UNITED NATIONS OFFICE ON DRUGS AND CRIME
Vienna

EVALUATION OF THE GLOBAL ASSESSMENT PROGRAMME ON DRUG ABUSE (GAP)

INDEPENDENT EVALUATION UNIT
17 March, 2006

UNITED NATIONS
New York, 2006

The present evaluation report was prepared by Alan Ogborne, Lead Consultant, with the assistance of Jacques LeCavalier and Richard Muscat, Consultants, and the Independent Evaluation Unit (IEU) of the United Nations Office on Drugs and Crime (UNODC) headed by Backson Sibanda, Chief of IEU, Roger Miranda, Evaluation Officer, and Fumika Ouchi, Evaluation Specialist. Special thanks to Julia Mundt, Ekaterina Sediakina and Claudia Stocker, IEU Interns, who provided support to the evaluation team.

The Independent Evaluation Unit of the United Nations Office on Drugs and Crime can be contacted at:

United Nations Office on Drugs and Crime
Vienna International Centre
P.O. Box 500
A-1400 Vienna
Austria

Telephone: +(43) (1) 26060-4433
Telefax: +(43) (1) 26060-6724
E-mail: ieu@unodc.org
Web site: www.unodc.org

A copy of this report can be found at www.unodc.org.
From the menu select: News and Publications/Publications/Evaluation.

This publication has not been formally edited.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Relevance and Appropriateness of Programme Concept and Design

1. The Global Assessment Programme on Drug Abuse (GAP) was launched in August 2000 as a component of UNODC's overall response to requests from UNGASS (1998) to assist Member States to compile internationally comparable data on drug consumption and demand reduction responses in order to guide and evaluate national, regional and global drug abuse prevention policies and programmes.

2. GAP has been successful with respect to the objective of developing resources that promote, support and facilitate reporting of comparable data. It has, through training and technical assistance, sought to increase the capacity of Member States to collect, process, use and report such data. Further, GAP has variously facilitated the completion of projects that have generated new information on the nature and prevalence of illicit drug use in some countries. GAP staff also produced annual reports on drug use trends using Part II of the Annual Report Questionnaire (ARQ), as well as biennial reports on the follow-up to UNGASS based on the Biennial Reports Questionnaire (BRQ), for the Commission on Narcotic Drugs (CND).

3. UNODC has developed, apart from GAP, projects both from the headquarters and from the field offices over the past years for the purpose of data collection and capacity development. While both GAP and these projects are useful in contributing to a response to UNGASS as regards data collection and analysis, interviews with informants suggested that they cannot be considered a comprehensive response to the needs of UNGASS. The data collection and analysis projects were all developed separately without a common overarching objective. Moreover, the apparent lack of strategic corporate response has left huge gaps in world population coverage, ignoring, for example, such large population basins as China, Indonesia, Brazil, Nigeria and Russia. Consequently, there is an urgent need for UNODC to establish a strategic corporate response to, and review options for, meeting UNGASS needs for information on global trends in the magnitude of illicit drug use and for information showing significant results by 2008.

4. GAP followed a more ambitious programme, *The Global Programme on Assessing the Magnitude of Drug Abuse*, which aimed in the long run to obtain estimates of drug abuse. The global objectives for GAP have, to some extent, evolved to reflect the focus on capacity building. The main programme document for GAP, however, needs to be revised with a clear logic model and with an updated vision of the programme that indicates global objectives that are clear, achievable within specified timeframes and measurable. It is notable that work plans for regions where GAP is currently active are appropriately detailed and do include indicators of outcomes for specific activities within specified time frames.

Programme Implementation and Achievements

5. The selection of regions and countries and the types and levels of GAP activities were the result of a compromise between an ideal strategy and the realities of funding, needs and opportunities. Therefore, different regions and countries received different types and levels of attention and many countries and regions with significant needs have received little or no direct assistance to date. Thus, there is a need for a multi-year strategic plan for GAP's future regional and country level initiatives that will eventually encompass, say, 85-90% of the world's population.

6. In coordination with other regional and international agencies, GAP has contributed to the development of a global system for monitoring trends in illicit drug use and supported the development of a comprehensive set of toolkits and associated training modules to promote this system and facilitate its implementation.

7. At the country level, it is difficult to disentangle the influence of GAP from other projects, activities and events. There is, however, significant evidence that GAP's capacity development activities - especially technical support and advocacy - have been appreciated by recipients and have contributed to establishing and/or improving data collection systems and related networks in some of the countries targeted. The energy and enthusiasm of GAP Regional Advisors has been essential in all cases.

8. The countries targeted differed in many respects and some will need much more help and more resources before they become self-sufficient with respect to the collection, processing, use and reporting of standardized data on drug use (especially those in Africa). Also, even when the capacity to collect data exists, new resources will generally be needed to undertake surveys and other significant projects.

9. Five regional epidemiological networks were established and/or supported. Sustainability of these networks, however, is a concern in all cases. Two networks established during the GAP years (CARDIN in the Caribbean and EADIS in East Africa) are no longer very active and EU funding for the previously established SENDU network in South Africa has come to an end. Links with other specialized networks (e.g. CEWG, EMCDDA) and the potential for an internet-based expert/peer help system should be explored.

10. Programme monitoring should be strengthened. Progress reports made available to the evaluation team did not provide information that was comparable across regions or countries. Progress reports for the Caribbean and for Southern Africa mainly described activities and outputs and not outcomes. A central database of activities and outcomes should be established and be used to monitor the progress of the programme on a regular basis.

11. Within UNODC, overlapping mandates and responsibilities for collecting drug demand data have contributed to problems of coordination, some duplication of efforts, hoarding of information and organizational friction.

12. Funds available for GAP fell far short of expectations. Some of those involved in the implementation of GAP were also expected to spend time on other projects and/or core activities. The programme, however, capitalized on opportunities created by other data collection projects to provide technical support and guidance consistent with its capacity development objectives. This “diversified” approach was creative and appropriate and may be applicable to other UNODC global programmes that have funding constraints.

13. The expected long-term outcome of GAP is improved global information on the magnitude and trends in illicit drug use. While there are some indications of progress toward that end, some senior staff at UNODC headquarters do not expect to see a significant global increase in empirical data by 2008. The overall impact of improved information on prevention policies and programmes cannot be assessed at this time; however, there are some indications of a positive impact in some targeted countries.

Lessons Learned and Best Practices

14. Key lessons learned and best practices from the present evaluation include the following:

- The long-term assignment of a qualified GAP Regional Advisor with local knowledge is essential for country-level data collection capacity development;

- The influence of technical support on data collection capacities, programmes and policies is greatest when this is directly relevant to stakeholder needs and/or provided in the context of well-conceived studies with clear results and implications for polices and programmes;

- Advocacy is needed for the use of epidemiological data and the development of enhanced monitoring systems; and

- Where resources are limited, it is essential to capitalize on opportunities created by other capacity development and data collection initiatives.

Recommendations

15. The report makes the following recommendations based on the exercise.

Recommendation 1. UNODC management should give urgent attention to adopting a comprehensive corporate response to the UNGASS mission across its various dimensions, preferably within the ambit of a multi-year corporate strategic plan.

- As regards drug use data collection and analysis, the first step should be an inventory of current and past efforts.
- Merits may also accrue from placing all data collection and analysis for drug consumption under one umbrella, possibly under GAP, along with performance indicators and the assignment of responsibility for implementation to the appropriate unit(s)/section(s) within UNODC.
- It would also be desirable to develop a comprehensive component within a multi-year UNODC strategic plan for future regional and country level initiatives as regards capacity building and data collection that will eventually encompass 85-90% of the world's population.

Recommendation 2. Continue to support GAP as a capacity building program setting realistic and measurable outcomes for specific regions and countries including objectives to ensure the sustainability of hoped for changes.

Recommendation 3. Place greater emphasis on the recruitment and long-term support of qualified Regional Advisors with local knowledge.

Recommendation 4. Use a combination of implementation strategies that include advocacy, training and capacity building.

Recommendation 5. Consider developing a horizontal information management strategy with a view to looking at information as an essential resource, on the same level as people and money.

Recommendation 6. Clarify the roles of all those involved in GAP and related activities both at HQ and in the Field.

- Identify all offices and functions within UNODC which deal with data collection, assessment and use in the area of drug consumption.
- Develop a sign off procedure for all new project/ programme proposals, internal documents and publications to ensure an effective coordination.

Recommendation 7. Consider linkages with other networks with an online presence and the development of an internet-based peer and expert support system for stakeholders in GAP regions/countries.

Recommendation 8. Continue to promote the need for data on key indicators and completion of Part II of the ARQ.

Recommendation 9. Continue to improve and promote the toolkits and complete their translation to Russian and Arabic.

Recommendation 10. Review fund raising options and consider ways to make the programme of greater interest to donors.

Recommendation 11. Update the program document and website and develop a programme logic model.

Recommendation 12. Develop a database to monitor activities and progress at the regional and country level drawing on a revised programme document that more clearly indicates short and long term objectives and includes indicators of success.

Recommendation 13. Develop a system of time tracking for all UNODC activities so it can accurately report on resource utilization and use such information judiciously for management purposes.

Conclusions and Implications for UNODC

16. There is a need for a new vision for UNODC's regional and country capacity development initiatives. This should recognize the essential roles of GAP Regional Advisors and include a strategic plan that ensures the greatest attention to regions and countries with the greatest needs and where little is known about illicit drug use. Consideration should also be given to the use of technology to achieve this vision. Clear, measurable, short and longer term objectives and indicators of success should be set at all levels and critically assessed to ensure that they are realistic, achievable and relevant to longer term goals. The use of a logic model analysis will contribute to this process and may indicate the need to add or strengthen some components such as advocacy. The new vision should also include an evaluation plan and lead to the creation of a database to record activities and accomplishments using standard indicators.

17. Clarification of the 'boundaries' of GAP is also needed. The objectives have evolved overtime and some of the important work done by HQ staff - analysis of the Biennial Reports Questionnaire, data management, analysis and reporting- is not clearly reflected in the objectives as presently stated. These 'other' activities are closely related to the objectives of GAP and are clearly expected, given statements in the original programme document, e.g. "*The programme will also synthesize national and regional data in order to report on global*

abuse trend to the UN commission on Narcotic Drugs". However, this was not indicated in any statements of the programme objectives. Clarification of the boundaries of GAP should be in consultation with the UNODC research section which also manages, analyzes and reports data from the Annual Reports Questionnaire since there appears to be duplication of effort.

18. It does not seem likely that there will be a significant global increase in empirical data by 2008. There is therefore an urgent need for UNODC to review options for meeting UNGASS information needs for information on global trends in the magnitude of illicit drug use from 2003-2008. There is also a need for UNODC to consider issues of project development and approval, information management and internal coordination of projects and activities with overlapping objectives.

UNITED NATIONS
Office on Drugs and Crime

31 May 2006

Management Response to the Evaluation of the Global Assessment Programme by the UNODC Independent Evaluation Unit (IEU)

This evaluation was undertaken to assess the relevance and appropriateness of the concept, design and implementation of GAP and to assess the extent to which it has achieved its objectives. The report contains good information and, above all, good recommendations that management intends to follow as much as possible. There are recommendations that we will be able to implement without many difficulties because they fall within GAP's authority and resources, and we will do so in accordance with the attached implementation plan. Other recommendations also fall within GAP's authority, but they have resource implications. Therefore, their implementation is dependent on the availability of funds.

To make the GAP programme more effective, the GAP team will proceed with updating the project document and the logic model. They will revise the overall strategy and ensure that the capacity building aspect of GAP is also accompanied by training and advocacy. They will look into continuity of recruitment, but to do that stable funding is required. As recommended, a system for monitoring progress in the various geographic regions will be established. Also, linkages with other networks and the coordination with other UNODC projects and operations will be reinforced.

One of the main recommendations from the evaluation is to have a horizontal approach to information management, recognizing that information is being collected, analyzed and used by different offices within UNODC for different purposes. We will initiate an approach to manage and access drug (and also crime) data similar to the approach of ProFi, where data are inserted into a common electronic platform by the various offices that have the substantive responsibility for collecting and managing the information. The data are then made available to various users, including all UNODC offices both in Vienna and in the field as well as Member States, for their own particular needs.

A detailed implementation plan follows, which has been prepared by the GAP team and which we have endorsed in response to the recommendations contained in the Report of the Evaluation.

Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, Telephone: (+43-1) 26060-0 Fax: (+43-1) 26060-5866

Implementation Plan

Ref: Evaluation of UNODC's Global Assessment Programme on Drug Abuse (GAP) by UNODC's Independent Evaluation Unit – Report dated 17 March 2006

Recommendation	Action to be taken	By whom	Resource Implications	Timing	Comments
1. UNODC management should give urgent attention to adopting a comprehensive corporate response to the UNGASS mission across its various dimensions, preferably within the ambit of a multi-year corporate strategic plan.	Give urgent attention to the UNGASS mission across its various dimensions.	Senior Mgt	Not yet determined.	Not yet determined.	
• As regards drug use data collection and analysis, the first step should be an inventory of current and past efforts.	In-house coordination of the development of the UNGASS monitoring system.	CSS, GCS	It can be done within existing resources.	Ongoing needs to be completed before November 2006 to ensure that next BRQ reports are based on latest data and methodology.	A first assessment of data on drug abuse and demand reduction responses has been carried out by GCS in collaboration with RAS, under the overall coordination of CSS.
• Merits may also accrue from placing all data collection and analysis for drug consumption under one umbrella, possibly under GAP, along with performance indicators and the assignment of responsibility for implementation to the appropriate unit(s)/section(s) within UNODC.	Agree with RAS and PDB on a clear division of labour on the collection of drug abuse data taking into consideration the different needs and the need to ensure that data are available to all stakeholders.	GCS, RAS and PDB	This will require a redistribution of resources or an increase of resources for GCS.	To be determined before end of August 2006.	It is important to ensure that the few resources available are best used and therefore it may be appropriate to have all drug consumption data under GAP and made available to all interested sections. The placement under GAP is important in order to have a corporate approach to the dissemination of data and particularly to the development of estimates for countries that are not able to provide data. It is crucial that the UNODC publish and disseminate one set of data and estimates. Also, it is important that the estimates are checked and verified and that the process of estimation is transparent and open to verification by Member States. GAP has the advantage of operating at different levels bringing together the global overview of the

Recommendation	Action to be taken	By whom	Resource Implications	Timing	Comments
					drug abuse situation, the regional approach that aims at the establishment of networks of expertise to improve data collection, and the field perspective to translate data into policy and programmes.
• It would also be desirable to develop a comprehensive component within a multi-year UNODC strategic plan for future regional and country level initiatives as regards capacity building and data collection that will eventually encompass 85-90% of the world's population.	GAP has already a plan for some regions. It is necessary to coordinate with FOs and other sections all efforts and projects (regardless of the source of funding) to collect data and assist countries in the development of drug information systems.	GCS, PDB RAS	It can be done within existing resources.	End of August 2006	Appraisal of SPFs and of projects before they are submitted for approval should ensure that there is a corporate approach to data collection and related assistance. This will ensure that the global objectives of GAP could be reached by mobilizing more resources than those earmarked specifically for the GAP programme.
2. Continue to support GAP as a capacity building program setting realistic and measurable outcomes for specific regions and countries including objectives to ensure the sustainability of hoped for changes.	Continue to support GAP as a capacity building program.	Senior Management, GCS/ GAP	Within existing resources and subject to funding availability.	By end of August 2006.	
• Ensure good coordination with other capacity development initiatives.	Review existing UNODC projects and programmes as well as those of other IGOs and define common objectives and methods as well as a division of roles and responsibilities.	GCS/ GAP	Within existing resources.	By end of August 2006.	This process is partly being implemented with FOs that have a GAP Regional Advisor. It would be necessary for the GAP team at HQ to ensure that other FOs are also coordinating their efforts within the GAP strategy. GAP has already coordination with some organizations providing assistance in this field (CICAD, EMCDDA, SENDU), however this could be improved.
• The assistance must be tailor made for the development level and capacity of individual	Discuss with FOs (that do not have GAP advisor) the	GCS/ GAP	Within existing resources.	By end of August 2006.	

Recommendation	Action to be taken	By whom	Resource Implications	Timing	Comments
countries. This means that a consultative and participatory approach must be adopted in the identification of needs and GAP activities. • A different programme focus must be developed for countries that have limited capacity to absorb technical cooperation activities. • Develop a clear exit strategy for each region.	development of drug abuse data collection objectives for the SPFs. Develop selective assistance strategies for the different countries and consider the need for long-term investment in some cases. Establish also clear targets and objectives to be reached before an exit strategy could be implemented.	GCS/ GAP	Within existing resources	By end of August 2006.	
3. Place greater emphasis on the recruitment and long-term support of qualified Regional Advisors with local knowledge.	GAP experiences confirm that this is the best approach and will be continued in future.	HRMS, GCS/ GAP	Subject to funding availability.	Ongoing	GAP management has focussed on recruiting regional advisors with local knowledge. There is a problem with long-term retention since funding is not ensured. Thus, it is not possible to award long-term contract and therefore people with relevant expertise may decide to accept other offers.
4. Use a combination of implementation strategies that include advocacy, training and capacity building. • Give priority to capacity building in the context of launching national studies that generate new data on the nature, extent and consequences of illicit drug use.	Use a combination of implementation strategies. In particular, give attention to the dissemination of data and studies to generate policy decisions.	GCS/ GAP	Within existing resources and subject to funding availability.	Ongoing	

Recommendation	Action to be taken	By whom	Resource Implications	Timing	Comments
• Capitalizing on opportunities created by other capacity development and data collection initiatives.	This will need to be done as mentioned above.				
5. Consider developing a horizontal information management strategy with a view to looking at information as an essential resource, on the same level as people and money.	Consider developing a horizontal information management strategy for UNODC. From GAP side ensure that databases are available to all relevant stakeholders	Senior Mgt	Not yet determined.	Not yet determined.	The data available to GAP have been shared and made available to all relevant stakeholders. In particular, data are available to RAS that has used some of the data for the WDR, Country Fact Sheets, and for the development of estimates for countries with no data (for example Central Asia and the Caribbean).
6. Clarify the roles of all those involved in GAP and related activities both at HQ and in the Field.	Clarify the roles of all those involved in GAP and related activities dealing with data on drug abuse within UNODC.	Senior Mgt, GCS/ GAP, PDB, RAS.	Not yet determined.	By end August 2006.	
• Identify all offices and functions within UNODC, which deal with data collection, assessment and use in the area of drug consumption.	Carry out a review of mandate, functions and resources of all offices that collect drug abuse data.	GCS/ GAP		By end July 2006.	
• Develop a sign off procedure for all new project/programme proposals, internal documents and publications to ensure an effective coordination.	This recommendation is more for senior management, but GAP is ready to play its role to				

Recommendation	Action to be taken	By whom	Resource Implications	Timing	Comments
	ensure that all data collection activities meet international standards.				
7. Consider linkages with other networks with an online presence and the development of an internet-based peer and expert support system for stakeholders in GAP regions/countries.	Take steps to establish a web-based epidemiological support system under the guidance of GAP.	GCS/ GAP	Within existing resources and subject to funding availability	By 1 November 2006.	
8. Continue to promote the need for data on key indicators and completion of Part II of the ARQ.	Develop an advocacy strategy to reach also countries not covered by GAP advisors and establish an ongoing communication with national experts.	GCS/ GAP	Within existing resources and subject to funding availability.	Ongoing	
9. Continue to improve and promote the toolkits and complete translation into Russian and Arabic.	Production of training material that will compile core contents of all GAP toolkit modules is underway. It will be available also in Russian and Arabic.	GCS/ GAP	Within existing resources and subject to funding availability.	Ongoing	
10. Review fund raising options and consider ways to make the programme of greater interest to donors.	Review fund raising options and consider ways to make the programme of greater interest to donors.	CPS, GCS/ GAP	Within existing resources.	By 1 August 2006.	

Recommendation	Action to be taken	By whom	Resource Implications	Timing	Comments
• Develop future performance indicators for minimum level of funding coupled with options or modules contingent on funding. • Protect resources earmarked for GAP. • Define the boundaries of GAP that recognize the GAP HQ team's work on the analysis of the Biennial Reports Questionnaire.	This will be done in the context of developing a new GAP project and programme strategy. Discuss with CPS ways to secure funding for GAP and target interested donors. The work of GAP staff at HQ on regular budget activities should be recognized and costed.				
11. Update the program document and website, and develop a programme logic model.	This will be done to reflect the recommendations of the evaluation. For the website it is necessary to discuss it in the context of the overall renovation of the UNODC website	GCS/ GAP, ITS	Within existing resources.	By end August 2006.	

Recommendation	Action to be taken	By whom	Resource Implications	Timing	Comments
12. Develop a database to monitor activities and progress at the regional and country level drawing on a revised programme document that more clearly indicates short- and long-term objectives and includes indicators of success.	Subsequent to the development of the new project document and logic model it will be necessary to monitor progress by defining clearly the objective and the timetable.	GCS/ GAP	Within existing resources.	By end August 2006.	
13. Develop a system of time tracking for all UNODC activities so it can accurately report on resource utilization and use such information judiciously for management purposes.	This is a recommendation for Senior Management.	Senior Mgt	Not yet determined.	Not yet determined.	

LIST OF ACRONYMS

ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
ARQ	Annual Reports Questionnaire
BRQ	Biennial Reports Questionnaire
CARDIN	Central Asian Regional Drug Information Network
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community and Common Market.
CARIDIN	Caribbean Drug Information Network
CARIFORM	Forum for African, Caribbean and Pacific States
CCENDU	Canadian Community Epidemiology Working Group
CEWG	Community Epidemiology Working Group
CICAD	Inter-American Drug Abuse Control Commission – an agency of OAS
CND	Commission on Narcotic Drugs
DAESSP	(Caribbean) Drug Abuse Epidemiologic Surveillance System Project
EADIS	East African Drug Information System
ECDCO	European Commission Drugs Projects Coordinating Office for the Caribbean
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
GAP	Global Assessment Programme on Drug Abuse
HIV	Human Immunodeficiency Virus
HQ	UNODC Headquarters Vienna
IEWG	The International Epidemiological Work Group
INRA	Information, Needs and Resource Analysis
LEN	A Local Expert Network (North Africa and Middle East Region)
MEM	Multilateral Evaluation Mechanism of OAS/CICAD
NADIN	National Drug Information Network
NAS	National Assessment Study
NDIR	National Drug Information Report
NGO	Non Government Organization
OAS	Organization of American States
PTRU	Prevention, Treatment and Rehabilitation Unit (UNODC)
RA	GAP Regional Epidemiology Advisor
RAPID	Regional Panel on the Impacts of Drug Use (North Africa and Middle East Region)
SACENDU	South African Community Epidemiology Network on Drug Use
SADC	South African Development Community
SENDU	Southern Africa Epidemiology Network on Drug Use
SIDUC	Inter-American Drug Use Data System
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
WADAT	Weighted Analysis on Drug Abuse Trends
WHO	World Health Organization

I. INTRODUCTION

1.1 Background and context

1. The Global Assessment Programme on Drug Abuse (GAP) was launched in August 2000 as a component of UNODC's overall response to requests from UNGASS (1998) to assist Member States to compile internationally comparable data on drug consumption and demand reduction responses in order to guide and evaluate national, regional and global drug abuse prevention policies and programmes. GAP focused on issues concerning the monitoring drug consumption and the objective was to "Establish a system for Member States of the United Nations to assess the magnitude and trends in illicit drug abuse at the country, regional and global level."[1]

2. GAP followed a more ambitious programme titled, *The Global Programme on Assessing the Magnitude of Drug Abuse*, which aimed in the long run to obtain estimates of drug abuse in 100 countries and to enhance and/or develop the capacity of national information systems.[2] However, when it became clear that funds for programmes of this kind were likely to be limited, the objectives were revised in a new programme document and the emphasis was placed on capacity development. The programme was renamed as the Global Assessment Programme on Drug Abuse (GAP).

3. The official programme document for GAP provide, in addition to the main objective noted above, a list of objectives for each level of operation:

At the national level:

- Establish between 25 and 30 fully equipped and trained national drug abuse assessment systems capable of:
    - Collecting drug abuse data;
    - Analyzing national trends and patterns of drug use;
    - Supporting the development and evaluation of demand reduction policies and programmes; and
    - Encouraging other countries in the region to develop national drug abuse information systems through training and technical advice about indicators and methods for data collection and analysis.

At the regional level:

- Adapt data collection and assessment methods to the cultural and social conditions of the different regions; and
- Establish regional networks to share experience, coordinate training and develop greater analytic capacity to understand regional drug abuse problems.

At the global level:

- Establish a set of comparable core indicators on illicit drugs abuse;
- Develop cost-efficient methods for the design and evaluation of demand reduction policies and programmes;

[1] Project document, "Global Assessment Programme on Drug Abuse," signed on 7 June 2000

[2] Two draft programme documents exist on this pre-GAP programme: a draft submitted to the Executive Director on 26 February, 1999 for a four-year programme (1999-2003) and the revised document titled, "Preparatory Assistance Phase for the Global Programme on Assessing the Magnitude of Drug Abuse" for a one-year programme (1999-2000)," submitted on 2 September 1999.

- Improve international reporting on drug abuse trends to the UN Commission on Narcotic Drugs[3] through existing tools such as the Annual Reports Questionnaire; and
- Provide a forum for discussions on methodological developments and the standardization of indicators by holding regular technical meetings and a Global Conference on Drug Abuse Trends.

4. The programme document indicates that the objectives would be achieved by:
   - Establishing a set of comparable core indicators on illicit drug abuse;
   - Develop toolkits on various topics relevant to information systems and data collection;
   - Conducting Information and Needs Analysis in priority countries;
   - Developing Regional Networks;
   - Production of annual reports on national and regional trends; and
   - Training at the national and regional levels.

5. The programme document also identifies specific guiding principles:
   - Focus on national capacity building;
   - Building on regional epidemiological networks where they exist;
   - Full transparency and conformity to recognized standards of best practices; and
   - Compatibility with existing reporting systems.

6. GAP was initially envisaged to run for four years (August 2000 to August 2004) but it is now a core programme of UNODC. The original plans called for work in nine regions.[4] However, due to limited resources, most activities during the first four years were focused in four regions: (1) the Caribbean, (2) Southern Africa, (3) East Africa and (4) South West and Central Asia. Other regions, such as North Africa and the Middle East, also received some assistance from GAP during this period.

7. The original budget for the four-year programme was $11,000,000. However, during this period only about $3,500,000 became available.

8. Since GAP was first conceived and implemented, there have been significant structural and operational changes at UNODC, as well as changes in senior management. There were changes in GAP HQ personnel, and currently none of the original designers are working on the programme. The current GAP HQ staff have adopted the original concepts of the programme and carried the work forward.

1.2 Purpose and objectives of the evaluation

9. The present evaluation was one of several, in-depth, thematic evaluations undertaken by the UNODC Independent Evaluation Unit during 2005. The primary purpose was to assess the relevance and appropriateness of the concept, design and implementation of GAP and to assess the extent to which it has achieved its objectives so far. The evaluation also aimed to identify best practices and options for improving the programme.

[3] The programme document also indicates that the programme " will also synthesize national and regional data in order to report on global abuse trend to the UN commission on Narcotic Drugs". However, this was not listed as a programme objective and the related activities (data management, analysis and reporting) were understood to be the 'other' non-GAP activities that GAP HQ staff mentioned as demanding their attention (Annex VII).

[4] Nine regional sub-programmes envisaged were Central & West Asia, South Asia, East and South East Asia, Eastern Europe and Russian Federation, Latin America, The Caribbean, North Africa & the Middle East, West and Central Africa, and East and Southern Africa.

10. Given that a programme document represents the fundamental backbone of a UNODC programme, the evaluation used the objectives set forth in the official GAP programme document as a basis for its assessment. In doing so, however, the evaluation team also noted the progression of the GAP programme over the years, particularly the now commonly used modified objectives and programme principles mentioned earlier.

11. The stakeholders of this evaluation were UNODC, beneficiary countries, donors and GAP's collaborating partners at the national, regional and international levels.

1.3 Executing Modality / Management Arrangements

12. GAP is the responsibility of the Prevention, Treatment and Rehabilitation Unit (PTRU) of the Global Challenges Section in the Division for Operations. The responsibilities of this Unit include the collection and analysis of drug abuse data. The Unit is a repository of technical expertise for programmatic functions and policy development in the area of drug abuse data collection and in the assessment of the extent, patterns and trends in illicit drug consumption and drug-related problems in the population. It aims to ensure the substantive quality of the Division's operational activities and its programmatic services to Member States and intergovernmental bodies with respect to the Unit's areas of expertise.[5]

13. At the UNODC headquarters, GAP is the responsibility of one full-time core funded Professional (i.e. regular budget) and one full-time expert epidemiologist (project designated) whose responsibilities include coordinating the overall programme and providing technical support to regional sub-programmes. The implementation of activities under the GAP objectives at the global level, which include liaising with other networks to develop core indicators, developing methods for collecting and analyzing drug abuse data at national, regional and global levels, and reporting on drug abuse trends to the UN Commission on Narcotic Drugs (CND), is also the responsibility of GAP HQ staff.

14. GAP also recruited experienced epidemiologists who have been attached, on a contract basis, as Regional Advisors to regional offices of UNODC or placed at regional institutions/organizations in each targeted region. However, partly due to the fact that contracts could only be offered for one year at a time, two Regional Advisors left after one or two years.

15. The contracts for Regional Advisors indicated that incumbents would receive supervision and technical guidance from the Senior Drug Abuse Epidemiologist at UNDCP (current UNODC) Headquarters and be responsible for the implementation and coordination of the programme at national and regional levels. More specifically,[6] they would provide technical advice and assistance to governments and experts on assessing drug abuse and thereby contributing to: (1) an improvement of the drug abuse information infrastructure in countries in the region, (2) an improvement of the quality and comparability of drug abuse data submitted by governments to UNDCP, and (3) an improvement in the number of countries in the region responding to the Part II of the Annual Reports Questionnaire (ARQ).[7]

---

[5] Drug abuse data collection and Global Assessment Programme on Drug Abuse. Work Plan 2003-2004.

6 Based on a review of job descriptions for Regional Advisors.

7 This three part questionnaire is designed to be completed annually by Member States to report on the following: Part I - Legislative and administrative measures, Part II - Extent, patterns and trends of drug abuse and Part III - Illicit supply of drugs.

16. Some short-terms contracts were also awarded to other experts in different regions to develop toolkits, to implement studies of various types and to conduct training workshops.

1.4 Scope of the Evaluation

17. The evaluation focused on the activities and achievements of GAP in the regions where there were at least some significant GAP activities during 2000-2004 (Caribbean, Southern Africa, East Africa, Central and South West Asia, and North Africa and the Middle East).

18. The evaluation was guided by a 'holistic' framework that encompassed all issues indicated in the evaluation terms of references (Annex I) and other issues identified in meetings of the evaluation team. The framework identified the following specific evaluative questions:

Questions on Programme Concept and Design:

- *1s the overall mission or goal clear and relevant to the needs expressed in UNGASS/ CND resolutions?*
- *Have the specific objectives set for GAP been consistent with its mission, clear, based on valid assumptions, measurable and achievable by the times indicated?*
- *Are GAP's objectives and methods consistent with those of international, regional and country level stakeholders?*

Questions on Implementation:

- *Was GAP appropriately located within UNODC?*
- *Was GAP coordinated with other UNODC programmes?*
- *Has GAP been coordinated with activities of international, regional and country level stakeholders?*
- *Were the fiscal and human resources available to GAP consistent with those considered necessary?*
- *Were resources primarily focused on regional and country level capacity building?*
- *Were the outputs consistent with the program objectives and principles and seen as useful by end users?*

Questions on Outcomes:

- *Has GAP contributed to improving data on drug use at the global level?*
- *Has GAP contributed to the establishment of regional networks to share experience, coordinate training and develop greater analytical capacity to understand regional drug abuse problems?*
- *Has GAP contributed to the established of country-level systems to support the ongoing assessment of the magnitude of, and trends in the demand for, illicit drugs?*
- *What was learned about what works?*
- *What other factors contributed to or limited the influence of GAP-related activities?*

1.5 Evaluation Methodology

19. The evaluation framework was used to create a series of templates to summarize and analyze information from the following sources:

- Documents (UN, CND and UNODC-related and GAP programme-related);
- Person-to person or telephone interviews with key informants (UNODC staff, government officials, GAP regional network staff, donors, NGOs, relevant UN agencies, and individual beneficiaries); and
- Field visits to 12 selected countries and agencies within these countries.

20. A questionnaire that focused on national information systems and the influence of GAP was also sent as an email attachment to a key informant in countries that did not receive a site visit. The response rate was 42% (20 of 49 countries).

21. The selection of countries for site visits was based on the following considerations: recommendations and/or suggestions from the GAP team and others familiar with the Programme (e.g. former and/or present Regional Advisors), and information on the levels and types of GAP activities that had taken place. In general, countries visited were those that had having received significant attention from GAP.

22. Within regions and countries, individuals selected for interview were chosen from lists of potential beneficiaries of the GAP programme created from GAP reports, recommendations of Regional Advisors and country focal points.

1.6 Evaluation Team Composition

23. Three consultants with no prior involvement with the GAP Programme were contracted to plan and conduct the evaluation. Members of the Independent Evaluation Unit were also involved at all stages and undertook site visits to Barbados, Grenada, Kenya, Mauritius, South Africa, Uzbekistan and Kazakhstan either alone or in the company of one of the consultants.

24. The external evaluators were professionals with expert knowledge and experience in the areas of drug abuse and programme monitoring and evaluation techniques. Collectively, the team had:

- Technical knowledge and expertise on issues concerning drug demand reduction and drug abuse;
- Knowledge and familiarity with various evaluation methods and techniques; and
- Experience and knowledge of the UN system, particularly UNODC.

1.7. Limitations of the evaluation

25. The 12 countries chosen for site visits were selected for convenience, based on the availability of information. These were not intended to be a representative sample of the 62 countries that had received assistance from GAP. The response rate to a questionnaire sent to other countries was only 42%. The results and conclusions of the evaluation, therefore, may not generalize to all countries that have received assistance from GAP.

26. The evaluation did not aim to produce a definitive, quantitative, summative assessment of GAP but rather to conduct a qualitative assessment using a case study approach and to

identify factors that influenced GAP's implementation and effectiveness. A quantitative, summative evaluation may not be possible given the diversity of activities, the diversity of countries targeted and the many other factors that shaped and influenced the programme's implementation and effects.

27. Members of the evaluation team were asked to use a semi-structured interview schedule and related instruments to conduct interviews and to summarize what was learned. There may, however, have been some differences between team members as to how question were probed and how the responses were interpreted.

28. The timing of the field visit to the Caribbean and to Central and South West Asia coincided with the peak period for vacations. Some country level key informants could not be contacted for this reason although some were later interviewed by telephone. The absence of a Regional Advisor and network coordinator for the Caribbean Region[8] and changes at the UNODC regional office in Barbados also made it difficult to identify key informants in this region.

29. It will be necessary to monitor the achievements of GAP over a longer period before its outcomes and impacts can be fully assessed. GAP has focused on capacity development but also has longer-term goals: to compile internationally comparable data on drug use in order to guide and evaluate national, regional and global drug abuse prevention policies and programmes**.** Experience shows that, even in developed countries, the development of a sustainable capacity for research and evaluation in the area of substance abuse is a lengthy process. The conduct of high quality research also takes time and the influence, if any, of research on policy and programming may not become evident in the short term.

[8] The Regional Advisor resigned in 2003 and the EU funded contract for a Network Coordinator expired during the same year.

2. ANALYSIS AND MAJOR FINDINGS

2.1 Overall performance assessment

30. The Global Assessment Programme on Drug Abuse was designed to contribute to the mandate given to UNODC by the United Nations General Assembly "to provide Member States with the assistance necessary to compile comparable data on the demand for illicit drugs."[9] To this end, GAP developed and promoted standardized indicators of drug use, standardized data collection methods and associated toolkits. GAP also facilitated reporting of data on the magnitude and trends in illicit drug use by revising the demand reduction section on epidemiological information in Part II of the Annual Reports Questionnaire (ARQ).[10] The GAP HQ team has produced annual reports for CND that summarizes information on drug use and treatment demand from this questionnaire, as well as biennial reports on the demand reduction activities in Member States toward UNGASS goals through the use of the Biennial Reports Questionnaire (BRQ). The HQ team's activities are reported annually in the GAP Progress Report. GAP has also provided training and technical assistance to 62 countries to increase local capacities for the collection, and processing, use and reporting of epidemiological data on the demand for illicit drugs. Further, GAP has variously facilitated the completion of projects that have generated new information on the nature and prevalence of illicit drug use in some countries, e.g. focus studies, school surveys and few rapid assessment studies.[11]

31. The selection of regions and countries and the types and levels of GAP activities were the result of a compromise between an ideal strategy and the realities of funding, needs and opportunities. Therefore, different regions and countries received different types and levels of attention and many countries and regions with significant needs have received little or no direct assistance to date.

32. It was also noted that the programme does not have an inbuilt programme logic model that identifies key components and their relationships, nor has the underlying theory(ies) of change been clearly indicated. Statements concerning the programme's purpose and objectives are presented under a variety of different headings[12] and it is not clear how the attainment of these objectives should be assessed. In general, the objectives as stated do not have some of the characteristics typically recommended for programme development and evaluation- clear, measurable, achievable and within a specified time frame.[13]

33. At the regional and country levels, there were typically other projects and activities that influenced local developments. In two regions, there were significant regional projects whose objectives overlapped with those of GAP.[14] This mingling of GAP and non-GAP

[9] UNGASS resolution 54/132 - Adoption of the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand.

[10] The changes made allowed countries to report expert assessments of trends in illicit drug use.

[11] Rapid assessment studies were conducted in countries in South West and Central Asia and Mauritius.

[12] Goals, objectives, immediate objectives, outputs, results, components, methodological approaches, mode of achieving, guiding principles and expected results, programme structure, sub-programmes.

[13] Work plans for the regions where GAP is currently active (Central and South West Asia and North Africa and the Middle East) do, however, indicate how, and when, the attainment of more specific objectives will be measured.

[14] i.e. an EU funded project in the Caribbean, and UNODC project in the Central Asia (AD/RER/01/E93) "Preparatory assistance on demand reduction: Rapid situation assessment on drug abuse in the Central Asian countries." In Central and South West Asia, there were two other initiatives that aimed to set up drug abuse information systems, one funded by the EU in collaboration with UNDP and the other funded by Iran. Other specific countries and agencies noted as

projects makes it is difficult to disentangle the specific influences of GAP except qualitatively and on a case-by-case basis.

34. Among UNODC projects that have capacity development and drug abuse data collection objectives, some are/have been, to various extents, coordinated with GAP. However, others are quite independent from GAP and do not necessarily share the same objectives, principles, methods and outputs.[15] Interviews with senior managers at UNODC suggest that these projects do not, even in aggregate, constitute a comprehensive response to UNGASS information needs. Rather they appear to follow a policy of "let the flowers grow." Some staff, inter alia, find it difficult to equate their efforts with regards to the UNGASS resolution.[16]

35. Seven years have passed since UNGASS adopted a declaration on the guiding principles of drug demand reduction that gave UNODC a clear mandate to develop and assess the impact of new demand reduction strategies and programmes and to report progress by 2008. UNODC management should therefore give urgent attention to adopting a comprehensive response to the UNGASS mission across its various dimensions, preferably within the ambit of a multi-year corporate strategic plan.[17]

36. As regards drug use data collection and analysis, the first step should be an inventory of current and past efforts. Merits may also accrue from placing all data collection and analysis for drug consumption under GAP, along with performance indicators and the assignment of responsibility for implementation to the appropriate unit(s)/section(s) within UNODC. Representative from two donor countries suggested that such an approach is likely to attract increased funding for UNODC's efforts in data collection and analysis at the country, regional and global levels.

2.2 Attainment of objectives

Programme principles

37. GAP has been consistent with the four principles listed to guide the programme implementation as stated in the original programme document: focus on national capacity building; building on regional epidemiological networks where they exist; full transparency and conformity to recognized standards of best practices; and compatibility with existing reporting systems.

38. The focus on capacity building was evident by the technical support given to GAP-funded and other data collection projects (e.g. Information, Needs and Resource Analysis, school surveys, focused studies, HIV-relate studies and rapid assessments). These studies generated new data but also provided opportunities for 'hands on' learning. One Regional Advisor also said that these projects give those involved a sense of ownership: "*It's not just something*

---

funding capacity development and/or data collection initiatives in one or more GAP regions were: Spain, Greece, WHO, Council of Europe, South African Development Community, EU, UNAIDS, UNDP, and EMCDDA.

[15] Examples include ACCORD in South East Asia, a Field Office project in India, Crop Monitoring Questionnaire that includes questions on demand reduction and numerous other projects dealing with demand reduction and/or HIV/AIDS both at HQ and in the field.

[16] Interviews at UNODC headquarters - see Annex VII.

[17] This recommendation and others in this report that concern issues that are broader than GAP flows from what was learned from interviews with senior managers of UNODC conducted by a member of the evaluation team. See Annex VII.

done by a consultant … and it increases motivation to do something, as well as generating new data."[18]

39. GAP also supported regional networks where they existed and promoted the use of data collection methods that were developed by internationally respected experts and are thus considered to reflect best practices. Further, GAP sought to work with and to improve existing data collection systems and not to establish new systems that conflicted or competed with those already in place.[19]

Programme objectives

40. The main objective stated in the original programme document, "Establish a system for Member States … to assess the magnitude and trends in illicit drug abuse at the country, regional and global level," refers to the expected outcome of a variety of programme activities. However, this will not be considered as an *outcome objective* because it does not indicate what changes would result from the establishment of such a system. The programme document does, however, indicate that the attainment of this objective would lead to more complete and reliable information on global, regional and country level patterns and trends in illicit drug use and that this would, in turn, contribute to improved prevention policies and programmes at all levels. Therefore, the attainment of these longer-term goals will be considered under the headings Outcomes and Impacts (Section 3).

41. The programme document also indicates more specific objectives at three levels. As stated, some of these objectives concern hoped-for outcomes (e.g. 25-30 country level assessment systems are established, regional networks are established,[20] and international reporting on drug abuse trends to the CND should be improved through existing tools such as the ARQ). However, other objectives concern programme delivery.

42. The objective of "establishing" between 25 and 30 fully equipped and trained national drug abuse assessment systems, as stated in the programme document, is inappropriate, unrealistic and imprecise.[21] However, in various working level documents that are currently used and give an update of the GAP programme,[22] this objective has been restated as a process objective "to support the establishment of data collection focal points and human networks."

43. There is good evidence that GAP activities were used for capacity development purposes (see outputs and implementation) and that this has contributed to the establishment or to the improvement of data collection systems, focal points and networks, at least in some countries of the countries targeted. The clearest example of GAP having a direct influence on the development of country level focal points and networks is the case of Turkey. Here a well-staffed Monitoring Centre on Drug Abuse was established immediately following a GAP supported INRA and this receives information from a large network of agencies. GAP also brought stakeholders together in Pakistan and influenced the development of a

[18] The present evaluation also noted that GAP's focus on capacity building has been argued against by the UNODC research section who would have preferred GAP to have supported national assessment studies in a larger number of countries.

[19] For example by seeking to standardize data collected by treatment agencies.

[20] The programme document indicated the intention to work in nine regions.

[21] The objective is "inappropriate" since the systems are the responsibility of sovereign states; "unrealistic" since funds available were far less than expected $3.5 million vs. $11 million; and "imprecise" since 'fully equipped' and 'data collection system' are not clearly defined.

[22] e.g. Global Assessment Programme on Drug Abuse: Overview and Update 2000-2001.

potentially sustainable, four city information system that contributes data to an existing National focal point. For most of the other countries visited, and also for some other countries there were indications that GAP had contributed to improvements in the data collected by existing focal points and /or to increased networking among key local stakeholders.

44. In Kazakhstan GAP increased awareness of international standards in data collection and also stimulated discussion of the need for greater inter-agency coordination and the need for a single national data collection system. In Uzbekistan GAP worked with the existing national information focal point and increased awareness of the need for more complete and reliable data and data collection methods. As later discussed in the report, well-conceived initial studies conducted in countries of the South West and Central Asia (e.g. NAS and INRA) were reported to have produced significant positive changes in the region (Section 4. Major lessons learned and best practices, and Annex IV).

45. In Cairo, Egypt GAP has supported the development and pilot testing of a treatment demand data collection linked to a boarder mental health system. The 2004 annual report from the Regional Advisor to North Africa indicates that GAP has contributed to the standardization of treatment demand data among three specialized treatment agencies in Jordan.[23]

46. In Mauritius GAP and related activities lead to the establishment of and epidemiological network in drug abuse and a system that routinely collects data on treatment admissions from NGOs and a psychiatric hospital and data on arrest and illicit drug seizures. However, GAP's influence in most countries in the East African Region was assessed as limited (Annex IV) due to the allocation of limited resources and the short time period of GAP involvement in this region (two years). The sustainability of national data collection systems in Mauritius, Tanzania, Madagascar and the Seychelles was, however, considered possible because these countries are members of a network involving countries in Southern Africa (SENDU- see below). GAP was also assessed as having some influence on data collection in other countries in Southern Africa but GAP activities ceased after two years. The final report of the GAP advisor for this region indicated the needs for a substantial investment of resources to overcome many of the resource limitations in this region.

47. Before GAP most countries in the Caribbean region had networks at various stages of development and national focal points that routinely collected some data on drug use. Also the Multi Lateral Evaluation system of the Organization of American States encouraged the development of national information systems. These factors and GAP's close relationship with an EU funded project (Drug Abuse Epidemiologic Surveillance System Project (DAESSP-Caribbean) with similar objectives makes it especially difficult attribute developments in the region to GAP itself. However, GAP (with DAESSP funds) did support network development activities in most Caribbean countries and, with GAP/DAESSP support, network members contributed to the development of national profiles with recommendation for improvement in service and information systems.[24] At the time of site visits, Grenada had an agency that conducted surveys on a regular basis and plans to significantly improve national information systems were being considered in Barbados, the Bahamas and Trinidad and Tobago.

[23] Global Assessment Programme on Drug Abuse (GAP): North Africa and the Middle East. Progress report 2004.

[24] One well knowledgeable key informant from the Caribbean indicated 1/3 of countries in the region had improved their information systems partly due to DAESSP/GAP. However, the only reports, produced by country-level networks appear to be those for 2002/2003 that resulted from GAP/DAESSP funded network development projects.

48. Other information relevant to the results of GAP efforts to support information systems comes from the email survey of countries that were not visited. Of the 20 countries responding to the survey nine respondents (42%) indicated that GAP had influenced the collection and reporting of information on the demand for drugs in their countries (Annex VI).

49. With respect to the objective of developing regional networks the results vary from region to region. However sustainability is/was a concern in all cases and it is of note that none of the annual reports prepared by Regional Advisors specially mentioned that a sustainable regional network had been established. The original promise to establish networks in nine regions was clearly unrealistic given the resources that became available. A summary on the networks in the four regions where GAP has been most active and also for North Africa and the Middle East, where work has only recently begun, is presented below. Detailed regional reports are included in Annex III.

a) The Caribbean Region: CARIDIN

50. A regional network for the Caribbean was formally launched in 2000 and called CARIDIN.[25] However, apart from one initial report there is no account of its activities. Funding was terminated prior to completion for reasons that are not entirely clear[26]. However, it was learned that few countries are now involved in a Listserv or have contracts with the former CARIDIN coordinator who provides assistance on network development and on specific projects and activities.

51. Most key informants agreed that regional networking is valuable and that the GAP/DAESSP project came to a premature end. Several felt that the UN should help to revitalize regional activities in the Caribbean. However, any new initiatives would need to be coordinated with OAS/CICAD.

b) The South West and Central Asia Region: CARDIN

52. GAP contributed some financial, and much technical assistance to the establishment of a Central Asia Regional Drug Information Network (CARDIN). Eight countries participated in the CARDIN network: Iran, Kazakhstan, Krgyzstan, Pakistan, Tajikistan, Turkmenistan, Turkey and Uzbekistan. The GAP Regional Advisor in the Tashkent Regional Office currently coordinates the network and meetings of country representatives are held once a year. It is anticipated that the coordination function will be passed on to the Pavlodar Centre in Kazakhstan shortly. It is unclear at this time whether secure funding exists to sustain the network and to what extent training can be provided on an ongoing basis without UNODC or other assistance.

c) The Southern Africa Region: SENDU

53. As GAP was being launched, a network in Southern Africa (SENDU) was being established under the South African Development Community (SADC) with financial support from the European Community. The first network meeting was held in October 2000 in Pretoria

[25] Funding for this network and also for school surveys and focus studies in this regions was from the European Union. However, grants to countries under this project were managed by the Regional Office as part of an agreement involving the Caribbean Epidemiology Centre (CAREC), the Inter-American Drug Abuse Control Commission (CICAD) and the Forum for African, Caribbean and Pacific States (CARIFORM).

[26] One key informant indicated conflicts with the EU over accounting procedures. Another indicated that EU funds had been misused (not within the Caribbean region).

along with all the stakeholders, including the UNODC Regional Advisor and the SADC Drug Control Officer. Five network meetings have subsequently taken place. However, the initial funding for the SENDU network has now come to an end and further funds will be required to sustain the network. All SADC member states are members of the network (Angola, Botswana, the Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe) and most are now able to able to report on information provided by the police, forensic service and treatment centres.

54. GAP worked closely with this network from 2000 to 2002 and its contribution to the network during this period has been acknowledged in network reports. However, since the departure of the Regional Advisor, UNODC has not had any direct involvement with the network. The Regional Office is developing new projects and hopes to find funds to hire relevant expertise. However, the office is concerned about this project-by-project approach. While there is a Regional Strategic Framework anchored in the Global Conventions on drug demand reduction there seem to be few links between GAP activities and other UNODC demand reduction drug activities in this region.

d) The East Africa Region: EADIS

55. GAP supported the development of a regional network for countries in East Africa called EADIS (East African Drug Information System) The first meeting was held in Nairobi in November, 2001 where representatives from eight countries presented information on drug consumption and related issues. The scheduled 2003 closure of the GAP programme in the region was announced and it was clear that the sustainability of EADIS was dependent on the continuation of the activities of each national network and funding for annual regional meetings. The meeting report indicates that those present agreed that national Governments should be responsible for providing the necessary support to ensure the continuation of the activities of national networks and that EADIS should ideally be supported at the regional level by a regional governmental organization such as the African Union. A third meeting was held in 2003, but no new funding for the network has become available and its formal activities have ceased.

e) The North Africa and the Middle East Region

56. Plans to establish a regional epidemiology network this region are in place A Local Expert Network (LEN) on demand reduction has been active since 2003. The network has conducted five meetings to date, the last in Morocco in July 2005, in which the GAP Advisor participated. It is the only network in the region that meets on a regular basis but funds for continuation in the coming years still need to be found. It has been proposed that such a network be extended to the East African region as well as South Africa. Also, as part of an initiative supported by the World Health Organization, a Regional Panel on the Impacts of Drug Use (RAPID) has organized meetings in Cairo and Tehran.

2.3 Achievement of Programme outputs

57. The programme document indicates or implied the following outputs:[27]

Global

- A consensus on core indicators
- Revision to Part II of the ARQ
- Training material for UNDCP regional advisors
- Tool kits on a variety of topics
- Technical workshop on demand indicators
- Global conference on Drug Information systems
- Annual reports to the CND on the world situation regarding drug use[28]

Regional

- Regional training and multi-country networking events

Country level

- Training workshops
- Reports of INRA's and other studies conducted with technical assistance from Regional Advisors

58. Global outputs were as expected: (1) Lisbon Consensus on six core indicators,[29] (2) revised Annual Reports Questionnaire, Part II on drug abuse, (3) Toolkits,[30] (4) a report of a Workshop on Treatment Demand Indictors and (5) a report of a Global Workshop on Drug Information Systems. (6) Annual reports to the CND. These outputs clearly complemented each other, reflect best practices and provide a wealth of ideas and information to stakeholders with a variety of interests in the illicit drug use. Key informants familiar with these outputs considered them very valuable. However, some key informants were not familiar with the toolkits materials suggesting that more might be done to promote them. A few also questioned the value of toolkits for those who did not have a research background and for countries that have very limited resources.[31] In response to these concerns the GAP/HQ team have commission a user-friendly compilation of the toolkits on paper an also a cd-rom to make the toolkits accessible to more people for use in the context of training exercises in developing countries.

---

[27] In the programme document 'outputs' and 'results' and indicators of the achievement of objectives are not clearly distinguished.

[28] See footnote 3 regarding this output.

[29] A technical meeting of experts, supported by UNODC and hosted by EMCDDA, took place in Lisbon on 20-21 January 2000 to discuss the principles, structures and indicators that would provide the basis for an effective information system. The core indicators are: drug consumption among the general population; drug consumption among the youth population; high-risk drug abuse; service utilization for drug problems; drug-related morbidity; and drug-related mortality (E/CN.7/2000/CRP.3).

[30] Seven toolkits modules are currently available and can be downloaded from the UNDOC website (http://www.unodc.org/unodc/en/drug_demand_gap_m-toolkit.html). 1. Developing an Integrated Drug Information system. 2. Prevalence Estimation 3. School Surveys 4. ARQ Data Management 5. Data Management and Analysis for Drug Epidemiology 6. Focus Assessment Studies: A qualitative Approach to Data Collection 7. Ethical Challenges in Drug Epidemiology: Issues, Principles and Guidelines.

[31] This latter concern was echoed in a review of all UNODC toolkits by the Independent Evaluation Unit and suggests the need for GAP toolkits that may be more appropriate for end users with limited research skills based in countries with limited resources (See "Evaluation of tools and toolkits as a modality of programme delivery by the United Nations Office of Drugs and Crime," IEU, 2004).

59. Regional training and multi-country networking events occurred to some extent in all regions but in all cases resources for regional activities were limited. However, except for the GAP progress reports the only annual reports describing regional activities and progress with respect to capacity development are those produced by the Southern African Development Community Epidemiology Network (SENDU). These are detailed and informative. The East Africa Drug Information System also produced informative reports but the last issue was written in 2003. A report on rapid assessments in four countries in Central and South West Asia was also produced. There was also one report for the Caribbean. This was written in 2000 and announced the launch of an EU capacity development funded project with the UNODC as a partner. Although regular updates were promised none were produced and the project was terminated in 2003.

60. Some key informants commented that participants in training events and workshops (regional and country level) were not always those most likely to benefit from the experience or use the information provided. Some of those able to travel out of country to attend regional workshops were in management positions even for workshops dealing with technical issues (Key informant in Caribbean Region). A case of police officers attending training workshops on data collection was also cited (East African Region).

61. Five reports of regional training events or workshops were available to the evaluation team. These indicated that the events were generally well received and valuable with respect to the dissemination of ideas and networking. At the same time, however, the transcripts of verbal comments made by participants in a capacity building workshop held in the Caribbean indicated some concerns:

- UNODC - has not delivered on promises in the past - moved away from demand reduction;
- Some confusion about signing with UNODC for a CAREC/CICAD project;
- Contract tone was dictatorial;
- Meeting not productive;
- Not a workshop - just presentations - not capacity building;
- Objectives not clear.

62. Outputs at the country level included training workshops and reports of studies conducted with technical assistance from Regional Advisors. No reports of country level workshops were made available to the evaluation teams but key informants who had attended these workshops indicated that they found them of value. However, Regional Advisors indicated that those attending these workshops often differed widely in skill levels and that in some cases needed help with basic skills (e.g. how to use MS Access).

63. With technical assistance, and less often with direct financial support from GAP, country-level stakeholders produced a variety of reports of school surveys, focus studies, country profiles, HIV-related studies and rapid assessment studies.[32] Most of these reports were, at least briefly, examined by at least one member of the evaluation team and found to contain a wealth of information with implications for policy and programme development. Key informants familiar with these reports generally indicated that they were of value. There is also evidence that, in some cases, these reports contributed to significant changes - especially studies conducted in Central and South West Asia (see Annex IV).

[32] Rapid assessment studies were only conducted in South West and Central Asia and Mauritius.

2.4 Implementation

Operational plans

64. As previously noted the original plans called for work in nine regions but due to limited resources most activities during the first four years were focused in four regions: (1) the Caribbean; (2) Southern Africa (3) East Africa and (4) South West and Central Asia. However, other regions, such as North Africa and the Middle East, also received some assistance from GAP during this period. The rational for the selection of regions, and for the level of support given to specific regions, was reported by the GAP HQ team to be a compromise between an idea strategy and the realities of funding, needs and opportunities:

"The general criterion that was used was to consider the countries more in need of developing a drug information system. A review of the data available to UNODC via the ARQ and other sources was conducted and a number of possible regions identified. Then, came different considerations: avoiding duplication with existing UNODC or other IGOs assistance in the regions (ACCORD for South East Asia, Pompidou Group in Eastern Europe, CICAD and Southern Cone MOU in Latin America), donors interest (Caribbean), the existence of a basis for developing a regional network (SENDU), the epidemic of heroin injecting in Central Asia, etc.

"Part of the reason for moving the Regional Advisor from Pretoria to Cairo was due to the consideration that the SENDU network was in a position to take over the responsibility at regional level. In this case, the decision was not only related to the lack of funds in general".

These realties meant that three regions only had full time Regional Advisors for two years or less and also that different regions and countries received different types and levels of attention. Also many countries and regions with significant needs have received little or no direct assistance to date (Annex III). There thus seems to be a need for a multi-year strategic plan for GAP's future regional and country level initiatives that will eventually encompass, say, 85-90% of the world's population.

65. Some annual work plans for specific regions were made available[33] and these indicate objectives and activities consistent with the overall objectives of the project. Current work plans for Central and South West Asia and for North Africa and the Middle East are detailed and indicate specific activities and expected results within specified time periods.

Coordination with Global, Regional and National Stakeholders

66. Interviews and document reviews indicated that GAP's work at the global level has been coordinated with activities of major stakeholders with global or multi-national concerns, including the following: the World Health Organization (WHO), the International Epidemiological Work Group (IEWG), the Global HIV Prevention Research Network, UNAIDS, the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), the Pompidou Group, Council of Europe, the South African Development Corporation, the European School Survey Group, the European Union (EU), the US National Institute on Drug Abuse and the Inter-American Drug Abuse Control Commission (OAS/CICAD) and the Caribbean Epidemiology Centre (CAREC). Experts from these groups participated in

[33] Caribbean Regional Workplan 2002; Central and South West Asia 2002 and 2005-2006; North Africa and the Middle East 2005-2007.

international or regional meetings and contributed to the development and review of GAP's main global outputs: revised Annual Reports Questionnaire (Part II on drug abuse), Lisbon Consensus on core indicators, Toolkits, Workshop on Treatment Demand Indicators, and the Global Workshop on Drug Information Systems. Through formal agreements, GAP also provided technical assistance to projects funded by the EU, UNDP and some regional stakeholders.

67. Interviews and document reviews also indicate that coordination 'on the ground' at the regional and country levels was accomplished though the efforts of Regional Advisors (e.g. South West and Central Asia). However, the Regional Advisor for North Africa and the Middle East indicated that he only learned about some initiatives, including other UNODC projects when working in the field.

68. Good coordination with stakeholders at the country level was also evident from the number and range of stakeholders attending meetings and contributing to country level reports. However, some countries did not have national coordinating bodies to identify stakeholders and help bring them together. In East Africa there appeared to be was little involvement of NGO's especially those offering treatment and rehabilitation. This led to the inappropriate selection of some focal points and the marginalization of some stakeholders (Annex IV).

Monitoring

69. A list of GAP activities by region and country, for five regions reviewed in the present evaluation, is summarized in Annex III. This summary is based on document reviews and field visits. However, the programme did not develop a structured mechanism for monitoring regional or country level activities. There was no database of programme activities at the regional or country levels and no comparable indicators of progress across regions or countries. Furthermore, the annual regional reports provided to the evaluation team did not consistently indicate what was achieved and those for the Caribbean, Southern and East Africa mainly described activities and outputs. The development of a database to monitor activities and progress at the regional and country level is strongly recommended. Indicators of progress should also be specified in a revised programme document

70. It would have been desirable to record activities in a more consistent and structured way and also to develop, and use, objective indicators of the baseline situation in different regions and countries and objective indicators or benchmarks to indicate progress toward specific objectives. However, as previously noted, the work plans for the regions where GAP is currently active do clearly indicate how, and when, the attainment of more specific objectives will be measured.

71. It is also of concern that there was no database that captured the time that Regional Advisors and GAP HQ staff spent working on non-GAP projects and programmes.[34] While UNODC has a sophisticated system for tracking financial expenditures, there does not appear to be any means of tracking human resource inputs accurately when people are assigned to several projects/programmes and core activities at the same time. If it is not considered possible to

[34] For example, Vienna-based professionals assigned to GAP have developed an ARQ database, prepared annual reports on the world drug use situation for the CND and reports based on information from the Biennial Report Questionnaire. These activities are not clearly encompassed by GAP's primary objectives and they use resources that could otherwise be fully devoted to these objectives. Further, UNODC staff informants both in the Field and at Headquarters indicated that, over and above GAP, much of their time is spent on other projects and/or core UNODC activities. In one instance, 60% of the person's time was reported as being spent on non-GAP activities, while the post and funding are attributed to GAP.

assign people to specific projects or to core activities, then UNODC needs to develop a system of time tracking so it can accurately report on resource utilization and use such information judiciously for management purposes. This lack of information on inputs appears to reflect a more widespread situation within UNODC.

72. To compound this situation, it appears that UNODC's long-standing culture of information sharing is predicated on the supplier's perception of requester's "need to know." Typically, an officer learns about an activity, output or information bank that is relevant to his/her work through a field office or an external source. Much of the problem can be attributed to the absence of an over-arching corporate information management strategy to guide the collection, organization, sharing and analysis of one of UNODC's most precious assets: INFORMATION.

73. Interviews with informants at UNODC HQ regarding GAP also revealed instances of duplication of efforts (data entry) and creation of so-called incompatible data banks. Invariably, these initiatives are undertaken as genuine efforts to "get the job done." UNODC should therefore reconsider its approach to information management and view information as an essential resource, on the same level as people and money. This would imply developing a comprehensive strategy for the horizontal management of this resource across the organization, including Headquarters and the Field. Most successful organizations have recognized the need for such a plan and many of the larger private and public entities assign the function to a high level executive (Chief Information Officer) on the same base as finances (Chief Financial Officer) and human resources (various names). Given its relatively small size, UNODC might wish to assign the information management function to an existing high level executive with clear authority to implement the adopted plan and report periodically on results.

Backstopping

74. There were some initial delays in formalizing agreements between UNDCP and CARIFORM but once these were resolved there were no significant backstopping issues in the Caribbean region. There were also some initial delays in initiating payment of small grants to East African countries to initiate INRA's. This delay was the result of procedural difficulties experienced by the Pretoria office and UNDP in the respective countries. These difficulties were rectified in due course and payments were effected.

75. The original project document is silent on the role of UNODC in promoting the creation and use of evidence as a basis for decision-making. However, Regional Advisors and some key informants indicated the need for greater advocacy from HQ and field office for the support of information systems and data collection. Much of the success of GAP-related activities in the South West and Central Asia regions seem to be due to the advocacy role played by the GAP Regional Advisor (and other UNODC regional staff) in using the evidence emanating from National Assessment Studies (so-called Rapid Situation Assessment) in a judicious manner. While UNODC has an "Advocacy" Section, it does not appear to have a corporate policy to deal with the advocacy function and its boundaries. As a result, Programme/Project staff are entirely on their own as to whether and to what extent they resort to advocacy as a means of advancing UNODC's mission. A corporate policy on advocacy is therefore recommended. Where appropriate, programme or project proposals should include a section on the advocacy function and the role to be played by staff in this regard.

76. Support for the implementation of GAP would also be enhanced by greater coordination with other UNODC projects. Numerous informants indicated that apart from GAP, demand

reduction and other projects that involve capacity building and the collection and analysis of data on drug consumption have been launched both from UNODC HQ and from Regional and Field Offices. In regions with GAP Regional Advisors, these Advisors have sought to ensure good coordination with these other UNODC projects and in some cases became the project focal point. This has created much-needed synergies between GAP and other UNODC supported projects on demand reduction at the country level. However, in regions where there is now no Regional Advisor there do not appear to be adequate linkages between GAP and other UNODC projects on the ground and these projects seem to have been developed without benefiting from sufficient consultations on technical issues or accurate data. In case of East Africa, in the absence of a GAP Regional Advisor, the Demand Reduction Advisor based in Kenya has actively promoted linkages and synergy between GAP and other demand reduction projects (Annex IV).

2.5 Institutional and management arrangement

77. GAP is the responsibility of the Prevention, Treatment and Rehabilitation Unit (PTRU) of the Global Challenges Section in the Division for Operations. This seems consistent with this unit's mandate. However, several informants have indicated that other UNODC units/sections have expanded their mandates and have overlapping responsibilities particularly in gathering and analyzing drug abuse data. This arises mostly out of people's genuine efforts to gather the information needed and produce the output required to fulfil their perception of management's expectations and the mandate conferred by UNGASS. However, this has lead to some duplication of efforts[35], hoarding of information and organizational friction. Much time and energy is wasted pursuing these issues and/or addressing their symptomatic relief. Therefore, there is an immediate need to clarify the roles of internal units involved in data collection and analysis functions across UNODC both at HQ and in the Field.

78. In addition, a sign off procedure should be considered for all new project/programme proposals, internal documents and publications, as appropriate to better facilitate interaction between internal units. This was recommended by one informant at UNODC headquarters and indirectly suggested by another. The point was made that there is a serious lack of communications across units within UNODC such that there is little or no consultation on projects, documents and publications of common interest. A tighter clearance process with sign off by internal stakeholders prior to reaching upper management would go a long way to resolve issues at the operational level. At the very least, any apparent lack of consensus would focus management's attention on decisions that have to be made prior to release. These processes are very common in large organizations, both public and private. If these steps fail to resolve the issues described, re-organization will need to be considered to bring UNODC's structure more in line with its mandate.

[35] For example an ARQ database developed by GAP overlaps with the database used to create the World Drug Report but the two databases use different software and are reportedly not compatible.

3. OUTCOMES, IMPACTS AND SUSTAINABILITY

3.1 Outcomes

79. The original programme document indicates the following long term outcome objective: " (to) improve international reporting on drug abuse trends to the UN Commission on Narcotic Drugs through existing tools such as the Annual Reports Questionnaire". With respect to this objective the latest World Drug Report (UNODC, 2005 World Drug Report, Volume 2: Statistics) indicates that the number of countries reporting expert assessments of trends in drug use was much higher than in 1992 (102 vs. 52 against a possible total of 197) and this increase appears to have followed the revisions to Part II of the Annual Reports Questionnaire (ARQ) made under GAP and which allowed countries to report expert assessment of trends in illicit drug use. The latest World Drug Report also indicates there has been "some improvements" (page 383) in epidemiological data in recent years and includes some data generated by studies done with technical support from GAP. However, senior staff at UNODC headquarters indicated that no significant global increase in empirical data is expected by 2008 unless GAP is redirected and efforts are made to obtain prevalence estimates for as much of the world as can be covered by this time. There is clearly an urgent need for UNODC to review options, including organizational arrangements, for meeting UNGASS information needs.

80. It would be necessary to monitor data reported on ARQ's over a longer period to know if GAP's long-term goal of improved data at the global level is achieved. GAP has supported the development of international standards for monitoring the demand for illicit drugs and facilitated the reporting of drug demand data. It has also developed relevant methodological Toolkits and other materials. Key informants indicated that they valued these outputs and they are clearly of global relevance. In the long term this could be expected to lead to improved data on drug use at the global level. However, it may be too early to expect any substantial changes in the data submitted by most GAP targeted or other countries exposed to GAP materials. Some GAP materials were not generally available until 2002/2003, and even under the best of conditions and with highly trained researchers it often takes several years to resource, conduct, analyze and report quantitative research. It thus seems unrealistic to expect a GAP-inspired surge in quantitative drug use estimates to have occurred at this point in time.

3.2 Impacts

81. There are indications that new data, directly or indirectly generated with help from GAP has contributed to policy and programming in some countries. In Barbados GAP-related activities seem to have contributed to recommendations for a National Plan being considered by the cabinet that encompasses prevention, treatment, monitoring and research. Key informants in the Bahamas also acknowledged GAP's contribution to a comprehensive nation plan although some were sceptical about the impact of school surveys and emphasis on surveys. Key informants in Kazakhstan also indicated that information generated with assistance from GAP had influenced the thinking of policy makers and in Uzbekistan there were indications that new information on drug use had influenced approaches to treatment. The clearest example of the influence of new epidemiological data on programmes comes from Turkey. Here a National Assessment Study appears to have been one of a series of a

critical event that lead to changes in attitudes to the development of new treatment and outreach programmes and the expansion of government services[36].

82. More information collected over a longer period would, however, be needed to show if improved information on patterns and trends in illicit drug use influences drug prevention policies and programmes. However this will be challenging to assess. In many developed countries the influence of research on policies and programmes is complex. Research is sometimes ignored or misinterpreted and its influence, if any, is rarely direct. Also decisions about policies and programmes are significantly influenced by other factors (political, economic, social)[37]. Analyses of data from the Biennial Reports questionnaire (BRQ) as well as detailed case studies of particular policy and programming decisions will thus be needed to asses the influence of the kinds of research and evaluation promoted by GAP.

3.3 Sustainability

83. It is not known what strategies were used to raise funds for GAP or what funds have been secured for the immediate future. However, the resources available during the first four years fell far short of those originally envisioned ($3.5 million vs. $11 million). Additional funds will be required for GAP to continue and to expand it efforts to other regions and countries. In this regard donors interviewed for this project indicated interest in funding capacity building projects with clear objectives and criteria for success.

84. It was noted above that the sustainability of regional networks has been compromised by a lack of resources for regional initiatives. Funds to revitalize and to provide long-term support for network activities will thus be needed. However, more consideration might be given to the use of technology and the establishment of virtual support networks with links to networks such as the US Community Epidemiology Working Group and the Canadian Community Epidemiology Network on Drug Use and EMCDDA.

85. Staff turnover and the need for new staff to receive training was noted as a concern by some key informants from the Caribbean region, but there were no other indications that GAP-related changes at the country level were in reverse and in general there was movement toward the institutionalization of these changes. However, the sustainability of country level process and structure promoted by GAP will depend on the capacity and willingness of local governments and agencies to provide or secure the appropriate levels and types of resources. This is likely to be variable and subject to the influence of changes in economic conditions as well as government priorities. Ongoing advocacy for information systems is likely to be needed in some cases but local support for these systems may also increase as they generate credible information of value to local decision makers. There is evidence that this is the case, at least in some countries target by GAP (see Impacts).

86. Even where the human resource capacity to collect and process data exist there is likely to be a need for additional resources for some types of studies (especially large scale surveys). GAP, other UNODC projects or other regional or international stakeholders funded all surveys and other significant studies in the countries that received assistance from GAP. In poor countries resources to update these studies and to conduct new studies are likely to be

[36] Other events and processes that appear to have influenced developments in Turkey include that start of negotiations for entry to EU, Turkey's participation in the activities of the EMCDDA, the Pompidou Group and the Council of Europe

[37] Berridge, V., and B. Thom. 1994. “The Relationship between Research and Policy: Case Studies from the Postwar History of Drugs and Alcohol.” *Contemporary Drug Problems* 21 (4): 599-629.

limited and additional help from international donors will thus be needed. In this context it is of note that in both Barbados and Pakistan there have been discussions about using funds and material resources confiscated from drug trafficking to support prevention, treatment, monitoring and research. UNODC advocacy for the use of confiscated resources for theses purposes might thus be considered.

4. MAJOR LESSONS LEARNED AND BEST PRACTICES

87. The focus here will be on lessons learned and best practices directly relevant to the objectives of GAP. Recommendations that reflect these best practices and recommendations that reflect what was learned about the concept, design and implementation of GAP and some broader issues will follow.

1. The long-term assignment of a qualified Regional Advisor with local knowledge is essential for country-level data collection capacity development.

Regional Advisors have been energetic and creative and are essential to the success of regional and country level capacity development. They have provided training and provided technical support for a wide range of projects and contributed to a common understanding of data collection and data analysis. Invariably, key informants expressed satisfaction and indeed, gratitude, for the technical assistance and general guidance provided by the GAP Regional Advisors. The long-term involvement of a Regional Advisor to advocate for improved data collection and for data-based policies and programmes was also a key success factor for GAP in the South West and Central Asia Region.

It is also important to note that it has taken a long time for developed countries to establish fully functioning national and regional epidemiology networks that contribute significantly to programme and policy development, training and evaluation. Consequently, it is unrealistic to expect that GAP would lead to such networks in developing countries in a matter of a few years. Further building capacity in national drug abuse assessment requires the existence of a solid research capacity within the country and this is lacking in many countries.

2. ***The influence of technical support on data collection capacities, programmes and policies is greatest when this is directly relevant to stakeholder needs and/or provided in the context of well-conceived studies with clear results and implications for polices and programmes.***

Examples include training for the completion of the ARQ that lead to more countries completing this questionnaire and the National Assessment Studies (NAS) and the Information, Needs and Resource Analysis (INRA) conducted in South West and Central Asia. These lead to a better understanding of the drug situation and to significant changes in decision-maker attitudes. This in turn provided political support for on-going surveillance systems and lead to improvements in demand reduction programmes and policies.

Technical support for other new data collection initiatives such a school surveys also provided opportunities for 'hands on' learning to give those involved a sense of ownership of the data. "*It's not just something done by a consultant … and it increases motivation to do something, as well as generating new data*" (GAP Regional Advisor).

3. Advocacy is needed for the use of epidemiological data and the development of enhanced monitoring systems.

Changes in attitudes, programmes and policies do not come solely as a result of the availability epidemiological data. One of the main findings in the South West and Central Asia region is that GAP and related UNODC activities have been highly successful at changing decision-makers' attitudes regarding the need for demand reduction responses and the necessity to establish on-going national systems to assess the nature, extent and

consequences of drug consumption. Much of that success is attributable to the advocacy role played by the GAP Regional Advisor (and other UNODC regional staff) in using the evidence emanating from National Assessment Studies (so-called Rapid Situation Assessment) in a judicious manner. In other regions, Regional Advisors were only present for two years or less and thus had less time to advocate for change.

4. Where resources are limited it is essential to capitalizing on opportunities created by other capacity development and data collection initiatives.

GAP directly funded some new data collection projects but many of the studies conducted with assistance from GAP Regional Advisors were primarily financed by non-GAP funding sources. Regional Advisors have thus capitalized on the opportunities these other-funded studies created to work with local stakeholders and to provide training and support consistent with GAP's objectives. This "diversified" approach was creative and appropriate and may be applicable to other UNODC global programmes that have funding constraints.

5. RECOMMENDATIONS

88. These recommendations are listed in order of importance. They encompass issues relating to GAP and also some broader issues concerning UNODC.

1. UNODC management should give urgent attention to adopting a comprehensive corporate response to the UNGASS mission across its various dimensions, preferably within the ambit of a multi-year corporate strategic plan.

- *As regards drug use data collection and analysis, the first step should be an inventory of current and past efforts.*
- *Merits may also accrue from placing all data collection and analysis for drug consumption under one umbrella, possibly under GAP, along with performance indicators and the assignment of responsibility for implementation to the appropriate unit(s)/section(s) within UNODC.*
- *It would also be desirable to develop a comprehensive component within a multi-year UNODC strategic plan for future regional and country level initiatives as regards capacity building and data collection that will eventually encompass 85-90% of the world's population.*

Rationale

GAP contributes to the UNGASS expectations that UNODC would assist Member States to compile reliable and internationally comparable data and the emphasis has been on the development of methods and resources that promote, support and facilitate reporting of epidemiological data and on increasing the capacity of member states to collect, process, use and report such data. Although GAP-funded and other projects for which GAP has provided technical support have generated new estimates of the prevalence of illicit drug use in school populations, populations in treatment, high risk groups and, in a few cases, in the general population it had limited resources for data collection and the main focus was on capacity development. There are other UNODC projects that have had data collection and capacity development objectives but interviews with senior managers at UNODC headquarters suggested that these projects do not even in aggregate, constitute a comprehensive response to UNGASS needs for improved demand reduction strategies and programmes. There is little or no information on the nature and extent of drug use in such large population basins as China, Indonesia, Brazil, Nigeria and Russia. Needless to say, if left unaddressed, this situation will present a serious challenge when the time comes to prepare UNODC's progress report in 2008.

2. Continue to support GAP as a capacity building program setting realistic and measurable outcomes for specific regions and countries including objectives to ensure the sustainability of hoped for changes.[38]

- *Ensure good coordination with other capacity development initiatives.*
- *The assistance must be tailor made for the development level and capacity of individual countries. This means that a consultative and participatory approach must be adopted in the identification of needs and GAP activities.*
- *A different programme focus must be developed for countries that have limited capacity to absorb technical cooperation activities.*
- *Develop clear exist strategies for Regions*

Rationale

There is evidence that GAP contributes to capacity development at the country level and that the promotion of regional networks is appropriate. However, at least in East Africa there were other initiatives with capacity development objectives that were reported as being poorly coordinated with GAP. This was, perhaps because the Regional Advisor was not physically based in the region.

The countries targeted by GAP and those that have yet to receive any capacity development assistance different in many respects and thus have different needs. Many have very few resources and will need help over a long period.

3. Place greater emphasis on the recruitment and long-term support of qualified Regional Advisors with local knowledge.

Rationale

Regional Advisors with local knowledge are essential to the success of regional and country level capacity development initiatives. The long-term assignment of a full time advisor was a key success factor for GAP in the South West and Central Asia Region.

4. Use a combination of implementation strategies that include advocacy, training and capacity building.

- *Give priority to capacity building in the context of launching national studies that generate new data on the nature, extent and consequences of illicit drug use.*
- *Capitalize on opportunities created by other capacity development and data collection initiatives.*

[38] Work plans for the South West and Central Asia and North Africa and the Middle East are exemplary in this respect.

Rationale

The influence of GAP as a capacity development initiative has been greatest when

- Well-conceived, new[39] types of studies are conducted and these have clear results with implications for policies and programmes.
- There is advocacy for the use of epidemiological and administrative data and the development of enhanced monitoring systems.
- Well-targeted training assistance is provided in the context of new data collection initiatives.

GAP and Regional Advisors have also capitalized on the opportunities created by other capacity development and data collection initiatives to work with local stakeholders and to provide training and support consistent with GAP's objectives. This "diversified" approach was creative and appropriate and may be applicable to other UNODC global programmes that have funding constraints.

5. Consider developing a horizontal information management strategy with a view to looking at information as an essential resource, on the same level as people and money.

Rationale

Interviews with informants at UNODC HQ revealed that information sharing tends to occur on request and that there is no over-arching corporate information management strategy to guide the collection, organization, sharing and analysis of one of UNODC's most precious assets: INFORMATION.

6. Clarify the roles of all those involved in GAP and related activities both at HQ and in the Field.[40]

- *Identify all offices and functions within UNODC which deal with data collection, assessment and use in the area of drug consumption.*
- *Develop a sign off procedure for all new project/ programme proposals, internal documents and publications to ensure an effective coordination.*

Rationale

Interviews conducted at UNODC headquarters and in the field indicated that there are units within UNODC with overlapping mandates and responsibilities for data collection and this contributes to problems of coordination, some duplication of efforts, the hoarding of information and organizational friction.

A tighter clearance process with sign off by internal stakeholders prior to reaching upper management would go a long way to resolve issues at the operational level. At the very least, any apparent lack of consensus would focus management's attention on decisions that have to be made prior to release. These processes are very common in large organizations,

[39] New in context – e.g. a first time INRA or National Assessment Study.

[40] This recommendation addresses an issue for UNODC at large and it is recognized that it would be difficult for GAP staff to act on this recommendation without involving senior management.

both public and private. However, it is recognized that a tighter clearance process needs to be reconciled with the process of decentralization currently being advocated in order to give more responsibility to Field Offices.

7. Consider linkages with other networks with an online presence and the development of an internet-based peer and expert support system for stakeholders in GAP regions/countries.

Rationale

Resources to support face to face regional events are limited and several key informants recommended that internet based peer support systems be considered. Within established the networks (CEWG, CCENDU, EMCDDA) there are many individuals with experience in the conducted of epidemiological research and related issues who may be willing to offer timely advice through the Internet.

8. ***Continue to promote the need for data on key indicators and completion of Part II of the ARQ.***

Rationale

GAP supported the development of an international consensus on key indicators of the demand for illicit drugs. As more data relevant to these indicators are collected and reported in Part II of the ARQ, the magnitude and trends in the demand for illicit drugs will become clearer.

9. Continue to improve and promote the toolkits and complete their translation to Russian and Arabic.

Rationale

Toolkits reflect and promote best practices and are highly regarded by those familiar with them The GAP/HQ team have also commission a user-friendly compilation of the toolkits on paper an also a cd-rom to make the toolkits accessible to more people for use in the context of training exercises in developing countries. The Pompidou Group, Council of Europe, have also produced scaled-down version of UN instruments. However, additional modules may be needed for end users with very limited research capacity and for other stakeholders with very few resources.

Several requests were made for version of the toolkits in Arabic and Russia and it is understood that on all modules except #1 and #5 are currently available in these languages Russian and Arabic. Translations of these other modules would clearly be desirable and it is understood that these are forecasted or underway.

10. Review fund raising options and consider ways to make the programme of greater interest to donors.

- *Develop future performance indicators for minimum level of funding coupled with options or modules contingent on funding.*
- *Protect resources earmarked for GAP*.

- *Define the boundaries of GAP that recognize the GAP HQ team's work on the analysis of the Biennial Reports Questionnaire.*

Rationale

Donors interviewed indicated interest in funding projects with specific objectives and indicators of success.

UNODC staff informants both in the Field and at Headquarters indicate that, over and above GAP, much of their time is spent on other projects and/or core activities including, analysis of the Biennial Reports Questionnaire. In one instance 60% of the person's time was reported as being spent on non-GAP activities while the post and funding are attributed to GAP.

11. Update the program document and website and develop a programme logic model.

Rationale

The objectives as stated in the programme document are not all appropriate and realistic and there is no specified time frame within which objectives will be achieved. Further, it is not clear what indicators should be used to monitor progress and assess the attainment of outcome objectives and there are no specific evaluation plans. Finally, there is no programme logic model that identifies key components and their relationships and no indication of the underlying theory(ies) of change.

12. Develop a database to monitor activities and progress at the regional and country level drawing on a revised programme document that more clearly indicates short and long term objectives and includes indicators of success.

Rationale

This is essential to ensure that the programme can give an account of its activities and achievements and to satisfy the needs of the stakeholders, the donors and ultimately the UN - the programme originator. Currently there is no central database of activities and outcomes and some progress reports mainly describe activities and outputs and not outcomes. Further the information provided in these reports is not comparable across regions or countries.

13. Develop a system of time tracking for all UNODC activities so it can accurately report on resource utilization and use such information judiciously for management purposes.

Rationale

UNODC staff informants both in the Field and at Headquarters indicate that, over and above GAP, much of their time is spent on other projects and/or core activities. However UNODC does not appear to have any means of tracking human resource inputs accurately when people are assigned to several projects/programmes and core activities at the same time. This means that the inputs to GAP and other projects cannot be defined.

6. OVERALL CONCLUSIONS

89. GAP has been successful with respect to the objective of developing a system to encourage and facilitate the collection of comparable indicators of illicit drug use. Toolkits and training modules that promote and support the use of this system have been developed. GAP has reported annually to the CND on the world situation regarding drug use, and biennially on Member States' responses to demand reduction. It has provided at least some assistance to 62 countries with the aim of increasing the capacity to collect, process, use and report data on the prevalence and nature of illicit drug use.

90. The Programme, however, does not have a clear, strategic global plan and there are some significant concerns about the original programme documents. Many countries targeted by GAP (especially those in Africa) will need considerable assistance and more resources before they become self sufficient with respect to the collection, processing, use and reporting of standardized data on drug use. Also, even when the capacity to collect data exists, new resources will generally be needed to undertake surveys and other significant projects.

91. It is difficult to disentangle the influence of GAP from other projects, activities and events that have been assisted by the Advisors. However, GAP's capacity development activities - especially technical support and advocacy - has been generally appreciated and has contributed to establishing and/or improving data collection systems and related networks in at least some of the countries targeted. Five regional support networks were established and/or supported but sustainability is/was a concern in all cases and two networks established during the GAP years are no longer very active. GAP Regional Advisors have been energetic and creative, and are essential to the success of regional and country level capacity development.

92. There are some indications of progress toward improved global information on the magnitude and trends in illicit drug use. However, it is too soon to know if or how improved epidemiological data will impact policy/programme development at the Global level. It does not seem likely that there will be a significant global increase in empirical data by 2008. There is therefore an urgent need for UNODC to review options for meeting UNGASS information needs for information on global trends in the magnitude of illicit drug use from 2003-2008. There is also a need for UNODC to consider issues of project development and approval, information management and internal coordination of projects and activities with overlapping objectives.

93. There is a need for a new vision for UNODC's regional and country capacity development initiatives that recognizes the essential roles of Regional Advisors and includes a strategic plan to ensure the greatest attention to regions and countries with the greatest needs and where little is known about illicit drug use. Consideration should also be given to the use of technology to achieve this vision. Clear, measurable, short and longer term objectives and indicators of success should set at all levels and critically assessed to ensure that they are realistic, achievable and relevant to longer term goals. The use of a logic model analyses will contribute to this process and may indicate the need to add or strengthen some components such as advocacy. The new vision should also clearly define the boundaries of GAP and it links with other programmes and include an evaluation plan that leads to the creation of a database to record activities and accomplishments using standard indicators.

ANNEX I. EVALUATION TERMS OF REFERENCE

UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

THE EVALUATION OF THE GLOBAL ASSESSMENT PROGRAMME ON DRUG ABUSE (GAP)

TERMS OF REFERENCE

Programme Title: Global Assessment Programme on Drug Abuse (GLO/E69)

1. Background

The Twentieth Special Session of the General Assembly (UNGASS) in 1998 adopted the Political Declaration that calls for significant reduction in illicit drug production, trafficking and abuse in the world by the year 2008.[41] UNODC (then UNDCP) has since then launched several initiatives in response to UNGASS goals. One of them, in the area of drug demand reduction, is the Global Assessment Programme on Drug Abuse (GAP).

The GAP Programme was initially envisaged to run for duration of four years (August 2000 to August 2004), with the Programme objective "to establish a system for Member States of the United Nations to assess the magnitude and trends in illicit drug abuse at the country, regional and global level."[42] The Programme aims at, through one global support function and nine regional sub-programmes, helping Member States establish data collection systems in their countries and providing analytical capacity among drug policy makers and drug control agencies.[43]

The Programme sets forth the following specific goals to achieve at national, regional, and global levels ("GAP Programme Framework" from the Programme Document):

1) National Level: Establish between 25-30 fully-equipped and trained national drug abuse assessment systems capable of:
    - Collecting drug abuse data;
    - Analyzing national trends and patterns of drug abuse;
    - Supporting the development and evaluation of demand reduction policies and programmes; and
    - Encouraging other countries in the region to develop national drug abuse information systems, through training and technical advice about indicators and methods for data collection and analysis.

2) Regional Level: The Programme will:
    - Adapt data collection and assessment methods to the cultural and social conditions of the different regions; and
    - Establish regional networks to share experience, coordinate training and develop greater analytical capacity to understand regional drug abuse problems.

[41] "Political Declaration: Guiding Principles of Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem," UNGASS, 8-10 June 1998.
[42] The Programme Document, "Global Assessment Programme on Drug Abuse," signed by then the UNDCP Executive Director, Mr. Pino Arlacchi, on 7 June 2000.
[43] Nine regional sub-programmes envisaged are in Central & West Asia, South Asia, East & South East Asia, Eastern Europe & Russian Federation, Latin America, The Caribbean, North Africa & the Middle East, West & Central Africa, and East & Southern Africa.

3) International Level: The Programme will:
    - Establish a set of comparable core indicators on illicit drug abuse;
    - Develop cost-efficient methods to collect and analyze drug abuse data at the national, regional, and global levels;
    - Provide information for the design and evaluation of demand reduction policies and programmes;
    - Improve international reporting on drug abuse trends to the UN Commission on Narcotic Drugs through existing tools such as the Annual Reports Questionnaire; and
    - Provide a forum for discussions on methodological developments and standardization of indicators, by holding regular technical meetings and a Global Conference on Drug Abuse Trends.

The Programme strategy states that the implementation of GAP should be guided by four principles:

- Focusing its activities on national capacity building;
- Working closely with regional epidemiological networks such as the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), the Inter-American Drug Abuse Control Commission (CICAD), and the World Health Organization (WHO);
- Employing methods and practices that are fully-transparent and conform to recognized standards of good practice; and
- Ensuring that the data collection and assessment system be compatible with existing reporting mechanisms of the UNGASS (through, for example, the Annual Reports Questionnaire, etc.) and regional entities (e.g. the European Union and CICAD).

The Programme is envisaged to produce various instruments in achieving its objectives:

- Core indicator packages that will address topics such as drug abuse among general population, youth, and high-risk groups;
- Methodological tool-kit that will provide the description of each core indicator, and suggested methods of data collection that will meet the local conditions;
- Information resources and needs analysis within each priority country;
- Regional network development (if absent in a region) and collaboration; and
- Training on specific technical topics at national and regional levels.

Since its inception, the Programme has achieved various results, including the following:[44]

- Training, situation analyses and network establishment in 55 countries;
- Surveys on population, schools, problem drug users, treatment demand and HIV in 58 countries;
- In-depth studies in 29 countries to assist Governments with few prevalence data in developing policy and designing programmes;
- Support for the establishment of a regional network in Central Asia, East Africa, Southern Africa and the Caribbean;
- Contribution to the establishment of core indicators on drug abuse (Lisbon 2000);
- Development of a tool kit in collaboration with regional epidemiological networks and international organizations, e.g. EMCDDA and WHO, for assisting Governments in compiling comparable treatment data;
- Two global conferences on data collection and standardization of indicators ("Global Workshop on Drug Information Systems – Activities, Methods and Future Opportunities" in

[44] "World situation with regard to drug abuse," the Report of the Secretariat, CND 48th session (E/CN.7/2005/3), page 19, and GCS documents, "Summary of areas of GAP assistance" and "GAP coverage and outputs (situation in March 2005)."

December 2001 and "Global Workshop on Treatment Demand Indicators" in December 2003); and

- Reporting on the global drug abuse situation to the Commission on Narcotic Drugs on a regular basis[45], as well as the provision of epidemiological expert services to UNODC World Drug Report / Global Illicit Drug Trends.

As of March 2005, GAP is an ongoing programme at UNODC (under project number GLO/E69).[46]

2. Evaluation Purpose

The present evaluation is conducted as part of the 2005 in-depth thematic evaluations of the UNODC Independent Evaluation Unit.

The primary purpose of the present evaluation is to assess the following: the relevance and appropriateness of programme concept and design, as well as the process of programme implementation, and the extent to which the Programme has achieved its objectives so far (See Section 3. Evaluation Scope below for more detailed questions to be addressed).

The stakeholders of this evaluation are UNODC, beneficiary countries, donors and GAP's collaborating partners at the national, regional and international levels. The evaluation seeks to draw lessons and best practices that can be used to improve programme design and implementation strategy that fully meet the objectives of the Programme.

All Member States, based on the UNGASS decision, are required to report on their status of the progress of UNGASS goals and targets to the Commission on Narcotic Drugs (CND) on a regular basis (biennial).[47] The overview of the world trends in drug abuse has also been regularly reported to the CND by UNODC.[48] Findings and results from the present evaluation can be used, where appropriate, as an input to the ongoing reviews of the progress of UNGASS goals.

3. Evaluation Scope

UNODC had long been active in the area of drug demand reduction before the adoption of the Political Declaration by the 1998 UNGASS.[49] This evaluation specifically focuses on UNODC's initiatives under GAP, reviewing its projects and activities executed during the period from the Programme inception (2000) to present (2005). The geographical coverage of the evaluation will be multi-regional, including Central Asia, East Africa, Southern Africa, and the Caribbean, four regions for which GAP helped establish a regional network.

[45] The Annual Reports Questionnaire (ARQ) Part II.
[46] Sub projects have been registered as completed in Iran, Turkey and Barbados, and ongoing in Egypt, Senegal and Uzbekistan (ProFi project information for GLOE69, 25 Jan 2005).
[47] Through the Biennial Reports Questionnaire (BRQ).
[48] Through the Annual Reports Questionnaire, Part II, "Drug Abuse."
[49] By the UNODC's predecessor organizations, e.g. UNDCP.

The evaluation will attempt to address the following two key issues:

1) Establishing the Relevance and Appropriateness of Programme Concept and Design through:
    - Understanding the overall context set by UNGASS, its goals and action plans required of Member States/UNODC;
    - Reviewing the response taken by UNODC, particularly on the process of formulating GAP in direct response to demand reduction initiatives (e.g. what type of programmes did UNODC develop in response to the UNGASS goals; and what was GAP expected to achieve? etc.); and
    - Determining the appropriateness of the programme logic and approach used, i.e. strategy and implementation process by which the programme attempts to achieve its objectives (e.g. identifying the intended objectives, supporting projects/activities, input requirements).

2) Assessing the Programme Achievement and Implementation Processes through:
    - Establishing preliminary results as of today (e.g. to what extent has GAP achieved its stated objectives; completed its planned project/activities; helped Member States establish data collection systems in their countries and provide analytical capacity among drug policy makers and drug control agencies; improved a reporting mechanism of Member States on drug abuse and trends to UNODC; and overall contributed to achieving the UNGASS goals?);
    - Examining process issues (e.g. efficiency of resource utilization; the role played by HQ, field offices, beneficiary countries, regional networks, donors and other key programme partners; quality and quantity of managerial support and coordination mechanisms; potential bottlenecks in smooth planning and implementation of activities; and sustainability); and
    - Identifying areas of best practices and potential weaknesses, and making recommendation to be fed back into the ongoing programme.

The final evaluation report of GAP will be written in accordance with the "UNODC Standard Format and Guidelines for Evaluation Reports."

4. Evaluation Methods

GAP is a large programme that consists of several different types of assistance, covering nearly 60 countries worldwide. The evaluation will be carried out in accordance with a detailed work plan and methodology (including a sampling strategy) to be developed by the evaluation team leader. The evaluation will include the following activities:

- Documents review and analysis;
- Interviews with key informants, including relevant UNODC staff, government officials, GAP regional network staff, donors, NGOs, relevant UN agencies, and individual beneficiaries, where possible (through person-to-person interviews or by telephone);
- Field visits;
- Member States Surveys;
- Participatory observation and rapid appraisal; and
- Comparative analysis with similar programmes/projects implemented by other international organizations.

5. Evaluation Team Composition

An independent evaluation team, that has had no prior involvement with the GAP Programme during its design and implementation phases, will be formed and carry out the evaluation.

The team will be composed of three external consultants/evaluators, as well as Evaluation Officers from the UNODC Independent Evaluation Unit (IEU). The external evaluators will be professionals who have expert knowledge and experience in the areas of drug abuse and programme monitoring and evaluation techniques. The team will collectively have:

- Technical knowledge and expertise on issues concerning drug demand reduction and drug abuse;
- Knowledge and familiarity with various evaluation methods and techniques; and
- Experience and knowledge of the UN system, particularly UNODC.

One of the external evaluators will serve as the team leader (Lead Consultant), who will coordinate all relevant tasks to be carried out by the external evaluators. He/she will be charged to put together a final comprehensive evaluation report, with inputs to be made by all team members (See Section 7 below for the detailed work description for evaluators).

6. Planning and Implementation Arrangements

The GAP evaluation begins its preparatory work in March 2005. The overall exercise should be completed by the end of September 2005. A tentative calendar of activities is shown below:

DATE	**ACTIVITY**	**STAFF / TEAM**	**LOCATION**
14-29 March	• Initial consultation with Global Challenge Section/GAP • Collection of relevant documents • Confirmation of budget with donors • Development of evaluation terms of reference	IEU, GCS	UNODC Vienna
April-May	• Identification of consultants • Confirmation of availability of candidates • HR recruitment process of consultants	IEU, HR	UNODC Vienna
13 June – 11 July	• Document analysis and development of an evaluation work plan and survey instruments • Visit of LC to UNODC Vienna • Finalization of evaluation methodology • Announcement of the evaluation to the field offices	Lead Consultant (LC) IEU	Home based UNODC Vienna
4 July – 29 Aug	• Member States Survey (tbd) • Analysis of survey results	LC, IEU	

DATE	ACTIVITY	STAFF / TEAM	LOCATION
27 June – 25 July	• Review of documents (all consultants) • Preparation of field work	Consultants, IEU	
11 July – 5 Sept	• Field work • Post-field work briefing (tbd)	Consultants, LC, IEU	TBD[50]
8 Aug – 12 Sep	• Preparation of individual reports and submission to the Lead Consultant	Consultants, LC, IEU	
12-26 Sept	• Preparation of a draft report ("draft 0") and submission to IEU	LC	
26 Sept-3 Oct	• Review of draft 0	GCS, IEU	
3 -10 Oct	• Making modifications to draft 0 and submission to IEU ("draft 1)"	LC	
10-24 Oct	• Circulation of draft 1 and solicitation of internal feedback	IEU, GCS	
24-31 Oct	• Finalization of the report	LC	
31 Oct-7 Nov	• UN editing	UN	
7-14 Nov	• Distribution of the final report (UNODC/Member States)	IEU	

7. Consultants Tasks, Expected Outputs, Performance Indicators and Qualifications

Consultant Tasks -

Each consultant is assigned to work on a specific region, visiting relevant countries selected for the evaluation. Staff from IEU will also participate in the field work. The team leader (Lead Consultant) will be responsible for the preparation of a final global report which incorporates all major findings, lessons learned, and recommendations provided by the team members in their individual reports.

1. Lead Consultant (Evaluation Team Leader)

(a) Review relevant background materials on GAP and UNGASS/CND (request additional documents, as needed);
(b) Develop an overall evaluation plan, methodology and relevant instruments (e.g. Member States survey, regional/country profile outline);
(c) Attend briefings at UNODC Vienna;
(d) Coordinate activities with the team members, and set up meeting appointments and interview schedules with assistance of UNODC staff;
(e) Visit the selected countries, meet, and interview all relevant personnel;
(f) Prepare a regional/country profile (tbd);
(g) Attend a briefing in Vienna to present initial findings from the field work (tbd);
(h) Prepare a draft GAP evaluation report (draft zero), incorporating major results and findings provided by all team members[51]; and

[50] Countries for field work will be selected in collaboration with GCS and Lead Consultant.
[51] See "UNODC Standard Format and Guidelines" for the reporting format.

(i) Finalize the GAP report, incorporating comments and feedback on the draft report to be provided by the internal peers.

2. Evaluation Consultants

(a) Review relevant background materials on GAP and UNGASS/CND (request additional documents, as needed);
(b) Provide comments on the methodology (instruments) to be developed by the team leader;
(c) Individually develop a schedule of activities for the assigned regions/countries, and submit it to the team leader;
(d) Set up meeting appointments and interview schedules for the field work;
(e) Visit the selected countries, meet, and interview all relevant personnel;
(f) Prepare regional/country profiles (reports), as well as any other inputs that might be required by the team leader for the final report, within two weeks of the completion of the field work; and
(g) Provide any additional assistance and input as needed.

Expected Outputs from Consultants -

(a) A detailed evaluation framework, along with specific evaluation methodology and instruments (Lead Consultant);
(b) Individual regional profiles and inputs in accordance with the evaluation framework, and as required by the Lead Consultant (all team members);
(c) A draft GAP report (Lead Consultant, input provided by all team members); and
(d) A final GAP report, incorporating all comments and feedback on the draft report provided by internal peers (Lead Consultant).

Performance Indicators -

The performance of each consultant will be assessed based on the following:
(a) Each consultant will have produced individual work plans and schedules for the evaluation before going to the field;
(b) Each consultant will have made arrangements for field travels for selected countries according to the plan;
(c) Each consultant will have produced a report of a quality acceptable to the Lead Consultant and the Chief of IEU, in English, within the agreed timeframe;
(d) The team leader will have produced an evaluation work plan, instruments and a final report that is acceptable to the Chief of IEU, within the stipulated timeframe, and in accordance with the provided report outline.

Qualifications of Evaluators -

Candidates will have a minimum first degree and a minimum of 12 years of relevant work experience in at least one of the following fields:

- Drug Abuse / Drug demand reduction / Treatment and rehabilitation
- Epidemiology / Public Health / Behavioural Psychology / Social Science
- Programme Evaluation and Monitoring
- Social and Welfare work with regard to drug abuse

8. Attachments

Project Document (dated 7 June 2000)
GAP Coverage and Outputs (March 2005)
Other Project-related Reports/Documents (APPRs, reference materials)
Guiding Principles for Evaluations at UNODC
UNOD Standard Format and Guidelines for Project Evaluation Report
Summary Assessment Questionnaire

ANNEX II. LIST OF INFORMANTS

Donors and Other GAP Stakeholders

Ms. Alison Crockett	First secretary, Permanent Mission of the UK to the UN
Ms. Christina Gyna Oguz	Ministry of Health, Sweden
Ms. Maristela Monteiro	Regional Advisor on Alcohol and Substance abuse Pan American Health Organization
Mr. Yves Beaulieu	First secretary, Permanent Mission of Canada to the International Organizations in Vienna

UNODC Staff based in Vienna

Mr. Sandeep Chawla	Chief, Policy Analysis and Research Branch
Mr. Ross Deck	Chief, Global Challenges Section
Mr. Stefano Berterame	Officer-in-Charge, Prevention, treatment and Rehabilitation Unit
Mr. Riku Lehtovuori	Drug Abuse epidemiologist, Prevention, Treatment and Rehabilitation Unit
Ms. Sumru Noyan	Director, Division of Operations
Mr. Rob Boone	Chief, Human Security Branch
Mr. Thomas Pietschmann	Research officer Research and Analysis Section
Mr. Wolfgang Rhomberg	Database Analyst, Research and Analysis Section
Ms. Aruna Nathwani	Research assistant, Research and Analysis Section
Mr. Flavius Roversi	External Relations Officer, Co-financing and Partnership Section
Mr. Ugi Zvekic	Chief, Strategic Planning Unit
Ms. Catherine Volz	Chief, Treaty and Legal Affairs Branch
Mr. Ulrich Hausermann	Associate Expert, Europe and West/Central Asia Section
Mr. Eduardo Vetere	Director, Division for Treaty Affairs
Mr. Andres Finguerut	Chief, Commissions Secretariat Section
Ms. Renate Weidinger	Documents Assistant, Commissions Secretariat Section
Ms. Michaela Bichler	Meetings Services Assistant, Commissions Secretariat Section
Mr. Chris Van Der Burgh	Chief, Africa and Middle East Section
Ms. Muki Daniel Jerneloe	External Relations Officer, Co-financing and Partnership
Mr. Ken Eriksson	Chief, Financial Resources Management Services
Mr. Shariq Raza	Chief, South/East Asia and the Pacific Section
Ms. Stefanie Eichhorn	Programme Management Officer, Latin America and the Caribbean Section

Caribbean Region

CAREC

Dr. C. James Hospidales	Director, Caribbean Epidemiology Centre, Port of Spain, Trinidad

OAS/CICAD

Mr. Ken Garfield Douglas	National Drug Commission, Bermuda. Formally coordinator of DAESSP
Ms. Anna Chisman	Chief, demand reduction section

EMCDDA

Dr. Paul Griffiths	Head, Situation Analysis Programme
Dr. Jennifer Hillebrand	Formally Regional Advisor, Caribbean Region

Trinidad and Tobago

Ms. Jessie Joseph	Acting coordinator, National Drug Abuse Prevention Programme, Port of Spain, Trinidad
Ms. Ayanna Gaspard	Research officer, National Drug Abuse Prevention Programme, Port of Spain, Trinidad

Barbados

UNODC

Ms. Simonetta Grass	Assistant representative
Mr. Ricardo Yearwood	Former project assistant, Global Assessment Project

Other

Dr. Ermine Bell	Psychiatrist, Psychiatric Hospital, Bridgetown Barbados
Ms. Tessa Chatteron-Shaw	Manager, National Council on Substance Abuse, Barbados
Ms. Maryam Hinds	Director Barbados Drug Services, Barbados.
Ms. Cindy Clarke	Counsellor, Verdun House, Barbados
Ms. Jacqui Lewis	Clinical Director, Verdun House, Barbados
Dr. Brian Charles	Consultant, Accident and Emergency Department
Mr. Purnell Clarke	Formally with Barbados National Council on Substance Abuse

The Bahamas

Mr. William Weeks	Co-Chairman, The Bahamas National Drug Council
Ms. Marcia D.G. Munnings	Acting Executive Director, The Bahamas National Drug Council, Nassau
Ms. Willamae T. Stuart	Project Administrator, The Bahamas National Drug Council
Mr. Terrance Fountain	Epidemiologist, Health Information and Research Division, Ministry of Health.
Mr. Peter Deveaux-Isaacs	Under secretary, Ministry of National Security
Ms. Camille Deleveaux	Epidemiologist, Health Information and Research Unit, Ministry of Health
Ms. Nanika Braithwaite	Epidemiologist, Health Information and Research Unit, Ministry of Health

Grenada

Mr. Deanne Roberts	Researcher
Mr. Rodriguez James	Deputy Head, Drug Squad
Mr. Alister Antoine	Epidemiologist, Ministry of Health
Mr. Dave Alexander	Coordinator of National Assessment Service

South West and Central Asia

Uzbekistan

UNODC

Mr. James Callahan	Regional Representative for Central Asia, UNODC
Mr. Kamran Niaz	GAP Regional Epidemiological Adviser, UNODC
Mr. Mirzakhid Sultanov	HIV/AIDS Adviser, UNODC

Other

Mr. Kamol Dusmetov	Director of the National Information-Analytical Centre on Dug Control under the Cabinet of Ministers Republic of Uzbekistan
Mr. Alexandr Artemov	Head of Statistical/Information Unit, National Information-Analytical Centre on Dug Control under the Cabinet of Ministers
Mr. Mokiy Andrey	Senior inspector of Coordination Unit at the National Information-Analytical Centre on Drug Control under the Cabinet of Ministers Republic of Uzbekistan
Ms. Elena Popova	Deputy Chief Doctor, Tashkent Narcological Dispensary
Mr. Igor Bokun	Monitoring Specialist and Consultant, Tashkent Narcological Dispensary
Ms. Elena Portnykh	Data Collect Specialist, Tashkent Narcological Dispensary
Mr. Jurat Umargaliev	Head of Medico-Social Problems Department, Chief Expert of Ministry of Health

Kazakhstan

Mr. Sagat Altynbekov	Republican Centre for Applied Research on Psychiatry, Psychotherapy and Drug Addiction (Almaty); Chief Expert in Narcology of Ministry of Health
Mr. Yuriy Rossinsky	Republican Scientific and Practical Centre for Medical and Social Problems of Drug Abuse, Head Psychotherapist, Pavlodar
Mr. Alexandr Ramm	Republican Scientific and Practical Centre for Medical and Social Problems of Drug Abuse, Head of Information and Analyze Department
Ms. Saule Dikanbayeva	Vice Minister, Ministry of Health, Republic of Kazakhstan
Ms. Aigul Tostanova	Chief Expert of the Ministry of Health on Psychiatry and Narcology
Mr. Almaz Mukhamedjanov	Deputy Director, Committee on Legal Statistics under the General Prosecutor's Office, Republic of Kazakhstan
Mr. Sanat Issayev	Head of International Relations Department, the General Prosecutor's Office
Ms. Maigul Kemali	Officer-in-Charge, Head of Analytical Department and Legal Regulations, Committee on Legal Statistics under the General Prosecutor's Office
Mr. Grigory Prischep	Committee on Legal Statistics under the General Prosecutor's Office
Mr. Anatoliy Vyborov	Vice-Minister, Chairperson of the Committee for Drug Organized Crime and Drug Trafficking Control, Ministry of Internal Affairs
Ms. Elena Aitbayeva	Deputy Chief of Dep., Police Major, the Committee for Drug Organized Crime and Drug Trafficking Control, Min. of Internal Affairs

Mr. Askar Isagaliev	Deputy Chairman, the Committee for Drug Organized Crime and Drug Trafficking Control, Min. of Internal Affairs
Mr. Nurlan Karabekov	Deputy Chairman, the Committee for Drug Organized Crime and Drug Trafficking Control, Min. of Internal Affairs
Mr. Ivan Dobryshin	Head of the International Cooperation and Inter-Agency Coordination, the Committee for Drug Organized Crime and Drug Trafficking Control, Min. of Internal Affairs

Turkey

Mr. Celal Bodur	Director, Turkish International Academy Against Drugs and organized Crime
Mr. Ilhami Huner	Head, Turkish Monitoring Centre for Drugs and Drug Addiction and National Focal Point for EMCDDA drug information network
Mr. Bekir Keskikilic	Director General , Treatment Services Ministry of Health
Dr. Altay Koken	Former AMATEM (treatment services) Officer Responsible for INRA and assessment study in Ankara
Ms. Ceren Vanlioglu	Directorate General for Security Affairs Ministry of Foreign Affairs

Pakistan

Telephone

Mr. Syed Mohib Asad	Former Deputy Director General Anti Narcotics Force

Face-to-face

UNODC

Mr. Yusaf Mahmood	Officer in charge UNODC Field Office in Pakistan

Other

Major General Jaffery	Director General Anti Narcotics Force
Brig. Sikander Ali	Deputy Director General Anti Narcotics Force
Mr. Anwer Hafeez	Director Anti Narcotics Force
Mr. Iftikhar Gillani	Deputy Director, Regional Directorate .Anti Narcotics Force
Mr. Ismail Hassan Niazi	Secretary, Ministry of Narcotics Control
Mr. Ashraf Cheema.	Deputy Secretary, Division of Narcotics, Ministry of Narcotics Control
Mr. Salman-ul-Hasan	Nai Zindagi
Brig. (R) Syed Amjad Ali	Mentor, Association for Rehabilitation of Drug Addicts
Mr. Bushra Saeed.	Evaluation officer, Anti Narcotics force

Southern and East Africa

South Africa

UNODC

Mr. Jonathan Lucas	Representative
Ms. Modi Marishane	Project Coordinator
Mr. Thomas Zeindl-Cronin	Programme Manager

Other

Mr. Sifiso Phakathi	Acting Director, Mental Health and Substance Abuse, Department of Health
Ms. Onica Maphai	Deputy Director, Mental Health and Substance Abuse, Department of Health
Ms. Faith Namathe	Assistant Director, Mental Health and Substance Abuse, Department of Health
Ms. Conny Nxumalo	Director, Substance Abuse and CDA, Department of Social Development
Mr. Pierre Viviers	Deputy Director, Substance Abuse, Department of Social Development
Ms. Bes Steyn	Deputy Director, Drug Desk, Department of Foreign Affairs
Mr. David Bayever	Pharmacist and member of Central Drug Authority
Ms. Elize Smith	Director Elim Clinic
Mr. Hennie Potgieter	SACENDU Coordinator: Gauteng Province
Ms. Sharmim Garda	Director, SANCA National
Prof. Charles Parry	Director, Alcohol and Drug Research Unit; SACENDU coordinator
Mr. Andreas Plüdderman	Alcohol and Drug Research Unit and SACENDU coordinator
Mr. Grant Jardine	Director, Cape Town Drug Counselling Centre
Dr. David Fourie	Director, SANCA Western Cape

Mauritius

Mr. A. K. Ghallu	Officer-in-Charge, NATReSA
Mr. Seewanand Ramrekha	Substance Abuse Prevention Officer, NATReSA
Mr. Alain Gungurum	Assistant Substance Abuse Prevention Officer, NATReSA
Mr. Said Ameerbeg	Research Officer
Mr. Sooroojbally	Director, Police Anti Drug Smuggling Unit
Mr. Jugdish Nunkishore	Assistant Superintendent, Police Anti Drug Smuggling Unit
Mr. Norman Tambanivoul	Social Worker
Mr. Imran Dhanoo	President, Dr. Idrice Goomany Treatment Centre
Mrs. Devika Rajcoomarsingh	Officer-in-charge, HELP De Addiction Centre
Dr. Parmanand Jugurnauth	Consultant in Psychiatry, Brown Sequard Hospital
Mr. A. K. Jackaria	Director, Forensic Science Lab

Kenya

UNODC

Ms. Karolina Gudmundsson	Programme Management Officer
Mr. Carsten Hyttel	Representative
Mr. Reychad Abdool	Drug Abuse and HIV/AIDS Adviser

Other

Dr. Peter Njag	Director, Brightside D.A.R.T. Center
Mr. Gilbert Omondi	Commissioner of Prisons
Dr. David Kiima	Ministry of Health
Dr. J. W. Nyikal	Director of Medical Services, Ministry of Health
Mr. J. Kama	CID
Mr. J. Kaguthi	National Co-ordinator, National Agency for the Campaign Against Drug Abuse
Ms. T. Secoli	Programme Director Raphaelites, Redhill
Prof. David Ndetei	University of Nairobi

North Africa

Egypt

UNODC

Mr. Tarek Elshimi	GAP Regional Advisor
Mr. Leif Villadsen	Regional Programme Coordinator
Mr. Christian Stamm	Regional Programme Manager
Mr. Mohamed Azziz	Regional Representative

Other

Ms. Iris Semini	UNAIDS
Dr. Srinivasa Murthy	WHO
Dr. Mohamed Ghanem	General Secretary, Mental Health
Dr. Ahmed Heshmat	Director, Finnconsult, - Mental Health
Ms. Maha Aon	UNAIDS
Dr. Thanaa Ibrahim	Director, National Information Centre for Health and Population.

ANNEX III. GAP ACTIVITIES IN THE FIVE REGIONS CONSIDERED AND BY COUNTRIES IN THESE REGIONS

Types of Assistance	Caribbean	South West and Central Asia	Southern Africa	East Africa	North Africa and the Middle East
Support/assistance for Information, Needs and Resource Analyses (INRA)/National assessment studies using only existing data	Aruba (INRA) Curaçao (INRA Antigua and Barbuda The Bahamas Barbados Grenada Guyana Haiti Saint Kits and Nevis St. Lucia St. Vincent &Grenadines Suriname	Turkey Iran Kazakhstan Krgyzstan Uzbekistan Tajikistan	Lesotho Botswana South Africa Mozambique Namibia	Uganda, Comoros Ethiopia Seychelles Rwanda Mauritius Kenya Tanzania	Jordan
Technical support for National Assessment studies featuring Rapid Situation Assessments (except for HIV-related studies)		Turkey Pakistan Uzbekistan Kazakhstan Kyrgyzstan Tajikistan		Mauritius	
Support/assistance for problem drug user/treatment demand study		Kazakhstan Kyrgyzstan Pakistan Tajikistan Turkey Turkmenistan Uzbekistan	Zambia		Jordan Libya Egypt
Support/assistance with HIV -related study		Kazakhstan Krgyzstan Pakistan Tajikistan Uzbekistan		Kenya	Egypt Algeria Morocco Oman Syria Libya
Support/assistance with technical focus assessment studies	Barbados Dominica Dominican Republic Grenada Guyana St. Kits and Nevis Suriname	Turkey Kazakhstan Krgyzstan Pakistan Uzbekistan			Libya Syria Egypt
Support/assistance with school surveys	St Lucia, Guyana, Antigua and Barbuda, Bahamas St Vincent & Grenadines	Turkey Also planned for: Kazakhstan Kyrgyzstan Tajikistan Uzbekistan		Kenya Madagascar (Pilot) Uganda (Pilot)	Libya

Types of Assistance	Caribbean	South West and Central Asia	Southern Africa	East Africa	North Africa and the Middle East
Training on Annual Reports Questionnaire (ARQ), Part II on "Drug Abuse"	Dominica Dominican Republic Grenada Guyana Haiti Jamaica Saint Kits and Nevis St. Lucia St. Vincent &Grenadines Suriname Trinidad and Tobago	Kazakhstan Kyrgyzstan Tajikistan Uzbekistan Turkmenistan Pakistan	South Africa Lesotho	Seychelles Mauritius	
Other training (e.g. info sources and methods; drug information system; field workers, etc.)	St. Vincent and the Grenadines	Kazakhstan Krgyzstan Pakistan Tajikistan Turkey Turkmenistan Uzbekistan Armenia Georgia Azerbaijan			Egypt Jordan
Support for networking/coordination meetings	All countries except Turks and Caicos, British Virgin Islands, Aruba and Curaçao	Turkey Kazakhstan Kyrgyzstan Pakistan Tajikistan Uzbekistan Iran Turkmenistan	Botswana Namibia Lesotho Malawi South Africa Mozambique	Uganda, Comoros Ethiopia Seychelles Rwanda Mauritius Madagascar Kenya & Tanzania	Egypt Morocco

ANNEX IV. REGIONAL REPORTS

Note: These reports are largely unedited except for formatting and the deletion of material that is covered in the main text or Annex V.

Caribbean Regional Report

Report prepared by: Alan Ogborne

Countries in the region: Anguilla, Antigua and Barbuda, Aruba, The Bahamas, Barbados, British Virgin Islands, Cayman Islands, Curacao, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Monserat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Island.

Countries visited: Barbados, Bahamas, Trinidad, Grenada (visited by Alan Ogborne and Roger Miranda**)**

Regional advisor: Jennifer Hillebrand (From July 2001 to July 2003)

Regional network coordinator: Ken Garfield-Douglas (no formal network at this time)

Technical assistance from GAP for regional activities/events:

November 2001 Initial capacity building workshop - representatives from each of 18 countries
2002 - Facilitator workshop
2002 - ARQ training workshop
2002 Workshop on qualitative assessments
2002 Workshop on school surveys
2002 Workshop on treatment and data collection
2004 Workshop on school surveys for reps from Anguilla and Monserat

All 20 countries received some kind of attention from GAP - workshops, technical assistance or grants with technical assistance. However, except with respect to grants, there is no database of GAP activities. It was therefore necessary to plough through a variety of text documents to find out what was done.

Most efforts were expended with respect to 15 independent countries and activities with respect to the small British and Dutch Overseas Territories were very limited. In Anguilla (population 12,000) and Monserat (population 8,000), the only activity was a 3-day workshop on school surveys that was offered in 2004 after other GAP activities had ceased. In the case of the Cayman Islands (Pop. 41,000), there was no reference in GAP documents other than to the fact that a representative attended the first capacity building workshop. In the case of Curacao (Pop 140,000), an informal information needs assessment was done and some recommendations were made about standardizing information collected by treatment centres. However, there is no other reference to this country in any GAP reports. An Information, Needs and Resource Analysis was also performed for Aruba (population 70,000). This indicated the need to standardize and improve data collection at the agency level, to establish an information network and also the need for training. However, it appeared that the necessary expertise and infrastructures were already available from the National Drug Council, the Bureau of Statistics, the Anti Drug Foundation Aruba (F.A.D.A.), and the Health Department and Epidemiology.

The 15 independent countries targeted by GAP were all members of CARIFORM (Forum for African, Caribbean and Pacific States) and OAS (Organization of American States). These countries had a total population of over 22,300,000 but the range in population size was very large (39,000 - 7,495,000) and nine countries had small populations (39,000 - 245,000).

Fiscal resources provided for regional activities/events:

Of the 15 independent countries targeted by GAP, 12 received grants for network development activities and the production of country reports and of these four also received grants to conduct school surveys and three received grants for focus assessments. One other country (Dominican Republic) only received a grant for a focus assessment study.

The monies for these grants were from the European Union that, just prior to the launch of GAP, had launched a project with very similar objectives. This was called DAESSP (Caribbean) Drug Abuse Epidemiologic Surveillance System Project. However grants to countries under this project were managed by the Regional Office as part of an agreement involving the Caribbean Epidemiology Centre (CAREC), the Inter-American Drug Abuse Control Commission (CICAD) and the Forum for African, Caribbean and Pacific States CARIFORM. CICAD also directly funded four school surveys during 2002-2003.

The value of grants to countries for specific projects was as follows:

Network development:	$52,000 ($4000 to each of 13 countries)
School surveys:	$63,066 (Average $15,766 for each of 4 countries)
Focus studies:	(Records inconsistent)

The records also show DAESSP as contributing $82,000 for meetings, workshops and training events and that the total DAESSP contribution to the project was $209,780,24.

Regional stakeholders:

CAREC	Caribbean Epidemiology Centre
CICAD	Inter-American Drug Abuse Control Commission – an agency of OAS
OAS	Organization of American States
EU	European Union
CARIFORM	Forum for African, Caribbean and Pacific States
PAHO	Pan American Health Organization - funds CAREC
WHO	World Health Organization - supports CAREC

Other significant non-GAP regional programs/projects/activities:

- In the 1980's the heads of government of the Caribbean approved a Regional Programme on Drug Abuse Abatement and Control in which epidemiology was one of six major components.

- The Barbados Plan of Action (1996) also highlighted the need for improved data collection as did the Santo Domingo Declaration (1997).

- Except for St. Vincent and the Grenadines, all countries had National Drug Councils although some were reported as being understaffed and minimally functional.

- As noted above, an EU funded project called DAESSP (Drug Abuse Epidemiologic Surveillance System Project) was launched a few months prior to the start of GAP.

- Another significant regional activity was the Multilateral Evaluation Mechanism (MEM) - an instrument designed to measure progress taken by 34 members of the Organization of American States (OAS) to combat the global drug program and related matters. All the independent countries targeted by GAP were members of the OAS and were thus obliged to submit very detailed annual reports on institution building, demand reduction and supply reduction. This includes information on several issues of direct concern under GAP including the existence and functioning of a national 'Observatory' or other methods to collect and analyze data on demand and supply reduction. MEM reviews are conducted on a two-year cycle, and at the end of each cycle, there is a report in the public domain that describes the situation in each state and that shows progress in complying with the recommendations made in earlier reports. Participation in MEM is promoted at the highest levels of government and countries not considered to have met US standards become 'certified' and ineligible for most forms of U.S. assistance, with the exception of humanitarian and anti-drug aid. The U.S. is also obliged to vote "no" to any assistance loans in the multilateral development banks for countries denied certification.

Other relevant issues:

- The Regional Advisor left after two years and was not replaced due to funding limitations. This was just as reports on network activities and school surveys were coming in and when it would have been appropriate to have follow-up meetings and to provide support and encouragement to address the many issues raised. One key informant lamented, "*Project came to a premature end and was not well wrapped up. It sort of fizzled out….Countries not given enough help to play with and understand the data from school surveys. We need a meeting of the countries involved.*" Another felt that a lack of communication around this and other staffing issues at the UN Regional Office had alienated people in the field and that the UN needs to re-establish credibility.

- There was no final report on what was accomplished or learned and no database showing the status of each country once GAP activities had ceased. "Progress reports" for this region mainly describe activities and outputs and not outcome.

- Impact of GAP is very difficult to disentangle from that of the DAESSP and CICAD. One key informant said, *"CICAD took centre stage during GAP years"***.**

- Not all toolkits were available when GAP was most active in this region and two key Toolkits do not appear to have been completed, i.e. Module 5 - data management and analysis for drug epidemiology and Module 8 - Treatment demand data collection.

- EU funding for rapid assessments was withdrawn due to conflicts over accounting procedures between CAREC and PAHO. This did not involve the UN.

- Most countries in the region are quite small and several are very small (<150,000) the experiences may not generalize to large countries. They are also spread over a vast geographic area making it difficult and expensive to have regular face-to-face meetings.

Indicators of the implementation and influence of GAP in the region

Indicators	Your overall assessment of level of support for indicator	Key evidence
GAP's objectives and methods are consistent with those of regional stakeholders **Specify stakeholder and rate for each** CAREC/OAS/CICAD/EU/CARIFORM	**1. Strongly supports** 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Formal contracts and MOU's
GAP's objectives and methods are consistent with those of all country level stakeholders	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	All countries had stakeholders with concerns to improve data and 13 or 15 countries accepted grants for network development. However, priorities varied. Some stakeholders saw greater value in focus studies than in large surveys and some were struggling to find resources for prevention and treatment services. The need to focus on improving the quality and coverage of data that can be routinely collected (e.g drug use among the population in treatment) was also apparent from some key informant interviews and country reports. Some did not see value in population surveys. Mission reports and minutes of meetings indicate verbal support from senior policy makers in some countries. However, some stakeholders said that the levels of political support for information systems have waxed and waned. Others said that supply reduction gets more attention and competes for resources with demand reduction activities. Selected quotes: *"Countries get fed up with monitoring if they do not see how this impacts policies and programs".* *"I doubt that the school surveys have had any impact on policies and programs'.* *"We had no time to plan or do Epidemiologic research when the problem was at its height. Research takes a long time and importance is not always understood."* Some stakeholders were also quite emphatic that they would not wish to see their country embark on a national population survey. This was seen as too expensive and probably not very useful. They would prefer to see more focused studies that increased understanding of the nature of the problem and lead to more relevant programming.

GAP was implemented in coordination with regional and country level stakeholders **Specify stakeholder and rate for each** CAREC/OAS/CICAD/EU/CARIFORM	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Considered to be a model of good cooperation and coordination by some stakeholders. However, minutes of some meetings show some concerns about need for better communication. Also some key informants indicated that communication could have been better. "*Not sure if it was always clear who was doing what. Might have been better to have RA based at CAREC. Some surprises – things happened that CAREC should have been part of. Perhaps people just forgot to keep everyone informed about what they were doing…. Would have preferred more frequent dialogue about what was happening and how to make it work.*"
GAP was implemented in coordination with all country level stakeholders	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Reports of network development activities indicate the involvement of a variety of stakeholders in all cases. However, among those interviewed opinions varied. Some made comments that supported this indicator. Others felt they did not know enough about GAP and there should have been better direct communication with country stakeholders and not just with the country focal point. Many of those interviewed could not distinguish GAP from DAESSP that was generally seen in a positive light.
At least partly due to GAP-related activities [52] all countries in this region have sustainable functioning information systems.	1. Strongly supports 2. Some support 3. Neutral/Not sure 4. Somewhat negates **5. Strongly negates**	See country reports. One well-placed key informant estimated that 1/3 to 1/2 countries have made improvements in capacity and quality of data. The most recent reports from the MEM system (Multilateral Evaluation Mechanism) (based in 2003 data) indicate significant limitations to the data collection systems in most CARIFORM countries.
At least partly due to GAP-related activities there is an active regional network with secure funding which coordinates training and contributes to the enhancement of data collection among member countries and for the region as a whole	1. Strongly supports 2. Some support 3. Neutral/Not sure 4. Somewhat negates **5. Strongly negates**	From 2001- 2003 a network was supported with funds from the EU. GAP worked with the network coordinator but did not clearly support regional network activities when EU funding ran out. Several key informants indicated the need for a regional support system and saw the UN as playing a role in the support of such a system.
Factors that influenced the success of GAP-related activities in this region See below.	**Bullet point summaries (On a scale of 1-5 where 1=strongly support. 5= strongly negates, choose one for each factor?)** 1) Availability of fiscal and human resources: **1** 2 3 4 5 2) Donor concerns/policies: **1** 2 3 4 5 3) Pre-existing level of development: **1** 2 3 4 5 4) Attitudes/ actions of roles of key local/regional: **1** 2 3 4 5 5) Local/regional economic and political conditions **1** 2 3 4 5 6) Managerial support: **1** 2 3 4 5 7) Others (specify) DAESSP and MEM projects__: **1** 2 3 4 5	

[52] Including DAESSP

GAP's influence in this region

GAP-related activities appear to have nurtured the process of information systems development in the countries visited. Reports of GAP/DAESSP assisted surveys and studies undertaken in these and other countries acknowledge the help received and include recommendations for improved data collection. However, the final GAP progress report for this region (written in 2004) suggested that there was still much to do:

> *In order to develop capacity to monitor patterns and trends in drug abuse, to encourage the adoption of methodologically sound and comparable indicators of drug abuse, to support the development of evidence-based demand reduction responses in the region, it will be necessary to:*
>
> - *Implement training in data collection, analysis and reporting, using both quantitative and qualitative approaches; In particular, software and training to support development of treatment data registration is likely to enhance capacity in producing national/regional estimations on drug abuse;*
> - *Support advocacy among policy makers in order to increase understanding of national/regional drug information systems in supporting sound and cost effective demand reduction responses;*
> - *Encourage development of national/regional networks in drug abuse epidemiology for supporting planning and implementation of national demand reduction strategies.*

5. What was most helpful?

Assistance provided by the Regional Advisor and DAESSP coordinator

This is evidence by stakeholder reports and acknowledged in reports of school surveys, focus studies and reports on networks.

Funding provided by GAP to EU for DAESSP project.

This supported most grants for networking, school surveys and focus studies

6. What factors contributed to or limited the influence of GAP-related activities?

Multilateral Evaluation Mechanism (MEM)

This involves a high level of commitment to improving efforts to address drug problems including developing information systems. Countries have a clear incentive to cooperate in this system or to risk being 'decertified' by the US. Compliance in reporting to this system is high and one key informant indicated that statements made by the US ambassador concerning inadequate performance against MEM criteria embarrassed his government.

Value of research and other data not recognized by some stakeholders

This is the case globally countries and especially in countries with limited resources and where there is a clear an urgent need "to do something". Developed countries have not always placed a high value on research and it is not at all clear that research influences policies and programmes. One key informant did however feel that the data collect in his country had influenced policy makers. Others from the same country did not share this view and felt that more need to be done to advocate for the development of information systems at the political level.

Geography

Countries in the region are distributed over a vast geographic area and travel between them is expensive and not always convenient. Perhaps better use of technology will be possible as more people have access to high-speed Internet connections.

Staff turnover

Several of those interviewed were new to their jobs and the previous incumbents had not passed on GAP materials.

Stakeholder priorities

All countries had stakeholders with concerns to improve data and 13 of 15 countries accepted grants for network development. However, priorities varied. Some stakeholders saw greater value in focus studies than in large surveys and some were struggling to find resources for prevention and treatment services. The need to focus on improving the quality and coverage of administrative data (i.e. data that is collected routinely by treatment agencies, hospitals and the police) was also apparent from some key informant interviews and country reports. Some did not see value in population surveys.

South West and Central Asia Regional Report

Reported by: Jacques LeCavalier

Countries in the region: Iran, Kazakhstan, Krgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan, Uzbekistan

Countries visited: Kazakhstan, Pakistan, Turkey, and Uzbekistan (visited by Jacques LeCavalier and Fumika Ouchi)

Regional advisor: Kamran Niaz

Regional network coordinator:

The Central Asia Regional Drug Information Network (CARDIN) is currently coordinated by UNODC staff (K. Niaz) in the Tashkent Regional Office. However, it is anticipated that the coordination function will be passed on to the Pavlodar Centre in Kazakhstan shortly.

Technical assistance from GAP for regional activities/events:

In South West and East Asia eight countries with a total population of approximately 350 million people, have received some form of financial, technical and/or training assistance from the GAP Regional Advisor (K. Niaz) currently located in the UNODC Regional Office in Tashkent, Uzbekistan. However, most efforts were expended in Turkey, Kazakhstan, Pakistan and Uzbekistan and in each case there were significant and influential assessment studies (see country reports). These were mainly non-GAP projects in which the GAP regional coordinator played a key role.[53]

Activities for training in or setting up drug abuse information system in Iran could not be materialized. This has been due in part to a lack of persistent follow-ups by the Regional Epidemiology Advisor as well as a lack of reciprocity and response from the Field Office in Iran and the Iranian counterparts. The regional epidemiology advisor also participated as the resource person in a training event on key epidemiological indicators to the participants from Armenia, Azerbaijan and Georgia under the UN/EU SCAD (Southern Caucus Anti Drug) Programme[54]. Also under a Memorandum of for provision of technical support for the NADIN within the UNDP/EU CADAP Programme, the Regional Epidemiology Advisor undertook a two-day mission to all NADIN countries to assess the current infrastructure, systems and mechanism in existence for monitoring of drug abuse and related problems in the country. The assessment report along with its recommendations for setting up national drug abuse information systems in Turkmenistan under the NADIN (CADAP) was submitted to EU/UNDP. Significant technical assistance, training and, in some instances, project execution, was provided to Pakistan, Turkey and Central Asian countries by the GAP Regional Advisor.

[53] For example, significant "non-GAP" projects in the region include "Diversification of HIV prevention and drug treatment services for injecting and other drug users (AD/RER/03/F75)," "Preparatory assistance on demand reduction: Needs assessment on drug abuse in Central Asian Countries (AD/RER/01/F08)," and "Preparatory assistance on demand reduction: Rapid situation assessment on drug abuse in Central Asian countries (AD/RER/01/E93)."

[54] Georgia, Armenia and Azerbaijan belong to Southern Caucasus regional programme.

Financial resources from GAP for regional activities/events: $1,223,000 over 4 years

Regional stakeholders: EU, UNODC, and UNDP and, as regards Turkey: Spain, Greece and EMCDDA

Other significant non-GAP regional programs/projects/activities:

- Many other non-GAP funded projects have been launched in the region with the participation of the GAP regional Advisor. These projects were funded in whole or in part by UNODC, UNDP, UNAIDS, EU and individual members of the EU. Examples include national assessment studies, needs assessment studies, HIV/AIDS prevention and treatment projects, NADIN and DAMOS in Central Asia, etc.

- Turkey's affiliation with EMCDDA and its twinning with Spain and Greece is also having a significant impact on the collection, analysis and use of information for programme and policy purposes in that country. Moreover, Turkey's candidacy to join the EU provides added motivation in showcasing of the country's ability to meet EU standards (EMCDDA standards for data collection, analysis and reporting).

Indicators of implementation and influence GAP's influence in the region

Indicators	**Your overall assessment of level of support for indicator**	**Key evidence**
GAP's objectives and methods are consistent with those of regional stakeholders **Specify stakeholder and rate for each** EU/EMCDDA	**1. Strongly supports** 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Most informants, both GOs and NGOs, indicated their support for GAP objectives and methods. GAP is highly compatible with standards set by EU/EMCDDA, a major stakeholder in the region.
GAP was implemented in coordination with regional stakeholders **Specify stakeholder and rate for each** EU/EMCDDA	**1. Strongly supports** 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	GAP was effectively coordinated with projects launched by other regional stakeholders. Some INRA's and NAS were funded outside of GAP, yet executed with the assistance of the Regional GAP Advisor. The latter also contributed significantly to other GAP-related projects funded by the EU such as NADIN and DAMOS.
At least partly due to GAP, all countries in the region have sustainable functioning information systems.	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	All countries visited do have a functioning system. The quantity and quality of information collected varies significantly from country to country. Some maintain limited scope systems with high quality information, while others collect countrywide information on some indicators (treatment) with dubious quality. Sustainability also varies widely from one country to the next. Clearly, the development of a fully functioning and comprehensive system is a long-term proposition, which, for some countries, may not be attainable without ongoing investment from donor countries.
At least partly due to GAP there is an active regional network with secure funding which coordinates training and contributes to the enhancement of data collection among member countries and for the region as a whole	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	GAP has contributed some financial and much technical assistance establishing and maintaining CARDIN. The GAP Regional Advisor has acted as coordinator for the network, a role that is in the process of being passed on to the Pavlodar Centre. It is unclear at this time whether secure

		funding exists to sustain the network and to what extent training can be provided on an ongoing basis without UNODC or other assistance. The GAP Regional Advisor has also provided technical assistance to Turkey leading to the country's affiliation with EMCDDA. It has taken a long time for developed countries to establish fully functioning regional epidemiology networks that contribute significantly to programme and policy development and evaluation. In this context, it is unrealistic to expect That GAP would lead to such systems in developing countries in a matter of a few years.
Influence of GAP in the region	**1. Strongly supports** 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Practically all informants indicated that GAP had a positive influence in changing attitudes and achieving improvements in programmes and policies. Some high level informants attributed major changes, in large part, to GAP. Examples include: • The recent decision by the President to set up a special Committee to develop a national drug demand strategy is attributable, "in large part, to the increased knowledge of the drug scene generated by GAP supported activities." • "The Ministry of Health is currently modifying regulations pertaining to the management of opioid addiction to accommodate substitution therapy (methadone and Buprenorphine), as a result of concerns regarding injection drug use and HIV risks." • "GAP-assisted studies … have made us realize that we need more dispensaries, more doctors in the area of narcology and more prevention programmes in the country. These studies helped us allocate more funds in drug programmes and also helped us identify the areas to which our funds should primarily go to." • "Studies such as the Rapid Situation Assessment (2001) and Needs Assessment on Drug Abuse have been very helpful to us in grasping the addiction situation in the country, have made us realized a huge gap between official and unofficial statistics." • "Drug information was top secret prior to NAS in 2001. Now the Prime Minister says there is a greater need for prevention, treatment and aftercare."
Factors that influenced the success of GAP in this region	**Bullet point summaries (On a scale of 1-5 where 1=strongly support. 5= strongly negates, choose one for each factor?)** 1) Availability of fiscal and human resources: **1** 2 3 4 5 2) Donor concerns/policies: **1** 2 3 4 5 3) Pre-existing level of development: **1** 2 3 4 5 4) Attitudes/ actions of roles of key local/regional: **1** 2 3 4 5 5) Local/regional economic and political conditions **1** 2 3 4 5 6) Managerial support: 1 2 3 4 5 7) Others (specify) EU projects: **1** 2 3 4 5	

Other relevant issues:

- As a result of intermingling of GAP and non-GAP projects and funding, it is virtually impossible to make specific attributions of outcomes other than in aggregate across all GAP-assisted projects.

- In most of the countries in the region, a lot of training support and technology transfers will be required to assist them in establishing sustainable institutions in the field of drug demand reduction.

- A few informants have suggested that a national body acting as a champion to provide advocacy and a link between research and policy is a critical asset for success in drug abuse control.

- One informant suggested that, as part of GAP, an extranet site be established at UNODC HQ to facilitate access and exchange of information among GAP national and regional focal points for data collection and analysis.

- It has also been suggested that the International Epidemiology Work Group (IEWG) be given a much greater role in the coordination of networks, exchange of information, assisting countries, etc., with appropriate support and funding, as necessary.

- As regards the ARQ, two suggestions have been made to improve the response rate as follows:

    i. Cross reference the ARQ toolkit in the ARQ questionnaire
    ii. Involve the GAP Regional Advisor in the ARQ follow up and simplify the distribution and collection process.

Major lessons learned and implication for best practices:

1. In all countries visited, the assignment of a qualified Regional Advisor on a full-time basis has been a key success factor for GAP in the South West and Central Asia Region. Invariably, informants have expressed satisfaction and indeed, gratitude, for the technical assistance and general guidance provided by the GAP Regional Advisor.

2. Well-conceived national assessment studies conducted with the support of credible multilateral organizations (UNODC and others) can lead to better understanding of the drug situation and to significant changes in decision-maker attitudes. This in turn provides political support for on-going surveillance systems and leads to improvements in demand reduction programmes and policies.

3. A large number of informants have indicated that initial studies conducted to assess the national drug situation and identify information needs have provided a clear picture of their country's drug problem for the first time. These studies triggered a chain of changes in the country, e.g. shift in attitudes regarding the seriousness and impact of the drug problems, changes in officials' attitudes regarding certain interventions (substitution therapy, outreach programmes, etc.), expansion of government services both as regards the continuum and the level of services, increased support for data collection and analysis as a means of supporting programmes and policies and, increased awareness and acceptance of UN efforts and reporting requirements.

4. The INRA conducted in Turkey is probably the best conducted in the region, mostly because it benefited from the availability of both a GAP toolkit and a GAP Regional Advisor. While the NAS conducted in 2003 was the critical event that lead to changes in attitudes, policies and programmes, the INRA was the road map to implement changes as regards modifications to existing data collection systems, the development of new systems and the integration of these systems into an overall national surveillance system. Consequently, the successful approach used in Turkey as regards INRA and NAS is an excellent model to follow for expanding/deploying GAP in other regions of the world.

5. Quite apart from their impact on the national scene, NAS and INRAs can have a profound influence on donors' willingness to enhance their contribution to UNODC and other multi-lateral agency initiatives. One informant described how drug information in the CA region was top secret prior to NAS in 2001. Now NAS data is being used to justify UNODC projects with donors. Funding has increased from next to nothing in 2001 to nearly $5M currently. "Data is essential to justify projects …and …now because of NAS/INRA, we can compete better".

6. Changes in attitudes, programmes and policies in South West and Central Asia did not come solely as a result of the availability of a GAP Regional Advisor or the release of NAS data. Much of the success achieved is also attributable to the advocacy role played by the GAP Regional Advisor (and other UNODC regional staff) in using and promoting the use of the evidence emanating from National Assessment Studies in a judicious manner.

7. Another important success factor in the region is the mobilization of expert resources and the establishment of effective partnerships among a wide array of stakeholders. Major local studies and projects on drug abuse and information systems have been primarily financed by non-GAP funding sources; however the GAP Regional Advisor has been substantively involved in the design and implementation of all of these activities as technical expert - *"…the money comes from other 'non-GAP projects,' but the time comes from us"*. Unlike any other UNODC global programmes, GAP in South West and Central Asia seems to have taken a unique implementation strategy, in which the key subject-matter expert stationed in a region has actively participated in all relevant local projects concerning demand reduction, provided technical guidance and services, and as a result, facilitated the process of spreading the common understanding, knowledge and methodologies and approaches to the drug abuse data collection, analysis and reporting in the region. While GAP may not have financed the local studies and projects, it seems that a positive synergy has been established, across demand reduction projects in the region, by this leveraging strategy.

8. The provision of well-targeted training assistance is extremely important for most countries in the region. Examples given include training in collecting data from key informants for NAS, in collecting treatment data, in using SPSS and in filling the ARQ. For example, some of the questions in ARQ, which had not been fully understood before by those who are responsible for completing the Questionnaire, have now become clear in their meaning, in what information to collect, and how to respond.

9. With the exception of Turkey, the countries visited are some distance away from having fully functioning, comprehensive and sustainable systems of data collection and analysis. The establishment of such a system is a long-term proposition for any country. Key ingredients include: ongoing political commitment, significant financial support, consensus among stakeholders on the data to be collected, enrolment of practitioners and community workers in the collection of standardized data, partnerships and coordination among government organizations at different levels and with non-government organizations,

expertise in analyzing and reporting, and, advocacy to promote the use of evidence generated in decision making processes. In this context, achieving results through capacity building is a long-term proposition that should complemented with short-term successes (i.e. NAS, special studies, etc.) to maintain enthusiasm and momentum. Moreover, fully functioning national data collection systems may not be achievable in some countries without on-going contributions from donors.

10. It has taken a long time for developed countries to establish fully functioning national and regional epidemiology networks that contribute significantly to programme and policy development, training and evaluation. Consequently, it is unrealistic to expect that GAP would lead to such networks in developing countries in a matter of a few years. Here again, capacity building is a long-term proposition that should be part of a mix of initiatives within an overall strategy focused on both short-term and long-term results.

11. A number of informants have suggested that improved communication/dissemination of the GAP programme, its outputs and tools would increase the Programme's impact. For example, some informants involved in data collection analysis and reporting (ARQ) were unaware of the existence of toolkits.

Other lessons learned:

12. Priority for GAP investment in capacity building should be assigned to those jurisdictions that demonstrate the capacity and will to maintain on-going surveillance systems.

13. Building capacity in national drug abuse assessment requires the existence of a solid research capacity within the country.

14. Addressing drug abuse issues cogently is greatly complicated by time intervals between assessment exercises; thus the need for continuous surveillance systems.

Middle East & North Africa (MENA) Regional Report

Reported by: Richard Muscat

Countries: Morocco, Algeria, Tunisia, Libya, Egypt, Israel, Palestine, Lebanon, Jordan, Syria, Oman, Saudi Arabia, Bahrain, Kuwait, Iraq, Qatar, Sudan, UAE, Yemen.

Countries visited: Egypt

Regional advisor: Tarek Elshimi

Regional network coordinator: Tarek Elshimi

Technical assistance from GAP for regional activities/events:

Technical assistance with projects to cover the setting up of national information networks in Jordan, INRA - Jordan, rapid assessments in Libya, Jordan Lebanon,
joint projects UNAIDS in Libya, Algeria, Syria, Morocco, Oman, Egypt.

Financial resources from GAP for regional activities/events: $200,000

Regional stakeholders: UNODC, UNAIDS, Pompidou Group-Council of Europe

Other significant non-GAP regional programs/projects/activities:

WHO – school survey in Jordan,
Council of Europe - school surveys in Morocco, Algeria, Libya.

Indicators of implementation and influence GAP's influence in the region

Indicators	Your overall assessment of level of support for indicator	Key evidence
GAP's objectives and methods are consistent with those of regional stakeholders **Specify stakeholder and rate for each** EU/EMCDDA	**1. Strongly supports** 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	In both Egypt and Jordan, GAP methods are indeed consistent With the stakeholders involved.
GAP was implemented in coordination with regional stakeholders **Specify stakeholder and rate for each** EU/EMCDDA	**1. Strongly supports** 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Likewise, in both Egypt and Jordan GAP was implemented In co-ordination with stakeholders.
At least partly due to GAP, all countries in the region have sustainable functioning information systems.	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	In the two countries that have a form of information system GAP has been instrumental in moving things along.
At least partly due to GAP there is an active regional network with secure funding which coordinates training and contributes to the enhancement of data collection among member countries and for the region as a whole	1. Strongly supports 2. Some support **3. Neutral/Not sure** 4. Somewhat negates 5. Strongly negates	NO regional network as such as not enough countries as yet with information systems up and running.
Influence of GAP in the region	1. Strongly supports 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	In the limited activities conducted to date GAP has been influential in gearing up the countries drug information systems.
Factors that influenced the success of GAP in this region	**Bullet point summaries (On a scale of 1-5 where 1=strongly support. 5= strongly negates, choose one for each factor?)** 1) Availability of fiscal and human resources**: 1** 2 3 4 5 2) Donor concerns/policies: **1** 2 3 4 5 3) Pre-existing level of development**:** 1 **2** 3 4 5 4) Attitudes/ actions of roles of key local/regional: **1** 2 3 4 5 5) Local/regional economic and political conditions 1 **2** 3 4 5 6) Managerial support: 1 **2** 3 4 5 7) Others (specify) EU projects: 1 **2** 3 4 5	

Other relevant issues:

Some of GAP activities in this area have fallen under the UNODC Middle East Programme on Drug Control and Crime Prevention (AD/RER/99/E68) and other activities were conducted in collaboration other projects or independently e.g. HIV studies with UNAIDS in Cairo, Morocco, Algeria, Libya, Oman; MERC subcontract; support of LEN; Jordanian information network; Support of Egyptian Mental Health Information System.

Politics of the area, although not easy, have not yet created major obstacles for GAP. Although not all Government backed initiatives get off the ground, national governments (especially Jordanian, Egyptian and Algerian) have been very receptive to information networks. However, a concise document that clearly states the objectives of GAP would be helpful for the GAP advisor in the region. It is also vital to demonstrate the impact of GAP at Regional and National level for sustainability.

Again the absence of a GAP Regional Advisor does not help the situation – the absence from sometime in 2004 till the start of a part time expert in 2005 did not help matters. New full time appointee to start in January 2006 – need proper handover as otherwise time and contacts will be lost.

Major lessons learned and implication for best practices:

The way forward for the network and national drug information systems in the region maybe the one adopted by the SENDU project and not piecemeal as has been the practice so far. It is early days for the MENA Network and thus such a strategy may be put in place for 2006-2008.

Other lessons learned:

UN material(s) in the form of toolkits must be available in Arabic as well as ultimately versions of the ARQ. Projects completed in the region should be written up as possible tool kits for use by other members of the network as well as those outside the region. Case in point is the materials developed for the study on the misuse of licit substances. GAP advisor understands the region and speaks Arabic is of immense value – also the need for Advisor and assistant for continuity.
ARQ – electronic version linked to tool kit on definition of indicators requested.

Southern African Regional Report

Reported by: Richard Muscat

Countries in the region: South Africa, Botswana, Namibia, Lesotho, Malawi, Mozambique, Zambia

Countries visited: South Africa (visited by Richard Muscat and Backson Sibanda)

Regional advisor: None at present

Regional network coordinator: Professor Charles Parry, MRC, Cape Town, South Africa**.**

Technical assistance from GAP for regional activities/events:

Technical assistance in the form of training and the help with the conduct of national assessments (INRA's) from 2000 to 2002 when Regional advisor was in office. None thereafter.

Financial resources from GAP for regional activities/events: $100,000

Regional stakeholders: South African Development Community (SADC), EU, UNODC

Other significant non-GAP regional programs/projects/activities:

The main programme to set up the SENDU network was established through the SADC from a grant of some Euros 430,000 from the EU for the period 2000-2005.

Indicators of the implementation and influence of GAP in the region

Indicators	**Your overall assessment of level of support for indicator**	**Key evidence**
GAP's objectives and methods are consistent with those of regional stakeholders **Specify stakeholder and rate for each** EU/EMCDDA	**1. Strongly supports** 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	In both the SACENDU and SENDU networks it is very clear that the indicators to be used to collect drug information are those prescribed by the Lisbon consensus. In the case of SACENDU it is main source of information through which South Africa is able to comply with ARQ requirements as substantiated by an officer from Department of Social Development, who oversees ARQ completion and substantiated by staff at Department of Foreign Affairs
GAP was implemented in coordination with regional stakeholders **Specify stakeholder and rate for each** EU/EMCDDA	1**. Strongly supports** 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	SENDU was initiated in co-ordination with stakeholders in the presence of the GAP advisor.
At least partly due to GAP, all countries in the region have sustainable functioning information systems.	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Partly due to GAP the information systems are in place to a certain degree within each of the countries of the network – anyway till the end of 2002 –GAP did have some influence.

At least partly due to GAP there is an active regional network with secure funding which coordinates training and contributes to the enhancement of data collection among member countries and for the region as a whole	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Partly due to GAP there is an active regional network (2002) but problems now with the synthesized information need addressing as well as the dissemination among policy makers as to the relevance of such information.
Influence of GAP in the region	1. Strongly supports **2. Some support** 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Until the end of 2002, GAP seems to have been very active in fulfilling its mission but thereafter it is conspicuous by its absence.
Factors that influenced the success of GAP in this region	**Bullet point summaries (On a scale of 1-5 where 1=strongly support. 5= strongly negates, choose one for each factor?)** 1) Availability of fiscal and human resources: **1** 2 3 4 5 till the end of 2002. 2) Donor concerns/policies: **1** 2 3 4 5 3) Pre-existing level of development**:** 1 2 **3** 4 5 4) Attitudes/ actions of roles of key local/regional: **1** 2 3 4 5 5) Local/regional economic and political conditions 1 **2** 3 4 5 6) Managerial support: 1 2 **3** 4 5 7) Others (specify) EU projects: **1** 2 3 4 5	

Other relevant issues:

The key issue that needs to be addressed in relation to the success of the GAP programme in the Regional office in Pretoria is the recruitment of the GAP Regional Advisor and a possible assistant in the hope that when either departs one may cover for the other till a new replacement is found and no discontinuation in activities arises.

At this juncture, both in terms of the survival cum sustainability of the South Africa network (SACENDU) and regional network (SENDU) it is imperative for the former that some UN advocacy is put in place to help with the institutionalization of a Drug Advisory Board so it may have its legal, activity based budget and executive wing in order for it to function appropriately that is to provide policy advise on evidence accrued that will enable the correct strategy or Mater plan to be put in place for the years 2005-2009. It will also then need to monitor the ongoing activities and make the appropriate changes as deemed necessary.

From the point of view of the regional network, SENDU, if the UN so aspires that this should function appropriately it should now have a regional GAP advisor in place with the monies necessary to take the project through to the next phases. If this does not occur in the very near future the network may fall apart and not be revived for a number of years.

In the context of Africa as whole, there is now what is called "A Programme of Action 2006-2010" following the round table for Africa meeting held in Abuja, Nigeria between 5-6th September, 2005 and organized by the UNODC, in the framework of "Crime and Drugs as Impediments to Security and Development in Africa". One of the actions cited is the necessity of national drug information systems to provide information on the drug situation. These
items need to be coordinated at the regional level, for example with SADC and the relevant UN Regional Office(s?) if such measures are to be put into practice effectively.

It would appear that many significant activities are occurring in Africa but their co-ordination needs to be strengthened via a coherent strategy if activities are to come to fruition or in the opposite case, duplication of such may also arise (Need cogent UN strategy, not piecemeal).

Major lessons learned and implication for best practices:

The work practices adopted with the SENDU project could be a good example of how to set up regional networks and sustain such networks in the future. It is suggested that two meetings of the network occur each year in which data is presented and technical problems are sorted out along with the internal national meetings prior to such regional meetings. Moreover, part financing of the national focal points to deliver data and attend regional meetings proved to be beneficial. In this case the funding of national focal points is based on(?) prior EU experience in which the 25 countries of the EU are funded in part to provide information on the five key indicators to the EMCDDA.

Other lessons learned:

There needs to be active participation at least in the form of advocacy by the UN Regional Office and in addition better communication between the Regional Office and the UN Office in Vienna. It is suggested that the officer in charge of the Region in Vienna attend yearly regional meetings of the network to further give a better profile of GAP activities in the region.

Finally, from previous experience capacity building to provide countries with the right personnel to run an efficient drug monitoring system depends firstly on the research capacity of the country concerned. However, when the capacity is good it takes between five to ten years to get the system up and running and truly embedded in the National Government structures.

Members from Western Europe still to some extent take up their allocation of funds to run their national focal points but more and more are not doing so. Thus in the long term once such drug monitoring systems are truly in place it can be seen that the countries per se pay for them and more to the point see the need to have them in place for their own use in the collection of evidence that is needed for policy formulation.

East African Regional Report

Reported by: Backson Sibanda

Countries in the region: Kenya, Tanzania, Uganda, Ethiopia, Djibouti, Comoros, Rwanda, Burundi, Seychelles, Mauritius, Madagascar, Eritrea and Somalia

Countries visited: Kenya, Mauritius and UNODC Regional Office in Nairobi

Regional advisor: No GAP regional epidemiological advisor (The UNODC Demand Reduction Advisor, Reychad Abdool, provides the coordination support as and when needed).

Regional network coordinator: Prof. David Ndetei

Technical assistance from GAP for regional activities/events:

All the 13 countries in the East Africa Region received training from GAP. However, this training was limited, as a result data is still not standardized in the various countries. There was no proper consultative process during the selection of GAP Country focal points. In certain countries this led to the wrong persons being selected and trained (e.g. Police officers) who could not handle data collection. The countries that are most advanced in this area are Kenya, Tanzania, Mauritius and Seychelles. Countries like Uganda and Rwanda started late and are hence at a lower level. Countries received training in the completion of ARQs, BRQ and on how to conduct studies on the prevalence of drug abuse. Training on how to do school surveys was provided to all countries, and financial support was provided to Kenya, Madagascar and Uganda to conduct such surveys. Kenya and Madagascar have conducted their surveys, while Uganda is still waiting for the funds from Cairo to conduct its survey (The Eastern Africa allocation is managed from UNODC Cairo Office).

In general, however, GAP's capacity development activities in this region were limited because the funds were inadequate to cover all the needs. The most needy countries received less assistance and hence are still not in a position to standardize data collection. Another factor that negatively impacted GAP activities in East Africa was the fact that the regional epidemiology staff were moved out of the region before the regional network was fully established and before the countries had attained the needed capacity. Training took place during the few years when the regional epidemiologist was still deployed to the region. Basically the regional network activities collapsed following the departure of the staff. It is not clear why staff were moved out of the region before the regional network or the individual countries had gained sufficient capacity to sustain the GAP activities. Worse still is the fact that the most needy countries are the ones who received minimum assistance. These poorer countries will not be able to achieve the UNGASS indicators on prevalence of drug abuse in 2008. Many of them do not regularly complete the ARQs. The greatest challenge for the GAP project therefore in this region is how to develop the needed capacity both at the regional and country levels. Until this is done GAP cannot be considered a success in East Africa.

Mauritius, Tanzania, Madagascar and the Seychelles, while members of the East African region, are also members of SACENDU, the Southern African network. These countries have benefited from SACENDU activities and are therefore better disposed than the other countries in East Africa.

When providing training in East Africa, an assumption was made that all countries had the same capacity to absorb technical assistance. It is now clear that some countries had capacities but others

did not. As a result the most needy countries have been left behind because they do not have the capacities to absorb technical assistance. Given the foregoing it seems as if GAP moved out of the region prematurely before the countries in East Africa had reached cruising speed.

Fiscal resources from GAP for regional activities/events:

As already stated above, the financial resources allocated to this region and the network was inadequate. The nature of the funding (short-term approach) did not create any impact and the activities that were started are not sustainable. A long-term approach might have created the necessary sustainability. Sustainability and use of data at the national level is possible in Tanzania, Mauritius and the Seychelles because of the long-term assistance these countries received from SACENDU. In Kenya this system is not sustainable because there is no central drug authority to take this forward. At present the GAP project has not taken a foothold in the Kenyan Government. The same is true of the other remaining countries in East Africa. The countries with the least capacities are Somalia and Burundi. These countries also received the smallest allocation of funds.

Major constraints to the GAP project:

The following were identified as the major constraints that have hampered success in East Africa:

- The short-term approach to developing capacity did not bear the much-needed results.
- Staff were moved out of the region prematurely before the network was up and running and before the individual countries had attained the needed capacities. Capacity development both at the regional and country levels remains the major challenge.
- The financial resources devoted to this region were too little for the size and magnitude of the problems in the region.
- Assuming that all countries had the same capacity to absorb technical assistance led to the development of "once size fits all" activities. This approach obviously did not succeed in helping the most needy countries.
- The absence of an epidemiologist in the region has negatively impacted all the GAP supported activities. It is clear that the countries needed technical support from medium to long-term. That technical support should have been provided from a facilitator resident in the region.
- In countries where there is no central drug authority the GAP activities have not taken foothold and sustainability is not possible.
- Local participation and consultations did not always take place during the identification and development of GAP activities and the selection of national focal points. This led to wrong people being selected as focal points and marginalization of some of the stakeholders such as NGOs and practicing institutions.

Strengths of the GAP project:

The following were identified as the strengths of the GAP project in Eastern Africa:

- All those who had participated GAP supported activities generally understood the objectives of GAP. Further, the GAP objectives were generally consistent with those of the local stakeholders, especially the national governments.
- For the 3 countries that also received assistance from the Southern Africa network, there were good chances for sustainability.
- A good start has been made in countries like Kenya, Tanzania and Ethiopia in developing capacity for data collection and use at the country level. These countries also report on the prevalence of drug abuse to the UN.

Recommendations:

It is clear that given the limited resources of GAP, this project can never solve all the drug problems in East Africa. However, in order to achieve results and create some impact the following recommendations were made:

- UNODC's GAP activities and support should focus on the weakest countries in the region and bring these up to speed. The assistance must be tailor made for the development level and capacity of individual countries. This means that a consultative and participatory approach must be adopted in the identification of needs and GAP activities.
- A different programme focus must be developed for countries that have the capacity to absorb technical cooperation activities.
- Given the shortage of financial resources GAP should develop a prioritized assistance programme for East Africa that ensures that results and greater impact can be achieved from strategic use of limited resources.
- The GAP project should consider as strategic the deployment of an epidemiologist in the East African region to support the establishment of a regional network and the provision of capacity development to individual countries.

A concerted effort must be made to create linkages between GAP and other UNODC activities at regional and country levels by consulting and utilizing the UNODC regional office effectively and more efficiently.

Indicators of GAP's implementation and influence in the region

Indicators	**Your overall assessment of level of support for indicator**	**Key evidence**
GAP's objectives and methods are consistent with those of regional stakeholders **Specify stakeholder and rate for each**	1. Strongly supports 2. Some support 3. Neutral/Not sure 4. Somewhat negates **5. Strongly negates**	Since the regional network collapsed there are no regional objectives. It is not clear how GAP objectives are consistent with regional needs.
GAP's objectives and methods are consistent with those of all country level stakeholders	1. Strongly supports 2. Some support 3. Neutral/Not sure 4. Somewhat negates **5. Strongly negates**	This could not be assessed at the regional level since the regional network does not exist.
GAP was implemented in coordination with regional stakeholders **Specify stakeholder and rate for each**	1. Strongly supports 2. Some support 3. Neutral/Not sure 4. Somewhat negates **5. Strongly negates**	This could not be assessed by the evaluation.
GAP was implemented in coordination with all country level stakeholders	1. Strongly supports 2. Some support 3. Neutral/Not sure 4. Somewhat negates 5. Strongly negates	Initially some activities were started at the regional level. These activities collapsed after the epidemiologist moved out of the region.
At least partly due to GAP there is an active regional network with secure funding which coordinates training and contributes to the enhancement of data collection among member countries and for the region as a whole	1. Strongly supports 2. Some support 3. Neutral/Not sure 4. Somewhat negates **5. Strongly negates**	There is no regional network.

At least partly due to GAP all countries in this region have sustainable functioning information systems.	1. Strongly supports 2. Some support **3. Neutral/Not sure** 4. Somewhat negates 5. Strongly negates	Information systems in certain countries have been developed following GAP activities.
Factors that influenced the success of GAP in this region	**Bullet point summaries (On a scale of 1-5 where 1=strongly support. 5= strongly negates, choose one for each factor?)** 1) Availability of fiscal and human resources: 1 2 **3** 4 5 2) Donor concerns/policies: 1 2 3 **4** 5 3) Pre-existing level of development: 1 2 **3** 4 5 4) Attitudes/ actions of roles of key local/regional: 1 2 **3** 4 5 5) Local/regional economic and political conditions 1 2 **3** 4 5 6) Managerial support: 1 2 **3** 4 5 7) Others (specify) __: 1 2 3 4 5	

Other relevant issues: (Narrative).

The GAP activities and the regional network operated for a short while during a period when a regional epidemiologist was deployed in the region. These activities and the network collapsed after the epidemiologist moved out of the region.

Lessons learned and implication for best practices: (Bullet points and supporting evidence)

The following are lessons to be learnt for this experience.

- Short-term approach to capacity development does not work. The East African experience clearly demonstrates that support to countries and the region should have been provided on a medium to long-term basis.
- A clearer prioritization of criterion is needed when supporting capacity development in a region where the level of development and capacities differ widely. As an example priority should have been given to either the more developed countries that had the capacity to absorb technical cooperation or the least developed countries that need more technical and financial support over a longer period of time. Designing “a one size fits all” approach could never meet the needs of the region. Both groups of countries did not fully benefit from this assistance and hence still have no capacity.

****

Note: After the completion of the mission, the evaluation team was provided with additional information concerning East Africa. In the absence of a Regional GAP advisor, the Demand Reduction Advisor based in UNODC Regional Office for Eastern Africa in Kenya has actively promoted linkages and synergy between GAP and other demand reduction activities. For example:

- Under project B66- Creation of Local Expert Networks (LEN), the GAP Focal Point and the DR Adviser in Kenya have participated to GAP meetings in Kenya. Similarly, a LEN expert attended a regional GAP meeting in South Africa.
- Under project E15- Enhancing the capacity of governments and NGOs in drug demand reduction programmes in Eastern Africa, GAP experts have been involved in DR activities and training in Kenya, Tanzania, Uganda, Madagascar, Mauritius, Rwanda, Eritrea, Ethiopia, Seychelles, Djibouti and the Comoros.
- Under project G60- Programme development and Advocacy for drug demand reduction and HIV/AIDS in Africa, the GAP focal point in Tanzania was invited to a regional meeting in Kenya.

- Under project MARG 56- Demand reduction programme in Mauritius, the GAP Focal Point is the National Programme Manager for this DR project and was also the Principal Researcher for the RSA conducted in this country.
- Under project F94, the GAP Focal Point in Kenya, was recruited as the Principal Researcher for an RSA in Kenya.

ANNEX V. SUMMARY OF LESSONS FROM SITE VISITS AND DOCUMENT REVIEWS

Barbados

1. Since 1995 Barbados had made considerable progress in understanding and responding to substance abuse. Its has a National Council on Substance Abuse (NCSA) that is a permanent administrative coordinating and data resource centre that has routinely collected statistical information and which cooperated on two UNODC rapid assessment studies (in October 199 and July 2000). GAP and/or the DAESSP coordinator provided technical support to the NCSA and other stakeholders for a DAESSP funded focus assessment study of the relationships between drug use and crime and National Report. The National report, which referenced the focus study, was completed in 2003 and was subsequently expanded to a National Plan with wide ranging recommendations including the development of a national monitoring and evaluation system. These reports clearly reflect the energetic and enthusiastic efforts of local stakeholder and especially those involved with National Council on Substance Abuse. At the time of the site visit, this plan, which has the support of the Attorney General, was reported as having been with the cabinet for over two years. However, funding for a pilot study of on online data submission system involving six treatment agencies had recently been approved by CICAD and was being implemented at the time of the site visit. This uses instruments developed for the DAESSP project. There was some optimism that a fully functional and sustainable information system would eventually be established.

The Bahamas

2. The Bahamas has been concerned about illicit drug use since the 1970's and has made significant progress toward reducing drug trafficking and consumption. There are plans for a national information system but these have yet to be fully implemented. A substance abuse "Observatory[55]" is part of the National Drug Plan and some specific projects have been identified. This would collate administrative data and also carry out special projects such as school surveys with 'core' or other funds including, perhaps, those confiscated from drug traffickers However, details have to be worked out and major projects such as a national survey may require external funds. Currently, the Health Information Unit of the Ministry of Health is collating some standard administrative data from treatment and other agencies. One key informant said that the Government was also increasingly committed becoming more accountable and to having benchmarks for success. In this context there was a growing recognition of the importance of research and evaluation.

3. GAP provided assistance to a DAESSP funded school survey and a National network development project that involved a diversity of stakeholders. The network coordinator wrote the first and thus far only "Annual Report" in 2001. Among other things this report recommended the establishment of an "observatory" and other improvements in research and evaluation consistent with GAP's objectives.

4. Key informants acknowledged GAP's unique contributions to development in this country but were concerned that the project was terminated without a plan. There was also a concern that there was too much emphasis on surveys and not enough on improving administrative data. One informant was also very sceptical about the impact of school surveys doubted that they had led to any significant changes in policies or programs.

[55] This term is featured in the Multilateral Evaluation Mechanism (MEM) of OAS/CICAD. The Observatory's goals include the collection and analysis of drug-related data.

Trinidad

5 A brief site visit was also made to the National Alcohol and Drug Abuse Prevention Programme in Trinidad to meet with the acting coordinator and a research officer. It was learned that the government has approved a proposal for National Drug abuse Epidemiological and Surveillance System. However, most staff positions have yet to be filled and there are concerns about the finding qualified applicants willing to work for the salaries offered. Training is considered a high priority. If fully implement the epidemiological and surveillance system would quite large for this small country. There are ten staff positions including a coordinator, a Senior Research Specialist, 3 Research Officers, Data analyst, Statistical specialist and 3 data entry clerks.

6. In recent years the National Alcohol and Drug Abuse Prevention Programme has sponsored a number of assessment studies that have been carried out by consultants. These included a survey of drugs user in treatment and rehab centres and a study of drug-related mortality. Several rapid assessments of knowledge, attitudes and use in different populations have also been undertaken of (2001-2004) and a study drug use/needs of prisoners is currently being conducted by the national prison systems.

7. GAP's activities in the country were modest and limited to providing some technical assistance to a school survey funded by CICAD. Representatives from this country also attend a GAP sponsored ARQ training session. The two people interviewed during the site visit were unaware of GAP but expressed appreciation for the help received from the DAESSP coordinator who helped in the completion of the DAESSP funded school survey and who continues as an occasional consultant to the National Alcohol and Drug Abuse Prevention Programme.

Grenada

8. In Grenada a drug information network (GRENADIN) was established in 2002 with the assistance of funds from the DAESSP project and technical assistance from the GAP Regional Advisor. GAP also provided technical assistance for a national assessment study and a focus study of drug use by youth. The network it continues to function and it involves a variety of stakeholders who report administrative data to the Drug Control Secretariat - the administrative arm of the National Council on Drug Control. The Council conducts studies on demand for illicit drugs in the schools, and in the general population and out of school youth every two years. In addition data from drug control agencies are collected on a quarterly basis. GAP appears to have some indirect influence on the information collection in Grenada through its support of the DAESSP project.

Turkey

9. In Turkey a Monitoring Centre on Drugs and Drug Abuse (TMCDDA) system was established immediately following a GAP supported Information, Needs and Resource Analysis (INRA) and a National Assessment Study (NAS) funded by UNODC with the GAP Regional Advisor as project leader. The Centre is now formally linked with the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) and is twinned with Spain and Greece. Funding was not a concern to those involved.

10. The system currently has seven full time staff and its director has several years of experience in data collection, analysis and reporting. Although some elements of the system (police questionnaire) existed before GAP, key informants clearly indicated that INRA and, particularly the NAS lead to an expansion of the system to encompass the indicators emanating from the Lisbon consensus. Key informants also indicated that the National Assessment study lead to significant

changes in attitudes regarding the importance of demand reduction as well changes with respect to harm reduction treatment and prevention programs and policies.

11. The Turkish system has a network of 24 institutions, each with a focal point, that routinely funnel data to its central database. Information is collected from police arrest questionnaires, treatment episodes, HIV surveillance, prison data and data on drug related mortality. The scope of collection varies from one sector to another ranging from 1 city for mortality data (Istanbul) to 81 cities and some rural areas for police arrest questionnaires. Various analyses are conducted using SPSS and an annual report is produced. The information generated is increasingly being used for policy and programme development as can be attested by the examples provided by all informants interviewed. Turkey is also staging workshops on drug abuse monitoring for the benefit of neighbouring countries. The system appears to be highly sustainable. All informants stressed the utility of the system in generating evidence to support programs and policies and have expressed commitment to its maintenance and continual improvement. Quite apart from the system's utility, the Government considers this system, which permits Turkey's participation in EMCDDA, as being of pivotal importance in the country's accession to the EU.

12. It thus appears that Turkey is very serious about sustaining its national monitoring system and improving its utility and performance over time. The connection to EMCDDA, the twinning with Spain and Greece and the national motivation to access the EU are important additional factors attesting to this statement. The only concern relates to the availability of technical and professional expertise within TMCDDA. This could be mitigated through the association with the EMCDDA network.

Pakistan

13. In Pakistan GAP funded and provided technical support for a National Assessment Study that involve rapid assessment, studies of drug users in treatment and HIV study and a focus assessment study. Most informants agreed that GAP was relatively well coordinated with Government stakeholders and others in Pakistan. Some have argued, however, that improved coordination would have lead to greater accomplishments, particularly at the onset of the programme. However, all informants expressed support for GAP-related activities and were keen to expand them, pending the availability of funds.

14. Key informants indicated that that the information generated influenced attitudes regarding demand reduction and lead to changes in and/or new policies and programmes for harm reduction treatment. Some high level informants have indicated that the recent Presidential decision to convene a Committee to develop a national drug demand reduction strategy was predicated, in large part, on information emanating from GAP-supported activities.

15. Key informants also indicated that GAP influenced the development of four-city information system: Peshawar, Lahore, Karachi and Quetta. Data is collected from 16 treatment centres (unofficially expanded to 40) as well as from enforcement sources. A city based epidemiology network has also been established for the 4 cities. Deputy Directors of the Anti Narcotic Force (ANF) act as city focal points dispatching collated data to a national focal point at ANF HQ on a monthly basis. The latter generates an annual report reflecting the overall situation in drug abuse patterns and trends for the areas covered by the system. The system has four part-time regional focal points and is sponsored by the Anti Narcotics Force. Pakistan is also an active participant in the regional network (CARDIN).

16. Informants stated repeatedly that Pakistan places equal emphasis on supply and demand reduction responses, although the ability to fund the latter is very limited. Moreover, the spectrum

of demand reduction responses is increasing as a result of information generated by GAP-sponsored activities. While there is no current national strategy dealing with demand reduction, the President has recently convened a special Committee to develop the first such strategy in Pakistan.

17. Pakistan has accumulated $100M in confiscated proceeds of crime that, by law, can be assigned to supply or demand reduction programming, including the enhancement of the current Drug Abuse Monitoring and data Collection System. It might, therefore be an opportune time for UNODC to consider a "demarche" to the Government of Pakistan with a view to assigning some or all confiscated these funds to high priority demand reduction programming, including expansion of the national drug information system. Otherwise it seems unlikely that the current drug demand information system will be maintained without ongoing UNODC/donor funding.

Uzbekistan

18. In Uzbekistan, major local studies and projects on drug abuse, including Information, Needs and Resource Analysis and a Rapid Assessment study, have been primarily financed by non-GAP funding sources (EU, UNAIDS, other UN projects). However, the GAP Regional Advisor has been substantively involved in the design and implementation of all of these activities as technical expert.

19. The site visit indicated that these initiatives provided, for the first time, a clear and realistic picture of drug problems in the country and triggered a chain of changes: e.g. shift in government services (e.g. introduction of new concepts and approaches to treatment, including respect for patient's confidentiality ("anonymous approach" as referred to by the officials), attention to statistics of un-registered abusers, use of replacement therapy, etc.) and improved awareness and acceptance towards UN efforts and international standards (esp. on data collection and analysis, and drug demand reduction). Training on ARQ, Part II on drug abuse (data collection and management) was also reported as timely and highly valuable. Some of the questions in the ARQ, which had not been fully understood before by those who are responsible for completing the Questionnaire, have now become clear in their meaning, exact information to collect, and how to respond.

20. One high level key informant said, "The major achievement of GAP was the rapid situation assessment in 2001. It helped the country focus on collecting quality data; Training on ARQ was instrumental in making officials realize issues and information that used to be simply 'ignored.' Five key indicators of treatment are important and should be collected nationally."

21. In Uzbekistan a data collection and analysis system has been up and running for the past 5 years (even before GAP). It has been updated in line with the Biennial Questionnaire Report, with recommendations of experts. There used to be a system before; but in 1998, an updated statistical reporting system was introduced with approval of stakeholders. There is a full-time director who is also Deputy Prime Minister and "enough" staff, and all have higher education in law, medicine, computer engineers or substance abuse. The system was established by presidential decree and is thus likely to be sustained. It has undertaken various projects in illicit drug control, treatment and school surveys. It is state funded with addition support from the EU.

22. The system routinely collects treatment data, by basic demographic characteristics, e.g. sex, age group; includes information covered in ARQ; also contains both registered and anonymous/voluntary data. Data collected anonymously are kept on record but not provided to any other bodies. There are 14 regions (oblasts) in the country. Within each region, there are drug dispensaries and information and analytical units. Reports filled out by these dispensaries are sent to the Min. of Health, then to National Information-Analytical Centre. Through the national commission on drug control, a report with aggregate data is provided to various Ministries (every 6 months). Regional reports are provided every three months. While the basic infrastructure may

exist, the challenge remains the collection of complete statistics, including those collected from all relevant agencies (including law enforcement), as well as treatment data for anonymous patients; mortality data (deaths in and out of treatment); morbidity data (registered and non-registered). The system also tends to focus on a few major cities and on key informant said "The challenge now is how to shift the country's focus from local/regional to the national level".

23. Uzbekistan has a National Commission on Drug Control (1994) with high level representation form various agencies such as the Ministries of Health, Education and Social Insurance, but it is not clear as to what extent the policies are based on research and evaluation. However, one key informant said: "We depend on drug dispensaries, who work with NGOs, to collect data. Statistics on drug abuse have been readjusted in the past based on their assessments."

Kazakhstan

24. As in the case of Uzbekistan and other Central Asian countries, initial assessment studies for Kazakhstan (e.g. INRA, Rapid Situation Assessment (RSA), etc.) were funded by non-GAP sources but carried out with significant technical advisory services and assistance provided by the GAP Regional Advisor. Reports of key informants indicated that the results of these studies have changed attitudes within the government and can be considered as a turning point for the country. Comments indicating GAP's influence included the following:

" We now know what the international standards are in collecting and assessing drug demand data".

"Since GAP-assisted RSA, the concept of "monitoring" has come to exist (Before this, we had lacked both personnel conducting data collection and the concept of monitoring). We have now identified mechanisms to do this. GAP showed us that what we had in Kazakhstan before was not effective…. The impact of GAP is particularly evident in epidemiological info – new methods, indicators, approaches that correspond to international standards are now known to us, and we strive to use them to build our national standards."

"GAP has influenced in shaping our national strategy, particularly through RSA which illustrated a clear picture of our country's situation. The draft paper of our new strategy has been updated and revised with knowledge gained through GAP."

"*GAP's main contribution was in widening the options for replacement therapy (e.g. Methadone). In 2003 we conducted a survey of addicts on the use of Methadone. When the results were initially published, many criticized this type of therapy as a "bad" therapy. But gradually, there has been more understanding and acceptance by public toward the use of such therapy."*

"We can't say that the information in the country has increased due to GAP, but believe the quality of information has been improved. "

25. There is evidence of strong research and analytical capacity in Kazakhstan. Researchers at the Republican Scientific and Practical Centre for Medical and Social Problems of Drug Abuse ("Pavlodar Centre"), since the Centre's establishment in 2001, have been directly involved in the development and execution of major needs assessment and rapid assessment studies, conducted with the help of GAP Regional Advisor, and their efforts have contributed to strengthening the country's capacity to analyze national trends and patterns of drug abuse, and to support the development and evaluation of national demand reduction policies and programmes. The Centre and its work have been widely recognized and favourably received by their national colleagues in the drug field (e.g. Ministry of Health and Ministry of Internal Affairs).

26. Kazakhstan has not submitted ARQs in the past. The site visit to various local agencies revealed that the request from the CND Secretariat has not had reached the appropriate authority in the country who could complete the questionnaire. As the INRA (March 2002) correctly noted, the primary challenge for Kazakhstan in building a national drug information system still appears to be the strengthening of inter-agency coordination and information sharing among all agencies which collect various drug-related statistics. The office responsible for collecting data has changed in the government over the last several years. With the establishment of the Committee for Drug Organized Crime and Drug Trafficking Control under Ministry of Internal Affairs in 2003, this responsibility was passed on from the Ministry of Justice to Ministry of Internal Affairs. The Committee is now the highest authority in Kazakhstan with the responsibility of compiling all national drug-related information, and hence completing and submitting ARQs.

27. One key informant from the Committee reported that the country does not have a single information system, but an exchange of information exists between ministries. Informants from other agencies noted, however, that in order to establish a single reliable data system, further effort has to be made, e.g., in promoting information sharing between law enforcement agencies and medical / research communities, and in improving data quality in terms of enumeration of unregistered substance abusers across agencies. Once an inter-agency coordination is strengthened, it is highly likely that the system will be sustainable. There is legal framework under a Presidential decree (2001) and a continuous training capacity exists at the Pavlodar Centre. No key informant indicated concerns about resource issues.

South Africa

28. The site visit to South Africa was to assess GAP's work with the regional network. GAP's work with South Africa was very limited and not considered in this evaluation. South Africa has, however, had a drug information network since 1997. This is funded by the Department of Social Development and the Ministry of Health and run by the Medical Research Council. The network includes six major cities and more empirical data has become available, as the network has expanded. The network involves researchers, policy makers and practitioners from nine key areas and meet twice yearly. The Network's prime role is to provide information on alcohol and drug use. In the main, information is gathered from treatment centers and this year 59 centres reported on some 6,700 patients in treatment. Other data related to cases and seizures, as well any other ad hoc studies conducted in the area. Funding to the tune of $35,000 per annum is made available by the Ministry of Health and the Department of Social development. Half yearly and yearly reports are produced on the situation and are also available on the web.

29. In the main the comments from the members of the network were related to the fact of how to better institutionalize the network as part and parcel of the Drug Advisory Board (DAB) in the light of the launch of the National Drug Master Plan for South Africa 1999-2004. DAB was set up in 1993 and then revamped in 1995 and now acts as advisory board on drug matters to the Minister. In 1997, it was asked to prepare the Drug Master Plan that was launched in 1999. The Board consists of 12 members with 5 yr appointments and meets twice per year. The Board at present has completed its five-year remit and thus resigned. The new Board is expected to be appointed by the end of the year 2005 – but some members those involved with the network, and in particular the main coordinator, have voiced there misapprehension for a further term

Kenya

30. A site visit to Kenya revealed that this country received some technical and financial assistance for GAP activities during 2000-2002 when the regional coordinator was still based in the

region. However this support was limited given the lack of financial resources. Many activities also stopped when the regional coordinator left. Technical assistance consisted mainly of capacity development activities such as training on how to complete the ARQs, computer software (SPSS), on data collection and reporting and doing school surveys. GAP principally researchers at Nairobi University Medial School but also provided training to some NGO' and government officers.

31. GAP also provided funding and assisted Kenya to establish a drug information network, the preparation of the Information, Needs, Resources and Analysis (INRA) report. Other reports prepared by Kenya following the initiation of GAP activities are: (i) Economic – Social – Political Aspects of Illicit Drugs in Kenya and the (ii) East African Drug Information System (EADIS) Country Report for Kenya (2003). Kenya participated in meetings of EADIS until GAP ceased to support this network and no new funds could be found. The Study on the Assessment of Linkages Between Drug Abuse, Injecting Drug Abuse and HIV/AIDS in Kenya: A Rapid Situation Analysis (RSA) 2004 was conducted by the GAP focal point but the funding was provided by Project F94.

32. The legacy of GAP has been to influence thinking about the need for an information system but Kenya Government does not currently provide support for such a system. The government does however; support NGOs to perform a number of activities on substance abuse prevention.

Mauritius

33. Mauritius that is part of the Southern African Development Community (SADC). The GAP Regional Epidemiologist for South Africa and East Africa visited Mauritius in September 2000 to prepare for Information, Needs and resources Analysis (INRA) that was subsequently carried out. A subsequent joint UNODC and the South African Medical Research Centre visit, partly supported by GAP, led to the establishment of The Mauritius Epidemiology Network on Drug Use (MENDU) with a Steering Committee of stakeholders.

34. MENDU has adapted the data collection questionnaire developed by the SADC Epidemiology Network on Drug Use (SENDU) to the local context and trained representatives of all the participating NGOs to complete the questionnaire. A trial run of data collection using the amended questionnaire in all 8 participating Treatment Centres was held in June 2001.

35. MENDU now routinely collects data on treatment demand from NGOs that treat and rehabilitate substance abusers, admissions and discharges from the Brown Sequard Psychiatric hospital and arrests and seizures on illicit drugs from the police force as well as from prisons. This system forms the backbone of the Mauritius data collection and reporting mechanism on substance abuse to the UNODC.

36. MENDU is now supported by the National Agency for the Treatment and Rehabilitation of Substance Abuses (NATReSA) that coordinates the work relating to illicit drugs in Mauritius. NATReSA also funds treatment centres technical and also monitors them. The centres therefore are obligated to collect data and report to NATReSA, which, in turn through MENDU prepares the statistics, and reports to the UNODC. MENDU therefore exemplifies the kinds of data collection system promoted by GAP.

37. The evidence thus suggests that GAP had a positive influence in Mauritius. The GAP capacity development process produced the first MENDU questionnaire, the Rapid Situation Assessment and Response on Drug Use for Mauritius and the production of the National Drug Control Master Plan for the Republic of Mauritius (RSA and the Drug Control Master Plan funded by Project G56). The ARQs and BRQs are completed regularly because of the MENDU project that supplies the data. However some stakeholders felt that, while data is shared with all the

participating centres it is not yet being used for policy formulation or in shaping programmes and projects that should form solutions to substance abuse in the country. The NGOs feel that this data should be made available to Cabinet, Parliament and other policy makers. Further, there is no networking between the various actors such that they could learn from each other.

Egypt

38. In Egypt GAP provided technical support for a rapid assessment of illicit drug use in Cairo, and provided technical advice in the development of a drug information system linked to a broader mental information system. The Ministry of Health and Population Statistics held a symposium in December 2004 to develop " A comprehensive Action Plan for Drug Problems in Egypt" that was attended by Ministers from Health, Justice, Interior, Insurance and Social Affairs as well as the UNODC Regional Representative. Unfortunately progress was stalled due to elections but further developments are expected once the new cabinet is installed.

39. GAP also provide technical support for HIV-related studies in collaboration with UNAIDS. The major problem faced during the first year was ensuring collaboration between the private and public health sectors in the implementation of the Egyptian drug information system. However, Ministers from various National Government Departments have meet to discuss an Action Plan for Egypt as a whole. It thus appears that GAP has had a positive influence in Egypt and plans to continue work in this country are justified.

What was learned about other countries?

40. Site visits also revealed the following about information systems in some other countries:

- One well placed key informant in the Caribbean estimated that since though the GAP-assisted DAESSP project 1/3 to 1/2 countries have made improvements in capacity and quality of data

- The Jordan National information network was re-launched in early 2005 with the assistance of the GAP regional advisor

- GAP contributed to some unspecified improvements in information Tanzania, Madagascar, Ethiopia and the Seychelles.

ANNEX VI. RESPONSES TO EMAIL SURVEY OF 49 GAP TARGETED COUNTRIES THAT DID NOT RECEIVE A SITE VISIT

Twenty responses to the survey were received giving a response rate of 42%. Thirteen of the respondents (65%)indicated that their countries had a national strategy for drug demand reduction and 15 (75%) chose "yes" in response to the question "Does your country have a government-supported agency with an ongoing responsibility for collecting information on the demand for illicit drugs (e.g. through surveys and other types of studies and or the receipt of data from hospitals/police etc". The type of information collected was variable and typically concerned treatment admissions and arrests. The report from Belize also indicated that periodic surveys of students, offenders and the general population (Belize only) were to be conducted. Reports from six other countries indicated that it was "very likely" or "somewhat likely that they would established such an agency within the next five years. Eleven respondents (55%) indicated that their countries were active participants in a regional network.

The following unedited statements were made by the eight respondents who answered the question: "How, if at all, has the UN Global Assessment Programme (GAP) influenced the collection and reporting of information of the demand for drugs in this country (e.g. standardized data collection, increased awareness, provided training, provided resources etc.)?

- The participation in information gathering for GAP purposes by staff of government entities allows them to see the weaknesses and imperfections of the existing fragmented schemes of the situation monitoring. The GAP scheme for information gathering could serve as a model for the various entities.

- (GAP provided) training, information technology tools

- EADIS network helped set up a national drug information network: reinforced national capacities to collect data through needs analysis, financial assistance, computer help with filling out ARQ

- By providing incentive and impetus to collect data, by assigning a specific person to do so and by providing some funds for meetings

- Provided one Computer, training and conducted stakeholders meeting to raise awareness of importance of collecting data

- Provided training and resources

- Part of SENDU; tools for data collection were derived from GAP; benefited from publications

- UNODC encouraged national data collection

- GAP trained two staff members from Africa Mental Health Foundation in SPSS Programme in 2002

- In 2002, an Express Assessment of the Drug Abuse Situation in Kyrgyzstan was conducted. At the second stage of the present project, the Chief of UNODC GAP Regional Office in Central Asia entrusted the Chief of the Drug Treatment Service- and …. the national coordinating organ … with the task of gathering and processing data on the drug situation (which, we believe, affected the volume of analyzed information)

- The participation in information gathering for GAP purposes by staff of government entities allows them to see the weaknesses and imperfections of the existing fragmented schemes of the situation monitoring. The used GAP scheme for information gathering could serve as a model for the various entities

Eleven (55%) respondents indicted that GAP had directly or indirectly facilitated the completion of the ARQ and four indicated that GAP had directly or indirectly facilitated the completion of the BRQ.

The following, largely unedited addition comments were written in response to a request for additional comments about GAP:

- The existence of the Drug Control Agency with its human resources and well-defined powers has been exercising a positive influence. The lack of a sustainable mechanism for information gathering within GAP framework has been having a negative effect: the key informants in the various entities have not been concretely identified and, in a series of cases, no assessment of the reliability of the acquired information has been possible to make. It would be useful to conduct training for staff of all entities participating in information gathering at the implementation level, with a view to clarifying the objectives and tasks of monitoring. At the same time, key indicators for assessing the situation in the country should be identified. For staff at the decision-making level, the importance of unifying data collection systems should be spelled out.

- UNODC always partner in the background; in the future technical and financial supports from UNODC may be needed

- Not much communication with GAP, therefore more help/instruments needed to combat drug abuse problem

- Due to budget limitations, most data was collected in the Capital and its suburbs, therefore there is no complete national picture; need to continue to build national network - this request has already been made to UNODC Nairobi office

- Continues support on resources is needed

- Programme should provide training WS to aid countries in filling out the ARQ

- GAP is a good project but its mission is not finished. In actual fact it left Tanzania as well as other countries under the project while at the infant stage. There are many things that were to be done in order to realize the desired results. I think GAP is still needed and it has to focus on capacity building of key stakeholders in the collection of demand reduction information

- Need for regional support to create awareness, conduct trainings and epidemiology work, improve data collection

- GAP through provision of Drug Demand Reduction Trainings programmes, can/will help build capacity for Data Collection and Research in Zambia

- (The need for) competent national organs of the country, wielding analytical information and the relevant powers, etc. should be addressed.

- The country has not received any assistance from GAP. Our surveillance system is very weak because it only focuses on treatment centres and police. It does not collect information from vulnerable groups such as sex-workers, students and groups of the society.

ANNEX VII. FINDINGS AND OBSERVATIONS FROM HEADQUARTERS INTERVIEWS BY JACQUES LECAVALIER

Nineteen (19) persons were interviewed at/from UNODC Headquarters as part of the GAP evaluation process. Most of these people were UNODC HQ staff, but donor representatives at the local missions were also interviewed. The following is a summary of findings that have impacted GAP but have much broader implications for UNODC:

1. UNODC Corporate response to UNGASS

Findings and observations

Numerous informants have indicated that, quite apart from GAP, projects have been launched both from UNODC HQ and from RO/FOs for the purpose of collecting and analyzing data on drug consumption as well as to build capacity in data collection and analysis in various regions of the world. Some of these projects are/have been, to various extents, coordinated with GAP but are quite independent from GAP and do not necessarily share the same objectives, principles, methods and outputs. Examples include ACCORD in South East Asia, a Field Office project in India, Crop Monitoring Questionnaire which includes questions on demand reduction and numerous other projects dealing with demand reduction and/or HIV/AIDS both at HQ and in the field. While both GAP and these projects are genuinely useful in contributing to a response to UNGASS as regards data collection and analysis, they cannot, even in aggregate, be considered a comprehensive UNODC response. Rather they appear to follow a policy of "let the flowers grow". As a result, officers working on GAP, inter alia, are unsure as to where their efforts fit in regards UNGASS. Moreover, the apparent lack of strategic corporate response has left huge gaps in world population coverage for data collection and analysis. For example there is little or no information on the nature and extent of drug use in such large populations basins as China, Indonesia, Brazil, Nigeria and Russia. Needless to say, if left unaddressed, this situation will present a serious challenge when the time comes to prepare UNODC's progress report in 2008.

Elements of solution for consideration

Seven years have passed since the UNGASS declaration was adopted, but there is still 2.5-3 years left in the 10-year mandate calling for concrete results. UNODC Management should consider adopting a comprehensive response to the UNGASS mission across its various dimensions, preferably within the ambit of a multi-year corporate strategic plan. As regards drug use data collection and analysis, the first step should be an inventory of current and past efforts. Merits may also accrue from placing all data collection and analysis for drug consumption under GAP, along with performance indicators and the assignment of responsibility for implementation to the appropriate unit(s)/section(s) within UNODC. Informant donors contacted suggest that such an approach is likely to attract increased funding for UNODC's efforts in data collection and analysis at the country, regional and global levels.

2. Information Management

Findings and observations

Interviews with informants at UNODC HQ regarding GAP have revealed instances of duplication of efforts (data entry) and creation of so-called incompatible data banks. Invariably, these initiatives are undertaken as genuine efforts to "get the job done". To compound this situation it appears that UNODC's long-standing culture of information sharing is predicated on the supplier's perception of requester's "need to know". Typically, an officer learns about an activity, output or information

bank that is relevant to his/her work through a field office or an external source. However, in an environment where resources are insufficient to fulfil mandates conferred by governing bodies, these shortcomings represent a significant loss of energy that could be redeployed to attain greater results. Much of the problem can be attributed to the absence of an over-arching corporate information management strategy to guide the collection, organization, sharing and analysis of one of UNODC's most precious assets: INFORMATION.

Elements of solution for consideration

UNODC should reconsider its approach to information management with to view to looking at information as an essential resource, on the same level as people and money. This would imply developing a comprehensive strategy for the horizontal management of this resource across the organization, including Headquarters and the Field. Most successful organizations have recognized the need for such a plan and many of the larger private and public entities assign the function to a high level executive (Chief Information Officer) on the same base as finances (Chief Financial Officer) and human resources (various names). Given its relatively small size, UNODC might wish to assign the information management function to an existing high level executive with clear authority to implement the adopted plan and report periodically on results.

3. Clarity of roles

Findings and observations

Several informants have indicated that other internal units/sections have expanded their mandate to areas that now overlap their responsibilities. Again, this arises mostly out of people's genuine efforts to gather the information needed and produce the output required to fulfil their perception of management's expectations and the mandate conferred by UNGASS. This has lead to organizational friction, hoarding of information and personality conflicts. Much time and energy is wasted pursuing these issues and/or addressing their symptomatic relief.

Elements of solution for consideration

As a first step and to complement Findings 1. and 2., there is an immediate need to clarify the roles of internal organizations involved in GAP (and possibly across UNODC) both at HQ and in the Field. In addition, a sign off procedure should be considered for all new project/programme proposals, internal documents and publications, as appropriate to fit the interface among internal organizations. If these steps fail to resolve the issues described, re-organization will need to be considered to bring UNODC's structure more in line with its mandate.

4. Identifying programme/project inputs

UNODC staff informants both in the Field and at Headquarters indicate that, over and above GAP, much of their time is spent on other projects and/or core activities. In one instance 60% of the person's time was reported as being spent on non-GAP activities while the post and funding are attributed to GAP. It is a risky business to reach any conclusion in evaluating a programme when inputs are nebulous at best and/or clearly overstated at worst. While UNODC has a sophisticated system for tracking financial expenditures, there does not appear to be any means of tracking human resource inputs accurately when people are assigned to several projects/programmes and core activities at the same time.

Elements of solution for consideration

If it is not considered possible to assign people to specific projects or to core activities, then UNODC needs to develop a system of time tracking so it can accurately report on resource utilization and, indeed, use such information judiciously for management purposes.

5. Project development process

Findings and observations

When the original GAP project document was developed in 2000, it was clearly written with the notion of attracting optimum interest and funding from donors. As with most project proposals at the time, very little consideration, if any, was given to an eventual evaluation predicated on the original objectives, basic assumptions (including budget projections of $11M), proposed means of implementation, anticipated outputs and expected outcomes. Today, of course, we find that the project attracted about 1/3 of the projected funding which made some of the specified targets (25-30 national systems and 9 regional networks) unattainable. In other words, this approach to project development in an organization, which now places high importance on evaluation, is a clear path to failure.

Elements of solution for consideration

UNODC programmes and projects should be developed with full consideration given to evaluation from the onset. This does not mean that projects cannot be designed to attract optimum donor interest and funding. An approach whereby a core project is designed with appropriate performance indicators for a minimum level of funding coupled with additional options or modules with corresponding indicators and funding levels can be adopted to satisfy both donors and evaluators.

6. Advocacy

Findings and observations

One of the main findings in the South West and Central Asia region is that GAP and related UNODC activities have been highly successful at changing decision-makers' attitudes as regards the need for demand reduction responses and the necessity to establish on-going national systems to assess the nature, extent and consequences of drug consumption. Much of that success is attributable to the advocacy role played by the GAP Regional Advisor (and other UNODC regional staff) in using the evidence emanating from National Assessment Studies (so-called Rapid Situation Assessment) in a judicious manner.

The original Project Document is silent on the role of UNODC in promoting the creation and use of evidence as a basis for decision-making. While UNODC has an "Advocacy" Section, it does not appear to have a corporate policy to deal with the advocacy function and its boundaries. As a result, Programme/Project staff are entirely on their own as to whether and to what extent they resort to advocacy as a means of advancing UNODC's mission.

Elements of solution for consideration

UNODC should develop a corporate policy on advocacy. Where appropriate, programme or project proposals should include a section on the advocacy function and the role to be played by staff in this regard.