

## **Final Evaluation KHMJ11**

Institutional Reform and Capacity Building for Drug Control and Integrated Drug Abuse Prevention in Cambodia

: Thematic  
area

Prevention, treatment and reintegration, and alternative development

3.1. Community-centred prevention

3.1.4. Enhancing national capacities to prevent drug abuse

Country  
Cambodia

Axel Klein, PhD, External Evaluator from the Centre for Health Service Science,  
University of Kent

## Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome.
ATS	Amphetamine-Type Stimulants.
CMB/F14	UNODC Project AD/CMB/01/F14.
CMHDP	Cambodian Mental Health Development Programme.
CSSSG	Cambodia Social Science Study Group.
DAF	Drug Abuse Forum
DAP	Drug Abuse Prevention
DSA	Daily Subsistence Allowance
DHA	Drug HIV/AIDS Working Group
GOC	Government. Of Cambodia HCC Healthcare Centre for Children.
HIV	Human Immunodeficiency Virus
HONLEA	Heads of National Law Enforcement Agencies
IDU	Intravenous Drug Use.
IEC	Information, Education, Communication.
JICA	Japan International Cooperation Agency.
L-CDI	Leadership-Character Development Institute.
MoH	Ministry of Health.
MOSALY	Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
MOU	Memorandum of Understanding.
NACD	National Authority for Combating Drugs.
NGO	Non-Governmental Organisation.
NSDP	National Strategic Development Plan
NTWG	National Technical Working Group
RPF	Regional Programme Framework
SOP	Standard operating procedures
TOT	Training of Trainers.
UNDP	United Nations Development Programme.
UNODC	United Nations Office on Drugs and Crime.

### Disclaimer

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

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

### Summary matrix of findings, supporting evidence and recommendations

Findings, problems and issues	Supporting evidence	Recommendations
Project duration extended with several revisions	Project documents, informants	Adherence to schedule and programme keeps stakeholders on board
Loose project design	Project documents	Ensure project outputs are integrated, reinforcing and complementary
Progress towards project objective to support institution building has been made	Informants	Review function of NACD, impact assessment of new drug law in two years
Output 1, NADC has been extended by not clear if (i) able to function without external support, (ii) becomes a constructive rather than obstructive layer of bureaucracy	Informants	Financial support and technical backstopping for NACD to continue
Clandestine Laboratory Cleanup - Activity under Output 1 not in project plan, but response to urgent operational need	Annual Reports, Informants	UNODC has to respond to arising situations – part of mandate; recognition for Project Coordinator for straying outside plan
Activity under Output 1 - SWOT analysis	SWOT analysis document; informants from donor community	High quality report – use as template for bi-annual review
Activity under Output 1 – Law reform – draft law lowers punitive threshold and adds layers of complexity	Draft law; interviews UNODC legal experts	Assess impact on arrests and incarceration and police corruption in two years
Activity under Output 2 and 3 well short of mark; workshop and Technical Working Group	Project documents, informants	Technical support for quality prevention work indispensable – no national resource available

## Executive Summary

- The project has had a lively history with several revisions, a no cost extension, and the loss of key staff, including two overseas experts.
- It was always loose in design, its different component formed no logical cohesion and allowed for only very little synergy. The design, with ambitious goals over different thematic areas, set the project and its management up to fail if judged against the benchmarks set in the project document. What according to one informant was the original intention of using the project to maintain a country presence, that would provide UNODC with an infrastructure and capacity was met.
- Outside the original vision but within the wider framework fell the first serious round of activity, sparked off by the discovery of a secret drug laboratory. The office responded opportunistically, making the lab clean up a top priority, coordinating external interventions and raising additional funds.
- The activity distracted management from the prevention component, for which towards the end no resources remained. The succeeding project manager commissioned two experts who drafted a useful SWOT analysis, run workshops and helped outline a strategy. A National Strategy and Programme Framework for Drug Abuse Prevention have been developed. But there has been no implementation, not even a pilot. With the exceptions of a few thousand leaflets no contribution has been made to drug prevention.
- A number of results have been delivered under the auspices of the project, including training for NACD staff, a draft for new drug control law and a quality SWOT analysis of drug control systems. While they may in the widest sense make a contribution to drug control, the positive impact on raising the capacity of the NACD has been limited.
- Results against the two main outcomes has fallen short of expectation
- A number of disparate outcomes have been achieved – drug law draft; SWOT analysis; Assistance with drug laboratory clean up; drug prevention strategy – but these have only

# 1 Introduction

## Background and Context

Cambodia sees itself as being new to drugs, in the words of the Vice Chair of the National Authority for Combating Drugs (NACD), “Cambodia has only become affected by drug abuse over the last few years.” The cultural memory of historically integrated drug use especially ganja and opium has been largely eradicated by drug control efforts of successive communist regimes. These have also left a legacy of harsh measures and a general acceptance for state sanctions against what is deemed antisocial behaviour. There is then a definite sense of helplessness among policy makers with regard to contemporary drug problems. UNODC has positioned itself to provide expertise, technical assistance, and policy advice, and to support efforts by the Cambodian government to cooperate more closely with neighbouring governments, regional and international drug control bodies.

The Cambodian government has created an agency in the Ministry of Interior, the NACD, with responsibility for all matters regarding illegal drugs. They work in partnership with other ministries, Health, Education, as well as with international partners. The NACD is the main beneficiary of this project and has an established working relationship with the UNODC. It regards UNODC as a valued partner, who has assisted inter alia in the training of NADC personnel, the accession to the UN conventions, the drafting of drug control legislation in 1997, 2005 and again from 2008-2010 under the auspices of this project. It also values UNODC support for gaining Cambodia access to international organisations such as the regional MOU, the ASEAN drugs secretariat, and fora such as HONLEA.

Among the donor community perspectives on the role of the UNODC office in Phnom Penh vary. One informant from the US embassy appreciated having a cohesive policy approach to drug control by a single agency in general and commended the quality of reporting on the overall drug situation in particular, which they would draw on for the State Department’s annual global drug report (INCR). In the areas of treatment and prevention the view is, however, that it is the WHO which is the most active UN agency in the drug treatment field, with UNODC playing a minor role.

With regard to profile, organisational visibility, and impact the project is a significant aspect of UNODC activity in Cambodia.

## B Purpose and scope of the evaluation

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

- whether the needs of the programme partners, the in country beneficiaries, and the executing agencies at the time of project formulation were properly addressed
- whether project activities and resources were allocated adequately and in line with the goals and objective formulated in the project document
- whether the project’s approach has been appropriate for achieving the aims and objectives

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

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

### C. Executing Modalities of the programme

The UNODC country office is working in partnership with the National Authority for Combating Drugs (NACD) and a number of donor agencies. These include in particular law enforcement agencies from the US (DEA, FIB) and Australia (SPRATS). Some of the activities have been carried out by local NGOs.

### D. Methodology

The report follows the multi method evaluation model laid out in the UNODC guidance literature,<sup>1</sup> including the study of secondary sources (project document and its revisions, progress and monitoring reports, where available previous evaluations, self evaluations and client feedback, policy documents, documents from other projects by UNODC or other donors, scientific literature). This was followed by collecting data from a range of primary sources, key of which are interviews with key stake holders (both face to face and by telephone), field visits to project sites, and observation.

### E. Limitations of the Evaluation

The evaluator was unable to meet with as wide a range of stake holders as he would have liked due to various factors, including limited time in the field and the absence of key informants because of other commitments. A number of people had been posted on and were no longer in reach. At times language barriers raised difficulties to getting a clear understanding and for probing beyond generalities, as the evaluator does not speak any Khmer, while several of the Cambodian informants had little more than basic English language skills. The interpreter was well versed in the project details and the wider drug control scene. The only problems arose during the meeting with larger groups of community members, when it was not always possible to keep up with the comments of different participants.

This project evaluation was conducted in conjunction with evaluations for three other projects; one a drug treatment programme in Cambodia, and two regional projects. This put considerable pressure on the evaluator to distinguish between different projects, programmes and inputs. On the other hand it also deepened his understanding of the overall UNODC engagement, strategy and executing modalities.

---

<sup>1</sup> UNODC, 2008. *Evaluation Handbook: A practical Guide for use by UNODC Staff to plan, manage and follow up an evaluation*. Vienna: UNODC, Independent Evaluation Unit.

## II Major Findings and Analysis

### A Relevance of the programme

Project purpose and outcomes in the original project document focus on a single objective, the strengthening of the central body for drug control, the Secretariat of the National Authority for Combating Drugs (NACD). The second task mentioned is the development of a national integrated drug abuse prevention programme, the idea being that the implementation of this programme will provide the NACD with a ‘learning by doing’ capacity enhancing exercise, and give the capacity raising component a focus. The document goes on to say that while the project is self contained, the expansion and extension is envisaged depending on the availability of additional funding to develop the “capacity of drug prevention and control in Cambodia.”<sup>2</sup>

There are then two clear strands, one of which is an institution building programme – the support and strengthening of the NACD, and assistance for drug prevention in Cambodia. This needs to be kept in mind as the actual project activities strayed considerably from this original premise. The relevance of the original project outcomes are now looked at in turn.

#### (i) Strengthening the NACD

The need for a systematic approach to the drug control system was agreed in correspondence between Deputy Prime Minister Sar Kheng and the UNODC Executive Director Antonio Costa in January 2008. The role of the NACD as the key agency tasked with coordinating these activities had already been identified in the first phase of the programme and the preceding policy dialogue between UNODC and the Government of Cambodia. The model of the inter-ministerial agency, with senior representatives to enable decision making and allow for delivery is used in many countries engaging in drug control. It springs from the understanding of drug use and drug control as a complex issue, that impinges on different government sectors (health, education, law enforcement, national security, law), and involves diverse areas of technical expertise. It is also a fast moving, rapidly changing field that posits considerable risk to public safety and public health.

To meet these risks governments need a quick response mechanism, and the creation of a national agency that combines technical competence, generates information and intelligence, and is equipped with a decision making powers is widely seen as effective. Such an agency, once created, provides a perfect entry point for drug control assistance programme by international donors, as well as a counterpart for the UNODC and other inter governmental drug control organisations (INCB, ASEAN). Cambodia is a self confessed ‘innocent’ in the field of drugs. Successive communist regimes have severed the cultural memory of substance use and means of dealing with them, and have isolated the country from global developments in the fields of narcotics interdiction, addiction counselling, school based prevention, life skills etc. Policy makers are therefore looking to the international community for support, with a

---

<sup>2</sup> Project Document, KHMIIII - Institutional reform and capacity building for drug control, and integrated drug abuse prevention Cambodia

view of building up national capacity. Locating this expertise in a single agency at the heart of inter-ministerial drug control efforts appears in itself plausible and is in keeping with the centralised political tradition of the Cambodian state.

(ii) Prevention

Drug use has been spreading rapidly since the opening of the country. The demographics of this post conflict society, with an estimated 60% of the population under 25 years of age, translate into a vast market potential for recreational drug use. Given that Cambodia has only weak border controls in place, is neighbouring onto countries with large drug production industries (Myanmar) and entrenched cultures of drug consumption (Thailand), the import drugs and drug use life styles was almost inevitable. While the accuracy with which the arrival of drugs is cited by officials – dated to 1993 – may be symbolic rather than historically factual, the explosion of drug use in the mid 1990s is undisputed. Drugs, particularly Amphetamine Type Stimulants, and to a much lesser degree opiates (opium, heroin – fewer than 10% of treatment centres residents), cannabis, glue, alcohol, and prescription medicine, flooded into a country embracing the market economy.

While consumer patterns took hold there was and is little by way of information and awareness of risks and consequences. According to a UNICEF/UNESCO survey among in-school and out of school young people awareness of drug risks is very poor.<sup>3</sup> This applies first of all to the physical threats posed by different substances. Cambodian consumers have only with difficulty been able to disentangle the categories of psychoactive substances used for recreational purpose – consumed, in the words of one former user, ‘to make me happy’ – from licit drugs such as alcohol and cigarettes, both of which are widely advertised and promoted, and medicines. Indeed, successive reports on drug use in Cambodia point towards a continuum of use, where Yama/Yaba (ATS) was employed instrumentally as a performance enhancer by fishermen and long distance lorry drivers, to adolescent experimentation. Distributed in the guise of medicine or innocent fun, Yama/Yaba has taken root without much knowledge about the medical side effects reaching the most vulnerable user groups.

There has been even less awareness on the complex dynamic of addiction. A difficult and controversial topic even in sophisticated user markets, the notion of addiction presents a challenge to Cambodia, with the associated compulsive behaviour, and the behavioural consequences of low level criminality, family breakdown, violence as well as mental health issues. Drug prevention at present is conducted by monks and police working under the Commune Competitive Plan. Most of these messages are moralistic and/or fear based – warning either of the consequence of drug related medical problems, social stigma and incarceration. As the SWOT report points out, there is “little appreciation how young people are led into drug use”,<sup>4</sup> the significance of tourism as a vector for drug use, the role of media celebrities, and the pursuit of pleasure of a new, generation raised in a consumer culture. The generational hiatus is all too apparent in the composition of drug control bodies, from the NACD to village council team. They are predominantly made up of adults senior in position and years, who have no direct experience of drugs or the drug culture. Moreover, while the drug

---

<sup>3</sup> UNODC, 2007. *Institutional reform and capacity building for drug control and integrated drug abuse prevention in Cambodia*. UNODC, unpublished project document

<sup>4</sup> Samarasinghe, D. 2008. *Draft Drug Demand Reduction in Cambodia SWOT*. Phnom Pen: UNODC.

use situation has changed significantly with a reported levelling off of ATS use with a 11% decline in 2011<sup>5</sup> and a reported threefold increase in ATS prices – verified by drug users interviewed in the community during the evaluation - there is every likelihood that large scale drug use will continue. Young people interviewed pointed to the paradoxical situation that drug use was not accepted socially and yet quite normal.

The evaluator therefore concurs with the view of the SWOT report author that the prevention campaign need to be redesigned, expanded in scale and extended in reach. This project objective is highly relevant to the Cambodian situation and has been specifically requested by the highest level.

### (iii) Revised objectives

The challenge of drug control interventions in a country with low levels of technical capacity lies in balancing the need for capacity building with responding to arising situations. Unlike many other fields of development assistance, drug control combines long term investment in institutions and skills, with a quasi operational role. This is clearly what happened in J 11 which was revised in July 2008 to “allow for an adjustment of the project...to support an emergency clean up operation following the discovery of a large clandestine methamphetamine laboratory in 2007,”<sup>6</sup> and a need to support a comprehensive review of the drug control system in order to prepare for additional support to Cambodia and to revise the drug law and related legislation.

In September 2009 the project underwent a further revision and a no cost extension to December 2009. At the request of the Prime Minister particular activities related to drug prevention were to be brought forward. In particular, the NACD Inter-Ministerial Committee meeting on 9th December 2008, directed the project to develop a Programme Framework for Drug Abuse Prevention. It was acknowledged that this “was a change of direction in Outputs 3 and 4, from the plans and requests on which the project was originally designed.”<sup>7</sup> We suggest that this be rephrased to a significant change of direction from the original project design full stop.

In effect, the project moved from having an institution building/demand reduction design to an institution building/supply reduction delivery, and back to the demand reduction concept in the final phase. By this time funds were largely spent up and the project manager’s contract had been terminated. The design itself even in its original form has little coherence and internal logic. The goals – strengthened NACD and Prevention campaigns – are both worthy and relevant, but they are so weakly integrated that the delivery was diluted from the start and management time and organisational profile became fragmented. The technicalities involved in different areas led to a widening cleavage between project activities involving clean up operations, survey activity, assistance with the drafting of new legislation and drug use prevention. All these activities address urgent needs, yet they require very different areas of expertise and are not immediately supporting each other.

This wide spread of activity by a modestly funded programme factored in underperformance in at least some areas, and raised the risk of impairing agency

---

<sup>5</sup> NACD, 2011.

<sup>6</sup> UNODC, 2008, Project Revision KHMJ11

<sup>7</sup> UNODC, 2009, Project Revision KHMJ11

credibility. According to one informant from a UN agency J11 was not a programme but a number isolated projects, disjointed and driven by the availability of funding.

There may have been an element of opportunism in the sudden incorporation of ‘sub-output 1’, the “clean-up, restoration and disposal of chemicals at the clandestine laboratory at Kampong Speu and capacity for clean-up and site restoration at clandestine drug production sites.”<sup>8</sup> This particular line of activity was not foreseen in the project design, and could only be accommodated by an elastic interpretation of ‘capacity building’. Strictly speaking, becoming involved in a clean up operation was outside the remit of the project, raising the question whether project management should have invested time, and perhaps more importantly energy on this task. There is no doubt that even though additional funds were raised to finance these activities, that involvement with the ‘clean-up compromised the delivery of the prevention component.

At the same time, underlying the project was an institutional and strategic logic to build up the partnership between UNODC and the NACD. This relationship is premised on the NACD’s recognition of UNODC as a partner of first recourse in all matters relating to drugs. When the laboratory producing precursor chemicals for drug production was seized in the rural areas of Kampong province, it was immediately apparent that Cambodian law enforcement was unable to deal with it effectively and was in need of support. Indeed, the head of the Anti Drugs Police sustained facial injuries from exploding chemicals. The police was left with tons of dangerous chemicals it had no idea of how to dispose of. It seems to this evaluator that the country office simply had to respond to the request for assistance, even at the cost of compromising the J11 project activities.

This apparent departure from project goals has also to be seen in the history of UNODC activities in the country. According to the former project manager, the rationale of J11 was to maintain a country presence in Cambodia. The project was the continuation of a previous programme called F14 and funded by ‘softly earmarked’ Swedish development funds. These were not tied to specific interventions, but enabled the agency to maintain a country office. J 11 was a successor project, intended as a vehicle for maintaining the office. Were this to have been the case, than responding to the Kampong Speu laboratory seizure was indeed in accordance with the underlying rationale of J11 as the mechanism for UNODC’s ongoing country presence. It also met with Cambodian expectations of UNODC’s role and purpose. But it also highlights weaknesses in the design of the project in terms specific to project delivery, the realisation of specific goals and long term programming and strategy.

## B Attainment of the programme of project objectives

The project objective is phrased in very general and vague terms. “To strengthen drug control and reduce and prevent drug abuse and related transmission of HIV/AIDS throughout Cambodia.” The disadvantage with such a formulaic approach is that it makes the objective impossible to evaluate, as there is no data for measuring drug abuse prevalence before and after. It is equally difficult to assess what ‘strengthening’

---

<sup>8</sup> UNODC, 2008, Performance Indicator Report KHMJ11. Phnom Pen: UNODC.

drug control means, as it allows any kind of activity to be counted towards this objective, but with no possibility for assessing quality or impact against the ‘drug control’ measure. One simplistic interpretation of strengthening may be an increase in penalties for drug offences. On the other hand, this may result not in a reduction of activity but an increase in corruption among law enforcement. Finally the one concrete indicator relating to the reduction of HIV/AIDS transmission seems out of place and poorly thought out. In Cambodia there is very little injecting needle use, the main route of HIV infection. There are furthermore a wide range of activities around HIV/AIDS prevention. Indeed Cambodia has become a model in the field, having successfully reduced HIV prevalence rates.

For evaluation purpose the emphasis therefore falls on the immediate objective of assisting the Cambodian government with the reform of the NACD and the piloting of a national integrated drug abuse programme “for subsequent implementation by NACD, related agencies, drug control committees at provincial level, NGOs and community groups.”

The evaluation concludes that the project has contributed to the strengthening and capacity increase of the NACD. It can be said that progress has been achieved towards this portion of the joint objective.

An integrated drug use prevention programme has not been piloted and has not been developed. The project has fallen far short of this objective.

## C Achievement of the programme outputs

Output 1: *Reform of the NACD secretariat facilitated and the drug control capacity of the secretariat strengthened*

The NACD comprises an inter-ministerial committee of 14 ministers chaired by the deputy PM, and serviced by a general secretariat with seven departments and over 100 members of staff.

It is not so clear what the direct activities, including computer training, English language classes, and some hardware (photocopier) have contributed. There have also been training events for police officers provided by NACD staff, such as drug identification and testing, with some 50 officers trained by the NACD laboratory team. A more indirect but effective method may have been the formation of Technical Working Groups for raising skills of administrative staff and policy makers in the development of programmes and strategies. The outcome of these efforts have had positive knock on effects on other UNODC programmes. For example the NACD has been instrumental in the delivery of the H83 drug treatment project. It has secured the cooperation of law enforcement and provides support services, such as the distribution of expenses for counsellors to provincial health departments. It seems that the NACD has the capacity to influence policy making and an extensive reach when it comes to project implementation.

Over the life of the project there have been a number of activities with concrete outcomes. They are not foreseen in the original project document, but are appear in the revisions. These are (i) support for the clean up of the clandestine laboratory, (ii)

assistance with the drafting of the new drug law and (iii) a Strength Weakness Opportunities and Threat Analysis (SWOT) at the request of the Deputy Prime Minister and Chair of the NACD and carried out by the project from Q4, 2008 to Q2, 2009.

Cambodian commitment to drug control has not translated into significant budgetary provisions that would enable the agency to run projects. Without future funding from donors it is unlikely that any activity of consequence would be carried out. Though some of the officers interviewed were committed professionals, this could not be said of all. In several interviews staff members complained that the per diem paid by the UNODC were too small. It seemed that in some cases international training workshops were regarded as income opportunities and not for capacity building. This had resulted in the appointment of participants not according to ability and need, but as part of a favour economy.

The agency seems to be burdened by a level of protocol and formality that appears extreme even by regional standards. In part this may be due to the history of Cambodia and should be seen in the context of state reconstruction. On the other hand, these bureaucratic processes stifle initiative and provide a screen behind which inactivity can be hidden. It is therefore difficult for the agency play a dynamic role in drug control without continued support from the donor community.

The first project revision added a sub objective under the immediate objective or raising NACD capacity but specific to the clandestine drug precursor laboratory. This provides a fascinating instance of a project being driven by and changing course in response to events. There were several sub-outputs:

Sub-Output 1.1        *Site clean up and disposal of chemicals.*

This was at the time the most pressing concern of the Cambodian authorities who turned to UNODC for help. While UNODC projects itself as a 'one-stop-shop' in drug matters, the problem of disposing of dangerous chemicals lay well outside the competence of the J11 project manager. To help the Cambodians the project manager contacted head office as well as different embassies. He managed to secure technical assistance from both Australia and the US, who helped with the clean up of the site. In conjunction, funds were obtained from both countries and channelled via J11 to enhance Cambodian capacity.

Sub-Output 1.2        *Capacity for on-site identification of precursor chemicals in place at NACD*

The laboratory staff at the NACD have been trained up and their skills are currently used by courts and law enforcement to identify seized substances. There have been other seizures of precursors over the past two years and the laboratory staff are playing a supportive role.

Sub-Output 1.3        *Standard operating procedures in place at NACD for seizure of drug production sites and handling of chemicals involved*

On behalf of UNODC, through an in-kind contribution and support, the Australian Federal Police provided the related personnel of NACD, National Police Gendarmerie and Customs with Standard Operating Procedures (SOPs) for seizing clandestine drug labs in both English and Khmer. UNODC HQ (Laboratory and Scientific Section) provided additional technical support. The SOPs were accompanied by newly established UNODC guidelines on disposal of precursor chemicals, also translated into Khmer. In addition a training video has been shot at Kampong Speu. Most of these activities were between Australian and Cambodian agencies, but UNODC did play a valuable part as intermediary and as conduit for funds provided by the Australian and US governments.

The entire Kampong Speu episode is testimony of both the commitment of elements in the Cambodian law enforcement community to combat drug production and trafficking, and the inherent weakness of drug control in a poor governance situation. One of the suspects arrested at the laboratory 'committed suicide' by jumping out of a second storey window while in police custody. Law enforcement officers from partner countries express concern over the endemic corruption and the links between politicians and suspected traffickers. While the head of the NACD appears committed to the cause it is not clear whether the agency has the necessary clout within the wider system. It may also be that the Director General is himself an isolated case, running the risk of being sidelined in the future.

#### Sub-output 2                    *SWOT analysis of drug control systems*

This piece of research followed from a request by the Chairman of NACD to the UNODC Director General and has been reported as a part of J11. The research and drafting were carried out between August 2008 and May 2009, by a consultant with support from in-house UNODC expertise. In the process NACD as well as other departments were consulted. The resulting document is a high quality overview of drug control systems in Cambodia. The quality of the information gathered and the lucid analysis, all presented in a tight and economic format were presented to the Mini Dublin Group on 04/06/09 and has been well received in the donor community.

But the analysis was neither foreseen in the J11 proposal, nor was it strictly speaking integrated into the project. In practical terms it seems that the UNODC office facilitated the information gathering but had no part in the writing or even the analysis of the report. It seems that the SWOT analysis was added on to J11 as it had to be located somewhere. If J11 had not been running, SWOT could have been a self standing project, or been attached to something else. As the report was drafted by a single author, a foreign consultant, who albeit received help from UNODC office in Vienna, it did not raise NACD capacity.

That said, the report itself provides NACD with a solid evidence base. The information is valuable in itself, but it also goes to inculcate the importance of data gathering and analysis.

#### Sub-output 3    *The drug control network (to promote the national drug control programme and collect drug information) enabled to operate at provincial level in all 24 provinces*

This output is listed in the Semi Annual Project Progress Report.<sup>9</sup> “It is significant to note that treatment data from Cambodia appears for the first time in the 2009 World Drug Report and was facilitated by technical support provided by the project in compiling the NACD 2007 Annual Illicit Drug Data Report. It is therefore necessary to continue support to NACD and the Provincial Drug Control Committee (PDCC) and strengthen and expand the data collection on Drug Supply and Demand.” It is indeed important for Cambodia to begin collecting treatment data on a regular basis, and to use this information for planning, programming, monitoring and evaluation.

Cambodia has a long way to go until then, and this data is best seen as a first step. At present the NACD was unable to provide even an estimate as to the cost of treatment of an individual drug user, or the number of offenders in prison serving time for drug related offences. Unless integrated into policy processes this exercise could be a simple counting exercise with the sole purpose of ‘demonstrating commitment.’

While the activity was not foreseen in the original project design it does, in contrast to the SWAT analysis, build up national capacity and therefore contributes towards the project purpose.

#### Sub-output 4 *Law reform*

The need for reforming the 1997 legislation (revised in 2005) is clearly laid out in the SWOT document. There were a number of weaknesses identified in the legal framework, with representations from Vienna that these should be strengthened. Ambiguity in wording allowed judges to substitute financial penalties for prison sentences even in cases involving large amounts. There were repeated incidents of suspected corruption in the judiciary. In addition there was concern within the NACD that the existing system was “too weak” and that a combination of limited capacity, weak governance and permissive laws would attract illicit drug activity. Cambodia’s laws were considered lenient in comparison to neighbouring countries, where much stiffer penalties including capital punishment are applied for drug offences. The drafting committee was therefore instructed by the NACD chair to “aggravate punishment” for drug offences.

UNODC, which had assisted the country in drafting the first drug control law in 1997, and then again with the reform of 2005 (although this was done by an expert at the country office with no support from Vienna HQ) made a legislative proposal to substantially modify current Cambodian drug legislation, resulting in changes to five sections of the Law on Drug Control.

1. Drug classification system
2. Institutional arrangements
3. Licit control system

---

<sup>9</sup> UNODC, 2009. Semi-Annual Project Progress Report Budget Period January 2009 - December 2009, KHMJ11, Institutional reform and capacity building for drug control and integrated drug abuse prevention in Cambodia Bangkok, UNODC, Regional Centre for East Asia and the Pacific

4. Strengthening penalties for drug offences and other drug-related crimes
5. International cooperation in accordance with the three UN Conventions, including MLA, extradition, controlled delivery and repression at high seas

Legal expertise was therefore provided with UNODC staff from Bangkok and Vienna organising workshops, including a 4 day workshop on international drug control treaties in April 2008, and attending drafting meetings. Most of the technical input was provided by UNODC HQ, with support from other donors – the US provided law enforcement expertise. While incorporated for presentational purposes under J11 there was not much that the country office did contribute other than to facilitate visits and work by the experts arriving from Head Quarters.

As the draft stands at the point of evaluation, the new law will sharply increase penalties for all drug offences. According to the head of legal services at UNODC the Cambodians wanted “to be very tough.” He was concerned by the increase in punishments, the opportunity for corruption and abuse, and the complexity of the law. Concerns were echoed by Cambodian officials at the NACD. One senior officer was alarmed at the prospect of ‘asset seizure’ because it opened the possibility of police officers planting drugs on an individual whose property they coveted.

Another officer was concerned over the lack of economic and poverty analysis of the drugs market. While the ostensible purpose is to deter all drug use and drug dealing, and to combat organised crime, in reality drug dealing was mainly small in scale and the result of poverty. There were many poor people with no income opportunity hence they turned to drug dealing even though knowing it was wrong and illegal. He pointed out that at present the profit on the sale of a single Yama/Yaba tablet was US\$0.10. To earn one dollar a dealer had to sell 10 tablets, a quantity that under the new law would carry a 2-5 year sentence. He noted that there was the likelihood of a sharp rise in arrests and the filling of the prisons, without a single organised crime group being dismantled. There was also a likelihood of increasing police corruption.

Concern over stiff penalties at possession and small time dealing level was also expressed by the UNODC legal expert in Vienna. He was worried about the possibility of corruption and the empty symbolism. In the workshops the team presented to the Cambodian partners possible interpretations of the UN Conventions that obligate countries to make drug possession illegal but allow for the non-custodial disposals of offenders. These were rejected for a tough stance.

Another informant expressed his anxiety over the introduction of asset seizure powers. He was worried that it would allow law enforcement officers to plant drugs on ‘suspects’ whose property they wanted to take hold of, or for blackmail purposes. This echoes concerns from other countries with weak governance systems over the introduction of such powers. All legislative reform should take full account of governing realities and should be realisable and practical. The issue of fragile governance and endemic corruption is not factored into these discussions

The draft law will be presented to the NACD ministerial meeting on 09/12/2009 and if approved, will be presented to parliament early next year. If it is carried in its present form, difficulties are inevitable according to the UNODC expert. Particularly those sections of the law that allow for the delivery of drug treatment as an alternative

in certain cases because of the complex stipulations, judicial indifference and the lack of treatment facilities. Other areas of complication include the control of pharmacists and prescription drugs.

It seems paradoxical to the evaluator that in order to close one loophole of corrupt practice, a new opportunity is provided. What is taken from judges by eliminating ambiguity is given to police officers whose power of arrest is massively enhanced. In addition the law will generate drug enforcement activity with the arrest of drug users and dealers, who upon release are liable to harden into a criminal drug scene unless treatment and rehabilitation measures are up-scaled. A stream of drug arrests can prove a distraction for law enforcement, and provide a screen for large operations. Real issues concerning the international law enforcement community such as the weak custom controls at the private port of Ohm, or the prison break of a general caught with 100kgs of heroin, can be de-prioritized in a noisy, visible war on petty drug dealers.

Harm Reduction: This is one area where much effort has been invested by the international community. The NACD organised a two day workshop on 29-30 January funded by AusAID funded HARP Country Flexible Program for HIV/AIDS prevention and treatment for non-governmental stakeholders to discuss with UNODC RCEAP Representative and UNODC POCAM the insertion of provisions supporting harm reduction policies. This was followed by a two-day stakeholder Consultation Workshop on March 2-3, where senior officials from the Royal Government of Cambodia voiced their support for harm reduction legislation as well as their elaboration through a sub decree on Harm Reduction.

There remains, however, much to be seen in the sense of commitment and the reality of implementation. To several people interviewed, the law serves a symbolic function first and foremost. As for measures such as Harm Reduction, they are driven by the international community. It is not clear if the Cambodian government has a real sense of ownership, whether the judiciary understands the spirit of this law, and if it can be implemented.

The overall commitment by Cambodian officialdom to effective drug legislation has to be qualified. While emphasising the government's commitment to drug control and the sacrifices the country is willing to make, the NADC has no qualms in asking for remuneration for the legal experts from different ministries involved in the drafting process: "financial support for our legal team that spent much time complete the new draft of drug control law."<sup>10</sup> This leaves assurances of the Cambodian government's commitment to drug control sounding hollow.

Output 2: *A national drug abuse prevention programme targeted at in-school youth, including awareness raising of drug related transmission of HIV/AIDS developed and piloted and a plan made for large scale delivery of the programme*

---

<sup>10</sup> Letter from NACD to UNODC, ref 076 of 11/09/09

Output 3: *A national drug abuse prevention programme targeted at in-school youth, including awareness raising of drug related transmission of HIV/AIDS developed and piloted and a plan made for large scale delivery of the programme*

The need for prevention was a clear priority of the original project document. Once the flurry of activity over the disposal of dangerous chemicals had died down, there was new interest by the Cambodians in prevention activities. This led to new emphasis on prevention outputs in the document revision.

Independently of J11, there have been further drug prevention activities, the most important of which are (i) the ‘Commune Competitive Plan’ by the Anti Drug Police. According to the SWOT the “comprehensive nature of this plan, its active involvement of the public and coverage of the whole country have likely had significant beneficial impact already and holds promise of greater success in the future.”<sup>11</sup> As the activities have not been evaluated it is not possible, nor appropriate to comment on their effectiveness. Suffice is to say that the involvement of J11 in these activities was only indirect. The main driver were the Anti Drug Police, led at the time by the current Secretary General of the NACD.

The other initiative (ii) is comprised of the DHAWG National Strategic Plan for Illicit Drug Use and Related HIV/AIDS 2008-2010. The activities bundled into this Plan comprise the most significant effort by Cambodian and overseas partners to formulate an integrated prevention strategy, establishing key principles regarding drug users, their right to treatment, the role of service providers, and enshrines Harm Reduction activities including NSP and methadone substitution treatment. According to partners from the UN family and the international NGO community, however, UNODC played only a very minor role in the deliberations of this working group. Most of the work was carried out by WHO and UNAIDS.

What the project did achieve against this component, was to set up a technical working group in the NACD, and to invite a team of overseas experts to carry out a SWOT analysis for drug education and prevention in Cambodia. They also conducted a training workshop in October 2008. The TWG devised a national strategy on drug prevention that was approved by the NACD ministerial meeting.

#### D Institutional and management arrangements

The project did not benefit from the piecemeal disbursement of funds, that left the manager always struggling to deliver on the commitments of the project. Problems over regular funding, the delivery of project outputs, relations with partners all combined against the erstwhile project manager. The project has since been taken up and brought towards a conclusion by the current manager of the country office. While there is hope that new funding will allow to build on achievements, the original life of the project was simply too short, and the funds too modest for the ambition.

### **III Outcomes, Impact and Sustainability**

---

<sup>11</sup> Samarasinghe, D. 2008. *Draft Drug Demand Reduction in Cambodia SWOT*. Phnom Pen: UNODC

## Outcomes

1. A range of activities have taken place under the auspices of J11 which have led to tangible outcomes. The support for the clean-up of the clandestine drug precursor laboratory was supported by the coordinating and fund raising activities of the J11 project manager. The subsequent activities regarding capacity building aimed at embedding the learning experience in the NACD and among Cambodian agencies have also been ably assisted by the programme.
2. There is a draft law before the inter ministerial meeting and set to go to the National Assembly in 2010. Given the majority of the government no upsets are anticipated, and the country should be able to close what NACD leaders and UNDOC legal experts perceive as loopholes some time next year.
3. A prevention strategy has been accepted by the Inter-ministerial committee. It can draw on a SWOT analysis and some technical guidance from international experts.

## Impact

Activities carried out under this programme have contributed to the confidence and capacity of the NACD. It allowed the agency to play its part in coordinating the activities of different ministries and bring them together to take decisions. The agency is much larger now and has greater reach. All these gains can be attributed – at least partially – to the direct or indirect support of J11. Its efficacy remains limited to supporting projects initiated and funded by external donors. At this point in time it is too early to assess if the agency can turn itself into a dynamic initiator of drug control activity and a centre of Cambodian expertise, or degenerate into another layer of bureaucracy.

In Cambodia drug problems are generally perceived as something that is first of all new, and secondly impinges on the country from the outside. A more sophisticated analysis calls drug use a consequence of Cambodia opening to the world. From the outset governments have emphasised that external support is needed in setting up a drug control agency. With drugs framed as an international problem the Cambodian government sees the UNODC as the natural partner. UNODC has also been critical in helping NACD joining international agencies and access donor support in emergencies, and as a conduit for foreign support funds. Given the lack of technical capacity and the difficult governance issues in the country it is doubtful that the NACD would have been in a position to perform these functions without support.

## Sustainability

What is not clear, however, is to what extent the NACD is now in a position to (i) develop strategies relating to particular aspects of drug control (school prevention, treatment, anti money laundering); to what extent the agency can act as a centre of technical expertise providing training and guidance (iii) can formulate projects (iv) continue improving its information gathering. Leading staff at the NACD made clear that UNODC support would continue to be needed. The organisation is better trained, better equipped and more confident than before, but not yet able to stand on its own

two feet. The impression of the evaluator from interviews with different staff members is that capacity and competence vary dramatically. While there are some competent bureaucrats with a sound grasp of method and process, other staff members appear to be appointees with little understanding of the complex issues they have been tasked with. There is the wider question about the value of creating dedicated agencies that without internal momentum lack the capacity to evolve into viable organisations with a contribution to make.

With regard to the different components – outputs and sub-outputs – the chances of continuing activity without ongoing support are slim

Sub output 1: The NACD laboratory it was made clear by several NACD informants will not be supported by Cambodian funds. There is increased capacity, the Standard Operating Procedures have been translated, but without continued support the laboratory facilities may not be fully utilised and may even have close.

Sub output 2: The report drafted for the SWOT analysis continues to inform activities. It has raised the appreciation in the country for the need for evidence in drug policy formulation. But the report was authored by an overseas consultant, there have been no provisions for training up Cambodian capacity in drafting such a report.

Sub output 3: The law, once ratified, will of course leave a lasting legacy. Yet, there will be difficulties with the application of the law without proper training of the judiciary and the police. It is unlikely that such training will be conducted in a comprehensive manner by the NACD alone. It is not clear what purpose the new law will serve other than the symbolic value of sending a strong message.

Output 2 & 3: Prevention activities have been taken forward with the agreement to a National Strategy and Programme Framework for Drug Abuse Prevention. The Prime Minister and the National Aids Authority have called for a large prevention campaign and are advocating for drug free schools and universities. But few concrete steps have been taken towards realising these ambitions. The project has produced a SWOT analysis and some training materials, but without further support to plan prevention activities, raise the capacity of key trainers and other personnel, and material assistance for training and roll-out it is unlikely that there will be any activity.

To conclude then, the project conducted a number of activities that strengthened capacity at the NACD and delivered a number of results, which by dint of association and by changing reality on the ground, developed the position of the agency. To what extent the NACD is a There are no activities that have sprung from the project to continue without further support. To some extent this was a foreseeable shortcoming of the project design, with the caveat that prevention activities, had they been initiated earlier could have developed their own momentum – but even this is highly speculative.

## **Lessons Learned and Best Practice**

### Lessons Learned

The evaluator received throughout his visit requests for ongoing UNODC support for the NADC. When asked whether the agency having been strengthened in the course of this programme was now in a position to conduct its own planning and project management, the answer from the Secretary of State for the Ministry of Interior was “the NACD is not yet able to do this without UNODC support.” What this confirms is that the original assessment, that a UNODC presence was needed to assist the country in developing a drug control strategy, was incisive. It also validates the strategy of developing projects through which such an office can be maintained, with diverse and vaguely phrased objectives that allow for creative responses. But it leaves project managers with a difficult task in that they can be seen to fail against project goals which at the point of evaluation may eclipse other more ad hoc achievements

While strengthening the NACD is a vague objective, it is evident that the coordinating function has had positive benefits for putting drug control on a more nuanced and broader footing. Where originally drugs were the preserve of the police new partnerships have been built, with the Ministry of Health and at community level. Good progress has been made in that law enforcement has recognised the need for a treatment approach and is cooperating with the Community Counselling Teams operating under H83. Without the coordination of the NACD this would not have been possible.

## **V Recommendations**

In the light of the difficulties of managing so disparate a project, the poor results against some of the indicators, and the unfortunate experience of the first project manager it seems clear that J11 should not continue. There may be an argument for further supporting the NACD, though the evaluator needs as yet to be convinced, and prevention/education remains an urgent priority. The recommendations below therefore address some of the needs identified in the original project document but still unmet, and some of the issues foreseen to arise as a result of this project

1. The need for credible, effective drug prevention/information remains to be met, its urgency growing all the time. It is suggested that the programme adopt elements of the grass roots / community approach developed in the partner project H83. This project has in effect created outreach teams who carry what is essentially a drug prevention message into the communities. It is recommended that the role of these teams is expanded, that the model of adopted and the success built upon. Community trainers and outreach workers could be trained up in the cascade system by a core team of master trainer, first trained and subsequently supported by external experts. This programme could be piloted in a number of communes, evaluated and the experience disseminated.
2. The SWOT analysis should be used as a starting point for developing the National Strategy and Programme Framework for Drug Abuse Prevention. The notion of community prevention, the involvement of peers and the principle that information should be factual and enable better informed, autonomous decision making should be promoted.

3. There should be a review of the impact of drug law in three years time, with particular attention to (i) arrests and incarceration of 'drug traffickers (ii) investigation into police corruption in relation to drug law enforcement (iii) the efficacy of law in reducing through flow and drug production, (iv) sentencing patterns and (v) court procedures
4. Training for judiciary and law enforcement on new law – there is already a reported lack of understanding of the letter and spirit of the 2005 law; the latest change will add to the confusion. It maybe possible to get support from Vienna for drafting a training manual, training judges and training trainers. Caution should be applied as to how effective this could be.
5. Develop the prevention programme using the outline in SWOT and materials from training session as a starting point. Involve peers, former drug users
6. "The real nature of illicit drug use remains unclear as current surveillance systems are inadequate."<sup>12</sup> Strong need for mapping of drug use culture – explore the culture of drug use, the attitudes and perception of drug users; begin with a differentiated analysis of drug use communities and different types of drug use; what are the different entry pathways into drug use, what are the personal decisions, risk assessments and risk awareness. Prepare the ground for a knowledge based prevention and treatment strategy and interventions

### **Conclusion**

The achievements and shortcomings of this project underline the need for clearly thought through, well integrated project outcomes and outputs. Working over too wide a range of activities, where there are no apparent linkages, leads to a dissipation of energy and effectiveness. Projects should be validated early in the formulation stage for internal cohesion and realistic target setting. Objectives should not be either too ambitious or overly vague.

Activities undertaken within the framework have achieved mixed results. There has clearly been a shortfall against two of the outputs on drug prevention / education, but this has been partially compensated for by valuable activity against an unforeseen output, relating to the clandestine laboratory. The publication of the SWOT analysis has produced a quality report much appreciated by the donor community, and may lay the foundation for an evidence based policy culture. The formulation of the new drug law, however, has raised as many problems as it has solved, as it stands to lower the penalty threshold for drug offences. The foreseeable consequences are an increase in the number of petty drug offenders coming into the criminal justice system and the spread of low level corruption.

Finally, the support for the government agency in charge of drug affairs, the NACD, has considerably enhanced the competence and capacity of this body. We are not of the opinion that it is in a position to play a constructive role as yet without ongoing technical and financial support.

---

<sup>12</sup> SWOT Analysis, Drug Control Systems, p19

## **Annex 1      List of Documents Reviewed**

1. UNODC: Annual Progress Report, 2007, Development of Community-Based Drug Abuse Counselling, Treatment and Rehabilitation Services in Cambodia.
2. UNODC, 2009, SWOT Analysis of the Drug Control System in Cambodia
3. Standard Operating Procedures for Clandestine Laboratory Seizure Prepared by the Australian Federal Police for the United Nations Office of Drug Control.
4. UNODC, 2008. Annual Progress Report (2008) to the United Nations Trust fund for Human Security,,: Development of Community-Based Drug Abuse Counselling, Treatment and Rehabilitation Services in Cambodia
5. RGC, 2009, Law on drug Control: Final Draft
6. UNODC, 2009, Revised Project Document: Institutional reform and capacity building for drug control and integrated drug abuse prevention in Cambodia.
7. UNODC, 2008, Second Revised Project Document: institutional reform and capacity building for drug control. and integrated drug abuse prevention in Cambodia
8. UNODC, 2006,,: Annual Progress Report, To the United Nations Trust Fund for Human Security, Development of Community-Based Drug Abuse Counselling, Treatment and Rehabilitation Services in Cambodia.

## Annex 2      Schedule of interviews

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

04/09	Dr Bennie Ardjil	Head of Kepala Therapy and Rehabilitation Center
	Dr Kusman Suriakusmah	Head of Kabid Therapy and Rehabilitation Center
	Dr Amrita Singgih	National Narcotics Board
Cambodia 07/09	Dr. Anand Chaudhuri	Project Coordinator, UNODC Cambodia
	Mr Lour Ramin	Permanent Vice Chair, NACD
	Tony Lisle	UNAIDS
	Dr. S Vonthanak	NIPH Expert
08/09	Graham Shaw	WHO
	Amy Canon	US Embassy
	Prof Eng Hout	Secretary of State, MOH
	Mr Martin Lutterjohann	German Integrated Expert (GTZ/CIM)
14/09	Ms Iv Sry	Director Planning and Training Department
	Mr Neak Yuthea	Project Coordinator
	Mr Thong Sokunthea	Deputy Director of Legislation, Education and Rehabilitation
	Ms Chak Thida	Deputy Program Officer
	Mr Buth Borin ,	Deputy Director of Health Service and Vocational Training Skill
	Mr. Ling Tonghuot	NACD
Vietnam 16/09	Mr. Le Duc Hien	Deputy Director, Department for Social Evil, Molisa
	Ms Vui Thi Hai Hoa	International Cooperation Officer, Department for Social Evil
	Mr. Tran Xuan Nhat	Department for Social Evil
	Ms. Nguyen Thanh Huong,	Department for Social Evil
	Ms. Nguyen Thi Dang	Department for Social Evil
	Mr. Nguyen Tuong Dzung	UNODC, Programme Officer
China 18/09	Mr. Yu Yanjing	General Secretary Yunnan Police Officer Academy
	Mr. Zhang Yirong,	Dean of Narcotics Control Department, Yunnan Police Officer Academy
	Mr. Xie Xiangjiang	Associate Professor Yunnan Police Officer Academy
	Ms. Wang Jingke	Director, Foreign Affair Office Yunnan Police Officer Academy
	Ms. Zhang Bei	Lecturer, Foreign Affair Office Yunnan Police Officer Academy
24/9/09	Mr. Wang Qianrong	Deputy Secretary-General, National Narcotics Commission
	Mr Wang Hongru	National Narcotics Commission

### Annex 3 Question Matrix

Design	Verification	Comment
1. Was the project developed in consultation, was it requested from Cambodia, identified by UNODC		
2. Goal to “strengthen drug control and reduce and prevent drug abuse and related transmission of HIV/AIDS throughout Cambodia” – how can it be measures; how is it interpreted		
3. How have management changes affected the project?		
4. What activities can be reported against output 1		
5. What activities can be reported against output 2?		
6. What activities can be reported against output 3?		
7. Was the response to the Clan Lab a diversion from project objectives?		
8. Was the management style appropriate?		
9. Were project activities appropriate for meeting objectives?		