June 2003

MID-TERM EVALUATION REPORT

AD/VIE/01/B85 Drug Abuse Prevention Among Ethnic Minorities in Vietnam

Thematic Area: Demand Reduction

Country: Vietnam

Report of the Evaluator:

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UNITED NATIONS OFFICE ON DRUGS AND CRIME

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EXECUTIVE SUMMARY

The "Drug Abuse Prevention Among Ethnic Minorities in Vietnam" project commenced in November 2001. It has initiated high quality, relevant interventions that have laid the foundations for the project to be a catalytic and influential source of information, knowledge and strategies on issues related to drug demand/harm reduction in remote areas of Viet Nam. While significant progress has been made to-date regarding the complex subject matter of this project, more time is required to allow it to fulfil its potential. It is therefore strongly recommended that the project be extended until the end of 2004 to ensure that it is able to consolidate the learning, knowledge and experience from pilot activities and achieve a lasting impact.

Research undertaken by the project highlights a significant drug abuse problem in remote areas; worsening intravenous drug use (IDU) behaviour; poverty caused to communities by drug abuse; and concerning knowledge gaps in relation to methods of HIV transmission. This knowledge positions the project as an important promoter and agent of change within the development community in Viet Nam, able to raise awareness of the interconnectedness of drug use and poverty, and to act as a catalyst in the development of appropriate responses and strategies in remote areas.

The rationale upon which the project was designed is even more relevant today than it was when the project was initially conceived. Various 'institutional' constraints have existed that have restricted progress to date. Each of these constraints relates loosely to the same theme – the extreme, system-wide sensitivity through which drug related issues have to-date been considered in Viet Nam. This highly sensitive operating environment is the major factor behind the reluctance of the international development community to engage drug demand reduction issues.

While these constraints will continue into the future, it is the belief of many that they are easing and will become less constraining as efforts being made at the highest levels of Government continue to gather momentum and create more 'space' to allow for new, more flexible and transparent strategies to be initiated towards drug demand/harm reduction – underlined by the highly significant Directive of the Prime Minister on Strengthening HIV/AIDS Prevention and Control which was issued in February 2003.

This momentum presents great opportunities for the project, and offers a Government mandate to advocate the need for the 'mainstreaming' of drug demand/harm reduction strategies in all development work undertaken in ethnic minority areas. This project presents a compelling case of the clear linkages that exist between drug abuse, poverty and the negative outcomes affecting the innocent bystanders of drug abuse – wives, mothers, families and community – thereby highlighting that any poverty reduction programming will be undermined by an avoidance of these issues. Additionally, there are currently HIV positive people in more than 80% of Districts in the country; and intravenous drug use is the cause of around 60% of HIV transmission across Viet Nam – and up to 80% in remote and highland areas.

The project approach to-date has been logical and of a high quality, and because of considered and thorough planning has already enjoyed significant successes whereby 'space' was created for the project, with the blessing of provincial and local authorities, to actively engage and work with drug users in ethnic minority communities. This has allowed for ethnic minority peer researchers to be trained, and local authorities sensitised to strategies of drug demand and harm minimisation.

As it is currently constituted and funded, the project 'undersells' itself, largely because it does not have the critical mass required to achieve its stated objective which is to develop and initiate a programme for a common donor response to drug abuse issues among ethnic minority communities. The project requires a more robust framework in terms of staffing, scope, spread of activities, and budget to achieve its important objectives. This should be achievable with only a modest increase to the current annual budget allocation of US$160,000.

The Committee for Ethnic Minorities remains an important partner of the project, and should continue to be the lead partner agency, however the project should remain UNODC-executed and focus on establishing a diversity of strong relationships at the central level with the key Government bodies that are pushing for new strategies for drug demand/harm reduction to occur. These relationships should be

advocacy- and education-based and would include the Ministry for Public Security (Police), the Standing Office of Drug Control, and the Ministry of Health. Similar efforts should occur at the provincial level.

Extensive time is required for relationship building, both at the central and localised levels. It is therefore proposed that the Project consider contracting a second international person to undertake 'social marketing' of the project approach with stakeholders. It is also proposed that ethnic minority volunteers be recruited to manage project activities both at the provincial and commune levels. Such a system would ensure that information about changing policies, new strategies and other relevant information is flowing effectively to stakeholders.

It is also suggested that a project revision occur for the extension period that better align strategies and outputs to the changed context that the project now operates in.

The range of constraints described above have contributed to slower than planned project progress. Development of models to address the need for community-based treatment of drug users remains one of the most complex challenges facing the project. The project is well positioned to work on a range of interesting and innovative models based around issues of drug abuse prevention, treatment and rehabilitation. It is vital that these models are given sufficient time and support to achieve outcomes that are well documented and of lasting use to the development community. For this to occur, an extension of the project must be secured.

Drug abuse in ethnic minority areas is a significant and complex problem. While it is important that this current phase be extended to see through key interventions such as awareness-raising within the international community, and initiation of models for treatment and rehabilitation, it is strongly recommended that serious consideration be given immediately to a second phase of the project that furthers the mainstreaming of drug demand reduction initiatives within development programs in ethnic minority communities in these remote areas.

EXPLANATORY NOTES

The phrase “drug demand/harm reduction” is used in this report to capture the emerging policy direction of the Government of Viet Nam that places drug demand reduction as the priority strategy to be pursued in reducing rates of HIV infection. It is suggested in this report that the Project support the Government of Viet Nam to more clearly define and articulate their approach, in order to assist the development community to better understand that drug demand reduction is the preferred umbrella strategy of the GoV under which strategies to control HIV spread should occur. It is believed that the GoV approach is consistent with the UNODC Guiding Principles on Demand Reduction.

ABBREVIATIONS

CEM	Committee for Ethnic Minorities
DANIDA	Danish International Development Agency
DOLISA	Department of Labour, Invalids and Social Affairs
DSEP	Department of Social Evils Prevention
EMWG	Ethnic Minorities Working Group (of Viet Nam NGO Forum)
GoV	Government of Viet Nam
IDU	Injecting Drug Use/Users
IFAD	International Fund for Agricultural Development
MDG	Millennium Development Goals
MOLISA	Ministry of Labour, Invalids and Social Affairs
NCADP	National Committee for the Prevention and Control of AIDS, Drugs and Prostitution
NUNV	National United Nations Volunteer
PSC	Project Steering Committees
RAR	Rapid Assessment and Response
SODC	Standing Office for Drug Control
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNV	United Nations Volunteer
UNODC	United Nations Office on Drugs and Crime (previously the United Nations Drug Control Programme)
VWU	Viet Nam Women’s Union
VYU	Viet Nam Youth Union

INTRODUCTION

This independent mid-term review has been commissioned to review overall progress to-date of the United Nations Office for Drugs and Crime project AD/VIE/01/B85 – Drug Abuse Prevention Among Ethnic Minorities in Viet Nam, and to make recommendations as to how it should proceed into the future. The project is executed by UNODC in association with the Committee for Ethnic Minorities. At local level, the project cooperates closely with the respective Provincial Departments of Labour, Invalids and Social Affairs (notably the Departments of Social Evils Prevention), the Peoples Committees, and various levels of the Police hierarchy.

The Project was commenced in November 2001, although Project activities didn't effectively commence until the appointment of the Project Coordinator in March 2002. The implementation period for the project is two years, and this review is occurring in June 2003, fifteen months after the appointment of the Project Coordinator. A key task of this review is to determine whether the project requires extension in order to more effectively address the complex issues that are its focus.

The strategy adopted for the review was to look firstly at actual progress to-date through analysis of project documentation and activities. Secondly, the evaluator consulted widely with stakeholders to assess opinions as to the need and relevance of such a project strategy to addressing drug demand reduction in ethnic minority areas. These stakeholder consultations also offered an opportunity for the reviewer to develop a complete understanding of the context of the various constraints that exist towards implementation. The middle week of the review involved an extensive field visit involving all project provinces.

CHAPTER I.

PROJECT CONCEPT AND DESIGN

A. Overall assessment

The rationale underlying the 'Drug Abuse Prevention Among Ethnic Minorities in Viet Nam' project is extremely relevant to the development challenges being faced by highland ethnic minority communities in Viet Nam.

While the rationale for initiation of the project remains soundly-based, assessment of progress to-date is problematic given the overly ambitious project strategy that guides it. The scope of the project sets up unrealistic expectations given the project's two-year timeframe and limited financial and human resources. Furthermore, the design seems to have underestimated the constraints posed by the considerable information gaps that exist in terms of relevant baseline information available to the project, and the time and trust required to gather that information. These combined issues have compromised the ability for project outputs to be achieved in a timely manner. Consequently, in order to effectively assess this project, it is necessary to invoke a methodological approach whereby: First, details of the difficulties and deficiencies inherent to the design of the Project Document will be discussed; Secondly, it will be highlighted how this deficient design impacted upon project implementation progress to-date, and finally, measures taken by the project to overcome successfully these barriers and constraints will be detailed.

In particular, the Project Document lacks coherence and the strategy outlined in it seems not to have incorporated to a sufficient degree the extremely sensitive and complex nature of the project subject matter, and the subsequent hesitancy of the international community to engage the issue. The project in fact touches upon three of the most complex, sensitive and urgent issues to be found in Viet Nam – drug abuse, HIV/AIDS, and poverty of ethnic minority communities. The Project Document has not taken into account the time and effort required to address the range of constraints that existed prior to implementation. Additionally, the Project Document is dated, having been written in 1996, and commenced in late 2001 without any significant adaptation. As described above, while the strategy proposed for the project is relevant, it was unrealistic to think that the outputs designated by the Project Document could be successfully achieved within two years.

None of the above is meant to suggest that the project should not proceed. In fact, the opposite is the case. The relevance of the project rationale has sharpened with time and is now even more relevant to the challenges and developmental context of highland ethnic minority communities than at the time of start-up. Activities to-date position the project well to act as a catalyst in mobilising support for drug demand reduction activities, and thus by extension, to address a looming catastrophe should injecting drug use continue to further spread into remote and highland communities.

Such a spread would further impoverish already desperately poor communities, and could well lead to a public health crisis should HIV take root in areas where the quality of available health care is limited at best. Logical inference suggests that if there is not already an HIV problem in remote mountainous communities, there soon will be given growing trends in these areas toward injecting drug use, low levels of awareness regarding HIV transmission, and the fact that the practice of safe injection behaviour is rare. Drug abuse prevention is needed now, and this project is a highly relevant tool through which the broader development community can be made aware of appropriate strategies and responses to the problem.

As detailed below, the project has established a firm foundation upon which the original project vision can be achieved, yet progress to-date has been slow, and has highlighted the need for a strategic and considered project approach that involves and wins the trust of all stakeholders in order to help identify appropriate and sustainable solutions to the problems of drug abuse in ethnic minority areas.

The information and analysis below attempts to put into context the progress of the project by elaborating on the nature of the constraints presented by an overly ambitious Project Document, while emphasising that the rationale for the project remains highly relevant and soundly-based.

B. Problem analysis, objectives and achievement indicators

The project was developed in response to the increased vulnerability of Viet Nam to drug-related problems, presented by the increased prevalence of drugs because of the massive growth in mobility, cross-border trade, and tourism that have been witnessed over the past decade. Startling statistics exist linking drug use to the majority of both HIV transmission and major crime. Official figures estimate around 60% of HIV transmission in Viet Nam occurs through the sharing of needle syringes by intravenous drug users. In provincial areas, this figure rises to around 80%. With 80% of drug users thought to be under the age of 35, there is great concern within the Government of Viet Nam regarding the potential impact of drug abuse on the economic and social fabric of the country into the future.

While several projects have been developed in response to drug use issues - typically targeting drug 'hot spots' in urban and peri-urban areas – there has been little focus on the issue of drug use within ethnic minority communities in rural and mountainous areas. Ethnic minority, non-Kinh (non ethnic Vietnamese) people make up around 14% of Viet Nam's population but comprise 30% of the very poor. The northern mountainous areas, home to many of Viet Nam's ethnic minority population are also where opium has traditionally been cultivated and used. While Government of Viet Nam campaigns have virtually eradicated domestic opium poppy cultivation, significant rates of drug addiction persist. Also, these previous opium producing mountainous communities remain at the 'front end' of the major trafficking routes for drugs entering Viet Nam from neighbouring countries. Frequently, these minority communities share ethnic or family links to communities across national borders where opium cultivation continues.

While smoking opium is still the most common drug use behaviour found across ethnic minority communities, a 'generational shift' is being observed with younger people increasingly choosing to inject drugs, particularly heroin, rather than follow traditional, lower risk usage patterns. Of particular concern in remote communities is the low level of awareness of how HIV and other blood-borne viruses are transmitted, the difficulty of obtaining clean needle syringes, and the absence in these highland areas of any HIV testing and counselling facilities.

While there is room to extend some of the learning generated in urban drug abuse settings to remote areas, there are several critically important issues that are so fundamentally different in complexion when transposed to remote ethnic minority populations, that they are best addressed by responses tailored to the specific context of drug use behaviours in ethnic minority areas. Key differences include isolation, ethnicity and inaccessibility to appropriate services and expertise. This situation forms a particularly solid justification for this project's strategy.

Furthermore, it is vital to take into consideration the historical, cultural and social links that many minority populations have had with opium. To quote from research undertaken through this project, "opium has been intimately integrated into the economic and social life of ethnic minority groups. Although their relationship with the drug has varied from one settlement to another within the ethnic groups, the ambivalent nature of opium has been dealt with in such a way as to maximise its positive dimensions (economic, therapeutic and sociable) while minimising its negative dimensions (excessive use and resulting socio-economic phenomena)." These historical and cultural dimensions position the drug differently in the psyche of some highland minority communities, and therefore demands responses that will be different to lowland Kinh settings.

Additionally, there are varying degrees of drug use – ranging from occasional through to heavy use. While it is important that strategies be developed to assist all drug users, strategies need to vary according to the severity of the addiction, and the specific drug use behaviour. Obviously the treatment regime for an elderly village-based opium smoker will be significantly different to that designed to address the urban young person who is injecting heroin.

While the health concerns related to drug abuse are very serious to the individual, it is also extremely important to recognise the broader impact of drug abuse on the family and the community, and that drug abuse by an individual is commonly a direct cause of poverty for the whole household, and a contributing factor to poverty across whole communities.

While the overwhelming majority of drug users are men, there remains a clear and acute gender dimension to drug abuse in Viet Nam. Recent research undertaken in Viet Nam shows that it is very common for almost all areas of a wife or mother's life to be negatively affected by their husband or son's

drug abuse, including the woman's own health, work life, home life, economic situation, relationships with other family members, and status in the community. Drug abuse prevention can therefore clearly be seen to be a poverty alleviating activity capable of improving the quality of life of a far greater range of people than just the drug users themselves.

Another significant factor in relation to this project is the legal environment in which it operates. Laws exist against drug use in Viet Nam. However to better understand and address the issues surrounding drug use, it is imperative that a secure 'space' is created whereby current drug users, in other words those breaking the law of the land, have enough trust in the direction of the project to engage it, and support it. To this end, there has been some dynamic and progressive support from Government officials to facilitate this trust, and the project should be congratulated on this progress – despite the failure in the design of the Project Document to accommodate the time and energy required to create this 'space'.

In summary, this project was designed in response to the problem of drug abuse in ethnic minority communities, and a recognition that the drug problem in these communities is significantly different enough from lowland, urban settings as to make an independent and tailored response necessary. The project recognises that a range of factors exist in remote mountainous areas, that when considered in their entirety, could quite feasibly lead to a catastrophe of drug use-initiated HIV should no action be taken. Furthermore, the project responds to the fact that there has been very little engagement by the broader development community with this particular issue, despite the clear connection between drug abuse and poverty. This reluctance to engage most possibly relates to the complexity and uncertain legal status which surrounds the issue.

The project strategy centres around successfully mobilising the international development community's interest in the negative impacts of drug abuse, by advocating, raising awareness, and demystifying the difficulties of working to prevent drug abuse in highland ethnic minority areas. To achieve this objective, the project recognises a need to develop 'tools' to facilitate better understanding and access as to how the international community can incorporate and address the issue of drug abuse in their work. The project itself encompasses a learning- and evidence-based approach, and strives to better understand the need for nuanced strategies to be developed that are based on history, cultural difference, and drug use patterns. This approach positions the project as a significant resource to be accessed by organisations working in remote areas.

The immediate objective of the project is "to develop and initiate a programme for a common donor response to drug abuse problems among ethnic minorities in selected highland provinces in Viet Nam". This is to be achieved through an extensive study of the drug abuse situation in selected areas, followed by the identification and mobilisation of appropriate partners to assist in the development of models for community-based drug abuse prevention, treatment and rehabilitation.

In addition to this immediate objective, there is a drug control objective to "reduce overall drug abuse and prevent an increase in injecting drug abuse among highland ethnic minority communities in Viet Nam." The drug control objective remains relevant, however it suggests prioritisation be given to the problem of injecting drug use on which no further elaboration is included in the Project Document. This has led to some confusion between the project office and the Government counterpart on whether the project should focus on all drug use behaviour or reserve special energy for injecting drug use.

The rationale upon which the project was designed is even more relevant today than it was when the project was initially conceived. The various 'institutional' constraints that have restricted progress to-date are easing. These constraints relate loosely to the same theme – the extreme, system-wide sensitivity through which drug-related issues have to-date been considered in Viet Nam. This highly sensitive operating environment is the major factor behind the reluctance of the international development community to engage drug demand reduction issues.

While these constraints will continue into the future, it is the belief of many that they are easing and will become less constraining as efforts being made at the highest levels of Government gather momentum and create more 'space' to allow for new and more flexible and transparent strategies to be initiated towards drug demand/harm reduction – underlined by the highly significant Directive of the Prime Minister on Strengthening HIV/AIDS Prevention and Control which was issued in February 2003.

This momentum presents great opportunities for the project, and offers a Government mandate to advocate the need for 'mainstreaming' of drug demand/harm reduction strategies in all development work undertaken in ethnic minority areas. The project presents a compelling case of the clear linkages that exist between drug abuse, poverty and negative outcomes for innocent bystanders of drug abuse – wives, mothers, families and community – highlighting that any poverty reduction programming will be seriously undermined by avoiding these issues. Additionally, there are currently HIV positive people in more than 80% of Districts in the country; and intravenous drug use is the cause of around 60% of HIV transmission across Viet Nam – and up to 80% in remote areas. The potential for a severe IDU-induced HIV catastrophe undeniably exists in mountainous northern Viet Nam.

The Project Design identifies intended beneficiaries numbering 2,000 households that the project will reach through pilot interventions. It is uncertain whether the project will successfully reach that many households yet it is likely that there will be a powerful and significant impact among secondary beneficiaries such as police, provincial authorities and non drug-users within communities, who will be sensitised to the complexity of HIV and other drug use-related issues as well as strategies to address them through the active participation of current drug users.

C. Outputs, activities and inputs

There are two main strategies presented in the Project Document design for the achievement of stated project objectives. Firstly, the project recognised that a significant information gap exists regarding drug abuse in ethnic minority areas, and that there was a subsequent and urgent need for reliable data to be gathered. To address this gap, the project set about acquiring and documenting all baseline information necessary to achieve a coordinated and informed response to the problem. Secondly, based on the information and learning gathered, the project would establish pilot sites and strategies in order to develop adequate responses to the complex problems of drug abuse in ethnic minority communities in Viet Nam. Together, it was anticipated that these strategies would facilitate "a common donor response to drug abuse problems among ethnic minorities in selected highland provinces in Viet Nam"

These strategies present a common sense approach to the problem, however both the timeframe and budget set by the Project Document are insufficient to meet these demanding challenges. Additionally, as detailed above, the assumption that collaborating partners could be easily mobilised was flawed. The centrality of these collaborating parties to the strategy – and their unwillingness to engage – has been a significant obstacle to project progress, and has demanded a significantly revised strategy that makes achievement of the immediate project objective appear to be nearly impossible.

It is possible that the availability of additional human resources to the project might have made engagement of the international community more successful, however it is the reviewer's opinion that the data and documentation generated by the project are central to persuading the development community to engage the issue, and this was obviously not available at project start-up because it was incorrectly assumed in the Project Document that the donor community could be mobilised. Sub-contracted inputs have been of high quality.

D. Executing modality and managerial arrangements

The project is executed by UNODC, in association with the Committee for Ethnic Minorities (CEM). CEM has appointed a project team, which facilitates introductions and relationships with Government departments. It is recommended that this arrangement continue since it allows for the flexibility and adaptability needed to work towards the 'mainstreaming' of these issues in the programming of Government, multilateral, bilateral and NGO agencies.

The project office is staffed by one project manager and one project assistant. Backstopping of activities has been provided by the UNODC Country Office, and the Country Representative has been active in liaison with the donor community.

CHAPTER II.

PROJECT IMPLEMENTATION

A. Overall assessment

To-date the project has initiated high quality and logical interventions that have laid the foundations for the project to be a catalytic and influential source of information, knowledge and strategies on issues related to drug demand/harm reduction in remote areas of Viet Nam. Because of innovative approaches and thorough planning, the project has already enjoyed significant successes whereby 'space' has been created for the project to progress understanding of drug-related issues. Importantly, this has occurred with the blessing of provincial and local authorities, who have given their support to the project, and with the project actively engaging and working with drug users in ethnic minority communities. This has allowed for ethnic minority peer researchers to be trained, and local authorities to be sensitised to strategies related to drug demand and harm minimisation.

As it is currently constituted and funded, the project 'undersells' itself, largely because it does not have the critical mass required to achieve its stated objective to develop and initiate a programme for a common donor response to drug abuse issues among ethnic minority communities.

The range of constraints described in Chapter One above have contributed to slower than planned project progress, and mean that the project will not achieve its objectives in the timeframe originally designated by the Project Document.

The development of models to address the need for community-based treatment of drug users remains one of the most complex challenges facing the project. The project is well positioned to commence a range of interesting, well researched and innovative models based around issues of drug abuse prevention, treatment and rehabilitation; and it is critically important that these models are given sufficient time and support to achieve outcomes that are well documented and of lasting use to the development community. For this to occur, an extension of the project must be secured.

B. Delivery of inputs

The appointment of the Project Coordinator did not occur until several months after 'official' project commencement. This delay has further compounded issues related to the unrealistic timeline presented by the Project Document. Given the complexity of the project, additional human resources should have

been made available to the project office – specifically for management and coordination of activities to engage the international development and donor community.

Data available at project start-up was insufficient for the project's needs. Relevant and useful information pertaining to the drug use situation in remote areas is extremely limited. While extensive statistics exist as to numbers of drug users in any given area, there has been very little qualitative research undertaken by anyone to facilitate better understanding of the different behaviour patterns, and the different solutions required to address these complex problems. In successfully rectifying this situation with successful research activities the project has demonstrated a commitment to taking an evidence-based approach to its work, and thus now is in possession of quality data from which to undertake its activity planning and response to the local drug abuse situations. Research undertaken by the project has been of a very high quality, and forms an important contribution and resource for the wider development community.

The utilisation of consultants to implement research has been effective, though some delays have been experienced owing to the sensitive fieldwork situation.

CEM, the Government partner, has offered reliable backstopping of the project, though there is a need for greater clarity between CEM and the Project Office regarding procedures for strategic planning, utilisation of resources, and the core strategy of the project. Unfortunately, CEM was unable to provide office space to the project. This has placed further demands on an already tight budget with an unexpected need to house and resource a very modest project office. Secondly, it has contributed to issues of communication delay between the project office and CEM.

Training of ethnic minority peer workers, many of whom are current drug users, has been a very significant success of the project.

Pilot demand reduction/harm minimization prevention and intervention activities were planned but had not yet commenced at the time of this review, owing to the range of constraints mentioned above.

C. Management and implementation of activities

It is necessary for the Project Coordinator to be responsible for all aspects of project management including administration, staffing, budget management, monitoring and supervision of activities, and advocacy and awareness raising with the development community. This heavy load has contributed to delays in project implementation.

CEM has appointed a project team, who facilitate introductions and relationships with Government departments. In addition, the project demands significant amounts of travel to project sites which consumes considerable time – both in terms of travel time, and the need for introductions and

'permission' for accessing communities.

Communication between the Project Office and CEM is harmonious and based on strong professional relationships. The Project Coordinator provides CEM with draft copies of key correspondence such as work plans and sub-contracts, in order to provide opportunities for dialogue through the drafting process. However this feedback process is time consuming due to document translation requirements.

Project Steering Committees have been established in each of the Project provinces. It was originally conceived that the project be steered from commune level, but the composition of the PSCs has evolved to a point whereby they are led from province level. While provincial interest and involvement in the project is of critical importance in securing the necessary 'space' for the project to proceed and succeed, decision-making on the strategic direction and implementation issues would better come from the commune level. Such a strategy would allow for trust to be better established between communities and the project, and would facilitate clearer ownership by the community.

Efforts are underway to get a common understanding among the PSCs of the project strategy and objectives across the three provinces, through presentation of project findings to-date, and the information available in the final RAR. An alignment of understanding between key stakeholders is of critical importance to ensure the best possible outcomes for the project.

The project is currently limited in what it can achieve by both its human resource and financial capacity. It has one Project Coordinator position, one Project Assistant (largely in a translation role) and limited ability to sub-contract additional human resources. The project coordinator is required to be all things to the project, and assesses his time allocation as follows:

- 20% - project administration, including reporting, personnel management and supervision, liaison with partner agency,
- 15% - financial planning and management, including budget oversight and revision, processing of payments, sub-contract preparation,
- 20% - activity design, planning and coordination, including development of work plans, implementation schedules, preparation of consultancy TORs,
- 15% - activity management, monitoring and supervision, including coordination with PSCs and local stakeholders, and facilitation of appropriate documentation,
- 15% - advocacy, awareness raising and partner agency development, including engagement of potential partner agencies, attendance at relevant workshops and fora, negotiation and coordination of inputs of partner and collaborating agencies,
- 5% - travel,
- 5% - general project public relations, including preparation of promotional materials, accompanying interested stakeholders such as journalists,

- 5% - other work, as required by the UNODC Viet Nam Country Office.

D. Monitoring and backstopping

Because the project strategy wrongly assumed the enthusiastic participation of the international development community, a greater workload has fallen back on a project office already very limited in human resources. For this reason greater backstopping of the project needs to occur from all stakeholders, to increase the rate of delivery of this project. Support has been provided to the project by UNODC as requested, however owing to the complexity of the subject matter it is recommended that there be greater engagement of the project by UNODC.

E. Circumstances affecting the project (prerequisites)

There was an assumption in the project design that the international development community would be motivated and enthusiastic to work in collaboration with this project. Unfortunately widespread difficulties and delays were encountered with the international community in organising their active cooperation in the engagement of issues of drug demand/harm reduction. This is due partly to perceptions that the subject matter is too difficult to impact upon, and is complicated because of its uncertain status in law. Of note, and given the fact that the initial design of the project was not properly done, we need to discuss whether this initial difficulty in successfully achieving the first stated output is in fact a major problem. After all it is not surprising that the failure to achieve this output is a consequence of the inadequacies inherent to the initial design. In particular this design underestimated the time needed to mobilise funds from donors for drug-related interventions in highland communities, and it failed to acknowledge that the remoteness of these target areas is a central issue. Further, donors and potential partner organisations are largely unfamiliar with these areas and therefore are unable to form an image of the needs of these areas, of the potential contribution they might make to meeting these needs, and how this action might fall within their organisation's overall strategic framework. Finally, most organisations do not have an administrative and financial mechanism which would enable them to immediately enter into partnerships with a third-party organisation. Some are required to produce their own project documents in order to raise the necessary matching funds, others need to process partnership arrangements through their international headquarters. Most can not adjust their current project approaches to incorporate outside collaboration on issues which are largely excluded from their organisational mandates. As a result a tremendous amount of awareness-raising, advocacy and time is required in order to mobilise these partners. Delay is therefore inevitable, and allowances for this should have been built into the initial design. Consequently this situation has severely undermined project progress, since the international communities engagement of the project was central to the strategy outlined by the Project Document. Although, as stated above, it is believed that a changing environment makes future efforts at

engagement of the international community more likely to succeed.

CHAPTER III.

PROJECT RESULTS

A. Outputs

Output One Partners for the implementation of project activities identified and mobilised

The project has undertaken well focused and professionally delivered awareness-raising within the development community on issues of drug use. However, as described above, there is widespread reluctance within the international community to engage the issues of drug demand/harm reduction. They perceive the subject matter as too difficult to impact upon, further complicated because of its uncertain status in law, and therefore a sector where success is even harder to come by than in more usual circumstances. In short, many international organisations perceive the implementation challenges of drug demand reduction and harm reduction as extreme, and therefore choose to focus their efforts elsewhere. Other reasons cited during interviews with international development community representatives included:

- fear that involvement with the issue could undermine their core programs' chances of success,
- uncertainty as to how to integrate drug demand reduction activities into their work,
- reluctance to construct new relationships with 'non-traditional' partners such as the police and Departments for Social Evils Prevention for fear that working with these 'non-traditional' partners would be more complicated than with traditional partners. (This perception is somewhat different to the project's experience where the police have been very supportive of project strategies and key to facilitating the 'space' necessary to engage drug users and remote communities.)
- could not see the relevance of the issue to their program! A common refrain was for organisations to say 'we don't do drug demand reduction, we do ……. community forestry, clean water, fisheries - even in one case, rural development (sic)'.
- Reluctance to engage the issue given the very high relapse rates found in Viet Nam and the perceived harshness of the treatment regime,
- Concern at a 'blanket' approach to drug use that did not differentiate out high risk drug behaviour such as injecting drug use from lower risk behaviour such as smoking opium.
- could see little value in collaboration with the project other than through information sharing, and were not enticed by the limited 'seed funds' on offer through this project.

Output Two A Study of the drug abuse situation in selected areas, a model for community-based drug abuse prevention and treatment and rehabilitation, and an intervention plan to test the model

While progress on output two has been slow, the project should be congratulated for the detailed planning and determined effort that has gone into research and establishing an enabling environment for research to be undertaken in the six pilot communes. Research has been undertaken in a highly

respectful manner that allows for the active participation of community members, and through which growing degrees of trust have been established. Appropriate emphasis has been placed on the integrity of the data, and that it be collected in a genuinely participatory manner, thus recognising that initial interaction with communities will be extremely significant in setting an appropriate tone for the future of the project. Research was thus seen as a first step in winning the trust of communities, and more particularly the current drug users that the project wanted to mobilise as peer researchers. These achievements are all the more impressive because of initial resistance encountered by local authorities in two of the provinces – Son La and Lai Chau.

The cornerstone of the community-based research was the Rapid Assessment and Response Activity (RAR) undertaken by 72 peer educators, more than half of whom are current drug users, being overseen by senior researchers. This activity succeeded in gathering quantitative and qualitative data in each pilot location in order to adequately assess the drug use and harm creation environments in each.

This activity comprised several separate components and in its fullness represents the most significant achievement of the project so far – both in terms of the data collected and the participatory approaches initiated. The RAR lays a solid foundation for the future of the project, and demonstrates that the issues of drug demand/harm reduction can be effectively engaged.

The preparation of models is currently in progress, and implementation will commence soon.

Output Three Pilot Intervention Activities

Owing to difficulties related to engagement of the international community, pilot intervention activities have been significantly delayed and not yet commenced.

B. Immediate objective(s) (Outcomes)

The project has not yet succeeded in 'developing or initiating a common donor response to drug abuse problems among ethnic minorities in Viet Nam' for reasons outlined above.

Having said that, it is firmly believed that 'space' is opening for the project to undertake advocacy on drug abuse issues within the international community - courtesy of the Government's leadership and initiatives. This is only a recent phenomenon. It is therefore totally feasible that while efforts early in the project cycle to motivate the international community on drug demand reduction activities were not particularly successful, renewed efforts might be more successful simply because of the authority provided by the Government's renewed efforts on the issue.

The inaccessibility that the majority of the development community feels towards the issue is both an opportunity and a threat. Opportunities exist to demystify the difficulties of working to prevent drug abuse,

and secondly, to articulate the connection between drug abuse and poverty – not only of the individual, but also of the family's poverty. It would also be both useful and important to highlight the gender implications of the issue.

Furthermore, there exists a great opportunity for the project to assist in alerting the international community to the fact that the Government of Viet Nam is currently placing great priority on drug demand and harm reduction initiatives – underlined by the Directive of the Prime Minister on Strengthening HIV/AIDS Prevention and Control. The project has an opportunity to exploit this momentum, and advocate the need for the 'mainstreaming' of drug demand/harm reduction strategies in all development work, especially given that 'best case' Government figures recognise that there are HIV positive people in at least 80% of Districts in the country, and that intravenous drug use is the cause of 80% of HIV in remote areas. In fact the Government approach to the issue sits in perfect symmetry with this project's strategy of incorporating harm reduction strategies under a drug demand reduction umbrella.

C. Drug control objective

The complicated environment that the project has been operating in to-date has meant that it is not yet possible to assess whether the project has been able 'to reduce overall drug abuse and prevent an increase in injecting drug abuse among highland communities'. However it should be noted that given the brief timeframe and the modest budget outlined by the Project Document, this was not a realistic objective in the first place.

D. Other results

The project has proven that progress can be made in remote areas of Viet Nam on issues of drug abuse. Through various activities, it has demonstrated that Government authorities are flexible and willing to trial new approaches to drug demand reduction.

E. Sustainability

While the original strategy of the project to engage the international community on drug abuse issues is delayed, there is good reason to believe that the enabling environment being created by the GoV will lead to greater involvement of the international community on such issues. If the project can connect with the international community and succeed in advocating the importance of mainstreaming of drug demand/harm reduction in development initiatives in highland Viet Nam, then there is good prospect of this being a sustainable approach to the issue.

CHAPTER IV.

OVERALL CONCLUSIONS

The 'Drug Abuse Prevention Among Ethnic Minorities in Viet Nam' project sits in an awkward position. In a sense, the project was ahead of its time. Implementation has been slow and frustrated by an array of constraints that should have been foreseen during the drafting of the Project Document. Yet there is strong evidence suggesting that these constraints are lifting and that a significantly more fertile environment for successful project implementation now exists. In order to accurately place the success of the project to-date into the proper context, and to recognise the conditions necessary for the project to enjoy future success, it is critical that one recognise (and the project continues to address) several key factors.

Firstly, there remains great difficulty for international organisations to involve their programs in issues related to drug use and abuse. The original project design underestimated the time needed to mobilise funds from donors for drug-related interventions in highland communities, and it failed to acknowledge that the remoteness of these target areas is a central issue. Further, donors and potential partner organisations are largely unfamiliar with these areas and therefore are unable to form an image of the needs of these areas, of the potential contribution they might make to meeting these needs, and how this action might fall within their organisation's overall strategic framework. Finally, most organisations do not have an administrative and financial mechanism which would enable them to immediately enter into partnerships with a third-party organisation. Some are required to produce their own project documents in order to raise the necessary matching funds (as required by the Project Document), others need to process partnership arrangements through their international headquarters. Most can not adjust their current project approaches to incorporate outside collaboration on issues which are largely excluded from their organisational mandates. As a result a tremendous amount of awareness-raising, advocacy and time is required in order to mobilise these partners. Delay is therefore inevitable, and allowances for this should have been built into the initial design.

Secondly, consideration should be given to the quantity and quality of available human capacity in remote areas, and how the project has addressed this difficulty. Detailed planning and a determined effort has gone into researching and establishing an enabling environment for the in-depth field research activities undertaken in the six pilot communes. Research was and is undertaken in a highly respectful manner that allows for the active participation of community members, including current drug users, and through which significant degrees of trust have been established with local authorities and populations. Time and patience have been required to involve these poor, vulnerable, and largely non-literate local community members, many of whom can not even speak Vietnamese, into the project's activities. The project has achieved great success to-date in this task, and the research approach taken in these remote and marginalised areas is one which can be labeled as truly participatory. Its approach to this difficult

subject matter is genuine and unique in the context of rural and highland Vietnam and it should be commended.

Thirdly, the treatment regime for drug addiction in Viet Nam remains seriously flawed, with extremely high levels of relapse following treatment. Combined these constraints, and the means with which the project has overcome them, should be kept in mind when assessing the success of the project to-date. For example a recurring theme of people interviewed by this evaluator was the need for the project to focus on quality and evidence-based interventions that are sustained in their approach and affect lasting change in attitudes towards drug abuse and harm issues in Viet Nam. Project implementation to date has appropriately prioritised the quality of its results over their timely achievement. During implementation the project has also come face-to-face with significant constraints related to available and relevant data, deep suspicions related to drug issues, and the revolving door of treatment, and it has successfully addressed each barrier and constraint in turn.

Consequently it could be argued that the logical role for this project is one of catalyst. To be catalytic, it needs to have the quality and presence to be able to persuade a cautious development community that there is actually a way through the complex web of drug abuse and harm in highland Viet Nam. This will not be achieved by interventions that are of anything but the highest quality. It is of particular importance to note then that when evaluating this project significant allowances must be given for the project approach that has chosen to prioritise the quality of its interventions over the timeliness of its delivery.

CHAPTER V.

RECOMMENDATIONS

A. Issues resolved during evaluation & actions/decisions recommended

1. Extend the project for fourteen months until the end of 2004.

It is recommended that the project be extended for 14 months through until end 2004. Such an extension would allow for the project to complete (and enhance) its strategic cycle by allowing for pilot interventions to be facilitated on issues of drug use and harm prevention, treatment and rehabilitation, that build upon the important data collected, and relationships and awareness established at local level. Project learning and progress to date provide a solid foundation from which resource mobilisation can occur.
(UNODC Country Representative to coordinate resource mobilisation).

2. Project and budget revision

Alongside a recommended extension to address the inadequate time allocated for project implementation, it is also necessary to reconsider the project's design and budgetary allocation. Given that the project approach has had to significantly adapt its strategy in response to the poor design of the Project Document, it is recommended that this document be revised immediately to accommodate this changed strategy. A project revision would also need to review the current budget allocation. The strategy proposed for this project does NOT require a huge budget, yet it almost certainly requires some additional resources to address human resource needs, and the need for a more dedicated and thorough awareness-raising component. It is recommended that funds be secured immediately to cover costs associated with the recommended 14 month extension to the original project design.
(UNODC Country Representative in collaboration with Project Coordinator)

3. Renew awareness-raising efforts with development community

The project should immediately commence a renewed awareness-raising and engagement programme within the development community in Viet Nam. This should be a programme that advocates the need for 'mainstreaming' of drug demand/harm reduction strategies in all development work undertaken in ethnic minority areas, and one that demystifies the perceived difficulties of such work. There are sufficient reasons to believe that such an effort would be more successful than earlier, similar efforts given the momentum and encouragement of the Government and other international organisations to engage the issue. The lessons learned by the project so far, and the more sophisticated understanding that the project has now developed regarding concerns that the development community has with drug-related issues create a strong and viable foundation from which to launch this renewed programme of engagement.

Specifically it is proposed that a second international staff member be recruited to take responsibility for coordination of these awareness-raising and advocacy efforts within the international community. This

person should be appointed to work under the guidance of the Project Coordinator. The person recruited should have IEC and/or 'social marketing' experience in Asia, and awareness of issues related to drug demand reduction.

Further it is recommended that a short publication be prepared to support the re-initiation of an awareness-raising campaign within the international development community, that focuses on the following themes:

- 'Discrete' broadcasting of the momentum developing in Government circles to undertake drug demand/harm reduction programs, based around the Prime Minister's Directive ie. respect the need for a low key, thoughtful approach that supports more progressive approaches,
- detailing of the Government preference for strategies that undertake drug demand/harm reduction action in tandem,
- significantly re-emphasises the linkage between IDU and HIV/AIDS, especially the changing drug use risk environments in remote ethnic minority areas,
- provide snapshots of various activities already undertaken that are able to demonstrate progress on this key issue, thus contributing to the demystification of the problems posed by the uncertain legal status of the issues,
- argue a case for the 'mainstreaming' of drug demand and harm minimisation programs, explaining that there is no contradiction between the two approaches, they are two sides of the same coin.
- presentation of a compelling argument to incorporate drug demand/harm reduction issues in highland development programs through firmly establishing their contribution to the situations of worsening poverty, myriad layers of disadvantage incurred by ethnic minorities, the worsening problem in ethnic minority areas of drug abuse, potential HIV catastrophe in highland areas, and the immediate need for all organisations to act together to mitigate these harms.
- elaborate on the gender dimensions of drug abuse, pointing out that while drug users are overwhelmingly male, wives and mothers are frequently impoverished by their husband/son's habit,
- importance of separating out traditional opium usage and IDU, while stating an argument that it is still critical to work with 'traditional'/non-injecting users, especially to make sure that they don't transform their behaviour into IDU.

It is argued that this publication should be brief and NOT, in the first instance, a resource mobilisation exercise. It should be an effort to position this project and UNODC as being in step with the needs of the changing drug use and harm situation in these rural and remote areas, and thus at the cutting-edge of strategies to deal with these changing HIV and drug use risk environments. By establishing these credentials, the materials can then begin to highlight in a credible manner the deficient efforts of the international community in highland areas to deal with the issue.

Owing to staffing constraints within the Project Office, this exercise would either require recruitment of additional project staff, or it could be sub-contracted out, and would best be undertaken by someone with a knowledge of social marketing strategies. The materials would perform multiple functions of:

1/ raising awareness within the international community of the issues (as per project strategy);
2/ being a useful education tool in its own right, and;
3/ laying the foundations for a resource mobilisation campaign to follow.

4. Monitor pipeline/project design missions of development agencies working in upland areas

The project has developed a thorough understanding of reasons as to why those in the international community have difficulty in embracing and adopting strategies to address this important poverty inducing activity. This learning should guide future efforts to encourage greater involvement. To more effectively engage the international community, the project needs to strategically identify opportunities to both raise awareness and encourage projects under design to embrace drug demand/harm reduction activities. To achieve this, the project must identify avenues through which it is made aware of upcoming design missions being undertaken by multi/bilateral agencies that touch upon remote former opium cultivating communities.

(Project Coordinator and Project Assistant, in liaison with relevant agencies)

5. Improve linkages with NGO community

The NGO Forum offers great opportunities for awareness raising and engagement through its various working groups – poverty, HIV and ethnic minorities. It is recommended that each of these working groups be targeted, with material tailored specifically to the interests of that particular group.

6. Retain focus on innovation and highest quality interventions

It is important that the project continue to break new ground and dispel myths about the difficulty of addressing drug demand/harm reduction work in rural and remote areas of Viet Nam. To achieve this, it is critical that it continue to undertake highest quality activities that facilitate the active participation of community people, including drug users, in all aspects of planning and implementation, and also involves key Government players such as the Police. Such an approach is time consuming and labour intensive, but is of vital importance if other development agencies are going to be encouraged into the sector. The project has demonstrated a strong commitment to this approach to date and this should continue.

7. Focus of pilot sites and models

The thoroughness of the project approach has facilitated constructive relationships with a variety of communities that represent a cross-section of drug use behaviour, ethnicity, and location types. This is a predicament since it presents a vast range of possible options for development of pilot models, offering

opportunities for investigation of strategies around a range of diverse, though equally complex issues such as prevention, treatment, rehabilitation and community-based interventions. These specific issues can be further broken down again by drug use behaviour and/or ethnic group.

It was made very clear to the reviewer during interviews that the international community will be more easily engaged if it sees opportunities to successfully engage higher risk drug abuse behaviour, and in locations where there is evidence of 'graduating' behaviour from smoking to injecting. Injecting drug use, because of its intimate connection to HIV transmission, is of particular concern to development agencies, and thus offers the most logical entry point for them.

The project should therefore focus on the 'sharp end' of drug use in ethnic minority areas, and identify pilot sites where injecting drug use behaviour is already significant (such as Chieng Ly commune in Son La province) and sites where there is evidence of emerging injecting behaviour (such as Na U commune in Lai Chau province). In terms of the raison d'etre of this project, Na U presents great opportunities for a significant and in-depth case study given that it is remote (though not excessively), and host to increasing injecting behaviour.

If resources permit, communities experiencing solely drug smoking behaviour should be included. Such communities could also play an important role as control communities from which research can occur regarding 'graduating' behaviour from smoking to injecting.

Community-based treatment and rehabilitation remains the greatest challenge for successful drug abuse prevention in remote areas. The enormity (some say impossibility) of the challenge is cited as a reason why development agencies are reluctant to engage the issue. It is seen as input intensive, and likely to be undone by insufficient skills being available locally to support the process. It is therefore recommended that the project focus the majority of resources available for pilot sites in investigating strategies for effective community-based support to treatment and rehabilitation. Such a strategy would develop invaluable learning as to how best remote communities can support detoxification, and would provide models that the international community could consider utilising.

HOWEVER, it is the opinion of the reviewer that the community-based models should not be commenced unless there is a clear commitment to seeing them through to completion. Such a commitment could come in the shape of a donor contribution to an extension period which picks up these activities. But since it is highly unlikely that such a commitment can be made prior to the time when the Model should commence, there is a need for UNODC (or another agency) to underwrite the costs related to ensuring that these community-based drug demand and harm models have sufficient time to succeed, and that lessons learned can be documented.

8. Strategic advocacy work with key Government stakeholders

The project has enjoyed considerable success in engaging with, sensitizing, and involving local authorities. Key lessons learned by the project have been that it is mandatory to involve local authorities from the earliest stage, and that there exists a great desire to resolve drug-related problems at a local level. This latter point is very poorly understood by the international community who assume that the more 'conservative' provincial level of administration will be unable to accommodate creative solutions to complex problems. The project has experienced the opposite to this, and has established that engagement of local authorities is central to a successful intervention. In a similar vein, police acting at local levels are commonly found to be open-minded and flexible regarding creative solutions to drug abuse problems. The project should identify strategies to encourage further such behaviour and approaches.

This process of engagement with key local and provincial Government personnel should be thoroughly documented and analysed with the intent of project outcomes and strategy being presented to the international community at an International Forum on Harm Reduction to be held in Melbourne, Australia in April 2004. This would allow for a rolling-out of the project strategy on the international stage, and would offer encouragement to key partners to involve themselves in project activities.

9. Gender dimensions of project

There is a clear gender dimension to drug abuse that the project should take responsibility for broadcasting to the development community. It is important that awareness is raised regarding the negative impacts of drug abuse on mothers and wives, and that almost all areas of a woman's life is negatively affected including their own health, their work life, their economic situation, and their status in the community. It should also be recognised that women are at the frontline of treatment options, and therefore thought needs to be given to empowering women, and developing their capacity to effectively respond to drug abuse problems within their household and community. Women are central to any community-based solution to drug abuse. An information campaign should be developed to highlight the vital role that women must play if community-based treatment responses are to be effective. This campaign should also consider strategies to de-stigmatise women whose sons or husbands are drug users.

10. Management arrangements and staffing

It is recommended that the project continue to be UNODC-executed to maximize the flexibility with which the project can engage the diversity of stakeholders with which it is required to engage, ranging from multilateral/bilateral projects and INGOs through to local communities. It is imperative that the project maintain strong, transparent and productive relationships with all stakeholders. To achieve this, it is recommended that significantly more human resources be made available to the project through the

mobilization of additional financial resources. At the central level, it is proposed that a second international staff member be recruited on a twelve month contract to take responsibility for the coordination of awareness-raising and advocacy efforts within the international community, under the guidance of the Project Coordinator. The person recruited should have IEC and/or 'social marketing' experience in Asia, and awareness of issues related to drug demand reduction.

11. Recruitment of Community Facilitators

Because of the extensive time required for relationship-building and the complications presented by the remoteness of the project sites, it is also recommended that the project immediately develop a more substantial presence at the local level. It is recommended that the Project employ an ethnic minority person in each project province to support project activities in that province and to build relationships with and ensure that PSC members are receiving adequate information about changing policies, new strategies and other information relevant with the project. This person would also support the work being done in the communes of that province, providing support and mentoring to the peer workers, and staying overnight in communes on a regular basis to gather further information on the reality and nuances of the drug abuse situation in that location.

It is further recommended that each commune appoint a permanent project contact point. This person would be someone who resides in the community on an ongoing basis, and who speaks the relevant local language. They would be advocates for the project and monitor the situation in relation to community-based treatment options and capacity. The National United Nations Volunteer modality could be considered for both these types of recruitment. NUNV Specialists could be recruited at provincial level (three required), and NUNV Field Workers recruited at commune level (six required).

It is critical that that any such recruitments of local staff recognise the learning needs surrounding the position. This involves not only learning opportunities for the individuals on technical aspects and the strategy of the project, but also education of local authorities and local communities as to the rationale behind their appointment in order to win sufficient support for them to succeed in their role. Key indicators as to the likelihood of success of these appointments would be the willingness of provincial steering committees to support the role and its functions, and access to prolonged stays in local communities for the provincially-based personnel. It is further recommended that the project coordinator take on the role of mentor to these provincially-based personnel.

12. 'Critical Mass'

The project currently suffers from having a low public profile. As mentioned above, it is recommended that the project recruit additional staff to allow for greater presence and impact at both central and local level, and to facilitate the critically important awareness-raising activities required to fulfill its objectives. Such a scaling-up would not require a greatly enhanced budget, yet a modest increase in resources

available to the project could dramatically increase its potential to impact upon these complex issues. Consideration should also be given to support being given to additional pilot sites, beyond those currently engaged by the project. A rapid assessment of opportunities could be undertaken in provinces currently outside the project reach. IFAD is undertaking an extensive program in Tuyen Quang that raises interesting opportunities for pilot activities. A second phase of multi-agency activities is currently being undertaken in Ha Giang province that would also offer opportunities. The UNODC project in Nghe An also offers an opportunity for highly relevant cooperation, as does a CIDA-funded effort in Thanh Hoa.

By broadening the scope, scale and reach of the project, it will begin to gather a significant and critical mass of evidence on the extent of the drug use and harm problems in remote ethnic minority communities, from which further advocacy and engagement with the development community in Viet Nam can occur.

13. Future programming

There is sufficient evidence to suggest that the issue of drug abuse in ethnic minority communities will remain a problem for the foreseeable future. This current project phase, extended for an additional 14 months, should focus on the completion of an initial cycle of research, awareness-raising, documentation and action, and broadcasting of the need for greater engagement of such issues by the development community. Such a strategy will take significant steps toward establishing reliable data on the extent of the problem of drug abuse and harm in rural and remote areas, and will have begun to trial considered strategies to address drug abuse in remote communities.

Since the relevance to Viet Nam of the broad project approach will certainly remain high into the future, it is strongly recommended that UNODC commence immediate efforts to secure support for a Second Phase project timeframe of another four years. Such a timeframe would allow the project to support the mainstreaming of drug demand/harm reduction issues through development interventions, and will help guide the current phase in the way that it approaches its work.

C. Project revisions

The original strategy outlined in the Project Document assumed the international communities' rapid and enthusiastic embracing of the project. This did not happen. Accordingly, the Project Document is largely irrelevant to the current strategy and mode of implementation pursued by the project staff. Furthermore, it has rendered the immediate objective almost unachievable, given its focus on a 'common donor response'. There is also ambiguity in the Project Document regarding the intended project approach and focus, specifically regarding the primacy of injecting drug use over lower risk drug use behaviour such as opium smoking. It is recommended that the project document be revised to accommodate the changed strategy, and to provide a meaningful guide to the remaining period of implementation. Both the immediate and drug control objectives need reviewing, and outputs realigned to the new strategy.

ANNEX 1

Government
No 02/2003/CT-TTg
Happiness

The Socialist Republic of Vietnam
Independence – Freedom –

Hanoi, dated 24 February 2003

Directive of the Prime Minister
On Strengthening Prevention and Control of HIV/AIDS

For over the last 10 years, the prevention and control of HIV/AIDS have been implemented in a nationwide scale and achieved a number of optimistic results: the organizational structure of prevention and control of HIV/AIDS has been established and soon started functioning; a series of interventional measures have been uniformly implemented; the awareness of our people on HIV/AIDS itself and the prevention and control of HIV/AIDS have positively improved… However, the HIV/AIDS epidemic is still increasing and spreading in all provinces and cities, 80% of districts and over 50% of communes in the whole country. According to reports made by Ministry of Health, there is a number of over 59,000 HIV-positive persons, in which more than 8,700 have become AIDS and more than 4,800 have died due to AIDS.

The increasing number of HIV-infected people mainly dues to the increasing in social evils, especially prostitutions, drugs; the coordination between Ministries, sectors and localities on prevention and control of HIV/AIDS is not close; the community is not aware enough of HIV-infected people; the management, care, treatment of HIV/AIDS people are not in order, the propaganda on prevention and control of HIV/AIDS is not wide and deep, the prevention measures are still weak, the prevention actions taken in the field are not truly effective.

To overcome these above shortcomings and to effectively strengthen prevention and control of HIV/AIDS, The Prime Minister directs:

1. The Ministry of Culture and Information presides over, in collaboration with other Ministries, Sectors, The People Committees of Provinces and Cities under central authority, socio-political and people's organizations, to strengthen Information, Education and Communication activities with relevant, plentiful, diversified forms in order to improve the responsibilities of all levels of the Party and local governments in prevention and control of HIV/AIDS; to lead the awareness of the community in the trend towards understanding, sharing, non-discrimination against HIV/AIDS people; to avoid a fear attitude in the population; to help families to love and care for HIV/AIDS persons; to educate a healthy life style, to practice and maintain safe sex and safe injection behaviors in the population especially the young group.

2. The Ministry of Public Security is to preside over, in collaboration with Ministry of Health, Ministry of Finance, Ministry of Labor, Invalids and Social Affaires, the Committee for Population, Family and Children, to study to develop managerial mechanism of children, prostitution, drug users who are HIV-infected and in the establishments of re-education centers, detention centers, jails and prisons; to develop plan and to implement effective preventive measures to reduce the transmission of HIV/AIDS from high-risk groups to the community.

3. Ministry of Labor, Invalids and Social Affaires is to preside over, in collaboration with Ministry of Public Security, Ministry of Health, the Committee for Population, Family and Children, to study managerial mechanism of children, prostitution, drug users who are HIV-infected at the community; to direct the local Labor, Invalids and Social Affaires Agencies to collaborate with health care institutions to manage, counsel and care for HIV/AIDS people in the community and in health establishments created as regulated by the Ordinance on the Settlement of Administrative Violations, and Centers for Social Patron.

4. Ministry of Planning and Investment, Ministry of Finance are responsible for appraising budget's proposals, and timely providing budgets for activities of the HIV/AIDS programs following the budget plan approved by the Government every year; allocating funding with priority to the prevention and control of HIV/AIDS, especially in the field of health care and community-based interventions; Mobilizing and effectively utilizing domestic and foreign sponsorship for the prevention and control of HIV/AIDS; collaborating with other related Ministries and Sectors, and People's Committees of Provincial level to monitor the management and use of investment sources for prevention and control of HIV/AIDS.

5. Ministry of Education and Training is to preside over, in collaboration with Ministry of Health and other Ministries, sectors, to develop educational program with the contents consistent with prevention and control of HIV/AIDS and to teach these programs in all type of schools.

6. Ministry of Health is responsible for:

a. Consolidating, strengthening the organizational structure of prevention and control of HIV/AIDS from Central to locality, to ensure the one-contacting-point uniformity, in order to achieve high effectiveness in guiding and implementing activities of prevention and control of HIV/AIDS.

b. Strengthening interventional measures to minimize harms, and to limit the transmission of the HIV/AIDS infection in the community; promoting epidemiological surveillance on HIV/AIDS, safe blood transfusion, treatment, prevention of mother-to-child transmission; prevention and control of sexual transmitted diseases; intensifying the prevention and control of HIV/AIDS transmitted through medical services.

c. Presiding over developing and implementing the plan of management, care of people with HIV/AIDS; Organizing to conduct studies and developing the project to produce medications for treating HIV/AID then submitting to the Government for approval.

d. Presiding over, collaborating with Ministry of Justice and other related Ministries and Sectors to review, evaluate the implementation results and making recommendation on revising and amending the Ordinance on Prevention and Control of Human Acquired Immunodeficiency Virus (HIV/AIDS); Correctly conforming to national and international commitments made by Vietnamese Government in the area of prevention and control of HIV/AIDS.

7. Ministers, Head of Ministry-level agencies belonging to the Government, Chairman of People Committee of provinces/cities under central authority are responsible for collaborating with sectors, socio-political organizations and social organizations to guide and to strictly implement this Directive, and regularly make performance's reports sent to the Ministry of Health for gathering up and reporting to the Prime Minister.

Prime Minister
(Signed)
Phan Van Khai

Recipients:
- Secretary Board of Central party
- Prime Minister, Vice PM
- Ministries, Ministry-level agencies, Governmental agencies
- People Council, People Committee of provinces/cities under central authorities
- Office of the Central Party and Party's Board
- Office of National Assembly
- The President's Office
- The People's Court of Investigation
- The People's Supreme Court
- Central office of People's organizations

- Official Gazette
- Government Office: Minister Chairman, Vice Chairmen, Departments.
- Archives

ANNEX 2

GoV and UN Policy context

Since 1997, Viet Nam has been a signatory to the 1961 UN Convention on Narcotic Drugs and other major international drug conventions. The institutional framework to support adherence to these conventions has strengthened considerably in recent years. In mid 2000, the Office of the National Drug Control Committee was replaced by the Standing Office for Drug Control (SODC), under the Ministry of Public Security. SODC forms the backbone of the Government's drug control and prevention strategy, and is the direct counterpart of UNODC. This shift was much more than a mere name change as it occurred as part of a major re-organisation of those Government bodies concerned with the prevention and control of HIV/AIDS, drugs and prostitution. SODC now forms part of the National Committee for the Prevention and Control of AIDS, Drugs and Prostitution (NCADP). This committee is chaired directly by the Prime Minister, and represents recognition of the need for a multi-sectoral approach to directing and coordinating solutions to these complex social problems.

Significantly, NCADP has representation from all line ministries, as well as representatives from the Committee for Ethnic Minorities and the Viet Nam Women's Union.

Along with the establishment of a national coordinating body, provincial steering committees were also established for the prevention of AIDS, drugs and prostitution.

In 2002, the Prime Minister called for tighter inter-ministerial cooperation in order to combat the increasing trafficking of drugs and to create a more efficient treatment and rehabilitation system.

In early 2003, the Prime Minister issued Directive 02-2003/CT/TTg to strengthen and intensify HIV/AIDS prevention activities throughout the country. This Directive sets guidelines for each Ministry in the Government to undertake specific functions and responsibilities in order to improve the effectiveness of HIV/AIDS prevention activities. The Directive acknowledges "the number of HIV/AIDS infected people has increased rapidly mainly due to: an increase in social evils, especially prostitution and drug abuse; a lack of coordination among ministries and localities in HIV/AIDS prevention and control; inadequate community knowledge about HIV/AIDS and about People living with HIV/AIDS; a lack of comprehensive management, care, support and treatment towards people living with HIV/AIDS; the communication programmes for HIV/AIDS prevention and control are not widespread nor intensive enough; preventative measures are still weak; and HIV/AIDS related activities at local level are not truly effective." 1

Significantly, this project proposes to address many of the constraints perceived by the Prime Minister, through development of a programme of drug demand reduction.

In response to these perceived problems, Government agencies were instructed to undertake a variety of measures, including promotion of a healthy lifestyle, including practicing and maintaining safe sex and safe injections among the population, especially young people.

The GoV has also developed a National Drug Control Action Plan 2001-5, which lays out the Government's policies and strategies for drug control issues, with long term objectives including to measurably reduce drug abuse and to promote harm-reducing and preventative drug abuse control and HIV/AIDS programmes.

Within the United Nations Development Assistance Framework for the Socialist Republic of Viet Nam 2001-2005, the UN family commits to reduce vulnerability to drugs by assisting in replacing opium-based economies and reducing drug abuse among opium-producing communities. UN interventions towards

1 Government of Viet Nam, Directive of the Prime Minister on Strengthening HIV/AIDS Prevention and Control # 02/2003/CT-TTg, Hanoi, 24th February 2003, P.1

this objective will be supplemented by UN Support aimed at reduced vulnerability to HIV/AIDS. 2

The 'Community of Concerned Partners' is a coalition of stakeholders in Viet Nam concerned with the growing threat that HIV/AIDS poses to the people of Viet Nam, and to the Nation's development. It consists of local and international Non-Government Organisations (NGOs), foundations, bilateral and multilateral donors, United Nations agencies and other interested parties. In a statement released by the group in 2003, it asked the development community to 'confront the difficult issues surrounding injecting drug users', stating that there needs to be a greater overall understanding of drug addiction, use and of ways to promote safe practices….. Policy support and commitment is needed to scale up successful methods/initiatives for implementing effective detoxification, drug substitution, and harm reduction programs, including needle and syringe distribution/exchange, condom promotion and social marketing, peer education, and community based support groups, in close cooperation with job creation and poverty reduction programmes. Furthermore, the statement urges fostering of a national dialogue on HIV/AIDS in order to, amongst other things, generate a common understanding of the root causes of the epidemic, and to develop an appropriate communication strategy that appreciates and capitalises on societal mores, ideologies, and the tradition of rights and responsibilities of Viet Nam. 3

A report produced by the UN in Viet Nam titled "Bringing the Millennium Development Goals (MDG) Closer to the People" also tables some key figures that support this project's work in its chosen provinces of Lai Chau, Lao Cai, and Son La:

- An MDG provincial index of seventeen variables measuring various social and governance dimensions underlying the MDGs places Son La 61st of 61 provinces, Lai Chau 59th, and Lao Cai 55th
- In each of the three provinces, minority people have a majority share of the population (Son La = 81.99%, Lai Chau = 80.64%, Lao Cai = 66.17)
- Poverty rates for ethnic minorities are two and half times higher than for the Kinh population
- A poverty map encompassing key poverty indicators, places Lai Chau 61st of 61 provinces, Lao Cai 59th and Son La 57th
- Primary education index places Lai Chau 60th of 61 provinces, Son La 59th and Lao Cai 58th
- Worst performing provinces on HIV/AIDS are more likely to be urban or tourist areas, border provinces, or those through which national highways run (ie. Son La)
- Viet Nam's worst HIV rates are found in provinces bordering China 4

Finally the report urges "in the case of injecting drug users and their sexual partners, addiction must be treated together with infection, and a greater understanding of drug addiction patterns is required to develop successful policy interventions in the area (ie. effective detoxification, drug substitution, avoiding needle and syringe sharing, etc.)

2 United Nations Development Assistance Framework for the Socialist Republic of Viet Nam 2001-2005, P.12

3 Statement of the Community of Concerned Partners, Hanoi, June 2003, P.3

4 "Bringing the Millennium Development Goals Closer to the People", United Nations in Viet Nam, Hanoi, 2002,

ANNEX 3

TERMS OF REFERENCE

AD/VIE/01/B85 MID-TERM EVALUATION OF OUTPUTS AND OUTCOMES

Project Title:	Drug abuse prevention among ethnic minorities in Vietnam
Project Number:	AD/VIE/01/B85
Duty Stations:	Hanoi, and field locations as necessary
Post/Title:	International Consultant - Evaluation
Position:	Project Evaluator
Duration:	15 working days
Start date:	Immediately
Outputs:	Draft evaluation report; and final evaluation report including recommendations

1. Background

Project AD/VIE/B85 is a UNODC-executed project in Vietnam with the State Committee for Ethnic Minorities (CEM) as the government counterpart agency. Through UNODC, and with funding from DANIDA, the project is being implemented in six remote highland communes located in the northern provinces of Son La, Lai Chau and Lao Cai.

The project aims to develop and initiate a programme for a common donor response to problems of drug use and drug-related harm in support of the government's drug demand reduction efforts among ethnic minorities in selected highland provinces in Vietnam.

2. Objectives of the evaluation

The UNODC views project evaluations as rigorous and credible assessments of progress toward achievements of outcomes. As such, this mid-term evaluation should invoke a participatory approach in order to allow project stakeholders to assist in the generation and application of evaluative knowledge. This evaluation is designed to assist informed decision-making within this project, and as such contains the following objectives:

1. Indicate whether or not intended project outcomes are being met and/or whether satisfactory progress is being made toward them.
2. Analyse underlying factors that could (detrimentally or positively) influence project outcomes.
3. Identify and analyse barriers and constraints that delay implementation; and make specific recommendations to redirect, if necessary, the approach in order to reduce delays.
4. Identify and evaluate hard and "soft" cooperation, coordination and assistance outputs achieved by UNODC in the project to date, and the potential for further similar efforts.
5. Identify and analyse impacts of current and planned outcomes of project activities from a 'cost-output ratio'.
6. Identify a list of 'lessons learned' and recommendations.
7. State whether or not achieved, current and planned outcomes warrant extension of the project.

3. Scope of the Evaluation

The evaluation should examine two closely connected levels: 1) the specific outputs generated, being generated, and planned; and 2) the outcomes of those outputs toward changes in the current (drug use and harm) development conditions. The evaluator needs to ensure that the following aspects of the project are covered:

Approaches and procedures

Bearing in mind the limitations identified in the project design and possible variances and/or barriers and constraints inherent in the project's implementation environment, the evaluator will:

- Assess outcomes of actual project management, including allocation of time and other resources;
- Assess approaches toward each activity by all direct project stakeholders;
- Assess the appropriateness, quality and utilisation of baseline and other studies;
- Assess the outcomes of sub-contracted technical inputs, including training;
- Assess utilisation of financial resources;
- Assess efficacy of project information systems between stakeholders.

Output performance

To assist the UNODC in assessing the outcomes and results of the project, the evaluator will:

- Assess output outcomes to determine if they are being achieved in line with project design;
- Assess quality, timeliness, effectiveness and sustainability of management, arrangements, technical inputs and assistance;
- Evaluate the degree to which intended beneficiaries have participated in project activities to date, and to assess what degree they are likely to in future;
- Assess ways in which information is gathered, shared and used within the project;
- Assess the outcome of any significant unexpected effects of the project, whether beneficial or detrimental;
- Assess whether or not capacity is being built in a sustainable manner, especially in training.

Current relevance of concept and design

To assist UNODC to gather evaluative knowledge to improve drug demand and harm reduction activities, and capacity building and coordination efforts with other agencies, the evaluator will:

- Evaluate the project relevance, with a focus on assessing project elements directly related to capacity building, training development, demand and harm reduction activities, and project coordination and sub-contract performances;
- Analyse the implementation strategy, including involvement of ethnic minorities at the grassroots;
- Evaluate the actual managerial arrangements against those outlined in the Project Document;
- Analyse the project's design, output and efficacy against other similar efforts in the region.

Lessons learned and recommendations
To assist Project AD/VIE/01/B85 and UNODC programming, the evaluator should list lessons learned (what works, what does not work and why?), and:

- Recommend, as deemed necessary and feasible, practical changes to the project approach;
- Recommend concrete action to be taken to rectify undesired outcomes and improve performance;
- Make recommendations with respect to issues related to any variances in the project environment, including work by other government and non-government agencies;
- Briefly elaborate upon general lessons relevant to other thematic areas.

4. Presentation of Findings

The evaluation is expected to produce:

- A draft final report (in English), with an executive summary, immediately after the completion of the assessment.
- A final report (two hard copies) to the UNODC, Hanoi approximately two weeks after receipt of UNODC and the project authorities' comments on the draft final report.

Note: All drafts and final reports with applicable annexes and attachments will be submitted in both hard copy as well as in a diskette or email attachment in Microsoft Word 98 or 2000 format and shall be in English.

5. Evaluation Methodology

The evaluation will be based on the study of project documents and other reports, such as work plans, assessments, correspondence, data from other organisations, etc. Field-based interviews will be held with stakeholders at all levels of project implementation.

Where possible, the evaluator should assess actual project activities in the field. The evaluator should feel free to use other means of collecting data of use for the evaluation as long as such evaluation tools can be prepared and implemented by the evaluator them self.

A list of suggested agencies and/or individuals to be interviewed will be developed by the UNODC and the evaluator. Detailed notes with English language summaries should be kept for each interview. Where appropriate, the evaluator should protect stakeholders' right to provide confidential opinions.

6. Recommended Qualifications for the Evaluator

The evaluator should have:

- A graduate degree in a social sciences or related discipline, strong analytical and critical thinking skills;
- Ability to evaluate project management; drug demand, harm reduction and ethnic minority programming; participatory community development; gender aspects; and training;
- Critical understanding of working inclusively with ethnic minority populations;
- At least five to seven years' experience in the development field - preferably in the application of ethnic minority project models in Southeast Asia in general, and Vietnam in particular;
- Ability to write reports in English.

The evaluator must be independent with absolutely no connections to the design, formulation or implementation of the project or any of its outcomes.

7. Briefings, Consultations and Administrative Support

The evaluator will work with relevant officials within the executing agency as well as with project staff and community members. The UNODC Project Coordinator and the UNODC Resident Representative will be those mainly responsible to meet with the evaluator for briefings and in regard to their respective execution responsibilities. In addition the evaluator may request other meetings with and briefings by other officials or staff related to the project provided they are available and able to meet with the evaluator.

Project AD/VIE/01/B85 will provide administrative and other support as required.

8. Duration and Timing

After receiving a briefing from the UNODC the project review mission will take place for fifteen working days. The duty station is Hanoi, but time will be allocated for work in project field locations as necessary.

Meetings with local agency (such as health) officials and intended beneficiaries will be facilitated by the UNODC project management team. The project management team in association with the UNODC Country Office and the CEM will be responsible for arranging all necessary field visits.

The UNODC will prepare for the arrival and work of the evaluator by making available an up-to-date status report of the project in terms of outputs, inputs and activities implemented. Although the evaluator should feel free to discuss all matters relevant to the assignment with the authorities concerned, it should be noted that they are not authorised to make any commitments on behalf of UNODC or CEM.

ANNEX 4

LIST OF ORGANISATIONS/PERSONS VISITED DURING EVALUATION MISSION

Government of Viet Nam Representatives

Mr Chang A Pao, Chair National Assembly Council for Ethnic Minorities
Mr Phan Van Hung, National Project Director, Committee for Ethnic Minorities
Dr Nguyen Van Kinh, Director AIDS Division, Ministry of Health
Mr Nguyen Quang Hai, Deputy Director, National AIDS Standing Bureau
Dr Dao Quang Vinh, National Program Manager, National AIDS Standing Bureau
Ms Dang Thi Khao Trang, Vice Director, Education Centre for Population, Health and Environment, & Deputy National Project Director, VIE/01/009, Viet Nam Youth Union
Ms Hua Thi Sac, Director of Ethnics and Religion Department, Viet Nam Womens Union
Mr Tran Thanh Van, Drug Prevention Task Force, Dien Bien District Police, Lai Chau
Mr Va De Pao, Commune Police Chief, Na U Commune, Lai Chau
Mr Luong Van Cao, Commune Chairman, Muong Hum, Lao Cai
Mr Phan Van Cuong, Project Staff, Committee for Ethnic Minorities
Mr Nghiem Trung Kien, Project Staff, Committee for Ethnic Minorities
Mr Nguyen Van Duan, Project Staff, Committee for Ethnic Minorities
Ms Nguyen Ngoc Ha, Project Staff, Committee for Ethnic Minorities

Vietnamese Civil Society Organisations

Ms Tran Thi Nga, Director, STDs, HIV-AIDS Prevention Centre (SHAPC)
Dr Tran Tuan, Director Hanoi Research Training Centre for Community Development
Mr Jimmy Pham, Director Koto-Street Voices

International Organisations

Doris Buddenberg, UNODC Country Representative
Jason Eligh, UNODC Project Coordinator AD/VIE/01/B85
Mr Nguyen Tuong Dung, Programme Officer, UNODC
Jordan Ryan, Resident Representative, UNDP
Koen Van Acoleyn, UNV Programme Officer
Patrick Griffiths, Assistant to the National Project Director, UNDP project VIE/01/007
Drew Morgan, Regional Police Adviser, AusAID Asia Regional HIV/AIDS Project
Katie Walker, Regional Field Coordinator, UNODC
Deborah Lawrence, Consultant in Drug Addiction, Harm Reduction and HIV/AIDS
Cornelis Bot, Project Co-Director, EC Son La-Lai Chau Rural Development Project
Robert McGregor, First Secretary Development Cooperation, AusAID
Mr Nguyen Tien Phong, Head, Poverty and Social Development Cluster, UNDP
Lisa Bow, Program Officer, UNDP
Per Vogel, Senior Technical Advisor, UNODC Project VIE/02/F21 (Ky Son AD Project)
Anders Baltzer Joergensen, Development Cooperation Counselor, DANIDA Hanoi
Steve Price-Thomas, World Bank
Mr Nguyen The Dung, Operations Officer, World Bank Hanoi
David Stephens, Resident Advisor HIV

International NGOs

David Payne, Co-Director, VUFO-NGO Resource Centre
Peter Higgs, Program Advisor, Burnett Centre, Australia
Graham Adutt, Delegate, Caritas Switzerland; and Chair, NGO Ethnic Minority Working Group
Steve Thorne, Director, Oxfam Hong Kong

Joanna Hayter, Senior Advisor, Australian International Health Institute

Annex 5

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 ODCCP'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//VIE/01/B85 "Drug Abuse Prevention Among Ethnic Minorities in Viet Nam"

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

2. If a category has been significant (as a cause or effect) in relation to the overall quality and/or performance of the project please tick the "S" column (if significant) or the "H" column (if highly significant).

	H	S	0	1	2	3	4	5
OVERALL QUALITY AND PERFORMANCE OF PROJECT:						X		
I. PROJECT CONCEPT AND DESIGN:					X			
1. Project document (overall clarity, logic and coherence).	X			X				
2. Identification/analysis of problem addressed by project:						X		
3. Project strategy (overall assessment):					X			
4. Drug control objective (s) (Appropriateness, obtainability):						X		
5. Immediate objective(s) (appropriateness, Obtainability):					X			
6. Achievement indicators:					X			
7. Base-line study/arrangements for base-line study:					X			
8. Outputs (compared to cost effective alternatives):						X		
9. Activities (compare to cost effective alternatives):						X		
10. Inputs (compared to cost effective alternatives):					X			
11. Executing modality and managerial arrangements:						X		
12. Identification and assessment of risks		X		X				
13. Prior obligations and prerequisites:					X			
14. Workplan/planned project duration:				X				
15. Budget:				X				

3

	H	S	0	1	2	3	4	5
II. PROJECT IMPLEMENTATION:						X		
1. Quality and timeliness of ODCCP inputs:						X		
2. Quality and timelines of Government inputs:						X		
3. Quality and timeliness of inputs by third parties:		X		X				
4. Equipment: *inappropriate in the sense of being premature and generous			X					
5. Advisory/training services:							X	
6. Project personnel:						X		
7. Sub-contracting:							X	
8. Management of project:						X		
9. Project workplans:						X		
10. Implementation of activities:						X		
11. Monitoring and backstopping by ODCCP HQ:						X		
12. Monitoring and backstopping by ODCCP field Office:						X		
13. Monitoring and backstopping by Executing Agency:						X		
14. Monitoring and backstopping by Government:						X		
15. Government fulfilment of prerequisites:					X			
III. PROJECT RESULTS:						X		
1. Timeliness of produced outputs;					X			
2. Quantity of produced outputs:					X			
3. Quality of produced outputs:		X					X	
4. Outcomes: achievement/likely achievement of immediate objective(s):					X			
5. Drug control impact achieved:			X					

	H	S	0	1	2	3	4	5
6. Drug control impact to be expected			X					
7. Likely sustainability of project results:						X		

3. If external factors had an impact on project performance please tick the appropriate boxes: external factors impeded: __X___/ promoted:_____ project performance. The effect on project performance of this influence was significant: __X___/ highly significant:_____. Please provide a short description of the nature of the external factor(s):

Mobilisation of the donor community to initiate a 'common donor response', which was central to all facets of the project design, was in many senses beyond the control of the project. The scale of the challenge of mobilising the donor community should have been better addressed in the project design. As described in the report, many encouraging factors now exist whereby it is realistic to expect a much more encouraging response from the donor community to engaging the project.

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) _XXX_ continue/extend the project with some modifications
e) ____ continue/extend the project with extensive modification
f) _____ terminate the projects, as planned

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): _XX__ , the outputs: ____, the activities: ____ or the inputs: __XX_. Please tick as appropriate.

It is recommended that the Project Document be redesigned to reflect the implementation adaptations which the project has been obliged to adopt, and in order to realistically reflect the characteristics of the wider project execution environment. Further the original project design failed to include any significant component related to the reduction of drug-related harm – in particular HIV, it is also recommended that the revision of the Document include material to this effect. This would bring it into accordance with the UNODC Guiding Principles on Demand Reduction.

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

Due to implementation difficulties caused by a faulty project design, it is too early to judge whether any elements of this project should or should not be replicated.