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TERMINAL EVALUATION REPORT

AD/SRL/97/C71 Strengthening Selected Drug Demand Reduction
Programmes in Sri Lanka

Thematic area: Prevention and reduction of drug abuse

Evaluation team:

UNITED NATIONS OFFICE ON DRUGS AND CRIME

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1. Executive Summary

Project Title: Strengthening Selected Drug Demand Reduction Programmes in Sri Lanka

Project Number: AD/SRL/97/C71

Duration: December 1999- December 2002

Implementing Agency : National Dangerous Drugs Control Board, Sri Lanka

Executing Agency: World Health Organization

Funding Agency: United Nations Drug Control Programme

Contribution of funding agency : US \$ 287,000

Sri Lanka, like other countries in the South Asian region, is experiencing an increase in the use of illicit drugs over the last three decades. Since the 1980's, there has been a steady increase in the use of heroin and cannabis, in addition to the problems associated with licit drugs. The geographical location of the country places it at high risk for entry of illicit drugs. Availability and demand for illicit drugs have both contributed in maintaining the problem of drug abuse.

The National Dangerous Drugs Control Board (NDDCB) of Sri Lanka was set up in 1984 by an act of Parliament with a mandate to co-ordinate drug abuse related activities such as law enforcement, preventive education, treatment and rehabilitation. In 1993, the Sri Lanka National Master Plan was initiated.

Since 1987, the United Nations has supported drug abuse prevention and treatment initiatives in Sri Lanka through the funding of three projects, each for a three year period, all implemented by the NDDCB. These included the AD/SRL/87/495: Prevention and Treatment of Problems Related to the abuse of drugs in Sri Lanka (1987); SRL/87/032: Drug Abuse Monitoring System (DAMS) (1987); AD/SRL/87/495: Prevention and Treatment of Problems Related to the abuse of drugs in Sri Lanka (1991) and AD/SRL/92/718 (1993) Prevention and Treatment of Problems related to Drugs.

The current project AD/SRL/97/C 71 titled Strengthening of Selected Drug Demand Reduction Programmes in Sri Lanka was designed with the following objectives:

- i. To strengthen the Drug Abuse Monitoring System
- ii. To improve outreach prevention for high-risk groups
- iii. To improve quality of treatment services

It was funded by the UNDCP, executed by the WHO and implemented by the NDDCB.

The major activities included expanding the DAMS to include data from hospitals, prisoner diversion system, outreach team and drop-in centres; to improve outreach prevention to high risk groups through the establishment of five drop-in centres and to improve the quality of treatment services by evolving a quality assurance programme and expanding the prisoner diversion scheme.

The project was evaluated on the basis of examination of documents including reports of review meetings, visits to the prison drug rehabilitation programme, NDDCB treatment facility, drop-in centre and interactions with NDDCB staff including the outreach team. The team paid special attention to the DAMS data entry and analysis.

The evaluation team was satisfied that the activities undertaken during the project implementation were in keeping with the project design. Most of the immediate objectives have been fulfilled.

The major achievements of the project have been the expansion of the prisoner diversion scheme to 9 prisons throughout the country, establishment and functioning of drop-in centres and the community outreach programme. DAMS data are received from the prison diversion scheme and drop-in centres, in addition to the law enforcement agencies and NDDCB run treatment facilities. Although a major effort to train government hospital staff in DAMS was undertaken, the response was found to be very unsatisfactory. A further attempt was undertaken to introduce substance use related information into the hospital record system, through a pilot project initiated by the Ministry of Health.

Specific recommendations evolving from the project evaluation include the continuation of the open community approach, especially the outreach programme and drop-in centres, promoting community ownership and multi-sectoral participation in drug demand reduction activities, exploring possible linkages with the health sector through the Ministry of Health and the private health sector and engaging the non-governmental sector. Greater emphasis on interpretive analysis of existing data, better documentation and training for qualitative analysis have been recommended.

2. Introduction

Sri Lanka, the exotic island nation in the Indian Ocean, like many of its neighbours in South Asia, has known the traditional use of cannabis, opium and alcohol. The problem of drug abuse became noticeable in the 1970's with about 3000 persons reporting for treatment then, primarily with opium and cannabis abuse (Ray 1998). The abuse of heroin was first recorded in Sri Lanka in 1981, and over the subsequent decade, the estimated number of heroin users ranges between 19,500 (Rapid Prevalence Survey 2001) and 40,000 (National Master Plan 1993). There has also been a noticeable increase in the abuse of ganja (cannabis), with an estimated 2,00,000 cannabis users in the country. Drug users are mainly male (97%), in the 20-28 years age group (70%). While in 1980, about five percent of convictions were a result of narcotic drug offences (Ray 1998), it is presently estimated that fifty percent of the total prison population in Sri Lanka are drug users and there are about 9000 drug users in prison (Project Document AD/SRL/97/C71).

Illicit drug consignments are smuggled by sea between the southern coast of India and the western coast of Sri Lanka. Colombo continues to be used as a transshipment point for illicit drug consignments that pass through India on their way to other countries. The large coastline of 1,100 miles limits adequate patrolling, especially because of direction of law enforcement and military resources towards handling the ethnic conflict (INCB 2002)

The National Dangerous Drugs Control Board (NDDCB) of Sri Lanka was set up in 1984 by an act of Parliament with a mandate to co-ordinate drug abuse related activities such as law enforcement, preventive education, treatment and rehabilitation.

In 1993, the Sri Lanka National Master Plan was initiated. It proposed implementation in four phases: Phase 1 consisted of linking problems and needs, Phase 2 would secure broad political commitment, Phase 3 would strengthen administrative machinery and in Phase 4, selected (demand reduction) activities were envisaged. The Master Plan was formally adopted by the Government of Sri Lanka in 1996.

3. Background to the Project

Since 1987, the United Nations has supported drug abuse prevention and treatment initiatives in Sri Lanka through the funding of three projects, each for a three-year period, all implemented by the NDDCB. A summary of these projects is outlined in the table that follows:

Title of the Project	Agencies involved	Budget	Immediate objectives	Achieved Outputs
AD/SRL/87/495 Prevention and Treatment of Problems	Funded by UNFDAC (later UNDCP) Executed by	US \$ 307,925	1. To develop and institutionalise a managerial structure to plan and implement a comprehensive and effective programme for the	**

Related to the abuse of drugs in Sri Lanka (1987)	WHO Implemented by NDDCB		reduction in the demand for heroin in Sri Lanka 2. To contain the actual heroin epidemic in a measurable manner	
SRL/87/032 Drug Abuse Monitoring System(DAMS) (1987)	Funded by UNDP Executed by WHO Implemented by NDDCB	US \$ 166,500	1. To establish and institutionalise a system to monitor trends and patterns of drug abuse 2. To establish and institutionalise an early warning system for such trends in order to permit early programme responses	1.DAMS initiated in 1987 2. National Narcotics Laboratory established
AD/SRL/87/495 Prevention and Treatment of Problems Related to the abuse of drugs in Sri Lanka (1991)	Funded by UNFDAC/ UNDCP Executed by WHO Implemented by NDDCB	US \$ 480,250	1.To strengthen the existing managerial structure to plan and implement a comprehensive and effective programme 2.To promote healthy styles of life and initiate a measurable reduction in the demand for drugs 3. To consolidate the achievements in the containment of heroin epidemic	* * Extensively reviewed during an evaluation mission in 1991. Critical issues identified
AD/SRL/92/718 (1993) Prevention and Treatment of Problems related to Drugs	Phase 2 of the projects initiated by the UNFDAC	US \$ 430,000	1.To achieve a measurable reduction in the use of heroin and in drug related health and socio-economic problems 2.To evolve by action research, effective and locally applicable methods of preventive education, treatment and rehabilitation 3.To promote healthier ways of life and to prevent the spread of public health problems related to drug abuse, in particular HIV infection	1.Managerial structure to plan and implement programme established at NDDCB 2. Existing temporary positions made permanent 3. More than 1000 public awareness events organised 4. A team of 5 outreach workers trained 5. Detoxification camps initiated 6. 4 treatment centres established 7. Three prison diversion schemes established 8. Training curriculum modules developed for nurses, police and prison staff 9. New sources of data added to DAMS viz. key informant interviews (6 monthly), outreach reporting (monthly), heroin price and purity monitoring (monthly) and injecting drug use monitoring (monthly)

The most recent project, (AD/SRL/92/718), was evaluated in 1994, and subsequently by a Tripartite Review in December 1995.

The main findings and recommendations of the evaluator were as follows:

- a. Strengthening of the preventive activities, especially for groups at special risk

- b. Strengthening of the outreach team. Improve open community approaches. The expectation that the treatment units operate as community centres was to be reviewed and these activities made the focus of the third phase of the project
- c. Support for opening a prison camp for narcotic offenders and institution of some form of court diversion.
- d. Establishment of repeated community surveys of specific sub-samples of the general population so that the trend in drug abuse can be assessed against baseline data. Support for research on drug abuse favouring ethnographic and epidemiological studies over clinical research.
- e. It was strongly recommended that the DAMS data be subject to statistical analysis, as the written reports need to be interpretative as well as descriptive. The necessity of absorbing and analysing more qualitative data was also noted.

The above evaluation was carried out one year before the completion of the project. Some of the recommendations were incorporated in the final year of the project.

The findings and lessons learned from the project AD/SRL/92/718 were summarised as follows in the Draft Terminal Report:

"The project documentation has a major effect on its implementation. It should specify objectives, specific outputs and activities for each objective with sufficient clarity. This will prevent project being forced to undertake a plethora of activities that may have no direct impact on expected achievements."

"The project needs to have some system of external (UNDCP) evaluation regularly (annually) to ensure that the project document is followed by the implementing agency. This will facilitate mid course alterations that need to be made and incorporating them formally into the project"

"It is important to 'define' content of concepts such as 'community work' 'outreach work' very clearly in the cultural context of the respective country. It is better to have some agreement on even 'extent' of work required. This will facilitate the work of the project staff as well as evaluators.

Five recommendations emerged from the terminal report of the project AD/SRL/92/718:

- a. There is a basis for further co-operation in certain areas of new developments stemming from the achievements in the previous phases
- b. Most important would be qualitative improvements in the functioning of on-going activities generated by the earlier project
- c. Documentation of attitudinal change of drug dependents, changes in the drug culture, perceptions of outreach efforts is necessary.
- d. Collaboration limited to established NGOs in the city is not sufficient. There are wider community groups in peripheries who are not reached by any agency.
- e. Prison diversion schemes need more attention due to the fact that a far larger number of drug users are in contact with the criminal justice system than treatment centres

4. Current Project AD/SRL/97/C71 - Strengthening Selected Drug Demand Reduction Programmes in Sri Lanka

4.1. Objectives

The project document describes the immediate objectives in the following terms:

1. To strengthen the Drug Abuse Monitoring System
2. To improve outreach prevention for high-risk groups
3. To improve quality of treatment services

4.2. Envisaged Outputs

The envisaged outputs from the project can be summarised as the following:

1. Expansion the Drug Abuse Monitoring System (DAMS) to include data from:
 - 1.1. 26 hospitals at the district level, smaller associated hospitals and medical officers of health
 - 1.2. Department of Prisons, through their statistical division
 - 1.3. Outreach teams and the drop-in centres
2. To improve outreach prevention for high-risk groups which envisaged:
 - 2.1. Five drop-in centres to be established and functioning
3. To improve quality of treatment services by the following :
 - 3.1. Quality Assurance Programmes for treatment centres enhanced and expanded to include up to four NGO supported treatment centres
 - 3.2. Existing prison diversion scheme expanded to cover at least 600-800 prisoners

4.3. Executing Mechanisms

The project has been funded by the UNDCP, executed by the WHO and implemented by the NDDCB. The responsibilities of each of the organizations is as follows:

WHO:

- Necessary technical and administrative support to closely monitor the implementation of the project
- To provide UNDCP with regular progress reports, project reviews, reporting and evaluation

NDDCB:

- Implementation through the project office, headed by the National Project Director to:
 - Implement and administer all components of the project
 - Monitor activities and prepare project Reports
- Annual Reviews of the results of quality assurance and prison diversion schemes
- Co-ordinate with the executing agency and facilitate the smooth operation of the project within the national framework of drug abuse control

UNDCP (Regional Office for South Asia and Headquarters):

- Monitoring of the project on the basis of reporting from WHO, monitoring visits and participation in tripartite review meetings

Section 2

5. Terms of Reference of the Final Evaluation

The final evaluation was to assess:

- A. Project strategy approaches and design
 - a. The adequacy of the analysis and identification of the problem to be addressed
 - b. The strategy in terms of appropriateness and obtainability of objectives (both immediate and long-term) and planned outputs, activities and inputs as compared to cost-effective alternatives
 - c. Executing modality and managerial arrangements
 - d. Clarity, logic and coherence of the project design
 - e. The adequacy of the agreed prerequisites for project implementation
 - f. The annual work plans and planned duration of the project
 - g. The elements to ensure sustainability in particular, linkages with national inputs or activities

- B. Project Implementation
 - a. Project strategy implemented as planned in the project document or it has been revised (and for what reason) during the course of the project implementation
 - b. The quality and timeliness of inputs
 - c. The effectiveness of project management
 - d. The efficiency and effectiveness of activities carried out
 - e. The obstacles encountered and measures taken to overcome them
 - f. The efficiency and effectiveness of other partner agencies

- C. Project Results, Impact and Sustainability
 - a. The quality and quantity of outputs produced.

As Project AD/SRL/97/C71 was an attempt to consolidate the achievements of the earlier projects supported by the UN, an attempt was made to contextualise this project and to recommend proposals for concrete action that could be included in the design of future projects.

6. Methodology

The evaluation team consisted of two persons, one external and one national. The external (international) evaluator was nominated by the UNDCP. The national evaluator was nominated by the NDDCB/WHO. The evaluators were appointed on the basis of their extensive experience in drug demand reduction and high- risk group intervention, project implementation, monitoring and evaluation. The evaluation mission took place between 24th February until 4th March 2003. The team was briefed about the project by the Executive Director of the NDDCB and provided with various relevant background documents. The team made site visits to the Prisoner Diversion Scheme at the Pallekele open prison in Kandy and conducted interviews with the prison staff, drug users, visiting families and the Prisoner

Welfare Association. The team also visited the NDCCB run treatment centre Navadigantha in Nittambuwa, and the drop-in centre at Moratuwa. Meetings were organised in Colombo with the outreach team, and with the consultant for the DAMS. In Kandy, the team interacted with a representative from CARE. This is an NGO working in the plantation sector using a rights based approach. The detailed programme of the team is provided in Annexe 2.

7. Observations and Conclusions

7.1. General

The NDDCB in Sri Lanka has been functioning as the nodal agency to co-ordinate drug abuse related activities such as law enforcement, preventive education, treatment and rehabilitation. Therefore it is ideally suited to implement projects of the nature of AD/SRL/97/C71.

The concerned agencies have been interacting adequately and periodic reviews have been conducted.

The earlier projects as well as the present one were envisaged to strengthen and consolidate experiences and achievements of previous initiatives. This has helped to maintain a logical coherence to the project design, expansion of selected activities and improvements in service delivery.

The absorption of the trained project staff into the permanent employment of the NDDCB resulted in the availability of trained manpower to implement further project activities.

The most significant achievement of the project appears to be the strengthening of the open community system, especially the outreach programmes and drop-in centres.

7.2. Project Implementation

The evaluation report will separately address the 3 immediate objectives of the Project AD/SRL/97/C71, which are given below in terms of project strategy, approach and design, implementation, results, impact and sustainability.

- 1. Strengthening the Drug Abuse Monitoring System**
- 2. Improvement of Outreach Prevention for high risk groups**
- 3. Improvement of quality of treatment services**

1. Strengthening the Drug Abuse Monitoring System

1.1. Expected Output 1: Expansion of DAMS to include data from 26 hospitals at district levels, smaller associated hospitals and medical officers of health.

Activities included:

- 1.1.1 Review and modify the DAMS for use in the identified hospitals
- 1.1.2. Development of curriculum and materials to train medical personnel in the use of DAMS
- 1.1.3. Training of medical personnel
- 1.1.4. Obtaining of quarterly reports
- 1.1.5. To provide feedback to the participating hospitals

1.1.1. According to the project document, one international consultant (Demand Reduction Data System Specialist) was to be recruited to review the existing hospital's emergency, out-patient and in-patient record systems in use and produce a draft modified system to capture relevant drug abuse data collection.

However, according to the annual project progress report (January - December 2000), instead of an international consultant for this purpose, "upon consideration of the advantages of having internal experts for the project", a National Demand Reduction Data System Specialist and a National Data Collection Curriculum Development and Training Specialist were recruited.

Although the contract for the Demand Reduction Data System Specialist was for a period of 24 months, this contract was shortened to 11 months (1 October 2000 to 31 August 2001). The report of the above specialist indicates that he reviewed and modified the hospital record system capable of capturing relevant drug abuse relevant data, and pre-tested this in 3 hospitals.

However, the team was made to understand that the Demand Reduction Data System Specialist did not fulfil his TOR and therefore his services were terminated prematurely.

As the Ministry of Health had launched an initiative to modify the hospital record system (HRS), the NDDCB considered it more appropriate to introduce substance use related data into the HRS, and for this purpose, a part-time consultant was recruited for a period of 10 months (from 1 December 2001). This consultant was the Director, Health Information, who was responsible for modification of the HRS at the Ministry of Health.

- 1.1.2. The development of curriculum development and training material did not occur due to the identified specialist not taking up this assignment.
- 1.1.3. 4,822 hospital staff in 191 hospitals was trained in the DAMS reporting system across 20 workshops.
- 1.1.4. The NDDCB has received quarterly reports from 13 and 2 hospitals in 2001 and 2002 respectively.
- 1.1.5. The National Institute of Business Management was contracted to develop appropriate software for DAMS. The software is currently being used for this purpose by the NDDCB.
- 1.1.6. The quarterly reports are being sent to the hospitals in the form of DAMS report on drug users in treatment facilities (annexed).

Evaluation Team's Observation

- a. It is our observation that 2 separate strategies appear to have been followed. In the first, the existing DAMS reporting form was suitably modified for use in hospitals. In

the second, the relevant drug use related data was included in the hospital admission record sheet, on a pilot basis.

This is however, not clearly outlined in the project strategy. Although according to the project document, the activity identified was to review and modify the existing hospital record system, the main activity undertaken appears to have been the use of a modified DAMS format in the hospitals. Whether the objective was to capture data on illicit drug users or all kinds of substance use is unclear. The fact that many of the DAMS forms received by NDDCB from the hospitals record licit substance use information supports this observation.

- b. On perusal of the DAMS data from the hospitals, it was found that only 13 hospitals had sent in information in 2001, and only 2 in 2002. This underscores the observations made in an earlier attempt at extending the DAMS to health facilities. To quote "It is distressing to report that the response to the DAMS by the medical personnel was almost negligible, especially because so many doctors working in these facilities were involved in the development of the reporting forms and the mechanisms. ..." (Terminal Report of the Project SRL/87/32, December 1991).
- c. The second attempt was to integrate substance use information into the medical hospital record system (a record of use and quantity of alcohol/tobacco/other drugs and an impression of probable relationship to the diagnosis). This has been part of a pilot programme initiated by the Ministry of Health in the general hospital at Anuradhapura. According to the consultant this pilot project has been in operation since June 2002. The information provided by the consultant on the team's request shows that in the month of July 2002, out of a total of 4727 admissions to the medical and surgical units, a noting of smoking/alcohol/substance abuse was made in 10 cases.
- d. Upon review, the TOR of the above consultant included review of the existing hospital, emergency, outpatient and inpatient record system in use in government hospitals. However, only the medical and surgical inpatient records had been modified to include relevant substance use data.
- e. The team noted that a consultant had been contracted for 10 months in order to insert three common questions relating to drug use in the HRS. As the HRS was being implemented by the Ministry of Health with the support of the WHO, the necessity of a separate consultancy for such a long period is unclear.
- f. The team observed that the staff handling the DAMS data had difficulty in generating any secondary level of analysis. There is no instruction manual for data analysis using the new software. However the team has made to understand that the new software has expedited the speed of data entry.

Expected Output 1 appears to have been partially achieved.

1.2. Expected Output 2. Expansion of DAMS to include data from Prisoner Diversion Scheme (PDS)

- 1.2.1. The DAMS reporting system was introduced to the Prisoner Diversion Scheme (located in Pallasena, Pallekele, Veerawila, Kandy, Anuradhapura, Watareke, Mahara and Taldena). Training workshops and follow-up work on reporting procedures for prison staff resulted in the establishment of reporting systems in prisons. In 2001, DAMS information was obtained for 1522 drug users in prison.

Expected Output 2 has been achieved.

1.3. Expected Output 3. Expansion of DAMS to include data from outreach and drop-in centres

Activities:

- 1.3.1. Data was being sent in to the DAMS from the 5 drop-in centres established under the project. Information provided by the NDDCB reflects DAMS data from 295 users of the drop-in centres.
- 1.3.2. In 2002, the outreach team has begun to send in DAMS forms.
- 1.3.3. In addition to the quantitative information, the outreach staff and drop-in centre team were to be trained in qualitative data collection and reporting. The outreach staff and drop-in centre staff have been introduced to collation and reporting of qualitative data and have begun to present qualitative information at their regular fortnightly meetings.
- 1.3.4. Although the software for qualitative analysis (ATLAS and NUD*IST) have been acquired the development of curricula and material and training in software utilization for qualitative data analysis has not been undertaken.

Evaluation Team's observation

During the team's interaction with the outreach staff, it was observed that they are using various qualitative techniques such as key informant interviews and ethnographic mapping. However, this information is yet to be utilized productively.

Expected Output 3 has been partially achieved.

In summary, Immediate Objective 1 has been partially achieved.

2. Improvement of Outreach Prevention for high risk groups

Expected Output: Five drop-in centres established and functioning

Activities:

- 2.1. Appropriate locations for drop-in centres were to be identified in Colombo, Kandy, Anuradhapura, Galle and Kurunegala. This activity was initiated early than planned. Since Colombo and its suburbs were identified to have a large number of clients, two drop-in centres were started in Colombo. Except for Kandy, similar centres were started in the other three cities as planned.
- 2.2. The drop-in centre staff have been recruited and trained to implement the functioning of the centre, and include ex-drug users. The drop-in centres are monitored by the NDDCB staff.

2.3. About 625 clients are utilising these facilities. Although there was initial scepticism about the usefulness of the drop-in centre in the local cultural context, the NDDCB and the clients have found this facility to be very useful.

Evaluation Team's Observations:

- a. Upon visiting the drop-in centre at Moratuwa, the team was impressed with the functioning of the centre.
- b. In addition to the support being given to the clients, it appears that some inputs need to be provided on high risk sexual behaviour. Although the drop-in centre staff said that he was carrying some preliminary counselling, he expressed the need for further training.
- c. The drug users at the drop-in centre were unanimously in favour of more drop-in centres being established to support their recovery.
- d. The team was made to understand that 3 of the drop-in centres (all 3 outside Colombo) had to temporarily closed due to financial constraints.

Immediate Objective 2 has been partially achieved.

3. Improvement of quality of treatment services

Expected Output 1 : Quality Assurance Programme for treatment centres to be enhanced and expanded to include upto four NGO-supported treatment centres

Activities:

- 1.1. In the original project document, two suitable NGO's running inpatient treatment programmes were to be involved in the quality assurance programme. A core group of 5-7 treatment providers in each NGO was to be identified and trained in self-evaluation and monitoring, and to organise self-evaluation workshops. Monthly meetings of this group was planned to share experiences. Records were to be maintained to facilitate this evaluation.
- 1.2. Two additional NGO's, if available and suitable, were to be involved in the above programme.
The NDDCB attempt to engage a local NGO, Mithuru-Mithuro in the quality assurance programme, but was unsuccessful. Therefore, instead of forming a single core group of NGO's, four core groups were established through the four treatment centres in Colombo, Nittambuwa, Kandy and Galle. Managers and staff of these centres conducted 10 programmes for core groups of NGOs in their respective districts. A total of 115 NGOs from 6 districts were involved in the training.
- 1.3. An annual review of the results of the treatment centres in terms of relapse rates and other indicators, such as maintenance of social networks, capacity to find or maintain employment, delivery of self-health care and elimination/reduction of drug peddling was envisaged.
- 1.4. A sub regional workshop on quality assurance was planned.

Evaluation Team's observation

- a. The team interacted with one of the treatment service providers of the NDDCB in Kandy as well an NGO representative from CARE. The NGO representative perceived the training to be very useful.
- b. A draft manual on good treatment practices has been developed to be used for training staff of the treatment centres.
- c. The concept of 'quality assurance' mentioned in the project document is not very clear.
- d. A sub regional workshop on quality assurance was carried out in August 2002 and involved participation of 45 participants from 6 countries

Expected Outcome 1 was partially achieved.

Although the treatment NGO's were not involved as originally planned, an unexpected but desirable outcome was the involvement and training in demand reduction of a large number of NGOs working in the development sector.

Expected Outcome 2: Existing prisoner diversion scheme to be expanded to cover at least a total of 600-800 prisoners

- 2.1. The project document envisaged the expansion of the existing prisoner diversion scheme through discussions with prison authorities and the local Prisoners Welfare Association, development and implementation of an action plan for expansion.
- 2.2. Annual review of the prison diversion scheme and sharing of the results with the participants of the PDS
- 2.3. Organisation of a sub-regional workshop to share the experiences gained

Evaluation team's observations

- a. The PDS has been extended to 8 prisons and is currently being implemented in Pallansena, Pallekele, Weerawila, Wattareka, Kandy, Anuradhapura, Mahara and Taldena prisons. 2700 prisoners have so far covered by the PDS scheme.
- b. Although a special facility for female drug users was planned within the Kandy prison, the team was made to understand that most of the women drug users are reluctant to be moved to Kandy.
- c. The NDDCB plans to extend the PDS to cover 13 prisons
- d. During the visit to the Pallekele prison in Kandy district, a vibrant programme for drug users was observed. About 132 drug users were currently in the PDS.
- e. The team observed that the prison does not have at hand information relating to the annual admissions and discharges.
- f. Upon interaction with the Prisoners Welfare Association, the need for an aftercare programme for the discharged drug users, and an evaluation of the programme was acutely felt.
- g. The family members interviewed during the visit were very grateful for the PDS.
- h. The officers, Prisoners Welfare Association and the NDDCB treatment staff felt that this programme should be extended to the remand prisoners as well.
- i. A Sub-Regional Workshop for Prison Officials on Treatment and Rehabilitation of Drug Dependents in Prisons was organised in October 2002. Forty one participants from 5 Asian countries participated and shared their experiences.

Expected Output 2 has been achieved.

In summary, Immediate objective 3 was partially achieved

8. Lessons Learned, Linkages, Impact and Sustainability

8.1. The NDDCB, given its mandate, infrastructural capacity, availability of trained manpower, earlier experience at project implementation and commitment appears the ideal implementing agency for projects of this nature.

8.2. The overall objectives of this project are in keeping with the goals of the National Master Plan for the country.

8.3. The arrangement of the UN agencies to provide technical assistance and monitoring to the implementing agency is beneficial to project implementation. This needs to be strengthened.

8.4. A great deal of autonomy appears to have been given to the NDDCB in the project implementation. This is vital for developing in-country potential in programme development and execution. However, it is desirable that the implementing agency plays an active role in designing project objectives, strategies and approaches.

8.5. Annual action plans need to be generated by the implementing agency, outlining specific steps for each activity, assigning responsibilities and should include evaluation indicators for specific strategies. Any change undertaken should be clearly documented with reasons.

8.6. There appears to be a sound rationale in the decision to employ national rather than international consultants for expanding the DAMS to the health care system. It is also clear that there have been difficulties in this regard, both with the appointments and with the execution of the specified objectives of project. This experience should be taken into consideration in subsequent projects.

8.7. Most of the activities envisaged in the project document have been satisfactorily implemented by the NDDCB. However, the desired output in terms of the objectives have not all been obtained. For example, the response from the health and the non-governmental sectors has been unsatisfactory. Since productive partnerships with these sectors are crucial for drug demand reduction, alternate strategies may have to be evolved. The WHO could play a vital role in this regard.

8.8. The strategy for inclusion of substance use information in the hospital record system is an important initiative. The pilot project at Anuradhapura suggests that this information may not be captured in its present form, as the field related to substance use is not a mandatory item in the present record form. To be able to provide any valid information, this needs to be a mandatory field.

8.9. In its present form the DAMS is functioning as an event reporting system by providing basic descriptive data from the enforcement and treatment facilities. Consistent DAMS data is being collected from these agencies. Some information DAMS data has

been received from the private sector but there is a conspicuous absence of data from the NGO treatment centres.

8.10. The DAMS system does not have ways of avoiding case duplication. In addition, there is often no specification of the 'other drugs' being used. This is a serious limitation on the usefulness of the DAMS as an early warning system of use of other drugs. The DAMS data has not been further analysed to its fullest potential. For example, to capture new users, emergence of newer substance use, age trends etc.

8.11. A concern of the evaluation team is the level of expertise within the NDDCB to carry out this analysis using the current software programme. There is only one data programmer who has been trained in the use of the software. There is still a substantial backlog of forms for data entry from 2002. The new software programme has not been optimally used for secondary data analysis. The main reason appears to be the lack of any instruction manual on the use of the software, which can be used by a larger number of staff.

8.12. One of the activities envisaged in the project was the collection of qualitative data both from the DAMS as well as from the treatment and outreach programmes. Although training inputs have been given, there is a perceived need for more formal training. A uniform format for obtaining and reporting qualitative data needs to be evolved. The techniques of analysing qualitative data, and triaging various sources of information to give a coherent picture of the drug situation in the country need to be developed.

8.13. The programme for drug users within the penal system (PDS) has greatly been strengthened under the project and has been appreciated by the users, their families, and the service providers. While the approach of separating drug users from other offenders and offering a programme of rehabilitation is an important achievement, the programme needs to be further strengthened, especially in terms of providing support to prepare and assist drug users after release from prison.

8.14. The most important outcome noted by the evaluation team was the success of the open community approach. The change in direction from a treatment centre focused approach to a community approach is a remarkable achievement. The team concurs with the need to look beyond just relapse rates as indicators of outcome and assess areas such as maintenance of social networks, capacity to find or maintain employment, preventing drug peddling and minimising involvement in crime. However unless, each of these is defined in measurable terms and uniformly assessed, it is difficult to assess programme impact.

8.15. The temporary closure of the drop-in centres due to financial constraints within the project tenure raises concerns about the viability of such facilities in the long run. Mechanisms and resources to sustain this activity must be actively pursued.

8.16. The experience of the outreach team staff in engaging in partnership the local administrative staff, e.g. the municipal council highlights the possibility of pursuing community ownership for drug demand reduction projects, and providing linkages to other public health issues. This experience needs to be further expanded and evaluated.

9. Major Conclusions and Recommendations:

Conclusions:

i. The evaluation team has attempted to evaluate the project based on project strategy, approaches and design, implementation, results, impact and sustainability. The team relied on the project document, site visits, interviews and interaction with the project staff for the purpose of evaluation.

ii. The overall objective of the project was to strengthen selected drug demand reduction programmes in Sri Lanka, through the expansion of the Drug Abuse Monitoring System to include data from hospitals, the Prisoner Diversion Scheme, drop-in centres and outreach programmes; to improve outreach prevention for high risk groups; to improve the quality of treatment services. The DAMS reporting system was reviewed and modified to facilitate hospital reporting of drug users. The required training was conducted. The expected yield from the hospitals was however not achieved. The PDS has been consistently reporting according to the DAMS format. The enforcement agencies and treatment centres are continuing to report on the DAMS. The drop-in centres and outreach workers have begun to report. Only one private practitioner has been consistently reporting to DAMS. No contribution has been recorded from the NGO treatment centres. DAMS data has been regularly analysed and disseminated through quarterly publications. The NDDCB also publishes an annual Handbook of Drug Abuse Information. Special software for DAMS has been developed and is being used.

iii. Towards improving the outreach prevention for high risk groups, the 5 drop-in centres were established, but only 2 are currently functional. The drop-in centres are perceived to be very useful in providing support to the users.

iv. Improvement in the quality of treatment services has been achieved through training of treatment centre staff in quality assurance, and production of a training manual. The NGO treatment sector has not been engaged as planned. Instead, several NGOs from the developmental sector have been trained in prevention activities and are being actively engaged by the NDDCB.

v. The treatment facilities for drug users in prison has been substantially expanded under the prison diversion scheme.

Specific Recommendations :

1. Detailed workplans need to be developed by the implementing agency to provide proper direction and consistency in programme implementation. Any departures need to be indicated and justifications provided.
2. A greater clarity needs to be provided on certain terms and concepts. For e.g. quality assurance, high-risk groups in the project document.

3. Greater dialogue between the implementing and executing agencies to decide whether expertise is available within the two organisations or external expertise need to be sought.
4. The DAMS has been providing useful drug related information from different sectors and should be further strengthened. The response from the government hospitals despite training has been poor, and is identical to the response of a similar exercise in the earlier project. It is more realistic to try and obtain few relevant data incorporated into existing hospital recording systems. This, however, will be feasible only when such a system is firmly in place. The NDDCB must interact with the relevant decision making authority in the Ministry of Health to include substance use information as mandatory in the hospital record system.
5. The Rapid Prevalence Survey on Heroin Use (2001) concludes that 73% of users access the private practitioners and private hospitals for treatment. It is recommended that this sector be targeted to obtain information, provide feedback, and be trained in drug demand reduction activities.
6. During the project, the non-participation of the NGO treatment sector has been visible. Alternative ways of engaging this potentially important sector needs to be explored. It is laudable that the project has trained several developmental NGO's in prevention and this initiative must be carried forward.
7. Active linkages must be developed with other agencies working in the prevention of other public health problems, notably STD/HIV/AIDS. The drug user groups in prisoner diversion schemes, treatment centres and in the community need targeted intervention for preventing high-risk sexual behaviour.
8. Training in drug demand reduction should also be provided to agencies involved in activities related to HIV/AIDS prevention, in the government, non-government and private sectors.
9. In order to better utilise the DAMS as an early warning system, more detailed analysis should be undertaken. The NDDCB needs to acquire/strengthen further expertise in data analysis and documentation. This will be especially crucial in further projects.
10. For a hidden problem such as drug abuse and related public health consequences, data needs to be triaged from multiple sources. As qualitative and quantitative methods are complimentary to achieve this objective, it is recommended that the research team develop the necessary competence to collect and analyse qualitative data.
11. The experiences with the open community approaches are very encouraging. The drop-in centre approach must be carried forward and mechanisms for sustainability should be identified as a priority.
12. The experience of the outreach programme has opened up the possibility of initiating a community based and community owned programme. This has been attempted in the Dehiwala Mount Lavinia Municipal Council. A community model for demand reduction for both urban and rural areas, incorporating the participation of related agencies such as local administration, public health staff, education and

developmental staff, non-governmental organization, law enforcement agencies, local religious leaders and other key decision makers should be evolved. To evolve, establish and evaluate such a model, the specific roles and responsibilities of the different agencies, mechanisms, expected outcomes and methods of evaluation need to be identified in advance.

13. The rich experience gleaned by the NDDCB, place it in an ideal position to evolve community models replicable in other countries in the region. The steps involved in formulation, implementation and evaluation of such a model need to be documented in detail.
14. The gains achieved in this project need to be consolidated and sustained ideally with government support. It is recommended that the community approach be further expanded and formally evaluated with ongoing assistance from international agencies.

Key Areas for further inputs

- a. Training of NDDCB staff in improved analysis of DAMS as well as in qualitative data methods, collection, collation and analysis (either the required training be provided to the existing staff or a new recruitment for this purpose
- b. Replication of the PDS in other facilities. Enhance training, documentation and mechanisms of evaluation of this experience.
- c. Extension of DAMS monitoring and demand reduction programmes to other regions of the country
- d. Development of community based programmes for drug demand reduction
- e. Documentation of best practices

TERMS OF REFERENCE

Project Title:	Strengthening Selected Drug Demand Reduction Programmes in Sri Lanka
Project No:	AD/SRL/97/C71
Project Sites:	Colombo
Implementing Agency	National Dangerous Drugs Control Board
Executing Agency	World Health Organization
Duration	3 years (1999-2002)
Project Budget	US \$ 287,000 (UNDCP/Sweden)

1. BACKGROUND

The United Nations has supported drug abuse prevention and treatment initiatives in Sri Lanka since 1987 through the funding of three projects, all implemented by a project team within the National Dangerous Drugs Control Board (NDDCB).

Background

The United Nations supported drug abuse prevention and treatment initiatives were in operation in Sri Lanka since 1987 through the funding of four projects. The National Dangerous Drugs Control Board (NDDCB) implemented all these projects. The NDDCB was established in 1984 under the Ministry of Defence to respond to drug control problems. The project AD/SRL/87/032 – Drug Abuse Monitoring System and the Project AD/SRL/87/495 – Prevention and treatment of problems related to the abuse of drugs’ were initiated in 1987 with a budget of US \$ 170,000 and US \$ 360,000 respectively. The project AD/SRL/87/495 – Prevention and treatment of problems related to the abuse of drugs’ followed by AD/SRL/92/718 in 1992 with a budget of approximately US \$ 430,000. A fourth three year project titled Project AD/SRL/97/C71- Strengthening Selected Drug Demand Reduction Programmes in Sri Lanka was launched in 1999. This project costs US \$ 287,000 and will be completed by the end of 2002. The World Health Organization (WHO) played the role of executing agency for all the projects.

The immediate objectives of SRL/87/032, Drug Abuse Monitoring System were: (i) to establish and institutionalise a system to monitor trends and patterns of drug abuse and (ii) to establish and institutionalise an early warning system for such trends in order to permit early programme responses. These objectives were to be achieved through establishment of a computerized database and a narcotics laboratory. By the time the project was terminated, the two entities were established.

The development objectives of AD/SRL/87/495 – Prevention and treatment of problems related to the abuse of drugs’ were: (i) to achieve a measurable reduction in the use of heroin and in drug related health and socio-economic problems, and (ii) to evolve effective and locally applicable methods of preventive education, treatment and rehabilitation.

After achieving tangible results from those projects a third Project titled AD/SRL/92/718 “Prevention and treatment of problems related to the abuse of drugs” was commenced in the latter part of 1992. The expected specific outcomes were: (i) a measurable reduction in drug abuse, drug related health and socio-economic problems (ii) evolving effective and locally

applicable methods of preventive education, treatment and rehabilitation, and (iii) reduction in spread of public health problems related to drug abuse, in particular HIV/AIDS infection.

The major role of the third project was to consolidate the achievements of the first two projects and to improve them. After successful implementation of the third project a fourth three year project titled Project AD/SRL/97/C71 “ Strengthening Selected Drug Demand Reduction Programmes in Sri Lanka” was launched in 1999. Immediate objectives of the project, to be completed by the end of 2002, are: (i) to strengthen the Drug Abuse Monitoring System (ii) to improve outreach prevention for high-risk groups, and (iii) to improve quality of treatment services.

II. PURPOSE OF THE FINAL EVALUATION

The final evaluation will assess:

A. Project strategy, approaches and design:

- a) the adequacy of the analysis and identification of the problem to be addressed;
- b) the strategy in term of appropriateness and obtainability of objectives (both immediate and long-term) and planned outputs, activities and inputs as compared to cost-effective alternatives;
- c) the executing modality and managerial arrangements;
- d) the clarity, logic and coherence of the project design;
- e) the adequacy of agreed prerequisites for project implementation;
- f) the annual work plans and planned duration of the project’;
- g) the elements to ensure sustainability in particular, linkages with national inputs or activities;

B. Project implementation:

- a) Project strategy implemented as planned in the project document or it has been revised (and for what reason) during the course of project implementation.
- b) The quality and timeliness of inputs;
- c) The effectiveness of project management’
- d) The efficiency and effectiveness of activities carried out;
- e) The obstacles encountered and measures taken to overcome them’
- f) The efficiency and effectiveness of other partner agencies;

C. Project results, impact and sustainability:

- a) The quality and quantity of outputs produced;

III. MAJOR CONCLUSIONS AND RECOMMENDATIONS

Major conclusions and recommendations should be made in the final report as per the purpose of the evaluation. These findings and recommendations should be discussed during debriefing of UNDCP, NDDCB, WHOILO and should be made as part of the draft evaluation report. The report should also recommend proposals for concrete

action that could be included in the design of future projects and also comment on the undesired outcomes of the Project.

a) me and budget?

IV. LESSONS LEARNED

Lessons learned during the project implementation, which are valid beyond the life of the project, should be recorded in the evaluation report.

V. DURATION

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Duration: The final evaluation will be undertaken during a period of two weeks, excluding the international travel time.

VI. COMPOSITION OF THE EVALUATION TEAM

The evaluation team will comprise of two members;

- one international evaluator (as a team leader) to be nominated by UNDCP,
- one international evaluator to be nominated by WHO/SEARO,

The team leader should have extensive experience in drug demand reduction and project implementation, monitoring and evaluation in Asian sub-region. The team leader shall be responsible for providing overall guidance to the team and for preparing and submitting the evaluation report based on inputs from the other member of the team.

UNDCP will select its evaluator and determine the fee that should be paid. The cost of travel, DSA and fee will be covered by the project.

VII. EVALUATION REPORT AND FOLLOW-UP

Before the submission of the evaluation report to the UNDCP, the team will prepare and discuss the draft evaluation report with representatives of the NDDCB. Although the team members should take the views expressed by the concerned parties into account, they should use their independent judgment in preparing the draft report.

United Nations Office on Drugs and Crime

PROJECT EVALUATION
Summary assessment questionnaire

This questionnaire is to be filled out by the evaluator or evaluation team and to be submitted to backstopping office. A copy should be provided to the Senior Evaluation Officer, Division for Operations and Analysis. A separate questionnaire should be filled out for each project encompassed by the evaluation. The information provided must be fully congruent with the contents of the evaluation report.

The purpose of the questionnaire is to provide information for UNODC's evaluation database. The information will be used to establish evaluation profiles which should give a quick and correct overview of the evaluation of individual projects and programmes. It will also be used for the purpose of analyzing results across project evaluations to obtain a systematic picture of the overall performance of the Programme.

I. NUMBER AND TITLE OF PROJECT:

AD/SRL/97/C71 "Strengthening Selected Drug Demand Reduction Programmes in Sri Lanka"

II. SUMMARY ASSESSMENT:

1. Please provide an assessment for all categories listed (including categories constituting headings) by ticking one of the boxes ranging from 0 to 5. The ratings from 0 to 5 are based on the following standard favor-to-disfavor scale:

5 - Outstanding, highly appropriate, much more than planned/expected, certain to materialize

4 - Very good, very appropriate, more than planned/expected, highly likely to materialize

3 - Good, appropriate, as planned/expected, likely to materialize

2 - Fair, less appropriate, less than planned/expected, less likely to materialize

1 - Unsatisfactory, not appropriate, far below plans/expectations, unlikely to materialize

0 - Cannot determine, not applicable

3. If external factors had an impact on project performance please tick the appropriate boxes: external factors impeded: promoted: _____ project performance. The effect on project performance of this influence was significant: _____ / highly significant: _____. Please provide a short description of the nature of the external factor(s): This included the poor co-operation from the NGO sector, and the health sector involvement was also not optimal

4. Did the evaluation recommend to:

- a) _____ abandon the project
- b) _____ continue/extend the project without modifications
- c) _____ continue/extend the project with minor modifications
- d) continue/extend the project with some modifications
- e) _____ continue/extend the project with extensive modification
- f) _____ terminate the projects, as planned

(please tick the relevant category).

5. If a modification of the project was recommended did the evaluation recommend a revision of: the drug control objective(s): _____, the immediate objective(s): _____, the outputs: _____, the activities: or the inputs: . Please tick as appropriate.

It is recommended that the project be redesigned into a new project.

6. If the evaluation recommended that the project or significant elements of it be replicate please tick as appropriate: yes: / no: _____