

TERMINAL EVALUATION REPORT

Project Title:	Networking for reducing risk-taking behaviour related to drug abuse and HIV/AIDS amongst young people in South Asia
Project Number:	ADRAS02G23IND
Duration	September 2002 – 31 December 2004
Drug Control Sector	Drug Demand Reduction – HIV/AIDS risk reduction
Government Counterpart	National Counterparts in Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka dealing with the problem of Drug Use and HIV/AIDS
Executing Agency	UNODC ROSA
Project Budget	US \$ 535,000 (including 13 per cent PSC): Project Revision Dated September 2004
Total Amount Available to Project	US \$ 468,100 (including 13 per cent PSC)
Donors	UNAIDS (UBW), Norway (NORAD), and Sweden (SIDA)

Report of the Evaluation

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EXECUTIVE SUMMARY

The project RAS/G23, entitled, “Networking for reducing risk taking behaviour related to drug abuse and HIV/AIDS amongst young people in South Asia” aims at creating an extraordinary response through fostering alliances and development of partnerships and creating a regional network of NGOs, CBOs, governments, working in the field of drug demand reduction and HIV/AIDS prevention in order to help vulnerable young people reduce consequences to drug use and prevent the spread of HIV/AIDS among such populations. The drug control objective of the project is to reduce risk-taking behaviour and break the chain of HIV transmission among young drug users in South Asia.

In the course of the evaluation process, apart from looking at documents, discussions were held with UNODC ROSA and concerned project staff, representatives of six member countries, civil society (NGOs and CBOs) and afflicted and affected persons. Site visits were conducted in 6 of 24 peer intervention sites in three countries and the evaluator participated in the South Asia Regional Workshop in Dhaka in November 2004.

The first exercise undertaken by the Project was to get the countries of the region together to address the various issues relating to drug abuse and HIV/AIDS. The work plan relating to this project was outlined. The project went on to create networks at various sub national, national and regional levels depending on the needs of the countries. The South Asia Regional Network for Prevention of Substance Abuse and HIV/AIDS was launched in November 2004.

The process of collating secondary information on drug abuse and HIV/AIDS situation assessment was initiated in September 2003. Primary data in the form of KAP of current users is being collected in the peer-intervention sites. Both elements are still in progress and will be brought to a conclusion in December 2004. The draft of situation assessment on drug abuse and HIV/AIDS in South Asia – vulnerabilities and responses is ready.

Capacity building, training of trainers (TOT) and training of peer volunteers occurred in workshops as planned. In four of the countries (Bangladesh, India, Nepal and Sri Lanka) peer led interventions were the final outcome. In the Maldives, where prevention of substance use

and HIV was the focus amongst the youth, the TOT aimed at creating a cadre of 100 master trainers who took prevention messages forward.

A few lessons were learnt from the experience of this project. Networking is a felt need. All the stakeholders were keen on being able to dialogue effectively with each other.

Users responded positively when challenged with taking on some of the responsibility.

Teaching them to do this and supporting them in this has paid dividends:

- Users have responded with reduction in drug use as well as a reduction in HIV related risk behaviour
- Users see themselves as role models for others
- They have managed to motivate others to change behaviour and work towards risk reduction
- Users see themselves as accepted by the community
- Users demonstrate a new found confidence in themselves and an enhanced self esteem
- This has been an experience, which has been reported from every centre visited and consistently so.
- Users also consistently ask for help from the system for treatment to 'kick the habit'.

The community as well as the users are keen on the kind of inputs that have been provided and the community has also taken on the responsibility of being involved. Members of Committee of Concern in the sites visited in the three countries were enthusiastic about maintaining the support and also to sustain the efforts. They felt resources were available within the community.

On the negative side, both users and the community articulate a high motivation for a treatment like a 'magical medicine' that will 'cure' the user and set the calendar back to before they started drug use. A denial/lack of awareness about the long and often relapsing road to recovery was quite obvious. This is important since not addressing that can possibly affect the motivation and well being among both the users and more so the supporting community.

On the basis of the findings, the small research initiatives in behaviour change and peer-led interventions to reduce risk-taking behaviour in young drug users will need further handholding. The formation of the South Asia Network is a good start, however, it is only a beginning and will need support and operational goals to keep it active and self-sustaining. Therefore linking activities from future projects may be a cost effective method. The peer led interventions and their outputs are impressive and require nurturing and monitoring in order to become measurable impacts. The peer led interventions seemed replicable and sustainable and the interventions being implemented at the 24 sites need a period of handholding and additional funding to maximize the impact of risk-reduction in the target population. The community needs to take on board that drug abuse is a relapsing condition and management will have to be tailored for that. The Committee of Concern is an inherently powerful body and needs to be informed and balanced in their approach to the problem of drug abuse and to HIV. The project team, especially the Team Leader should be appointed at the beginning of the project. There should be built-in time for the delay in getting different stakeholders on board.

On the basis of evidence gathered, all the outputs have either been secured or will be secured in short order. Once this is done, the project objectives will have been met. Further, the project has been able to make incremental steps in reaching the drug control (long term) objective of reducing risk-taking behaviour related to HIV/AIDS among young drug users.

There is a need to sustain the activities on the ground level in order to bridge it on to other projects. The project was revised in September 2004 and approved by UNODC in October 2004 with the understanding that some of the activities would be maintained and linked to the next project. Funding has to be therefore secured to provide this bridge.

LIST OF ABBREVIATIONS USED

AIDS	Acquired Immune Deficiency Syndrome
Bangladesh	Peoples' Republic of Bangladesh
Bhutan	Royal Government of Bhutan
CBO(s)	Community-based Organisation(s)
CoC	Committee of Concern
DNC	Department of Narcotics Control, Ministry of Home Affairs, Peoples Republic of Bangladesh
FINGODAP	Federation of Indian NGOs for Drug Abuse Prevention
HIV	Human Immunodeficiency Virus
HMG	His Majesty's Government of Nepal
IDU	Injecting Drug Use
ILO	International Labour Organisation
KAP	Knowledge, attitude and practices
KI	Key informant
Maldives	Republic of Maldives
MIS	Management Information System
MoHFW	Ministry of Health and Family Welfare, Government of India
MoSJE	Ministry of Social Justice and Empowerment, Government of India
NACO	National Aids Control Organisation, Ministry of Health and Family Welfare, Government of India
NCB	Narcotics Control Bureau, Government of India
NCCB	National Narcotics Control Bureau, Republic of Maldives
NDDCB	National Dangerous Drugs Control Board, Government of Sri Lanka
NGO(s)	Non-governmental Organisation(s)
NORAD	Norwegian Agency for Development Cooperation
NSEP	Needle-Syringe Exchange Programme
PLWHA	People living with HIV/AIDS
POW	Peer Outreach Worker
RAS/F90	Project ADRAS01F90IND – Mainstreaming HIV/AIDS concerns in ongoing drug demand reduction programmes in South Asia
Project G23	Project ADRAS02G23IND – Networking for reducing risk-taking behaviour related to drug abuse and HIV/AIDS amongst young people in South Asia
PSP	Province Support Person
PV	Peer Volunteer
ROSA	Regional Office for South Asia
RRTC	Regional Resource and Training Centre, Ministry of Social Justice and Empowerment, Government of India
RSA	Rapid Situation Assessment
RSP	Regional Support Person
SIDA	Swedish International Development Cooperation Agency
SL	
FONGOADA	Sri Lanka Federation of NGOs Against Drug Abuse
SSP	State Support Person
TSC	Technical Support Consultant
UBW	Unified Budget and Work plan (UNAIDS)
UNAIDS	Joint UN Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	UN Office on Drugs and Crime
UNOV	UN Office in Vienna
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND AND CONTEXT

South Asia is situated between the world's two largest areas of illicit opiate production, the Golden Crescent and the Golden Triangle. Traditional abuse of opium and cannabis has shifted to heroin and injecting drug use with the associated spread of HIV infection. A range of pharmaceutical products is also trafficked and abused. There is high sero-prevalence of HIV in injecting drug users in India, Nepal and Bangladesh. With high-risk sex behaviour seen in substance users, the epidemic is spreading from substance users to the general population.

Drug users access services after many years in their drug using careers increasing the risk of becoming HIV positive; there is a need to bridge the gap between drug users and service providers. Outreach interventions, where in operation, are often not driven by standardized scientific protocols. Drug users are in need of different services at different times in their drug using careers. There is a gap between treatment services available and number of drug abusers needing services. There is also a lack of linkages between services offered by the government agencies and those offered by civil society.

Project AD/RAS/02/G23 was conceived in response to the growing threat of HIV/AIDS epidemic to the countries of South Asia. UNODC as a co-sponsor of UNAIDS has a special role in reducing the HIV/AIDS epidemic spreading by drug abuse especially injecting drug use. In particular, the risk-taking behaviour associated with drug abuse, especially among young people needed special attention. The project drew funds from the Unified Budget Work Plan (UBW) 2002-2003 (UNAIDS) and focuses on the nexus between drug use and HIV/AIDS especially in young people.

The project aims at creating an extra-ordinary response to drug use related HIV/AIDS by generating and sharing strategic information, fostering alliances and partnerships and building capacities. The drug control objective of the project is to reduce risk-taking behaviour and break the chain of HIV transmission among young drug users in South Asia.

The project's immediate objectives are (1) to foster alliances and strengthen regional networks for information and expertise sharing, and capacitating them to create an evidenced based policy and program environment thereby facilitating GO-NGO and other appropriate institutions to mount an extra-ordinary response to address HIV/AIDS risk in young drug using populations in South Asia, and (2) to increase the capacity of CBO- NGO and GO structures and systems to undertake effective and evidence based interventions through sharing information, resources and skills in order to break the chain of HIV transmission in young drug using populations.

1.2 PURPOSE AND OBJECTIVES OF THE EVALUATION

The purpose of this evaluation is to measure achievements, outcomes and impacts, both positive and negative. This would be the terminal evaluation and the overall purpose would be to learn from the project implementation so that lessons can be drawn that form the basis for instituting improvements to project planning, design and management. This evaluation was not planned for in the original project document. But this being one of the early projects on drug demand reduction with HIV/AIDS prevention in South Asia, lessons learnt were needed as later projects were designed to scale up successful interventions.

1.3 EXECUTING MODALITY

UNODC ROSA was the executing organisation for the project. The project office in Delhi coordinated the work and invited member countries to participate. A Technical Support Consultant (TSC) was appointed in the countries where the programme progressed since significant coordination and networking needed to be established locally. Meetings, training programmes, etc. were organised in coordination with the project countries. Consultants were hired for specific tasks.

The Project Coordinator was involved in managerial and technical aspects of the project. He was assisted by a team of two technical hands (a Research Associate and a Project Associate) and other office support staff shared with other projects.

The project was supported by funds from UNAIDS (UBW) (US \$ 175,000) and later from Norway (NORAD) (US \$ 210,000) and Sweden (SIDA) (US \$ 75,000). The final revision of the project document, for US \$ 535,000, though approved, has not been fully funded.

1.4 SCOPE OF THE EVALUATION

The scope of the evaluation was to analyse:

- (a) project concept and design,
 - (b) project implementation and
 - (c) The outputs, outcomes and impact of the project;
- and
- (d) To document lessons learned from the project and recommendations on possible follow-up activities as appropriate,
 - (e) To examine the processes involved, get an experiential understanding of the factors and outputs and to incorporate this in the lessons learnt, both positive and negative.

1.5 EVALUATION METHODOLOGY

The evaluation was conducted over a 10-day period from 24th November to 3rd December 2004, which was a few weeks before the completion of the project. This meant that many of the final output indicators and reports were verbally reported than read. However, the plus side of it was that the evaluation was completed while some of the activities were still in progress and the evaluator had a first hand view of these parts of the activities.

The evaluator had access to all the documentation associated with the project, beginning with the original project document, the project document agreed with NORAD in December 2002, the revised activities and budget sent to NORAD in July 2003, the project revision document dated July 2003 approved by UNODC, and the project revision document dated September 2004 and approved by UNODC in October 2004. He also reviewed the minutes and recommendations from the two regional meetings at Male and Colombo, regular progress reports, mission reports, the country profiles and other outputs from the project, including the training reports, peer led intervention protocol, the training manuals and the newsletters.

The evaluator met with the Representative, UNODC ROSA, Senior National Programme Officer, Project Coordinator, RAS/H13 (former National Programme Officer) and the RAS/G23 project team, and other consultants at the ROSA office. He also met other stakeholders including Team Leader, SAICT, UNAIDS, Joint Secretary, Ministry of Social Justice and Empowerment, Government of India, and held detailed discussions with the project team in Delhi.

He then travelled to Kolkata where he met with the NGO representatives who were implementing as well as those coordinating the project at 2 peer led intervention sites around Kolkata. Further site visits were also undertaken in Bangladesh (2 sites) and Sri Lanka (2 sites). He was accompanied by the Research Associate of the project at Kolkata and Bangladesh and by the Project Coordinator at Sri Lanka. He managed to meet and interview trainers at the project sites, Peer Outreach Workers, Peer Volunteers, affected family members and members of the Committee of Concern in the area. He also met and interacted with members of the Self Support group at one site (IRIIM, Kolkata).

He was present at the South Asia Regional Workshop in Dhaka for the formal launch of the South Asia Regional Network for Prevention of Substance Abuse and HIV/AIDS. This allowed him direct access to the country representatives for their formal presentations and informal discussions on their experiences. He met with the Director General, Department of Narcotics Control, his colleagues and various members of the project implementation teams from Bangladesh and representatives from Bhutan, Nepal, Maldives and Sri Lanka. In his visit to Sri Lanka, he held detailed discussions with the Chairman and the Executive Director of National Dangerous Drugs Control Board (NDDCB), and the Technical Support Consultant for the project.

CHAPTER 2: MAJOR FINDINGS

2.1 OVERALL PERFORMANCE ASSESSMENT

The project was sanctioned in September 2002 and was meant to run for two years. This was finally modified and extended up to December 2004. The first year, saw very little in terms of tangibly measurable outputs. No staff was appointed to provide necessary leadership to the project for about a year. It stands out that the project began with around 50% of the funds sanctioned and it would have been up to the National Programme Officers to bridge the leadership gap. At the project's inception, the total budget was US\$ 349,600. At the time of operationalising of the project, only US \$ 175,000 was available from UNAIDS UBW funds. There was thus a shortfall of US \$ 174,600. Therefore efforts were made by both UNODC HQ as well as UNODC ROSA to mobilize additional funds for the project. As a result of these efforts Sweden contributed US \$ 75,000. The version of the project document, with additional activities not envisaged in the original approved project document, presented to NORAD was costed at US \$ 550,200. In late 2002, NORAD agreed to contribute US \$ 210,000 (with a PSC restricted to 5 per cent) with a provision for requesting additional funding in case the additional activities agreed by UNODC-NORAD so required. The Project revision document dated July 2003 was thus for US \$ 460,000. Notably, despite a shortfall of US \$ 90,000 from the project budget submitted to NORAD the additional deliverables agreed with NORAD were not proportionately scaled down.

A "Strategic Planning Workshop" was held in Male in December 2002 wherein UNODC and the member countries agreed to participate in two regional projects (RAS/F90 and RAS/G23) that would kick-start the process of intervention and prevention of HIV among drug using populations. The projects would address the reduction or elimination of gaps identified between the treatment demand and service provision as well as the treatment expectation and quality of services offered in the region. Senior officials in the fields of drug demand reduction and HIV/AIDS prevention from the member countries attending this meeting agreed to link the projects as they had similar objectives.

One of the projects in focus was RAS/G23 and the key deliverables were:

- a) An assessment of the situation and strategic information related to spread of HIV/AIDS amongst young drug abusing populations and for mounting evidence-based responses is available in South Asia.
- b) A South Asia network consisting of NGOs, CBOs, representatives of academic, bi-lateral and multi-lateral agencies, development media organizations and private sector foundations be established and facilitated for undertaking drug and HIV/AIDS risk reduction activities among young people.
- c) Experience and information is shared, advocating effective approaches to prevent HIV/AIDS amongst young drug users

Little tangible progress appears to have occurred until mid 2003 when, during 20th IFNGO Conference 2003 in Colombo, Sri Lanka a satellite meeting was organised by project RAS/G23. This meeting titled 'Towards the formation of a South Asia Network' was held to address the drug related HIV concerns for young people of South Asia. The NGO networks in Sri Lanka (SL FONGOADA) and India (FINGODAP) are well established. No NGO networks for prevention of drug abuse existed in the other countries. There were no NGO networks concerned with the prevention of both drug abuse and HIV/AIDS in any country. A Networking consultant was appointed by the project to facilitate the formation of South Asia Network. A national networking meeting was held in Nepal followed by sub-national meetings.

The project finally had a Team Leader and other dedicated staff in place by September 2003. There has been a spurt of activities since and the implementation has gone on at double time. Budget utilisations have also jumped in the second year of the project and objectives have been by and large achieved to a high level of efficiency.

A second South Asia regional workshop was held in Colombo, Sri Lanka in May 2004. The purpose of this workshop was to form the South Asia Regional Network. About 60 delegates attempted to develop a "road map" for the formation of a South Asia network to mount an extraordinary response to substance abuse and HIV/AIDS. The unanimous acknowledgement that a South Asia network was required was clearly highlighted in the workshop and a launch date for the network was planned for the end of November 2004.

2.2 ATTAINMENT OF OBJECTIVES

On the basis of evidence gathered, all the outputs have either been secured or will be secured in short order. Once this is done, the project objectives will have been met. Further, the project has been able to make incremental steps in reaching the drug control (long term) objective of reducing risk-taking behaviour related to HIV/AIDS among young drug users.

Some outputs have been achieved more impressively than others. Special mention needs to be made about some of these, and the following are being highlighted:

- The country reports are very useful and bring together data through a systematic review of the current practice and use of illicit substances and associated HIV risks in the region. This secondary data will be strengthened with the small research initiatives wherein significant primary data on KAP on drugs and HIV/AIDS will also emerge.
- Formation of a South Asia regional network and strengthening/ creation of national level networks in the region - although India and Sri Lanka had existing networks, the other countries did not. Over the course of the project, it was possible to develop sub-national and national level networks in Bangladesh, and, to an extent in Nepal and the Maldives. Despite difficulties, Bhutan also was in the process of helping set up NGOs and developing partnerships.
- Within this process, stakeholder workshops and training of trainers were completed in 5 of the countries, which managed to take the program forward. To address the activity, supporting small research initiatives in behaviour change using peer-led mechanisms to influence risk-reduction among drug users, the project team created the peer led intervention toolkit. This consisted of an intervention protocol and various training manuals - and where appropriate, translation and adaptation for the local needs. This output is especially commendable.
- Within the short time available, the second level training of Peer Volunteers has occurred in most places and should be complete by end December 2004. There was at least one active self-help group and others in formation.
- Encouraging also was the level of community participation, creation of committees of concern and a behavioural change in the attitude of family members of those who were

involved. The newsletters had been published as planned though the final reports were behind in their publication.

2.3 IMPLEMENTATION

The project was implemented as planned through networking with Government and Non-Government agencies working in partnership. This was not always easy nor understood easily by all players involved. Implementing and coordinating agencies for the 24 sites were identified by the national governments in consultation with national networks, TSCs and the project team.

The project team provided coordination and training in all the countries participating. At the national and the regional level, the training activity brought together the network. These also formed the focus where experiences were shared. Study tours were organised to cross-fertilise good practices.

Finances were clearly a problem haunting the implementation of the project at various stages. It began with 50% of funding available. Even when funds were available significant strictures in cash flow to recipients/beneficiaries, because of introduction of a new ATLAS finance software by UNDP, was reported at different levels.

2.4 INSTITUTIONAL AND MANAGEMENT ARRANGEMENTS

UNODC was the executing agency for the project. A project office was set up with a team to manage the project activities. Meetings, training programmes, etc. were organised in coordination with the national governments of the region. Consultants were hired for specific tasks. The Team Leader had undertaken a number of missions to countries to assess their need for technical support, and for building capacities.

Due care was exercised in utilising the financial resources optimally, often combining activities with other related UNODC projects to complete the objectives. There is also, significantly, a great disparity in the rate of spending over the two years of the project. This reflects the need for appointing a leader for the project at the start of a project. Finally there is

an overspend in the end, which is, arguably, good. It is placed on record that the additional budget approved at the last revision of the project has not been fully funded even though the expenses have been committed.

The project was executed with great vigour and enthusiasm. The project team ought to be commended for their ability to have been able to complete huge quantities of work in the time available to them.

CHAPTER 3: OUTPUTS, OUTCOMES, IMPACTS AND SUSTAINABILITY

3.1 OUTPUTS

The following outputs have been achieved:

Output 1: An assessment of the situation and strategic information related to spread of HIV/AIDS amongst young drug abusing populations and for mounting evidence-based responses is available in South Asia.

- Though not yet disseminated, the data is collected and should become a good resource for policy and planning.
- Through training of trainers and training manuals, building capacity in behaviour change modification was addressed.
- KAP studies are in progress where peer volunteers have been trained (to be completed). This would form the primary data for the assessment of the situation in South Asia. Repeat KAP studies, three months after the risk-reduction training as evidence to mount scaled up responses would require more time.

Output 2: A South Asia network consisting of NGOs, CBOs, representatives of academic, bi-lateral and multi-lateral agencies, development media organizations and private sector foundations be established and facilitated for undertaking drug and HIV/AIDS risk reduction activities among young people.

- A three-member core committee consisting of government, non-government and an affected person was constituted to represent the national network in each member country.
- The South Asia Regional Network on prevention of substance abuse and HIV/AIDS was launched.
- Three regional three-day meetings were organised with participants from the region.
- National level advocacy meetings to mainstream HIV/AIDS concerns in ongoing Drug Demand Reduction programs and Drug Demand Reduction concerns in ongoing HIV/AIDS programs were conducted.

- Sub-national network meetings were held for formation of National Networks against drug abuse and HIV in Bangladesh, and Nepal where network structures were weak.
- Peer outreach workers and trainers were trained to undertake drug and HIV/AIDS risk reduction activities amongst young people.

Output 3: Experience and information is shared, advocating effective approaches to prevent HIV/AIDS amongst young drug users

- Various five-day training programmes were conducted for NGOs, CBOs, peer educators, medical, law enforcement etc on drugs and HIV/AIDS prevention issues.
- 72 young people from the region were identified and supported to serve as peer outreach workers and trainers in reducing risk-taking behaviour amongst young people and bridge the gap between current drug users and service providers.
- Non-governmental organizations were supported to monitor the work of peer-outreach workers and trainers.
- Small research initiatives were supported in behaviour change in South Asia, which have base lined existing behaviour among vulnerable youth and used peer led intervention mechanisms based on behaviour change communication and other skills to address risk-reduction.
- Support groups for vulnerable youth helped through the peer-led interventions were set up.
- Peer-led intervention protocol for small research initiatives in behaviour change has been designed as well as software for KAP data entry and analysis. This data is being collated.
- Training manuals for training peer outreach workers and trainers in reducing risk-taking behaviour amongst young people are now available. These have been translated and modified as appropriate to the local needs.
- Regional study tours for representatives of NGOs and CBOs for developing a South Asian response to HIV/AIDS prevention amongst drug abusers were conducted.
- Four regional newsletters were developed and disseminated in the region.

To be completed, but in the process:

- Record and publish a compendium of existing good practices of preventing HIV risk among young drug users.

- Disseminate data from research initiatives and best practices in the region.
- Evidence gathered through peer-led interventions for reducing risk-taking behaviour related to HIV/AIDS in young drug users is shared with policy makers in South Asia advocating the use of this community based approach in HIV/AIDS prevention amongst young drug users.

3.2 OUTCOMES

The outcome in the short span seen in the areas where the project has been implemented is significant and impressive. Since the reports have not been published and shared widely among the stakeholders, these could not be reviewed. However the preliminary results were well received when presented at South Asia Regional Workshop Dhaka, in November 2004.

The newsletters were appreciated though contribution to them was inevitably not very spontaneous.

The networking and partnering between the National Government counterparts and the NGOs and users was still maturing and lot of handholding is required. The positive aspects of this networking and the leadership provided by UNODC ROSA were appreciated.

The overwhelming response to the training and the work that the Peer Outreach Workers (POWs) and Peer Volunteers (PVs) were doing was the most exciting. Every project site visited showed a remarkable similarity in the outcome of the peer-led interventions. The POWs were enthusiastic in teaching others and felt empowered by the training to do this. The PVs and those they were reaching out to were also touched by the project. While interviewing peer outreach workers and peer volunteers, it is observed that there was a considerable level of behaviour change, often reduction and sometimes stopping of primary drug use, reduction to almost cessation of risk related behaviour and a feeling that they needed to do this because they were role models to the peer group that they served!

Some responses from Peer Volunteers

“I have reduced my dose of drugs from 3 or 4 times a day to once a day. This has helped me to reduce my stealing significantly”

“I have managed to reduce the dose and now have not taken any for the past 5 days”

“My friend had explained to me the risk relating to going to sex workers. Now I stay home and do not go there at all. My wife and children can be at risk”

“Now I use a condom every time I go to the sex worker. She also accepts me better that way”

Another interesting outcome was a new found level of self-respect that users were demonstrating after taking up the role of a Peer Volunteer. This was seen again and again among Peer Volunteers in the various sites and was a palpable difference. This was particularly felt by the family members who then passed on small tokens of responsibility to the individuals- shopping, child minding, inclusion in decision making.

This in turn had other social benefits that were positive. The family not only accepted the user back and were happy that they were *“now bathed and clean, shaving and responsible”*, but it also resulted in some level of stigma and discrimination being addressed early within the home and immediate neighbourhood. *“The neighbours used to chase away their children when I came there. Now they are allowed to come out and be with me”*. However this last change was not universal or total. *“.... they look at us like dogs and continue to treat us like dogs in the locality. That will not change.... I will always be referred to as ‘heroin-Rahman’ even 10 years later, even if I stay clean all that while.”*

The larger community was however not far behind. There seems to have been a lot of interest among the members of the Committee of Concern (CoC). Various members stayed back to meet the evaluator to express their happiness and solidarity in the process of the project, *“we have wanted to do something in our community about this (drugs) and this is a good opportunity.”*

The composition of the CoC differed in different sites and this gave some indication of their strengths and weaknesses. In many of the groups there were religious leaders (Muslim imams, Buddhist priests) who shed their traditional discomfort and took on the issues. Most were willing to raise money and awareness and talk about Drug abuse as well as HIV/AIDS.

One Muslim cleric in Bangladesh stayed back after others in the group had left to make a point and explain to us *“I never lose an opportunity now to talk about prevention and management of Drug Abuse. It affects our community..... Also about HIV prevention.”* He was willing to find the financial resources and continue the programme *“...with some help in technical matters”*. One of the Buddhist priests in Sri Lanka talked about physical threats made against him by the drug lords. They had tried to malign him and threatened him on more than one occasion *“....but that is all right. If some good can come to the community I shall do whatever I can to help.”* The drug users were using his temple premises to hold meetings and classes and help each other. Another CoC member in India, a police station-in-charge was quite willing to lend the police station premises for a drug detoxification camp.

The users (PVs), POWs and the community in all sites consistently requested for treatment for the drug user. The details of this expectation of treatment was more like a ‘magic cure’ where some medical intervention would bring them back to the pre-drug use status. Users who had undergone detoxification programmes in the past and relapsed also expressed this expectation.

3.3 IMPACTS

Impacts are not clearly measurably during the short periods of time that such projects are operational. The outcomes in the short term are indeed promising and significant resources have been created. Both drug abuse and HIV/AIDS are long-term issues and measuring impact in a matter of months is not appropriate especially since the project only really started to deliver in following mid-2003. However, the early reception of this project has been significantly positive and there are many sustainability plusses. This should allow for impact to be seen in time when what the project has laid out matures into an established network with committed POWs and a ripple of peer volunteers who like to see themselves as positive role models, supported by a community which is willing to accept them back and treat them with respect.

3.4 SUSTAINABILITY

All the observations on the field were encouraging towards a high level of sustainability:

- Networking is recognised as important.
 - All the stakeholders seem interested in the network to help each other. A true partnership has yet to evolve in letter and in spirit, though this is well on its way.
- Training and peer outreach activities are low cost and easily replicable
 - The manuals are ready and in some places already translated into the local language. Trainers have found that they can be modified easily to address the specific cultural differences locally – both ethnic as well as substance use culture. Several rounds of training have occurred successfully with some support from ROSA initially, but local resources subsequently.
- The fact that the outputs are seen so rapidly and positively is a tremendous motivator
- Communities are enthusiastic about a chance to act together
 - Communities are affected and often wanting to do something. The need to educate them becomes critical in the support network and to make them involved constructively. A lot of resource is available in the community and the local leaders seemed keen to participate in it.
- Local, national and regional level meetings are important
 - Sharing of information and experiences are critical in any form of relationship. Though some level of sharing can occur through the written media, experiences are rarely related to in that manner. Also, meeting and sharing allows for overcoming barriers of biases between stakeholders.
- The information sharing through a web-site and newsletter
 - A newsletter is very hard work. A network newsletter is critical, this needs to be owned and contributed to by members CONSISTENTLY. Also translating and addressing local needs are important.
- Network not ready to stand on its own yet
 - The network at most levels has just come into being and needs time to mature and take on character and strengths of its own. The spirit of partnership requires the humility to respect and learn from each other and support each other.

CHAPTER 4: LESSONS LEARNT & BEST PRACTICES

4.1 LESSONS LEARNT

Networking is a felt need for convergent efforts in the fields of drug demand reduction and HIV/AIDS prevention in South Asia. All the stakeholders were keen on being able to dialogue effectively with each other. Partnership was not necessarily something clearly understood or easily accepted. However, as it developed, each functionary valued it.

Users have responded positively to being involved as POWs and PVs. Peers is a word used in multiple ways. Defining it helped in communicating effectively. Past users and current users responded positively when challenged with taking on some of the responsibility. Teaching them to do this and supporting them in this has paid dividends:

- Users have responded with reduction in drug use as well as a reduction in HIV related risk behaviour
- Users (POWs and PVs particularly) see themselves as role models for others
- They have managed to motivate others to change behaviour and work towards risk reduction
- Users see themselves as accepted by the community
- Users demonstrate a new found confidence in themselves and an enhanced self esteem
- This has been an experience, which has been reported from every centre visited and consistently so.
- Users also consistently ask for help from the system for treatment to kick the habit.

The community as well as the users are keen on the kind of inputs that have been provided and the community has also taken on the responsibility of being involved. CoC members were enthusiastic about maintaining the support and also to sustain the efforts. They felt resources were available within the community and the progress made so far was good. However, they also felt that external resources were necessary to help users get treated for the habit.

On the negative side, both users and the community articulate a high motivation for a 'magical fix treatment'. There are requests for a 'magical treatment' like a panacea that will

‘cure’ the user and set the calendar back to before they started drug use. A denial/lack of awareness about the long and often relapsing road to recovery was quite obvious. This seems to emerge despite the POWs who have often been through this and the classes, which have taught this. This is important since not addressing that can possibly affect the motivation and well being among both the users and more so the supporting community. There would thus be need for more drug abuse awareness initiatives both at the prevention and treatment levels.

In the same line, it is too early to see if the enhanced self-esteem and community acceptance will last in the face of multiple relapses. There is a need for specific inputs into the community to keep them aware of this as well as for more education for the CoC members about the relapsing nature of drug abuse.

The composition of the CoC members is important to re-consider. It was considered desirable that the community they represent selects this committee rather than appointment by an external agency. However, at one of the sites visited, one vociferous member, who was also a local law enforcement officer, was quite opinionated about the cause and outcome of substance use. *“...its all because of the peddlers. We can drive them out of our area and make sure they never come to these streets... I have told the members of our community that they could go ahead and kill them (peddlers) and I will protect them (from the law)”* *“Peddlers kill so many, killing them is no crime it is only retribution.”* CoC members should not end up as vigilante groups – this may end up with more problems. Having a right mix of community leaders, affected and possibly those with wider contacts will make the committee more effective and balanced.

Networks are not completely interlinked; within countries, ‘top-down’ (Govt officials, National NGO representatives) and ‘bottom-up’ (users, smaller NGOs, regional NGOs nets) need to link up. Similarly, referral links need to be strengthened and made ‘two-way’. Internal factors within member countries differ and affect speed and motivation of response. While planning projects UNODC ROSA needs to factor in the time taken to achieve these while formulating time-lines. In this project for example, one country in the region did not have NGOs involved in drug abuse to network with. Setting up the stakeholders and allowing for Government sanction for funding etc would have taken longer than the project life!

Sanctioning a project and approving it hoping to find funds seems an exercise of inefficiency. The final approval and rolling out of any project should not occur till funds are identified and committed. When agreeing to a donor for funding less than what the agreed document states, for example in the UNODC-NORAD document where US \$ 550,000 worth of activities had to be done in US \$ 460,000, deliverables have to be proportionately downsized. Similarly, mid term project revisions should not be approved without approving funds. Following the last revision of this project dated September 2004 (which was approved in October 2004) expenses for enhanced activities had been obligated even before information on lack of donors was conveyed. In spite of these limitations, the project has delivered its commitments admirably.

4.2 BEST PRACTICES

1. The series of training manuals and the relevant translations into local language are excellent. The trainers who have used them find them easy to understand, use and modify. This is now a good resource.
2. The secondary level data of substance abuse in the region and their links to HIV/AIDS is good work done. This, along with the KAP data being gathered would be a good resource for policy, planning and implementation.
3. Financial constraints have necessitated the dovetailing of this project with other linked projects in the region. This appears to have helped in integrating a lot of resources. The output is good (though the means through squeezing funds is not a good idea).

4.3 CONSTRAINTS

1. Different countries perceived their need for networking in different ways. Bhutan, for example, did not have NGOs working in the area of drug demand reduction when the project began.
2. The socio-political climate in some member countries affected the ability to carry the activities forward.
3. Key officials at all levels of stakeholders change. This has affected the conceptual understanding and implementation of project goals. Change of guard also meant a lower prioritisation of the project and poor understanding of the processes involved.
4. Time lines and staff appointments have affected the pace of implementation.

CHAPTER 5: RECOMMENDATIONS

This project has succeeded in providing an integrated planning opportunity for other regional projects and the advantage to carry forward the drug demand reduction and HIV prevention objective in the South Asia region in a staged manner since countries of the region share a common ethos and are willing to learn from each other. The networking offers a platform from which to share experiences.

1. The small research initiative in behaviour change will need handholding to collate and disseminate.
2. The formation of the South Asia Network is a good start, however, it is only a beginning and will need support and operational goals to keep it active and self-sustaining. Therefore linking activities from future projects may be a cost effective method.
3. The peer led interventions and their outcomes are impressive and require nurturing and monitoring in order to become measurable impacts.
4. The peer led interventions seemed replicable and sustainable. The interventions being implemented at the 24 sites need a period of handholding and additional funding to maximize the impact of risk-reduction in the target population.
5. The community needs to take on board that drug abuse is a relapsing condition and management will have to be tailored for that.
6. The Committee of Concern is an inherently powerful body and needs to be informed and balanced in their approach to the problem of drug abuse and to HIV.
7. The project team, especially the Leader should be appointed at the beginning of the project.
8. There should be built-in time for the delay in getting different stakeholders on board.
9. There is a need to sustain the activities on the ground level in order to bridge it on to other projects. The project was revised in September 2004 with the understanding that some of the activities would be maintained and linked to the next project. Funding has to be therefore secured to provide this bridge.

Annexures

TERMS OF REFERENCE

I. BACKGROUND

South Asia is situated between the world's two largest areas of illicit opiate production, the Golden Crescent and the Golden Triangle. Within the sub-region illicit opium and cannabis cultivation, heroin and hashish production, trafficking and diversion of precursor chemicals and drugs are an increasing concern. Traditional abuse of opium and cannabis has shifted to heroin and injecting drug use with the associated spread of HIV infection. A range of pharmaceutical products is also trafficked and abused.

There is high sero-prevalence of HIV in injecting drug users in India, Nepal and Bangladesh. With high-risk sex behaviour seen in substance users, the epidemic is spreading from substance users to the general population. India, for example, with more than 5.1 million HIV positive people, has the second highest number of HIV positive people in the world.

Drug users access services after many years in their drug using careers increasing the risk of becoming HIV positive; there is a need to bridge the gap between drug users and service providers. Outreach interventions, where in operation, are often not driven by standardized scientific protocols. Drug users are in need of different services at different times in their drug using careers. There is a gap between treatment services available and number of drug abusers needing services. There is also a lack of linkages between services offered by the government agencies and those offered by civil society.

Project AD/RAS/02/G23 was conceived in response to the growing threat of HIV/AIDS epidemic to the countries of South Asia. UNODC as a co-sponsors of UNAIDS has a special role in reducing the HIV/AIDS epidemic spreading by drug abuse especially injecting drug use. In particular, the risk-taking behaviour associated with drug abuse, especially among young people needed special attention. The project is a part of Unified Budget and Work Plan (UBW) 2002-2003 (UNAIDS) and focuses on the nexus between drug use and HIV/AIDS especially in young people.

The project aims at creating an extra-ordinary response to drug use related HIV/AIDS by generating and sharing strategic information, fostering alliances and partnerships and building capacities. The drug control (long term) objective of the project is to reduce risk-taking behaviour and break the chain of HIV transmission among young drug users in South Asia. The project's immediate objectives are (1) to foster alliances and strengthen regional networks for information and expertise sharing, and capacitating them to create an evidenced based policy and program environment thereby facilitating GO-NGO and other appropriate institutions to mount an extra-ordinary response to address HIV/AIDS risk in young drug using populations in South Asia, and (2) to increase the capacity of CBO- NGO and GO structures and systems to undertake effective and evidence based interventions through sharing information, resources and skills in order to break the chain of HIV transmission in young drug using populations. It is expected that by the end of the project (a) regional situation assessment studies are completed, (b) evidence-based environment is available for National policies and programmes on Drug Demand Reduction to reflect HIV-AIDS

concerns and responses for young people and (c) a regional network of key stakeholders for launching an extraordinary response to drug and HIV issues among young people is in place.

The original project document was approved in March 2002; noting that 50 per cent of the funds were available, the field office was advised to target three countries first. The first allocation advice was issued in September 2002. At the project's inception, the total budget was US\$ 349,600. At the time of operationalising of the project, only USD 175,000 was available from UNAIDS UBW funds. There was a shortfall of USD 174,600. Therefore efforts were made by both UNODC HQ as well as UNODC ROSA to mobilize additional funds for the project. As a result of these efforts Sweden contributed USD 75,000. The budget presented to NORAD for the project was for USD 550,200. In late 2002, NORAD agreed to contribute USD 210,000 (including PSC of 5 per cent) with a provision for requesting for additional funding. It should be noted that while downsizing the project from USD 550,200 to USD 460,000, the deliverables were not proportionately downsized. The project document revision was approved in July 2003 to reflect additional activities as agreed between NORAD and UNODC. The project document was revised again in September 2004 to reflect increase need of activities and funds to achieve the expected results. All three documents form an integral part of this agreement.

II. PURPOSE OF THE EVALUATION

The purpose of this evaluation is to measure achievements, outcomes and impacts both positive and negative. The overall purpose of the evaluation of this project is to learn from the project implementation so that lessons can be drawn that form the basis for instituting improvements to project planning, design and management.

Although this evaluation was not stated in the project document, to document lessons learned the field office initiated the evaluation. It should be noted that this is amongst the first regional drug demand reduction and HIV/AIDS prevention project of this field office and is to provide lessons for the implementation of projects started later. Later projects are designed to scale up successful interventions, and build upon the results of this project.

The main stakeholders are the national counterparts in drug demand reduction primarily (the line ministries of UNODC) and drug related HIV/AIDS prevention. The stakeholders include NGOs and service providers in the field of drug demand reduction and drug related HIV prevention. The stakeholders also include young people at risk for drug use related HIV/AIDS.

III. SCOPE OF THE EVALUATION

The evaluator should focus on crucial and strategic issues during project design and implementation. While the major emphasis shall be to on measuring outcomes, impact and sustainability the evaluation will also analyse project concept and design, and project implementation. The evaluator will ensure that lessons learned from the project will be recorded and recommendations on possible follow-up activities will be made as appropriate.

Project concept and design:

The evaluator shall assess project strategy, approaches, design and fund flow mechanisms with special reference to:

- a. The adequacy of the analysis and identification of the problem to be addressed;
- b. The relevance of the long-term objective to the prevention of drug abuse and HIV/AIDS amongst young people in South Asia;
- c. The clarity, logic, and coherence of the original project design including the revised project documents;
- d. The manner in which the project addressed the problem and the strategy in terms of appropriateness and obtain ability of objectives (both immediate and long-term) and attainability of planned outputs and activities within the time frame/appointment of personnel and inputs provided in the original project document, the project document agreed with NORAD in December 2002 and the revision sent to NORAD in July 2003, the project revision document dated July 2003 approved by UNODC Hq, the project revision document endorsed by PPC in September 2004;
- e. The executing modality and managerial arrangements, and the agreed prerequisites by the project partners and government counterparts;
- f. The appropriateness of the immediate objectives to achieve the long-term objective of the project; (as compared to alternate approaches to accomplishing the same objectives) and
- g. The relevance of the outputs to achieving the objectives.

Project Implementation:

The evaluator shall assess:

- a. Whether the project strategy has been implemented as planned in the project document or it has been revised (and for what reason) during the course of the project implementation;
- b. The executing and implementing modalities and managerial arrangements and its impact on program delivery issues;
- c. The inputs, outputs, implementation methodologies and therefore the appropriateness of agreed prerequisites for project implementation;
- d. The terms of reference, efficiency and effectiveness of project management in carrying out the activities to achieve each of the outputs;
- e. The annual work plans and planned duration of the project and the agreement reached in the Strategic Planning Workshop held in Maldives in December 2002 and the work plans proposed therein;
- f. The adequacy of inputs in the documents cited in (a) above in relation to the planned and outputs and activities and the adequacy of the inputs in relation to the work plan agreed in Maldives, 2002;
- g. The administrative monitoring and backstopping of the project by UNODC Headquarters, UNODC ROSA and the Government counterparts;
- h. The efficiency and effectiveness of other partner agencies;
- i. The planned duration of the project as well as the ability of the project to meet with the emerging needs / changing trends of the problem;
- j. The obstacles encountered and measures taken to overcome them;
- k. The fulfilment of agreed prerequisites by the project parties and its impact on the project deliverables; and
- l. Indicators utilized to verify achievements of objectives in the original project document and subsequent revisions.

Project Outputs, Outcome, Impact and Sustainability:

The evaluator shall assess the quality and quantity of outputs produced and of outputs likely to be produced, outcomes and impact achieved or expected to be achieved by the project. This should encompass an assessment of the achievement of the immediate objectives and the contribution to attaining the drug control objective. If objectives other than drug control objectives are stated in the project document, the evaluation should also assess the achievement of these, but care should be taken to prevent the evaluation from diverting if the project has had significant unexpected effect, whether of beneficial or detrimental character. The evaluator should, in particular, assess:

- a. The ability of the project to provide an assessment of the situation in relation to drug abuse and HIV/AIDS related vulnerabilities in young people as conceived of in the original project document and subsequent revisions; and the ability of the project to capacitate agencies to mount evidence-based responses to reduce risk-taking behaviour related to drug abuse and HIV/AIDS amongst young people;
- b. The ability of the project to develop networks for drug demand reduction and HIV prevention as required;
- c. The ability of the project to address the gaps assessed and the ability of the project to produce standardize interventions in risk-reduction amongst young drug users through the development and use of peer-led intervention toolkit to capacitate agencies to mount responses;
- d. The ability of the project to build capacities to mount evidence-based interventions in the field of drug abuse and HIV prevention and other tools.
- e. The ability of the project to reach the immediate objectives towards attaining the long-term objective of the project;
- f. The likely impact in terms of drug control; and
- g. The likely sustainability of project results.

Findings, Lessons Learned And Recommendations

As Project AD/RAS/02/G23 is one of the first regional projects on drug demand reduction executed by UNODC, ROSA, the evaluator shall make recommendations, as appropriate. Recommendations may also be made in respect of issues related to the execution and implementation of the project. They should constitute proposals for concrete action, which could be taken in future to improve and rectify undesired outcomes and could be included in the design of future regional projects.

The evaluator should record lessons learned from the project, which are valid beyond the project itself. The evaluation shall also record the difference this project has made to the beneficiaries and their willingness to sustain the activities.

IV. EVALUATION TEAM

One evaluator will be selected for the evaluation. The evaluator is to be appointed on the basis of extensive experience in drug demand reduction and high- risk group intervention, project implementation, monitoring and evaluation. It is preferable that the evaluator be recruited from South Asia and is familiar with work done in South Asia.

V. EVALUATION METHODS

The evaluator shall follow the guiding principles for evaluations at UNODC (attached).

The original project document and revision documents, agreements reached with national counterparts and donor agencies, financing agreements, and reports submitted to review meetings and minutes of review meetings shall be the basic documents for review. The semi-annual and annual reports, mission reports, reports of trainings and workshops and drafts of reports, toolkits and publications produced by the project shall also be taken into consideration.

The evaluator will study the relevant documents and publications by the project. These documents will be sent to the evaluator prior to the commencement of the mission. In addition, any other documents that may be requested by the evaluator will be made available during a briefing in Delhi by UNODC. The evaluation should include participation of partners and stakeholders. The evaluator will interview the representatives from the competent authorities of as many of the project countries as feasible, visit at least three countries where training programmes were conducted, interview some of the participants of the training programmes especially those who underwent training of trainers programmes, and visit at least three sites in at least two countries where peer-led interventions had been mounted. Effort should be made to interview young drug users who are beneficiaries of this project. The evaluator may use questionnaires, observation and other participatory techniques such as focus groups, etc.

The evaluator should not have been involved directly in the design, appraisal or implementation of the project. Furthermore, (s)he will not act as representative of any party, but should use an independent judgement.

VII. PLANNING AND IMPLEMENTATION ARRANGEMENTS

The Project Coordinator and project team will brief the evaluator. The evaluator will also consult the Representative of UNODC, Regional Office for South Asia, New Delhi and the Competent National Authorities of as many beneficiary project countries and any others persons/agencies as (s)he deems appropriate. The Project Coordinator will prepare the mission programme for the evaluators and provide necessary technical and administrative support. The project team will also support travel arrangements and logistic support for the evaluation mission. The evaluation mission shall take place for ten working days between 22nd November and 5th December 2004. The evaluator will use the opportunity of the regional meeting scheduled in Dhaka Bangladesh to discuss preliminary findings with key stakeholders.

The timetable of the mission shall be decided as soon as the evaluator is appointed and UNODC headquarters fixes dates for evaluation.

VIII. EVALUATION REPORT AND FOLLOW-UP

The evaluator should submit the evaluation report in the standard format. Copies of the UNODC standard format and guidelines for project evaluation report, evaluation assessment questionnaire and guiding principles for evaluations at UNODC are attached. Evaluator should follow these prescribed formats while preparing his report. The evaluation draft report should contain the findings, lessons learned, results, briefing minutes or presentations and

workshops. Before the submission of the final evaluation report to UNODC, the evaluator will prepare and discuss the draft evaluation report with the staff of UNODC.

Evaluation Report outline:

1. Executive Summary (maximum 4 pages)
2. Introduction
3. Background (Project description)
4. Evaluation purpose and objective
5. Evaluation Methodology
6. Major Findings
7. Lessons learned (from both positive and negative experiences)
8. Constraints that impacted programme delivery
9. Recommendations
10. Overall conclusions

Annexes:

1. Terms of Reference
2. Organisations and places visited and persons met
3. Summary assessment questionnaire
4. Relevant Materials

Although the evaluator should take the views expressed by the concerned parties into account, (s)he should use her/his independent judgment in preparing the evaluation report. The evaluator will also complete the summary assessment questionnaire. Within two weeks of the completion of the evaluation mission, the evaluator will send to Regional Office for South Asia and Independent Evaluation Unit, UNODC electronically (in Word or PDF format) the Evaluation report, the Evaluation Summary and the Questionnaire. UNODC will forward the evaluation report to national counterparts and donor agencies. The evaluator would be available to answer any further queries from UNODC with regard to the evaluation

Organizations and places visited and persons met

Date & Place	Place	Person(s) Met	Organisation
24.11.2004	New Delhi	<ul style="list-style-type: none"> • Ms Ashita Mittal • Dr H S Sethi • Dr Anand Chaudhuri • Dr. Rajat Ray • Dr Suruchi Pant • Dr Atul Ambekar • Mr Kamal Gupta • Ms Aruna Malkani 	United Nations Office on Drugs and Crime, Regional Office for South Asia
24.11.2004	New Delhi	<ul style="list-style-type: none"> • Mrs Rajwant Sandhu 	Ministry of Social Justice and Empowerment, Government of India
24.11.2004	New Delhi	<ul style="list-style-type: none"> • Ms Emelia Timpo 	UNAIDS, ICT
24.11.2004	New Delhi	<ul style="list-style-type: none"> • Dr Rajesh Kumar 	SPYM, (Ex consultant Networking – Project RAS/G23)
25.11.2004	New Delhi	<ul style="list-style-type: none"> • Mr Gary Lewis 	United Nations Office on Drugs and Crime, Regional Office for South Asia
26.11.2004	Kolkata	<ul style="list-style-type: none"> • Ms Sushmita Banerjee 	VES – RRTC (Partner agency)
26.11.2004	Kolkata	<ul style="list-style-type: none"> • Peer Outreach Workers and Peer Volunteers 	DUVA, (Implementing agency)
26.11.2004	Kolkata	<ul style="list-style-type: none"> • Peer Outreach Workers and Peer Volunteers • Committee-Of-Concern members 	IRIIM, (Implementing agency)
27.11.2004	Dhaka	<ul style="list-style-type: none"> • Dr Shamim Chowdhury 	TSC, Project RAS/G23
27.11.2004	Dhaka	<ul style="list-style-type: none"> • Bro Ronald • Mr Humayun Kabir 	APON, (Partner agency)
27.11.2004	Dhaka	<ul style="list-style-type: none"> • Mr Iqbal Masud 	DAM, (Partner agency)
27.11.2004	Norsinghdi	<ul style="list-style-type: none"> • Peer Outreach Workers and Peer Volunteer • Committee-Of-Concern members 	Mother's Development Society, (Implementing agency)
27.11.2004	Dhaka	<ul style="list-style-type: none"> • Mr Kamaluddin Ahmed, DG • Dr J. Khan, Dir 	Department of Narcotics Control, Government of Bangladesh

		(P&E) <ul style="list-style-type: none"> • Various other Officials 	
28.11.2004 to 30.11.2004	Dhaka	<ul style="list-style-type: none"> • Participants in the 2nd South Asia Regional Network workshop 	Participants include Core Network Committee members from all six countries in the region, as well as representatives of NGOs, GOs, Donor groups etc.
29.11.2004	Dhaka	<ul style="list-style-type: none"> • National Counterparts 	Interim findings of the evaluation were presented to National Counterparts from all six countries of the region
02.12.2004	Colombo	<ul style="list-style-type: none"> • Dr Hiranthi Wijemanne 	TSC, Project RAS/G23
02.12.2004	Colombo	<ul style="list-style-type: none"> • Dr Manoj Fernando 	Mel Medura, (Partner Agency)
02.12.2004	Colombo	<ul style="list-style-type: none"> • Dr S Ranaweera • Mr Y Ratnayake 	National Dangerous Drugs Control Board, Government of Sri Lanka
02.12.2004	Balapitiya	<ul style="list-style-type: none"> • Peer Outreach Workers and Peer Volunteer • Committee-Of-Concern members 	Saviya Development Foundation, (Implementing agency)
03.12.2004	Kotte	<ul style="list-style-type: none"> • Peer Outreach Workers and Peer Volunteer • Committee-Of-Concern members 	Alliance Lanka, (Implementing agency)

EVALUATION ASSESSMENT QUESTIONNAIRE

Programme/Project Title: “Networking for reducing risk taking behaviour related to drug abuse and HIV/AIDS amongst young people in South Asia”

Programme/ Project Number: AD/RAS/02/G23

Introduction:

This assessment form must be completed by the evaluator or evaluation team and submitted to the Independent Evaluation Unit. The purpose of the assessment is to provide information for UNODC evaluation database. This information will be used to provide an overview of UNODC’s overall performance of programmes and projects.

Ratings:

The evaluators are required to give a rating to each of the items shown below. The ratings are on a scale of 1 – 5 (1 being the lowest and 5 being the highest). Ratings are based on the following criteria:

Excellent	=	90% +	(5)
Very good	=	75 – 89 %	(4)
Good	=	61 – 74 %	(3)
Fair	=	50 – 60 %	(2)
Unsatisfactory	=	- 49 %	(1)

The ratings must reflect the level of achievement, completion, attainment or impact depending on what is being measured. These ratings are base on the findings of the evaluation and hence are a translation of the evaluation results.

A.	Quality Performance Items	Ratings				
		1	2	3	4	5
1.	Project Design (clarity, logic, coherence)				√	
2.	Appropriateness of overall strategy				√	
3.	Achievement of objectives					√
4.	Prerequisites fulfilment by Government			√		
5.	Adherence to Project Duration				√	
6.	Adherence to Budget				√	

B.1	Implementation (First Year)	Ratings				
		1	2	3	4	5
7.	Quality and timeliness of UNODC inputs	√				
8.	Quality and timeliness of Government inputs		√			
9.	Quality and timeliness of Third Party inputs				√	
10.	UNODC HQ Support (administration, management, backstopping)				√	
11.	UNODC FO Support (administration, management, backstopping)				√	
12.	Executing Agency Support				√	

B.2	Implementation (Second Year)	Ratings				
		1	2	3	4	5
7.	Quality and timeliness of UNODC inputs					√
8.	Quality and timeliness of Government inputs			√		
9.	Quality and timeliness of Third Party inputs				√	
10.	UNODC HQ Support (administration, management, backstopping)				√	
11.	UNODC FO Support (administration, management, backstopping)				√	
12.	Executing Agency Support				√	

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

D.	Recommendations	Ratings				
		1	2	3	4	5
18.	Continue/extend no modifications					√
19.	Continue with modifications (minor, extensive)					
20.	Complete Project Revision					
21.	Terminate					

E.	<p>Comments (provide relevant explanations as well as issues of clarification, replicability, best practices etc.)</p> <ul style="list-style-type: none">- Excellent outcomes- Seems replicable and needs limited inputs to sustain- Needs support for process to mature but outcomes are very promising and acceptable at the ground level- Significant community involvement and ownership- Networks are a felt need and welcomed- Data of current status is comprehensive and useful
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