammad Omer, Social Motivator, Azad Foundation, Karachi
13. Gazala Khan, Program Manager, Azad Foundation, Karachi
14. Mr. Rohail, Drug Abuse Counsellor, Azad Foundation, Karachi
15. Mir Hakeem, Project Coordinator Dost-1, Azad Foundation, Karachi

Note

Three days field trip was organized to meet project partners and gather required information in Karachi and Lahore. Two days were spent in Karachi and group discussions were held with the staff of both partner organizations i.e. Azad Foundation and Aas Trust. In Karachi three facilities were also visited including two treatment and rehabilitation centres and one referral and information centre. It is important to mention that a number of enrolled children were also met during the exercise at the rehabilitation centres. In Lahore no meeting with partners could be materialized due to their non availability.

Annex II

Evaluation assessment questionnaire

Project/programme title:

Drug Abuse Treatment and HIV/AIDS Prevention for Street Children with Solvent Abuse Problems

Project/programme number: AD/PAK/133

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

5 = Excellent (90-100 per cent)

4 = Very good (75-89 per cent)

3 = Good (61-74 per cent)

2 = Fair (50-60 per cent)

1 = Unsatisfactory (0-49 per cent)

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

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

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

C. Results		Rating				
		1	2	3	4	5
13.	Attainment, timeliness and quality of outputs			√		
14.	Achievement, timeliness and quality of outcomes			√		
15.	Programme/project impact		√			
16.	Sustainability of results/benefits		√			

D. Recommendations The evaluator should choose ONE of the four options below.		Rating				
		1	2	3	4	5
	Continue/extend without modifications					
	Continue with modifications			√		
	Revise project completely					
	End project					
E.	Comments Please see Section VI of the detailed Evaluation Report.					