Date: 13 December 2004

TERMINAL EVALUATION REPORT

Project Number: SAF/E66

Project title: Community-based Counselling, Treatment and Rehabilitation Services for Drug Abusers in Disadvantaged Areas.

Thematic area:

Country: South Africa

Report of the Evaluation team

UNITED NATIONS OFFICE ON DRUGS AND CRIME

Vienna

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LIST OF ACRONYMS

Acronym	Description
CTDCC	Cape Town Drug Counselling Centre
DOH	Department of Health (National)
DSD	Department of Social Development and Welfare (National)
KPI	Key Performance Indicators
PDAF	Provincial Drug Abuse Forums
PDOH	Provincial Departments of Health
PDSD	Provincial Departments of Social Development and Welfare
PSC	Project Steering Committee
SANCA	South African National Council on Alcoholism and Drug Dependency
TPR	Tripartite Project Review
UNODC	United Nations Office on Drugs and Crime

EXECUTIVE SUMMARY

Background

The project SAF/E66, was initiated to create community-based intervention targeting drug abusers in disadvantaged areas. This need was identified as a priority by the UNODC through its initial consultation with the South African Government in 1998 and 1999.

The UNODC and SANCA in partnerships with the Department of Social Development began the implementation of this project in September 1999. The project was intended to prevent and reduce drug abuse by mobilizing support at all levels in previously disadvantaged communities of South Africa, offering treatment and counseling to drug users, and providing viable alternatives in these communities, with a particular emphasis on youth. The project planned to achieve this outcome by supporting the capacity and outreach activities of ten centres, one located in each province, with an initial pilot project based in Soweto.

The second phase of the project saw a change in focus based on a review of progress. This change of focus saw the project move away from a treatment and rehabilitation to community based outreach activities.

The project was managed directly by SANCA as the implementing agent, who reported to a Project Steering Committee, chaired by the UNODC and the Department of Social Development.

Purpose and Scope of the Evaluation

This evaluation has been mandated by the UNODC as a terminal evaluation to determine the achievements, outcomes and impacts that the project has had. The evaluation will also draw out lessons learned from the implementation of this project.

The evaluation will cover the following aspects:

- The efficiency of the programme planning and implementation
- The role played by the project steering committee in the development and implementation of the project
- Problems and constraints encountered
- Whether the project activities addressed the identified needs
- Whether the intended results had been achieved
- Whether the project had any impact
- Whether the project activities could be sustained without donor funding

Project Methodology

The following methodology was adopted for the evaluation:

- A documentary analysis of all relevant project literature

- Interviews were held with stakeholders, the UNODC and centres. These were a combination of telephonic and site interviews
- Self evaluation questionnaires were completed with clients
- Focus groups were held with clients

Major Findings

Performance

- The overall assessment was that the outcomes of the project was in support of a strong community need
- The community-based focus of the project was appropriately designed to reach a broad section of the communities that had previously not been able to access services.
- The selection of the centres was based on their ability to access vulnerable groups, i.e. disadvantaged communities and youth. As well as their ability to sustain themselves on a long- term basis.
- Community ownership of the project took place, which increased the credibility of the service, community-awareness of drug addiction and the creation of community-based initiatives and infrastructure to support the project.
- The project noted that in general the administration was smooth and the centres expressed an overall satisfaction with the management of the project.
- However a number of challenges were expressed in relation to the regular submission of reports by centres, as well as in relation to the templates used for reporting and the extent of impact data contained within them.

Attainment of Objectives

- All centres were able to develop and implement outreach programmes. These included programmes for schools, workplace programmes, community capacity building and awareness activities
- The focus of the outreach activities was on youth.
- The project aided in the establishment of new centres and the strengthening of existing centres
- The project did manage to increase the quality of the services offered by the centre, through better capacitated staff, more available outreach and the provision of educational material
- The inclusion of life-skills, the setting up of multi purpose sports facilities and poverty alleviation projects, have created a strong community spirit and a social, economic and educational hub for the community interaction and involvement with the centre.

Achievement of Results

- The project allowed the centres to expand their reach, and in some instances this applied geographically, i.e. rural area
- The centres were able to create supportive relationships with both national and local stakeholders

Implementation

- A lack of baseline research and targeting prevented a clear determination of impacts attained as a result of the project
- Prior consultation and involvement of stakeholders was not fully realized
- Centres noted that they struggled with aligning activities with the UNODC requirements, due to the lack of initial planning and orientation
- Centres report that the communication channels between themselves and the UNODC, were not effectively managed

Institutional and Management Arrangements

There was a general satisfaction with the structuring and efficiency of the various management structures; however the following concerns were noted:

- The Department of Health played a minimal support role in the national Project Steering Committee
- Although SANCA was seen as a competent implementing agent, a number of problems were raised in acquiring progress reports from centres. SANCA also appeared not to have intervened directly to support centres that were struggling with implementation
- The PDAF's involvement in the project varied according to provinces. In some instances having broken down completely
- The criteria for the selection of centres was not always true. Centres that didn't fall entirely within the criteria should have been provided with more intensive support.

Outcomes and impacts

- Under-serviced communities have received access to facilities and information regarding drug abuse
- The funding in some cases allowed for the creation of facilities which improve the operational capacity of the centre and create much needed community infrastructure
- The project managed to increase the quality of the services offered and the reach of the service, i.e. to expanded geographical areas
- The centres gained from their participation in the project by attaining increased credibility as a result of being associated with the UNODC
- There has been a closer cooperation of stakeholders at both the national and local levels
- Community awareness increased dramatically, coupled with the request for further services
- Through this project the UNODC has created the infrastructure through which further projects can be implemented

Sustainability

Many of the centres indicated that they would not be able to maintain the outreach initiative at the same scale. However a number of centres reported that they were expecting support funding from the Department of Social Development to assist them.

The strengthening of community networks and capacity building was a useful strategy in ensuring that the outreach activities have a lifespan which exceeds the project.

Lessons Learned

- Stakeholder consultation and commitment and co ordination is essential in ensuring that

appropriate resources and support are allocated to the project
- Pre-defined terms and targets would have ensured better evaluation of the project
- The effectiveness of the project ways heavily on proper initial orientation and training of centres and implementation agents.
- Capacity building of centres should be broadened to include business skills and community engagement models
- Accessibility remains a problem as one centre services a large geographical area
- Poverty alleviation programmes are important to impact on the socio-economic conditions which give rise to drug usage
- Forums for sharing information and experienced should be hosted regularly by the UNODC

Recommendations and Conclusions

In concluding a number of recommendations are listed, among them are the following:

- There should be a single implementing structure that supports all centres.
- The selection of centres should be carefully considered in relation to networks and support arrangements that they currently possess.
- Communication channels need to be clarified and more consistent engagements held between the PSC and centres
- There should be a baseline study undertaken and clear success indicators developed for the next round of support
- Emphasis must be placed on building upon the existing local infrastructure. This would include enhancing the capacity of the existing centres to maintain the current project.

EXPLANATORY NOTES

Twelve treatment centres were interviewed for the purposes of this evaluation. Three stakeholders were consulted namely the UNODC, the PDSD and SANCA National. Department of Health was also identified as a target for interviews; however the DOH proved unattainable within the timeframe of the evaluation.

In the case of the Department of Education, the contact person involved with the project was not available, and the Department could not provide an alternative official for interview. It must be noted that the majority of National Stakeholders were not available within the time frame of this evaluation.

Majority of treatment centres were able to provide adequate and detailed information on the project operation and impact and proved to be very receptive and open to this evaluation. It must be noted that the SANCA Pietermaritzburg centre were not forthcoming in their interview and made reference to an earlier evaluation and reports submitted by them to the UNODC and expressed a preference that all info be obtained from said reports instead of a live interview.

A further point of mention is the SANCA Newcastle centre, which has declined to participate in previous evaluations as substantiated by the MRC report; in the case of this impact assessment did participate and provided information although to limited extent. The evaluation team feels that the nature and method of evaluations should be communicated to the centres prior to project membership to ensure full cooperation and project monitoring. In certain instances such methods should be revised.

In the case of SANCA Newcastle the evaluation team felt that the difference of approach used in the instance of this evaluation was the factor behind the success of involving this centre in some form of assessment.

During this evaluation self-completion questionnaires were completed by clients at the Itereleng and the SANCA Soweto centres. Focus groups were also conducted with willing participants of these centres. Due to the sensitivity and confidentiality of the client/social worker relationship not all centres provided access to their clients and the client evaluation was not identified as a fundamental priority of this evaluation. However where client information was obtained it contributed to greater depth of the evaluation.

1 INTRODUCTION

1.1 Background and Context

The increase in drug consumption in South Africa has become a growing national concern as South Africa has attracted increased international attention and trade in narcotics in the last decade. The country's enthusiasm to embrace a global economy has resulted in the easing of its border control. This has made South Africa a particularly lucrative emerging market for racketeers. To add to the problem local law enforcement, social development agencies and state departments have difficulties tracking and preventing drug trafficking. There is also a deficit of available resources to educate the South African public and the youth in particular about this problem, resulting in an increase in drug consumption. As a consequence of said constraints South Africa is faced with a drug abuse epidemic which the state and other social development agencies are finding difficult to prevent or contain.

Based on this identified fact, the UNODC and SANCA in partnership with the Department of Social Development began the implementation of this project SAF/E66 in September 1999. The project was aimed at preventing and reducing drug abuse by mobilizing support at all levels in previously disadvantaged communities of South Africa. This included offering treatment and counselling to drug users and abusers, and providing viable alternatives in these communities, with particular emphasis on the youth. These objectives were to be achieved by supporting the refurbishment of ten centres, one in each of the 9 provinces of South Africa, with an initial pilot project based in Soweto.

Project closure was originally envisaged for August 2002 but was extended to December 2004 after a recommendation from the First Tripartite Review.

For the period 1999 – 2004 the project disbursement from the UNDOC on this projected totalled R 8,694,801.

The model of delivery for the project was one of partnership whereby the UNODC would provide funding to existing SANCA centres or centres already supported by the Department of Social Development (DSD). SANCA would administer the UNODC funding and act as first tier management and support. The delivery centres were nominated by the Provincial Department of Health (PDOH) and Social Development (PDSD) together with SANCA. The nominated centres were then requested to submit funding proposal for acceptance. Ten centres were selected to be part of this project.

Initially the project set out to increase treatment and rehabilitation services, focusing on previously disadvantaged areas with specific emphasis on the youth in all nine provinces utilizing a community based approach. However in the second phase of the project the focus was shifted to prevention and community outreach programmes and additional services in every province.

Throughout the lifespan of the project a number of publications were developed and refined, numerous site visits to the various centres and provinces were undertaken as part of the management oversight activities carried out by the UNODC project team. A technical evaluation

of the funded centres was also undertaken.

This project has been well received and welcomed by all parties and the communities that were serviced. Without the funding that was provided by this project neglected communities would have remained significantly under-serviced.

This final evaluation report highlights achievements, problem areas, lessons learned and opportunities that still remain. This report focus on the broad areas of this project management, implementation and outcomes.

1.2 Purpose and Objective of the Evaluation.

This evaluation of this project was mandated by the UNDOC as a terminal evaluation to determine achievements outcomes and impact both positive and negative, drawing out lessons learned an international best practices and determining stakeholder perceptions.

The focus of this evaluation was an analysis to measure the success of the project planning and implementation as well as the extent to which targets and goals were met.

A further objective of this evaluation was to have a greater degree of insight to the effectiveness of the project. This included the impacts and outputs that the project has managed to achieve, taking cognizance of obstacles and challenges faced by the UNODC.

The evaluation has compiled a list of lessons learned and recommendations drawn from the project that will aid further implementations of a similar nature in the South African context.

1.3 Executing Modality/Management Arrangements.

Project SAF/E66 was comprised of a number partner organisations and structures. The project structure was as follows:

The UNODC and the DSD entered into an agreement whereby the UNODC would facilitate the funding of selected activities which supported the objectives of the project. The UNODC and the DSD were the primary partners that comprised and co-chaired the PSC.

Envisioned as the guiding light of the project, the PSC comprised the UNODC, the DSD, SANCA National and by invitation the DOH. In this role, the PSC was an effective forum through which the project was managed. It must be pointed out however that the DOH was not a fully active member of the PSC and the UNODC project team found it difficult to ensure the attendance of the DOH at the PSC. This limited participation from the DOH negatively impacted on the ability of the PSC to incorporate health related planning particularly in relation to HIV/AIDS. Later in this report we discuss the difficulty that centres had with engagements with the PDOH. A greater participation by the DOH could have seen this issue being resolved.

SANCA National was the implementation partner for this project. Most of the centres that were selected were SANCA centres. This meant that there was an existing relationship between the implementation partners. This fact aided in the smooth transfer of funding and the leveraging of existing reporting structures which ultimately saw the rapid development and deployment of activities. There were instances however where the UNODC had to by-pass SANCA National to retrieve reports on the project activities.

There were centres that fell outside of the SANCA implementation partner arrangement. These centres maintain that they had a direct management relationship with the UNODC office.

The PDAF's were structures that were setup as part of the South African government's national drug master plan. The role envisaged for the PDAF's was to assess the needs of each province and develop a province specific costed work plan for the interventions in the various provinces. It was further expected that the PDAF's would act as a provincial oversight committee, but it failed to live up to this expectation in a consistent manner. In some provinces e.g. the Western Cape, centres reported a consistent relationship with PDAF's who played a supportive role. In

other instances as in the case of the Aurora centre, reports indicate that there was no significant engagement with the PDAF for the duration of the project. The problems with the PDAF's should have warranted an intervention from the implementing agent and the PSC.

The centres were selected by PSC, with contributions on these selections made by SANCA and the PDAF. The centres were spread nationally and selection was based on the identified criteria.

Local Steering Committees were intended to bridge any gaps between the centres and communities, to help gain credibility of the project by ensuring community ownership of the centres activities.

1.4 Scope of the Evaluation.

The evaluation team was tasked with evaluating the project over the period September 1999 to August 2004. This is the period from the start to almost the end of the project.

The following areas for evaluation were identified:

- An analysis of how efficiently programme planning and implementation were carried out, as well as assessment of the extent the implementing structures, the managerial support and coordination mechanisms used by UNODC supported the project.
- The role played by the Project Steering Committee in the development and implementation of the project
- Problems and constraints encountered during implementation
- Whether the project activities/programmes addressed the identified needs/problems
- Whether the intended results have been achieved, and if not, whether there has been some progress made towards their achievement.
- Whether the project had any impact
- Whether the project activities are likely to continue without future donor funding

The project covers all 9 provinces of South Africa. The non-governmental organization and centres support by this project are outlined as follows:

a) SANCA Soweto is the pilot centre in Gauteng province, it started in 1999
b) SANCA Witbank/Thembisile, in Mpumalanga province; Thembelitsha centre in Eastern Cape province; Madadeni Rehabilitation centre assisted by SANCA Newcastle and SANCA Durban, as well as SANCA Pietermaritzburg and SANCA Empangeni/Zululand in KwaZulu Natal province, started in 2000.
c) SANCA Far North and Tsakani Rehabilitation centre in Limpopo province; SANCA De Aar, SANCA Upington and SANCA Kimberley in Northern Cape; SANCA Western Cape, Cape Town Drug Counselling Centre (CTDCC) and Bridges in Western Cape province, started in 2001.
d) SANCA Heidelberg in Gauteng province; Itireleng Day Care centre, Umtapo centre and BOIDISAC in North West province;
e) SANCA Aurora, Botshabelo and Qwaqwa in Free State province; Lydenburg, Nkomazi and Driefontein in Mpuma-langa province started in 2002.

1.5 Methodology

The methodology that was adopted for this evaluation was:

- A documentary analysis of all relevant project literature;
- Interviews with stakeholders and centres that took the form of site visits and telephonic interviews.
- Focus group with clients of the centres, and
- Self evaluation questionnaires completed by the clients.

All interviews were based on research tools that were developed and approved by the UNODC. Select interviews were tape recorded.

2 ANALYSIS AND MAJOR FINDINGS.

2.1 Overall Performance Assessment.

2.1.1 Relevance

The rapid assessment coupled with the outcomes from the interviews conduct by the evaluation team and the "Technical Report on the Evaluation of UNODC funded substance abuse treatment facilities" clearly indicates the need for large scale community based interventions on substance abuse.

2.1.2 Appropriateness

The approach of expanding on the services offered by already existing centres ensures a stronger and rapid delivery of services to disadvantaged communities. This has a number of advantages; firstly the programmes are more likely to be sustained, secondly it provided a more holistic delivery model, thirdly existing infrastructure and relationships were strengthened.

The selection of centres were based on their ability to extend their access to especially vulnerable groups i.e. previously disadvantaged communities and more specifically the youth.

As much as the activities and the outcomes of the project were appropriate to address the specified needs of the project, the process of planning and setting up the project could have been more consultative to ensure buy-in and cohesion at all levels of the project.

It must be noted that a key selection criteria for choosing centres would their buying-in to the goals of the project and their willingness to participate in the defined implementation and evaluation processes. To illustrate this point, centres indicated that they were unhappy with the fact that the evaluation criteria were not communicated to themselves at the beginning of their engagements and that they had little consultation about the manner in which the evaluations would be conducted. In should be noted in this regard that the SANCA Newcastle centre took part in this evaluation though to a limited extend and that this was the first evaluation that they allowed.

2.1.3 Effectiveness

The approach adopted by this project in many instances effectively courted community involvement to the point of community ownership. At the very least the project raised wide-spread community awareness of the problem; and myths associated with substance abuse were dispelled. Communities engaged where exposed to treatment options and methods for resolving substance abuse.

However thought the outreach campaigns proved to be successful, measured by the substantial increase in client applications at each centre, the centres did not have the required capacity to provided adequate treatments. In many cases potential client spent weeks on waiting lists. The referral network that was meant to support these centres did not function optimally as there were very few medical facilities that offered affordable and easily accessible tertiary care. This sentiment was shared by both the centres and clients interviewed. This weak link is the possible result of the DOH limited participation and the difficulties that centres experienced with PDOH.

With respect to the business plans of centres, centres developed their own business plans for acceptance, allowing for a more demand driven approach. There were however two key issues that were lacking in the development of these business plans that directly affected the sustainability of the centres programmes and the capacity building of the centres.

In the firs instance most of the centres business did not contain effective sustainability planning. It was unclear from the business plans and from the interviews later on with the centres, as to how their efforts would be continued without additional UNODC funding.

Secondly, though workshops were held to capacitate the centres, these workshops did not deal sufficiently with issues such as business planning and basic project administrative skills. These skills would have been particularly relevant for newly established centres.

2.1.4 Efficiency

Funding was allocated to the centres timeously and in most cases the project was not hampered by the lack of funding. Centres knew before hand what funding they would receive and when they would receive the funding. However in the case of SANCA Newcastle the full budgeted amount was not received as planned, the reason for this was not clearly communicated to SANCA Newcastle.

All the centres interviewed expressed great satisfaction with the overall management offered by SANCA National and the UNODC. Centres found that the management of the project was most accessible.

Issues were however raised in regard to the regularity and the reports received from the centres. Whilst this was a constant concern raised at PSC level, interventions to correct this matter were unclear. In addition there was a conflict over the required reporting formats, which reflects that there was insufficient training and orientation on how to provide the data. These gaps in the reporting impact on the extent to which the implementation could be monitored.

2.2 Attainment of the Objectives.

Table 1: RATING OF PROJECT MEETING ITS OBJECTIVES

CENTRE NAME	RATING
SANCA Soweto	4
Itereleng Day Care Center	5
SANCA Zululand	4
Madadeni Rehabilitation Centre	4
SANCA Pietermaritzburg	DNA
SANCA Newcastle Alcohol & Drug Centre	5
SANCA Aurora, Alcohol & Drug Centre	2
SANCA Far North Alcohol & Drug Centre	5
Cape Town Drug Counselling Centre	4
SANCA Khayelitsha & Guguletu	4

Tembelitsha Rehabilitation Centre	4
SANCA Witbank Alcohol & Drug Centre	4

The objectives of the project as defined in both the project documentation and derived from the interviews with the UNODC and stakeholders are the following:

- Increase in client applications
- Increased accessibility to treatment and rehabilitation services
- Improvement of the quality of service provision
- Outreach and Prevention
- Youth awareness and increased community awareness
- Stakeholder coordination
- Socio economic interventions

All centers that were interviewed were able to develop and implement outreach programmes. These programmes in the majority of cases were school programmes consisting of learner education and teacher training, peer counselling, other outreach programmes includes training of professionals in hospitals and medical facilities, workplace programmes, outreach programmes aimed at prisoners, community capacity building (i.e. self-help groups), awareness days and consultations with community leaders. Many of the centres utilized their funding allotment to develop or refine materials that were distributed for these outreach programs. The overall result of the outreach and prevention initiatives as reported by all centers was positive because the hard to reach rural communities were engaged and the application case numbers of centers had increased.

Table 2: YEARLY INTAKE OF CLIENTS BY RACE GROUP FOR INTERVIEWED CENTERS

Total	Blacks	Coloured	Indians	Whites
8538	6014	821	250	813

The focus of the outreach activities was on youth. In order to build awareness amongst the learners and a referral network amongst the schools staff, a close partnership with educational institutions in the geographical areas surrounding the centers was used as a strategy to access the youth. The centers were able to establish and solidify their relationships with the schools and the community at large. The centers reported a shift in the client application numbers of youth which is a clear indicator of success. This is due in part to the youth focus of the programme. From the interviews conducted with 12 centres 58% of the centres reported that the predominant age group that they service is between 12 – 18 years of age.

Table 3: CENTRE RATING OF OUTREACH EFFECTIVENESS

Centre Name	Rating
SANCA Soweto	3
Itereleng Day Care Center	4
SANCA Zululand	4
Madadeni Rehabilitation Centre	4
SANCA Pietermaritzburg	DNA

SANCA Newcastle Alcohol & Drug Centre	5
SANCA Aurora, Alcohol & Drug Centre	3
SANCA Far North Alcohol & Drug Centre	4
Cape Town Drug Counselling Centre	3
SANCA Khayelitsha & Guguletu	0
Tembelitsha Rehabilitation Centre	3
SANCA Witbank Alcohol & Drug Centre	4

Project E66 aided in the establishment of new centers and the strengthening of existing centers. As a direct consequence of this and the outreach programmes run by each centre, the communities in which these were found had greater access to the centers' service offerings. For example the establishment of the Itereleng enter in the central district of the North West province is the only centre of its kind in the district. The fact that this centre is wholly staffed by volunteers is a further reflection of increased accessibility and awareness.

The reach of the project was further extended by the establishment of ancillary satellite centres in needy communities such as the Thembisile centre in Witbank, to address accessibility issues in the relevant communities. Unfortunately in the instance of Witbank specifically the lack of effective capacity building at the satellites centre, burdened the already over extended parent centre with additional logistical and financial issues and travelling cost specifically escalated.

The project managed to increase the quality of the services offered by the centres, through better capacitated staff, more available outreach and educational materials for distribution, and better equipped facilities. The increased levels of service delivery in turn increased client satisfaction levels and thus the chances of treatment success. In many reported instances the improved levels of service have helped in changing the client's perspectives of centers in general and have encouraged volunteer and peer counsellor participation.

The inclusion of life skills training, the setting up of multi purpose sports facilities and other rehabilitation services have attracted broad community support for the centers and thus increased awareness and community spirit. In the case of SANCA Soweto the creation of the centre has increased the credibility of the service while at the same time providing a social and educational hub for community interaction and involvement.

Part of the success of the project was its inclusion of poverty alleviation programs such as carpentry initiatives of the Madadeni centre and bee keeping of the Thembisile center to assist clients in job creation and encouraging life style changes. These activities provide a viable alternative to the drug abusing lifestyle.

The achievements of this project can be partly attributed to the mobilization of stakeholder participation and the leveraging of the stakeholders networks and resources to assist the project.

2.3 Achievement of Programme/Project Results.

The programme at its conception didn't set down specific quantifiable (percentage increase of services, number of clients reached, etc.) targets however the broad objectives of this projects

were the improvement on the quality of services offered by the selected centers, and an increase in drug awareness amongst the youth particularly in rural areas which have not been previously targets by such campaigns. The project goals and results have been very much need driven, intending to make as big an impact as possible within the identified areas given time and monetary constraints. In most cases the resourcefulness of the centers in the spending of the allotted amount contributed to the success of their programmes.

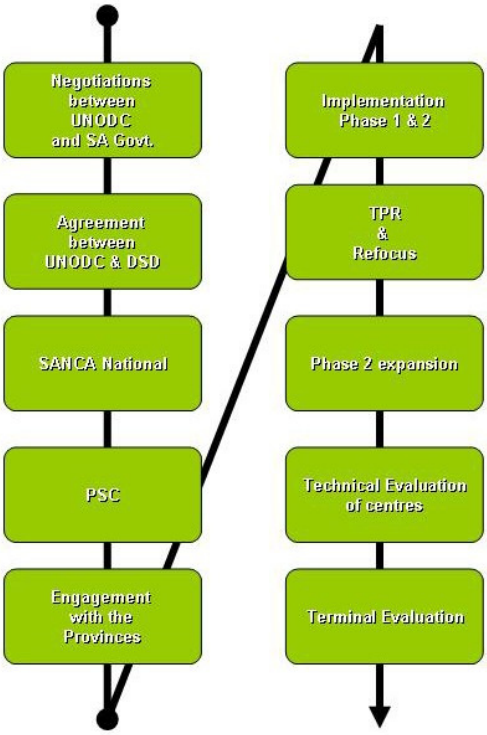
The project did present an opportunity for the chosen centers to extend their reach into rural areas, which proved to be a strong success as all the centers undertook vast outreach programmes and managed to reach a great number of youth as reported in interviews conducted. Accessibility has always proved to be challenging for the centers and in some cases the centers ran much needed satellite project within the rural community thereby bringing the service to the community and taking most of the travel burden upon itself. In some cases the recruitment of volunteers to assist with the outreach programmes and the involvement of peer counsellors and teacher, assisted the centers in broadening the reach and impact of their programmes within the financial and time constraints that they faced.

The training workshops offered by the project team and treatment guidelines proved to be an effective exercise in capacitating center staff in better handling the demands of this project and thus ensuring that the desired results were achieved.

Through the implementation of Project E66 the centers managed to improve their relationships with existing local structures and creating greater buy-in from their communities, which in turn have begun to function as strong referral bases. As an example, teachers in schools that were involved in these outreach programmes, referred substance abusing students for treatment. The scope and delivery of the outreach activities greatly improved the profile and standing of the centers, especially in areas previously uninformed of the centers existence and service offering. Most centers reported increased credibility within the community and in their stakeholder relationships stemming from an organization the like of the UNODC funding projects with that center.

2.4 Implementation.

The major events in the implementation of the project life cycle are depicted in the diagram below.



The first point of departure was the initial consultation at a National level to identify the need and focus of the project. The agreement reached and the subsequent relationship with the DSD reflects a uniform vision for the project. SANCA was involved as the implementation partner since the inception of the project to provide access to an existing network of established treatment centers. UNOC DSD SANCA and the DOH formed the PSC.

The initial conceptualization and the selection process used during this project was seen by some national stakeholders as not being sufficiently consultative; this in spite of the fact that the UNODC has initiated a number of discussions and forums. SANCA National and Gauteng Department of Social Welfare point out that there was insufficient prior consultation with them. In their view the deliverables and the methodology of this project were not as efficient as they could have been. For example: Gauteng Department of Social Welfare points out that SANCA National in some instances directly competes with the local center thereby diluting the effectiveness of the local center.

Throughout the lifespan of the project there has been a relatively high turn over of key staff from the UNODC. This high turn over has lead disjointed project management approach which was felt by the implementation centers. The centers highlighted difficulties in management style and relationships as a result of these changes. The general sentiment of the centers was positive of the respective programme managers.

The project strategy of sustainability through buy-in and ownership saw the project team's efforts being invested in consultations with the PDAFs, the development of materials and treatment guidelines. Another aspect of the project strategy was that centers should establish local steering committees to facilitate the effective implementation of the centers' activities.

Frustrations were raised by the centers at the lack of clarity on what was required from them with respect to the project activities. This view was echoed by the UNDOC and that the centers and the UNODC did not appear to share the same vision. While both the UNODC and the centers were working to the same goals, in some instances their various approached clashed. An in depth

orientation at the inception of the project could have provided resolution for this.

It is noted both from the project steering committee minutes and interviews from the centers that there were not always effective communication channels. This is specifically highlighted from the fact that the PSC repeatedly addressed the issues of centers not providing reports on time.

Table 4: RATING OF QUALITY OF COMMUNICATION WITH PROJECT TEAM

CENTRE NAME	RATING
SANCA Soweto	4
Itereleng Day Care Center	5
SANCA Zululand	3
Madadeni Rehabilitation Centre	4
SANCA Pietermaritzburg	DNA
SANCA Newcastle Alcohol & Drug Centre	1
SANCA Aurora, Alcohol & Drug Centre	3
SANCA Far North Alcohol & Drug Centre	5
Cape Town Drug Counselling Centre	4
SANCA Khayelitsha & Guguletu	4
Tembelitsha Rehabilitation Centre	4
SANCA Witbank Alcohol & Drug Centre	4

An element of concern of the project implementation was that there was no baseline study conducted at the start up this project thereby making the process of benchmarking ponderous.

2.5 Institutional and Management Arrangements.

The Project Steering Committee was the oversight committee for the project chaired by the UNODC and the Department of Social Development. This committee met on a quarterly basis and comprised of the national stakeholders of this project. This committee met on a regular basis and proved effective in getting an understanding of where the project was at, at all times. However a number of concerns were raised regarding the Department of Health's participation and the extent to which concerns raised were effectively and timeously addressed. The late receipt of center reports is a case in point. Quarterly meetings were held between the project steering committee and SANCA National.

The broadness of the partnership model is an issue linked to the effectiveness of this project. Though the Department of Social Welfare were identified and engaged with as a national stakeholder, this partnership was not realized at center level in most cases. Essentially centers had to develop or build on existing partnerships with the respective departments to further their activities. In other instances it would have useful to if the PSC were able to negotiate partnership frameworks with other departments such as Department of Education, Department of Public Works and the Department of Provincial and Local Government.

SANCA National was the implementing agency for this project. The interviews revealed that that majority of centers felt that SANCA's administrative functioning on this project was very effective. Centers always received funding on time and therefore could carry out their projects. There were centers such as Itereleng Day Care Center and CTDCC which fell outside SANCA's

network and were directly administered by the UNODC. There were instances where the UNODC had to intervene directly with SANCA affiliated centers to retrieve reports. Centers that raised this as a concern also noted that these types of interventions made them feel as if they were being "remote controlled" i.e. they knew they were part of a large project but were unclear on its operation.

Table 5: RATING OF EFFECTIVENESS OF SUPPORT PROVIDED TO CENTRE BY THE PROJECT

CENTRE NAME	RATING
SANCA Soweto	3
Itereleng Day Care Center	4
SANCA Zululand	3
Madadeni Rehabilitation Centre	4
SANCA Pietermaritzburg	DNA
SANCA Newcastle Alcohol & Drug Centre	1
SANCA Aurora, Alcohol & Drug Centre	3
SANCA Far North Alcohol & Drug Centre	3
Cape Town Drug Counselling Centre	3
SANCA Khayelitsha & Guguletu	2
Tembelitsha Rehabilitation Centre	4
SANCA Witbank Alcohol & Drug Centre	5

PDAF's were highlighted as being part of the roll out strategy for this project. However after reviewing both the project documentation and the interviews conducted with centers it appears that their involvement was inconsistent. In the instance of CTDCC they did appear to be an effectively functioning PDAF's, while many of the other centers reported difficulties.

The method of center selection was based on set criteria and subject to a submission of proposals by the centers. The criteria specified that centers needed to be in existence, have existing capacity, and strive to be self sufficient, have existing staff, focus on the youth , providing life skills and vocational training , must carry out outreach programmes and follow a recovery group based methodology. It was also a requirement that each participating community form its own steering committee and take ownership of the project.

Itereleng Day Care Center was established by the project to address the community need; this center falls outside a strong support network and lacks the necessary capacity in the form of skilled fulltime staff. It is doubtful whether this center will be able to sustain itself without additional funding of the same magnitude. The SANCA Witbank/Thembisile center expressed a similar view, in fact the center also points out that they are having difficulty sustaining themselves regardless of this project. The SANCA Far North Alcohol & Drug Centre indicated that the sustainability of the outreach activities funded by this project has shown a high yield but cannot be maintained without ongoing support.

Though it has been pointed out that the selection criteria was not true in all cases and therefore the long term effectiveness of the activities carried out by these centers need to be questioned. The centers that were selected have had a meaningful impact in their communities.

Local Steering Committees were required to give legitimacy and access into the communities on behalf of the project. They were implemented to varying degree of success. The centers could have benefited greatly from a local steering committee model; this model could have proposed a minimum composition of the committee, recruitment method and meeting structure. Outcomes of Local Steering committees meetings have not been well recorded.

3 OUTCOMES, IMPACTS AND SUSTAINABILITY.

3.1 Outcomes.

One of the most significant outcomes of this project has been that under serviced communities have received access to facilities and information regarding substance abuse. In addition communities have been mobilized and empowered to better deal with drug pandemic.

The funding in these instances allowed for the creation of infrastructure facilities, as was the case in SANCA Soweto or in other instances used to improve the operational capacity of the center and its facilities.

The project managed to increase the quality of the services offered by the center, through better capacitated staff, more available outreach and educational materials for distribution, and better equipped facilities. The increased levels of service delivery increase client satisfaction levels and thus the chances of treatment success. In many reported instances the improved levels of service have helped changing the client's perspectives of centers in general and have encouraged volunteer and peer counsellor participation. The increase client application is a clear illustration of the improved understanding of services offered by the center.

Table 6: DID THE PROJECT RESULT IN AN INCREASE IN MONTHLY CLIENT INTAKES

CENTRE NAME	INTAKE PRIOR TO PROJECT	INCREASE	CURRENT INTAKE
SANCA Soweto	50	YES	80
Itereleng Day Care Center	0	DNA	0
SANCA Zululand	0	DNA	0
Madadeni Rehabilitation Centre	30	YES	40
SANCA Pietermaritzburg	0	DNA	0
SANCA Newcastle Alcohol & Drug Centre	0	DNA	0
SANCA Aurora, Alcohol & Drug Centre	0	DNA	0
SANCA Far North Alcohol & Drug Centre	20	YES	40
Cape Town Drug Counselling Centre	44	YES	50
SANCA Khayelitsha & Guguletu	12	YES	20
Tembelitsha Rehabilitation Centre	16	YES	28
SANCA Witbank Alcohol & Drug Centre	3	YES	20

The CTDCC reported in its interview that the effect of an organization such as the UNODC

funding a project at the center has increased the staff morale to a great extent as the staff felt recognized for all their hard efforts done in the drug treatment and prevention arena in the previous years.

The sentiment was expressed that participation in this project has brought about a greater degree of credibility of the center amongst its peers as well as the community as a whole. This has had a direct link to the extent to which the center has become attractive to donors and the DSD as an implementing agency for other projects.

Through this project the centers managed to address some common misconceptions and create broader awareness of the drug usage, encouraging community participation in combating this problem. This has lead to a reduction in stigmatization and has brought into focus the family as a primary supporting unit.

3.2 Impacts.

As a result of the project the centers were able to improve and solidify their stakeholder relationship and build upon their referral networks.

The association of the SANCA network with the UNODC project has increased the profile of the organization as a whole and has helped strengthen the SANCA brand.

The project has brought together a number of stakeholders such as SANCA, DSD and in certain cases DOE. These stakeholders are essential in the implementation of substance abuse intervention. One of the concerns prior to the project was the silo operation of the individual stakeholders. However the project managed to centralize the efforts of stakeholders concerned in addressing the combined need, i.e. UNODC funds outreach, DSD funds staff costs.

Through this project the UNDOC has created effective infrastructure on the ground through which further projects of a similar nature can be implemented.

3.3 Sustainability.

The initial project design focused on selecting existing centers primarily within the SANCA fold that would be used as vehicles for the project delivery. This center selection criteria formed part of the sustainability model. While the centers will be able to sustain themselves through their support structures and thus could continue to support the outcomes of the outreach programmes such as clients requiring assistance, the sustainability of the outreach programme itself remains questionable.

One positive outcome of the project is the great degree of ownership taken by the communities of these activities. This will ensure some measure of continuity of these activities through community participation such as peer counsellors, volunteers and self-help groups. However this commitment from the community needs to be maintained and nurtured to survive. This relationship relies on ongoing education and support.

A serious concern facing the future, independent sustainability of the project is that few income generating programmes were initiated by the centres. A further concern is that the effectiveness of such initiatives remains unmeasured. On the other hand CTDCC has reported a promising

measure of success with income generating projects involving paid educational projects for businesses.

In principle most of theses centres should be able to continue to some degree or another as they received funding prior to UN intervention. However the DSD has already lagged behind on funds promised to certain centres in the year 2004; thereby placing the survival of affected centres in jeopardy. This puts a question mark on the issue of the sustainability of those services offered by said centres which specifically benefited from the UN funding. The contingency plans as put forward by affected centres, indicates a heavy reliance on Sate subsidies for continued operations.

Table 7: RATING ON SUSTAINABILITY OF PROJECT ACTIVTIES WITHOUT ADDITIONAL DONOR FUNDING

CENTRE NAME	RATING
SANCA Soweto	5
Itereleng Day Care Center	3
SANCA Zululand	3
Madadeni Rehabilitation Centre	4
SANCA Pietermaritzburg	DNA
SANCA Newcastle Alcohol & Drug Centre	1
SANCA Aurora, Alcohol & Drug Centre	3
SANCA Far North Alcohol & Drug Centre	3
Cape Town Drug Counselling Centre	2
SANCA Khayelitsha & Guguletu	2
Tembelitsha Rehabilitation Centre	2
SANCA Witbank Alcohol & Drug Centre	3

4 LESSONS LEARNED AND BEST PRACTICES.

4.1 Lessons.

1. Projects of this nature and scope require a greater degree *and* broader of stakeholder consultations and commitment, especially in the planning and initiation phases.
2. Proper coordination with National and Provincial stakeholders has been difficult in some instances. This has prevented the full actualization of these relationships to the benefit of the project. The lack of full DOH participation is a point in case.
3. Predefined terms and targets would have ensured better evaluation during and at the termination of the project.
4. The effectiveness of a project of this nature relies heavily on proper initial orientation and training of centre staff at the very onset. This will allow for agreement on procedures, project objectives and communication channels.
5. The creation of a forum where centres can share experiences, strategies and best practices, can act both as a platform for knowledge sharing and a support structure for centre staff. Such a forum should be hosted by the PSC on a regular and ongoing basis.
6. Capacity building initiatives should be broadened to include business skills and community engagement models.
7. Poverty alleviation programmes are central to the sustained rehabilitation of previously disadvantaged drug users.
8. Accessibility remains a problem as one centre services large geographical areas, creating transport problems for counsellors and clients alike.

Table 8: ADDTIONAL AREAS OF SUPPORT REQUIRED

CENTRE NAME	FINANCE	TECHNICAL	ADMIN	TREATMENT GUIDELINES	OUTREACH
SANCA Soweto		YES	YES		
Itereleng Day Care Center	YES	YES	YES		
SANCA Zululand		YES		YES	
Madadeni Rehabilitation Centre	YES	YES			
SANCA Pietermaritzburg					
SANCA Newcastle Alcohol & Drug Centre	YES	YES	YES		YES
SANCA Aurora, Alcohol & Drug Centre	YES	YES	YES		
SANCA Far North Alcohol & Drug Centre			YES		
Cape Town Drug Counselling Centre	YES				

SANCA Khayelitsha & Guguletu	YES	YES	YES	
Tembelitsha Rehabilitation Centre				YES
SANCA Witbank Alcohol & Drug Centre				

4.2 Best Practices.

1. Youth is the group most vulnerable to substance use. Centres were supported through this project in the creation of youth specific programmes and in ensuring that their treatments programmes were youth orientated
2. Much of the outreach was targeted at schools, and in particular at programmes to assist teachers to better identify and respond to the problem of drug abuse. Peer counselling was also established to assist in encouraging youth to abstain from or seek treatment from drug abuse
3. Communities were assisted to develop the capacity to create and managed their own drug awareness programmes. Community ownership of a project of this nature is crucial to the effective reach of planned activities.
4. The project placed a strong emphasis on supporting families of drug users as a primary intervention. This was to increase the families' awareness, help to cope with the stigmatisation and encourage greater support of the patient.
5. Tertiary treatment and rehabilitation is an expensive activity benefiting only a limited number of individuals, while broad community outreach and educational projects have a broader reach and assist in increasing the numbers of people responding the messages and seeking treatment.
6. Partnerships are important to access a broader range of resources to support projects.

4.3 Constraints.

1. A constraint noted by centres was the general shortage of staff to support the project. This was further exacerbated by the high levels of burn-out and staff turn-around experienced by centres.
2. Effective outreach programmes created an increased demand for services. The centres treatment services were not able to keep up with this demand and many potential patients were kept of extended periods of time of waiting lists. Many of these patients were lost to the centre as motivation of patients waned as a result of not being provided with services.
3. Many patients were unable to pay for treatment, which forced centres to subsidise these costs. This also impacted on the referral of patients. There where few medical facilities available to patients at no costs and these were often also over extended.
4. The establishment of the satellite centres required tremendous support and hand-holding from the parent centre.

5 RECOMMENDATIONS.

1. It is essential to ensure that full and relevant stakeholder consultation takes place before the onset of the project. This ensures a clearer view the resources at hand and greater degree of buy-in of stakeholders and better project planning and coordination.
2. There is a need for a single implementation agent responsible for all centers regardless of affiliation.
3. The selection of participatory centers needs to be carefully considered especially in the case of centers that fall outside of the SANCA safety net and such centers require a greater degree of support and set up assistance from the UNODC to ensure a greater chance of sustainability of such centers post the project.
4. Better project communication is a requirement for future projects of this nature. All partners including stakeholders and centers need to be made acutely aware of what the projects objectives are, what can be expected form each other, what are each others roles and other rules of engagement.
5. It is imperative that both a baseline study be commissioned and clear Key Performance Indicators (KPI) be identified from the base line study for future projects of this nature. These KPI's must be center specific. This effort allows for effective tracking and monitoring of the progress of the project to take place ensuring that critical issues can be red flagged before they become obstacles.
6. The outreach activities of the centers should be closely aligned to the outreach activities of the local municipality within which the center resides. South African municipalities host a large number of outreach activities within which the center can raise their own agendas.
7. A key recommendation of this evaluation is that the UNODC together with its partners should attempt to reinvest into the existing centers. Through this project the UNODC has managed to capacitate and create a strong service delivery network amongst the SANCA and other centers which have reached an effective level of service deliver and understanding of how this programme functions. There is already an established infrastructure, existing relationships and need in place to warrant such a reinvestment.

Table 9: WHAT SHOULD HAVE BEEN THE EXTENDED DURATION OF THE PROJECT

CENTRE NAME	6 MONTHS	1 YEAR	2 YEARS	5 YEARS
SANCA Soweto				
Itereleng Day Care Center			YES	
SANCA Zululand				YES
Madadeni Rehabilitation Centre			YES	
SANCA Pietermaritzburg				
SANCA Newcastle Alcohol & Drug Centre				YES
SANCA Aurora, Alcohol & Drug Centre		YES		
SANCA Far North Alcohol & Drug Centre	YES			

Cape Town Drug CoW1Selling Centre	YES	
SANCA Khayelitsha & Guguletu	YES	
Tembelitsha Rehabilitation Centre	YES	
SANCA Witbank Alcohol & Drug Centre		YES

6 OVERALL CONCLUSIONS.

This project has been without doubt a worthwhile investment by the UNODC and its donor funders.

This project has helped to create and in certain instances created implementation centers that address the problem of substance abuse. Thousands of young people from previously disadvantaged communities have been touched by the outreach programmes undertaken by the various centers. This in turn has directly resulted in client application in the various centers.

This project has enabled communities which have previously been under-serviced or completely neglected to access services, facilities and information that empowers them to address the problem of substance abuse. The project has assisted in dispelling some of the myths and misconceptions about substance abuse.

The community-based outreach method adopted by this project has proven that communities are willing and able to take ownership of the activities of the project and continue with these activities if provided with additional assistance. Similarly the school engagement model where teachers and peer counsellors were utilized proved to be successful.

The project has also benefited the center by increasing their credibility and profile by being associated with a UN funded initiative.

A project of this nature and scope would of course have its fair share of learning and challenges. Amongst these are better consultation, communication, and planning and stakeholder management.

In conclusion the evaluation team recommends that the UNODC and its partners look into re-investing into the project centers already established along a similar project method, with a stronger focus on evaluation.

ANNEXURE

Photo gallery of centre interviews


LEARNER SUPPORT
PROGRAMME
PEER COUNSELLORS TRAINING

6.1 List of Interviews

Organisaton	Interview Method	Date	Interviewee
Cape Town Drug Counseling Center	face 2 face	12/01/2004	Mr. Grant Jardine
Thembilitsha Rehabilitation Center	telephonic	12/02/2004	Ms. Delinah Gwe
SANCA Soweto	face 2 face	12/02/2004	Ms. Veronica Moahloli
SANCA Far North Polokwane	face 2 face	12/03/2004	Mrs. Van Der Linde
Itereleng Day Care Center	face 2 face	12/02/2004	Ms. Nancy Sephai
SANCA Zululand	telephonic	12/07/2004	Ms. Lynette Williams
SANCA Pietermaritzburg	telephonic	12/06/2004	Ms. Sandy Lundt
Madadeni Rehabilitation Center	telephonic	12/07/2004	Ms. ShakunChetty
SANCA Newcastle	telephonic	12/07/2004	Mrs. Sandra Kendall
SANCA Aurora Treatment Center	telephonic	2004/30/11	Mr. G.H. Kruger
SANCA Khayalitsha and Guguletu	telephonic	12/07/2004	Ms. Eunice Mayinga
SANCA Witbank	face 2 face	12/06/2004	Ms. Geraldine Jones
SANCA National	face 2 face	12/02/2004	Ms. Shamim Garda
Gauteng provincial department of Social Development	telephonic	12/06/2004	Ms. Tebelho

Interview Questionnaires

See attachments

Terms of Reference

See attachments