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TERMINAL EVALUATION REPORT

Project number: TDRAF960EKE
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REGIONAL OFFICE FOR EASTERN AFRICA, NAIROBI

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LIST OF ACRONYMS

DMS	Director of Medical Services
DOP	Department of Pharmacy
DTC	Drug and Therapeutics Committee
INCB	International Narcotics Control Board
INRUD	International Network for Rational Use of Drugs
KEMSA	Kenya Medicines Supplies Agency
MOF	Ministry of Finance
MOH	Ministry of Health
MSH	Management Sciences for Health NACANDA

National Agency for Controlled Drugs NDRA/NDRAS National Drug Regulatory Authority/Authorities NDS National Database Systems

PHARMECOR	Pharmaceutical and Medical Supplies Corporation
PPB	Pharmacy and Poisons Board
RPM	Rational Pharmaceutical Management
ROEA	Regional Office for Eastern Africa
TFDA	Tanzania Food and Drugs Authority
TOT	Training of Trainers
UN	United Nations
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

EXECUTIVE SUMMARY

PROJECT DESCRIPTION

Background and Justification

The thirteen Eastern African countries of Burundi, Comoros, Djibouti, Ethiopia, Eritrea, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Tanzania and Uganda were found to have become prominent for illicit production, trafficking and consumption of narcotic drugs and psychotropic substances. UNDCP (forerunner to UNDOC) had not intervened to control these substances in these countries, except for legislative drafting in Ethiopia, Kenya, Mauritius and Uganda and INCB training seminars for national drug control administrators.

The project sought to strengthen the capacities of the national drug regulatory authorities in these countries to control the supply and distribution of narcotic drugs and psychotropic substances used for medical and scientific purposes, as well as some precursors and prevent their diversion into illegal markets. The main focus was to ensure that licit drug control units operate more effectively, through the provision of training and equipment. The strategy was to provide appropriate level of advisory services, training and equipment to each country according to specific problems and needs of each country. New UNODC software for monitoring the licit trade in these substances would be provided to the participating countries. Assistance was provided in a phased manner: first phase of 18 months to four countries (Ethiopia, Kenya, Tanzania and Uganda) and eight additional countries (the rest of the Eastern African countries, except Somalia) assisted as in the first phase. UNODC, INCB secretariat and WHO were participating in the project's implementation.

MAJOR FINDINGS

Project is relevant and of comparative advantage to UNODC. The design and implementation were effective and efficient, with participation of stakeholders. Sufficient inputs in terms of financial and human resource were made available for obtaining the results and achieving the project purpose.

Activities implemented as planned

Sensitization workshops and skills training for inspectors and hospital staff were conducted and all stakeholders in the distribution channel participated. Equipment was provided and training in NDS soft ware was provided for all the participating countries.

Outputs/results achieved

Many countries now have NDRAs that are discharging their functions sufficiently. Trained pharmaceutical inspectors are now carrying out inspection, at ports of entry, in many participating countries. Routine inspections of wholesalers, pharmacies and hospitals are still not effectively done due to shortage of personnel. However, this is expected to improve with on going training of inspectors, initiated by the project.

With advisory services of the project Tanzania has developed "Guidelines for the Quantification of Narcotic Drugs and Psychotropic Substances for Licit Purposes", Guidelines For Dealings in Controlled Drugs" and "A Model Curriculum For Pharmaceutical Inspectors". Eritrea has also produced and launched "Essential Drugs and Medical Supplies Logistics Management for Health Centres and Health Stations" manual and Prescription pads in different colours for each category of drugs i.e. Narcotics, Psychotropics and essential drugs).

Principal purpose achieved

Licit drug control units are now established in all NDRAs of the participating countries in the region. Staff therein is trained in pharmaceutical inspection skills and drug requirement estimations. Most of the units now submit regular and more complete data to INCB. With this project registering satisfactory achievement of the principle purpose, it is likely that the overall goal will be achieved, **if the activities of the NDRAs are supervised and monitored.**

Sustainability

The national drug regulatory authorities have included the activities of the project in their work plans and governments have allocated budgets to continue these activities. These plans, and the widespread awareness of the drug problem, means that the drug control activities will be sustained in the participating countries. The activities of this project and outputs can now be sustained in the participating countries.

LESSONS LEARNT

Relevance (Public Health/Socio-economic Priority in Eastern Africa)

Some governments do not view control of licit drugs as a priority in terms of socio-economic development or Public Health Priority. They have not therefore invested in drug control mechanisms, including personnel and infrastructure. This has been worsened by the imposed policy of restructuring of the public service by the participating countries.

Shortage of Health Care Personnel in the Region

This evaluation found very few pharmacists in the region. Prescribers are few and are not conversant with drug control regulations. Professional regulatory councils are weak in many countries.

Regional Approach

This project will achieve the overall goal because it tackled a problem of a regional nature. This approach increased the effectiveness and efficiency of implementation. Involvement of the participating countries in funding project activities was an appropriate innovation. This is a good lesson for UNODC and other agencies that are implementing programmes that address regional problems like reducing demand for illicit drugs.

National Drug Regulatory Authorities

It was appropriate to target the NDRAs for the implementation of this project. The evaluation found many NDRAs have incorporated Licit Drug

Control Units in their structures and have separately budgeted for their activities.

Involvement of all stakeholders

There are many stakeholders in the drug distribution channels that play different roles. This project tried to involve all of them, and this contributed to the positive outputs of this project.

Unexpected negative outcomes

Initially there was an anomalous effect on use and availability of licit in the pharmacies and hospitals. The health staff understood the old laws as **criminalizing** these drugs and many refrained from handling them. This initially resulted in poor availability of these drugs for patients in the health units. However, this project educated the relevant staff on the provisions of the international control conventions and by the evaluation time, most health workers had changed their attitude. With health staff now trained on quantification of drug needs and most governments amending the old Drug Laws that had largely criminalized licit drugs, the situation is changing and many hospitals now stock according to their needs. Further sensitization and training seems to be correcting this impression and licit drugs are beginning to be available.

BEST PRACTICES

Formation of National Drug Regulatory Authorities.

Countries that have now created these bodies, e.g. Tanzania's TFDA have implemented the project activities more efficiently and had more outputs. TFDA has developed a number of mechanisms to improve inspection effectiveness and control distribution of licit drugs in the country, including guidelines for training and handlers of licit drugs.

Guidelines and Prescription Guides

Guidelines for training in Tanzania and Eritrea were noted as best practices that should be emulated by other countries.

Newsletters (UNODC and Countries)

Newsletters promote advocacy and networking for the participating countries. “The Eastern Africa Licit Drugs Update” and “TFDA” newsletter were effective in creating awareness among the stakeholders.

RECOMMENDATIONS, CONCLUSIONS

1. Continuation phase/Termination

The participating countries can now sustain the activities of this project on their own, having strengthened the NDRAs. There is need for **a follow up project** to address the use and control of licit drugs in pharmacies and hospitals. The follow up project should include control of precursor chemicals in the activities. UNODC still needs to continue providing advisory and supervisory assistance to these countries.

2. Networking activities and mechanisms (Newsletter and regular meetings) should be strengthened.

3*. Encourage operational research* in utilization of licit drugs and precursor chemicals in the region and share results and experiences during annual meetings.

4. Identify *relevant training opportunities* in Rational Use of Drugs and Drug and Therapeutics Committees for personnel of the NDRAs and health facilities.

5. Continue with *advocacy among government officials* to realize the importance of Licit Drug Control in their socio-economic development plans.

1. 0. INTRODUCTION

1. 1. BACKGROUND

The thirteen Eastern African countries of Burundi, Comoros, Djibouti, Ethiopia, Eritrea, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Tanzania and Uganda are becoming prominent for illicit production, trafficking and consumption of narcotic drugs and psychotropic substances. It has also been realized that control of licit drugs, including inspection procedures is largely inadequate and ineffective in the region. Legitimate needs of people for these narcotic drugs and psychotropic substances are not adequately met and rational drug use is not being practiced.

In realization to these problems, UNODC, in collaboration with WHO conceived the Project "Control of Licit Drugs in Eastern Africa" which was launched in November 2000. The total budget of the project is US$ 2,400,000, including $ 1,400,000 from donors and $ 1,000,000 from participating governments. Implementation of the project started on 1 November 2000 for a planned period of 3 years but was later extended to December 2005, following recommendations of the midterm evaluation and project review meetings.

The purpose of the Project is to strengthen the capacity of the national drug regulatory authorities in the 13 countries of the Eastern Africa Region to control the supply and distribution of narcotic drugs and psychotropic substances used for medical and/or scientific purposes, as well as some precursors, and prevent their diversion to the illicit markets. The main focus is to ensure that licit drug units operate efficiently through provision of training and equipment. The specific problems and requirements of each country were addressed through country-needs assessment missions. The appropriate level of advisory services training and equipment was consequently provided to each country. Problems associated with the control and inspection of the national supply and

distribution channels as well as reporting requirements to INCB was deemed as high priority. In addition, new UNODC software for monitoring the licit trade in these substances was provided to some countries covered by the project. The project design took into account the requirements of the UN conventions and their respective application at the national level as well as the importance of inter-agency and inter-departmental cooperation at the national, regional and international level.

The project was implemented in two phases, the first phase in 4 countries of Ethiopia, Kenya, Tanzania and Uganda. During the second phase, the project was expanded to the rest of the eight countries, including Burundi, Comoros, Djibouti, Eritrea, Madagascar, Mauritius, Rwanda and Seychelles. (Somalia was excluded due to political instability).

By the end of the project, it was anticipated that national drug regulatory authorities in Eastern Africa would be fully functional, trained and equipped to exercise effective supervision and control over the supply and distribution of narcotic drugs and psychotropic substances, while ensuring their availability for medical and scientific purposes, in line with the requirements of the UN Drug Conventions.

1. 2. EVALUATION PURPOSE AND OBJECTIVE

The overall purpose of this evaluation is to learn from the project implementation so that lessons can be drawn that can be the basis for instituting improvements to programme/project planning, design and management. In addition, the evaluation aims to measure the achievements, outcomes and impacts of the project.

The main stakeholders in this evaluation are the national drug regulatory authorities (NDRAs), personnel involved in the project management and implementation, some pharmaceutical inspectors and hospital pharmacists and other health care providers in the five countries that have benefited from the project, as well as the different sets of professionals, in public and private sector drug distribution channels who have been trained.

1. 3. EXECUTING MODALITY

A 17-day itinerary was drawn by the UNODC/ROEA in which the evaluator had two days in each of the five countries, namely Eritrea, Kenya, Rwanda, Seychelles and Tanzania. The Focal Persons in each of the countries received the itinerary of the evaluator in good time to make appointments with officials of the ministries of Health, Commerce and Trade, Internal Affairs (Police and Customs), Personnel of the NDRAs, Health Unit staff, including in charge pharmacists and physicians. Interviews, and in some cases, focus group discussions were held with the stakeholders and observations were made in the laboratories and hospital pharmacies to assess the performance of the project.

UNODC ROEA made all air travel arrangements for the evaluator, while he made his own ground transport and accommodation arrangements for the duration of the exercise. NDRAs facilitated the contacts and introductions with the respondents in the respective countries.

The expected deliverables of the evaluation included evaluation plan, final evaluation report and presentations at workshops.

While the implementation plan was superbly made, problems of cancellation of scheduled flights, especially to Eritrea forced an alteration in the evaluation programme during the exercise. The trip to Tanzania was delayed by one day, while the trip to Rwanda had to be brought forward by five days. Due to difficulty in communication within the region, the Focal Person in Rwanda was made aware of the changes after the evaluator was already in Kigali.

1.4. EVALUATION METHODS

1.4.1. Selection of countries for evaluation

Field visits were made to five selected countries covered by the project, namely Kenya, Tanzania, Eritrea, Seychelles and Rwanda. The first two have been chosen, as they were part of both the first and second phase of the project. The latter three are part of the second phase. The

geographical distribution was also a criterion for selecting the countries for evaluation. Finally, the selected countries constituted a mixture in terms of their project performance.

1.4.2. Data/Information collection

1.4.2.1. Review of Documents. Documents reviewed included all major documents, including the project document and its subsequent revisions, base-line assessment mission reports, annual progress reports, workshop reports and mission reports.

1.4.2.2. **A combination** of key informant interviews and focus group discussions with government officials in the ministries of health, police and customs and, sometimes trade and industry, drug regulatory officials in the ministry of health, key personnel in the drug distribution channels, including drug importers, wholesalers and health care facilities. I would have liked to visit representatives of the collaborating agencies like WHO and UNDP, but time constraints worked against this plan.

1.4.2.3. Observation

Some information was obtained by observation of activities in the NDRA offices, National Drug Quality Laboratories and selected hospital pharmacies and wards.

2. 0. MAJOR FINDINGS

2.1 Overall Performance

This was assessed to confirm the logic of cause and effect relations of "Inputs → Activities → Outputs → Project Purpose → Overall Goal" using the **Logical Framework** and the **Objectives Tree**. The framework and objective tree is an **"if-then hypothesis**". If the Activities are done, then the outputs are achieved; if the outputs are achieved, then the Project purpose will be achieved; if the Project purpose is achieved, then it will likely contribute to the Over all Goal. The analysis assessed the overall performance of the project including 1. Relevance, 2. Effectiveness, 3. Efficiency, 4. Impact and 5. Sustainability. Results of

findings on Implementation, Institutional and Management Arrangements and Outcomes have also been presented in this section.

2.1. 1. Relevance

The project target group was selected to include all the three intervention areas of Educational, Regulatory and Managerial strategies. Government officials, Drug Regulatory Authorities and personnel in drug distribution channels have been appropriately targeted for educational intervention. The Drug Regulatory Authorities (NDRAs) in the participating countries are proper targets for managerial (structuring or guiding choice of drugs) and Regulatory (Restricting or limiting choice of drugs to be prescribed) intervention. The selection of the target group was appropriate.

The problem that is being addressed by this project is poor control of licit drugs and precursor chemicals and shortages of narcotic drugs in health units. These have resulted in diversion to illicit use and poor availability of the narcotics and psychoactive substances for rational treatment of pain and mental disorders in the region. Poor control of precursor chemicals has resulted in diversion into synthesis of illicit drugs. The purpose and the over all goal of the project therefore addresses the identified problem appropriately. And the project was judged to be an appropriate solution to the identified problem.

The problem of poor control of licit drugs and precursor chemicals is definitely a priority area for intervention of UNODC.

The target group was involved in planning and implementation of this project. I note from the base-line assessment reports that there was adequate consultation of the stakeholders during the needs assessment. The main areas of involvement of the target group were in training workshops, in-country advocacy, production of educational and advocacy materials. Many members of the participating countries were facilitators in the various training workshops organized by the project. The Regulatory Authorities are participating in organizing the training workshops. The

participating countries financed their participants at the workshops and country tours.

Main outputs of this project were: 1). The improvement of the human resources for drug control activities in quantity and quality, 2). Availability and training of personnel in desktop computers and the software for electronic reporting to INCB and 3). Strengthening the NDRAs to control the licit drugs according to the requirements of the International Conventions. These outputs were appreciated and deemed beneficial by the officials and stakeholders in all the countries visited.

This project was deemed relevant to UNODC and participating countries.

2. 1.2. Effectiveness

2. 1.2.1. Achievement of the over all goal.

The over all goal of this project was to improve the control of licit drugs in the Eastern African Countries. The results and outputs point to a positive development towards the realization of this goal. But the project has so far been implemented for a relatively short period and the attainment of the overall goal has not yet been attained. The attainment of the over all goal will be the long-term result of this project. However, this evaluation reveals that the purpose of the project of improving efficiency of inspection and control mechanisms, and improving availability and use of narcotic drugs, psychotropic substances and precursor chemicals, through strengthening the NDRAs, has been achieved in several of the participating countries.

2. 1.2.2. Achievement of results/outputs.

The outputs of this project were to strengthen the NDRAs to carry out licit drug control activities effectively; avail electronic means to monitor and submit regular and complete reports to INCB; and improve on the quality and quantity of pharmaceutical inspectors to perform efficient inspection. Many countries have had a number of pharmaceutical inspectors trained and many trainers have been produced to continue training personnel in inspection skills. Desktops and printers for monitoring distribution and use

of licit drugs are now available in most participating countries. (Equipment for Seychelles had not yet arrived by the time of the evaluation). NDRAs have been established and licit drug control desks have been set up in most of the participating countries. These outputs are resulting from the planned activities of the project. The results of the project have therefore been achieved by most participating countries and the other countries are showing encouraging trend towards achieving these results.

Training and advocacy for sensitization of the stakeholders to the problem of narcotic drugs, psychotropic substances and precursor chemicals was carried out adequately. Training in pharmaceutical inspection, estimation of drug requirements and computer skills, including the NDS soft ware were carried out for personnel in all the countries. But the training was carried out on only one occasion in each case. It was noted that pharmaceutical inspections are still not very efficient and most reports to INCB are still being made manually. Licit drugs are not yet sufficiently available in the hospitals due to lack of skills in estimating the requirements for these drugs by the health staff. Training in rational use
of essential drugs in general, and rational use of narcotics and psychotropic substances, in particular, has not yet been carried out.

Advisory services were provided by WHO, INCB and UNODC to the participating countries. This was mainly in curriculum design, legislative drafting, use of the NDS soft ware and organizing and conducting training workshops. The advisory services seemed to have been adequate since many participating countries are now carrying or have carried out these activities successfully.

The project activities have been implemented in all the participating countries that were visited. Activities in some areas were not sufficient enough to realize the outputs as proposed because of severe shortage of personnel.

2.1.2.3. Design and implementation

This project was designed as an intervention study, employing the well-known strategies for improvement of pharmaceutical management cycle. The implementation was mainly funded by the participating countries i.e. they were encouraged to sponsor their participants to training workshops and paid for the organization and conduction of local training workshops.

Computers and printers are very powerful tools for implementation of the project activities and facilitating inter-country coordination and networking. The equipment was also useful in supporting the activities of the NDRAs secretariats.

These factors contributed to the effectiveness of implementation activities of the project. The design and implementation was therefore deemed to be effective in terms of the expected outputs.

2.1. 3. Efficiency

The budget proposal for this project was US $ 2,400,000 for the duration of 5 years and was implemented in 12 countries i.e. $ 200,000 per country, $ 480,000 per year, or 40,000/ country/year. Considering the outputs, which included several trained personnel in the drug distribution channels, production of newsletters, fliers, guidelines for training and control activities, this project output far outweigh the input costs. The design and implementation of the project was efficient, and at acceptable cost compared with alternative approaches for achieving the same objectives.

The design was appropriate, following the recommended strategies of managerial, regulatory and educational interventions in combination to improve control and use of narcotics, psychotropics and precursor chemicals, and improve the availability and use of these substances. This was the most appropriate design for this kind of problem.

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It was evident that the planned activities would not be completed by the end of 2005. Only the first round of the training workshops were carried out, trainers course was conducted in July and they have not yet started in-country trainings. The time frame would have been adequate in terms

of obtaining the outputs, but the initial delay affected the implementation schedule negatively.

The involvement of the NDRA officials and national governments of participating countries in the implementation proved an efficient and effective means in the use of resources. The applied design and implementation therefore was efficient in terms of effective use of resources.

Implementation team included the UNODC/ROEA staff and Drug Regulatory Authorities of the participating countries, coordinated by the focal persons. This team was deemed sufficient for realizing the results of the project.

2. 2. Implementation

This is clearly detailed in the project summary. The plan is specific, measurable and attainable within the time frame of the project. The project Manager monitored the implementation according to the operational plan, beginning with the base-line assessment in the participating countries. The monitoring missions served as support supervision and a backstopping mechanism to the NDRAs.

2.3. Institutional and Management Arrangements

This project was based in the UNODC/ROEA office headed by a Project Manager, supported by a Program Assistant. The project was implemented by country coordinators, designated as Focal Persons in each of the participating countries. Focal persons were selected from Pharmacists in Drug Regulatory Authorities of the participating countries. The Focal Persons acted as field coordinators in the project.

3. 0. OUTCOMES, IMPACTS AND SUSTAINABILITY

3.1. Outcomes

The project objectives were realized as judged by the outcomes of the activities. The main outcomes were the sensitization of all the

stakeholders in the control of the narcotic drugs, psychotropic substances and precursor chemicals. There were also positive outputs from training, advisory and country tour activities.

Sensitization workshops that were carried out in all the five countries, produced awareness of government officials, like Permanent Secretaries in the ministries of health, internal affairs (police and customs) and Trade/ Commerce). Drug Regulatory Officials also realized the importance of licit drug and precursor chemical control as per the International Conventions. As a result of the awareness of the government officials, many governments are revising their drug control law to conform to the requirements of the International Narcotic Control Conventions. Some countries that had not acceded to the 1988 Conventions have now done so. Drug importers and users (public and private) now appreciate the need to report sales and exports to the NDRAs for monitoring and reporting to INCB.

The skills training have resulted in strengthening the National Drug Regulatory Authorities. Officials of the NDRAs were trained in legislative drafting, estimation of drug requirements, computer and NDS monitoring and reporting skills. Key staff in the drug distribution channels, including health workers, police and customs officials, received training in pharmaceutical inspection skills. The inspectors and relevant ministries have also been trained in the management and control of precursor chemicals. A number of staff from the NDRAs have been trained as trainers of pharmaceutical inspectors.

Equipment, in terms of computers and printers has been provided to the NDRAs to facilitate data capture and analysis. This has strengthened the monitoring and reporting of the distribution and use patterns of narcotics, psychotropic substances and chemical precursors in the participating countries. (Computers for Seychelles have not yet arrived in the country, the licit drug control focal person uses her office computer facilities to implement the project activities.).

The output of the advisory services of WHO and INCB was evident in the drafting of legislative laws to control the licit drugs in several of the participating countries. Rwanda has completed the drafting of the drug control law and the national drug policy document. Tanzania was able to utilize the advisory services to produce guidelines for estimation of licit drug requirements and a training curriculum for pharmaceutical inspectors.

Tanzania and Kenya NDRA staff conducted country tours to Ethiopia and Tanzania respectively. The best practices that Tanzanian officials learnt and utilized in the project were the regulatory strategies to improve the rational use of narcotics and psychotropic substances, including prescription pads of different colors for each category of drugs and a Formulary for the licit drugs. The Kenya NDRA staff learnt the use and trouble shooting of the NDS software.

3. 2. Impact

3.2.1. Awareness/Sensitization of stakeholders

The project has raised awareness among the stakeholders on the control of narcotic drugs, psychotropic substances and precursor chemicals and the requirements of the international conventions. Government officials became aware and have started revising the Drug Laws to conform to the requirements of the international conventions (1971 and 1988). Following intense advocacy during the implementation, most government and drug regulatory officials are aware of the requirements of the International Narcotic Conventions and are working towards fulfilling their obligations.

3.2.2. Monitoring and Reports to INCB

Regulatory Authorities for control of imports and distribution of licit drugs are now established in all the countries visited. Many have also put in place control mechanisms for chemical precursors. Participating countries are now sending regular reports, and complete data to INCB. Some countries are, however, still compiling and sending data manually. Most people still feel inadequate in handling the soft ware in which few have been trained and versions keep getting updated frequently.

3.2.3. Inspection

The number of personnel who are trained and involved in pharmaceutical inspection has increased. Most participating countries are carrying out nearly effective and efficient pharmaceutical inspections at ports of entry. However, only a few are inspecting pharmacies and health facilities. Rwanda is still not able to carry out pharmaceutical inspection of health facilities due to shortage of staff.

3.2.4. Control mechanisms

Most participating countries have put in place mechanisms for control of Narcotic drugs and psychotropic substances. The concept of Precursor chemicals is still new in most countries, their control is still evident in very few of the participating countries. However, control of use (prescription and dispensing) of licit drugs is still poor. The project implementation activities did not adequately address the issue of rational use (prescribing and dispensing) of narcotics in health facilities.

3.2.5. Use and Availability of Licit Drugs in Health and Laboratory Facilities

This aspect would follow from improvement in rational prescription and skills in estimation of requirements for the institutions. Only one workshop addressed the estimation of drug needs and few participants from the participating countries attended. The training workshop on rational use of drugs, specifically addressing pain management has not yet been carried out. A positive impact in this area is yet to be realized.

3. 3. Sustainability

The improved awareness of government officials in the participating countries has drawn their attention in the problem of illegal use and trafficking of the controlled drugs.

The drug control mechanisms have been put in place in many of the participating countries. Many governments are updating the laws to address the problems of Narcotics, Psychotropic substances and precursor chemicals, in conformity with the requirements of the International

Conventions. Desks have been set up within the Ministries of Health and some countries have set up semi-autonomous drug regulatory authorities to continue the activities of the project. The national drug regulatory authorities have included the activities of the project in their work plans and government officials have ensured budgets to continue these activities. These plans, and the widespread awareness of the drug problem, means that the drug control activities will be sustained in the participating countries. The evaluator received assurances on this from all the government officials that were visited. The activities of this project and outputs can now be sustained in the participating countries.

4. 0. LESSONS LEARNT

4.1. Lessons

There are issues that have cropped up in the implementation and monitoring of this project that needs to be drawn to attention of UNODC, participating governments and NDRAs.

Problem of effective control of licit drugs and precursor chemicals, and at the same time ensuring their adequate availability for legitimate use pertains in all the Eastern Africa countries. But interventions to improve the situation have been pushed down the priority areas of these developing countries by the **worsening socio-economic situation.** This has caused the countries to seek solutions from other regions that invariably get our priorities wrong. They have encouraged governments to concentrate on immediate, but usually short-lived, socio-economic activities. The area of control of licit drugs has been hit by the restructuring policies dictated on all the East African Countries. Many governments have very limited resources (funds and human) for drug control activities. This is true even where they have signed the International Conventions of 1971 and 1988. Many governments have poured money to procure medicines without ensuring **absorbing capacity in terms of personnel** to manage the supply. The area is riddled by shortage of trained professionals to manage drug supply. This was apparent in the implementation of this project

where many governments were not willing to sponsor participants at the training workshops.

I find very good lessons to be learnt by the international programme organizations on the approach to the implementation of this project. The **regional approach** to tackle a regional problem was the most appropriate design for this problem. This would ensure regional uniformity and networking to continue the activities that should eventually yield the expected results. Regional design also meant that the project would be implemented efficiently with resultant impact in a wider area.
Creation of **semi-autonomous drug regulatory** bodies by the governments would focus the attention of the personnel to the problem. Countries, like Tanzania that created an autonomous Food and Drug Authority has had a smoother beginning and process of activities. The authority has had to concentrate on regulation and not be bogged down by formulation of policy. It is also healthy to separate policy from regulation.

Licit drug control has had problems at legislation and implementation. The laws in these countries still do not discriminate between legitimate use and illegal trafficking. One still finds police department heavily involved in control mechanisms. The health staff has also misunderstood the concept of control licit drugs. Many Pharmacists and Physicians now avoid handling these drugs, since they believe the laws have **criminalized handling them**. This has created shortage in the supply and poor management of patients in hospitals. There is need for more training of pharmacists and physicians in rational management of pain and psychiatric conditions. There is also the belief that drug regulation and control, in general and specifically the licit drugs, is the **responsibility of Pharmacists** alone. I found some prescribers who did not know what happened to the drugs after the prescription is issued. The prescriber did not seem to have any idea about principles of rational use of drugs. There is need to involve, and encourage physicians to participate in measures to improve rational use of medicines. Drug and Therapeutic Committees and Promotion of

Rational Use of Drugs courses would supplement the inspection and drug requirement estimation workshops.

Unexpected negative outcomes, better control mechanisms for licit resulted in use of **precursor chemicals** to manufacture illicit drugs. Misunderstanding that the control mechanisms were **criminalizing the licit drugs** discouraged the Pharmacists and Physicians from handling them. This has led to shortages and poor management of people who require them for legitimate use. Control measures for precursor chemicals are gradually being put in place by many countries, but there is need for more education for stakeholders to ensure better use. Physicians should be educated on rational use of narcotic drugs and psychotropic substances.

4.2. Best Practices

In the evaluation, some best practices to control licit drugs are already apparent and should be encouraged and rolled out to all participating countries. There were best practices in legislation and policy levels and in implementation activities that were observed. At policy level, Tanzania has created a **semi-autonomous drug regulatory body** that has a focal point on drug control activities. The Tanzania Food and Drug Authority (TFDA) has a work plan that is included in the national budget. Because of the semi autonomous nature, they are able to carry out activities without undue encumbrances of the bureaucracy. Strategies for improving effectiveness of inspection and control, like **guidelines** for pharmaceutical inspections, and handling (use) of Narcotic Drugs and Psychotropic Substances are produced and introduced.

Training manuals for quantification of requirements and inspections for precursor chemicals have available in some participating countries. In Eritrea, **aids to ordering and prescribing** the different categories of the drugs are available in form of writing pads with separate color codes.

Country Tours have played a effective role in facilitating networking within the NDRAs that participated. It was a good motivation for members to see their counterparts implementing project activities under similar conditions. Tanzanians produced the guidelines for handling licit drugs

after a visit to Ethiopia, while Kenyans learned operating the monitoring and reporting software from Tanzania. The two countries have continued to consult in the two areas. **Newsletters and fliers** are important instruments for networking and improving dispensing and prescribing behavior. Prints materials are also good advocacy strategies for this project. This was a good practice in the implementation of the project activities.

4.3. Constraints and Problems

4.3.1. Constraints

Human and financial resources, Different languages in participating countries, Communication (travel and information exchange) among participating countries and lack of research activities to define the problem and understand the causes of the problems.

There is still severe shortage of pharmaceutical staff in the participating countries. This affected implementation of the project activities in many countries. Seychelles has only two Pharmacists dealing with all aspects of pharmaceutical management in the country. Rwanda cannot carry out regular pharmaceutical inspections due to lack of pharmaceutical inspectors. Many governments were undergoing the World Bank recommended restructuring of the public service, with resultant reduction in the staff in all sectors, including health, internal affairs (customs and trade and commerce).

Eastern Africa, the location of the project, is divided in Francophone and Anglophone language blocks. All staff in the drug regulatory unit in Rwanda are French speakers. Efforts have been made to run simultaneous translations during meetings, but the evaluator found that the Francophone group felt that the translation was of poor quality and therefore they needed separate meetings held exclusively in French. The implementation documents, including newsletters, reports and guideline are mainly in English. This affected the smooth implementation of the project activities in some Francophone countries.

The area covered by the project (12 countries) are so scattered with different politico-social and cultural diversity. The project covered more than 300 islands in the Indian Ocean. Travelling to some of these countries are still very difficult.
Communication by phone is still not possible to some of the participating countries from Nairobi. The evaluator spent five days trying to get to Eritrea, which was eventually approached through another continent. The team also reached Rwanda unexpectedly, since they could not be notified by phone of the last minute changes in the evaluation programme.

4.3.2. Problems

Programme management: There was a change of the Programme Manager after the project has already started. And there seems to have been no proper handover of the project to the new one. This change over seems to have delayed the start of the project activities and has led to failure to complete the activities as planned.

Narcotics drug control did not feature among the medical/health priorities of many participating countries. This meant that most countries had not considered it in their national budgets. This caused a delay in the implementation of the project in many of the participating countries. Prescribers are unaware of the requirements of the International Control Conventions. The physicians attitudes towards rational prescription of essential drugs, generally and narcotic and psychotropic substances, in particular was found to be poor in many hospitals that were visited. Precursor control is seemingly a new concept to many drug control authorities. It did not appear in the priority of many countries and implementing activities towards their control has been slow.

In many participating countries, there is a belief that that control Narcotic drugs, psychotropic substances and chemical precursors is the responsibility of the pharmacists. Medical Practitioners therefore were not enthusiastic in participating in the project, which they saw as a responsibility of the pharmacists. This left the prescribers unaware of the requirements of the International Control Conventions. The physicians

attitudes towards rational prescription of essential drugs, generally and narcotic and psychotropic substances, in particular was found to be poor in many hospitals that were visited.

5.0. RECOMMENDATIONS

5.1. Issues Resolved During Evaluation

Poor communications within the region made it difficult to follow evaluation programme. Flight to Rwanda had to be brought forward resulting in the evaluator taking the Rwanda Focal Person by surprise. The evaluator had to find his way to the ministry of health and in Kigali, then follow the Focal Person to Butare (200 km away to conduct the interviews). The connections to Eritrea had to be rescheduled by three days, fortunately the Focal Person was contacted in time to reschedule the appointments.

5.2. Actions/Decisions Recommended

5.2.1. Support supervision/ Advice and Refresher courses

The activities of this project have all been carried out as planned. But the earlier delay in starting the implementation reduced the effectiveness of the implementation. Training workshops need time to yield meaningful outputs unless they are followed up with supervision, technical advisory and refresher activities. It is recommended that, in order to consolidate the gains, the project should **continue with technical advisory, supervisory** and supplementary training courses.

Networking activities and mechanisms should be strengthened. UNODC ROEA should continue to produce the Newsletter. Materials for the Newsletter should be sought from participating countries, highlighting their activities, achievements and challenges. There should be annual meetings of the participating countries to compare notes and share best practices in licit drug control. Encourage country tours to facilitate networking and share experiences.

Work with Universities to conduct operational **research** in utilization of licit drugs in the region.

Identify relevant training opportunities in Rational Use of Drugs and Drug and Therapeutics Committees for personnel of the NDRAs and health facilities.

Educate and encourage physicians to participate in activities that promote the control of narcotics drugs, psychotropics substances and chemical precursors, as required by the international conventions.

6. OVERALL CONCLUSIONS

The project was addressed a priority problem area of controlling licit drugs to prevent them spilling into illicit trafficking, and at same time ensure their availability for legitimate use in hospitals and research institutions. The design was appropriate and this accounted for the effectiveness and efficiency with which the project was implemented.

Planned activities, including training to improve skills in inspection and control, provision of equipment and soft ware to monitor distribution channels of licit drugs and report to INCB and, advisory services in legislative drafting were implemented. The Project Manager monitored the implementation process effectively.

The project objectives were realized as judged by the outcomes of the activities. The main outcomes were the sensitization of all the stakeholders in the control of the narcotic drugs, psychotropic substances and precursor chemicals. There were also positive outputs from training, advisory and country tour activities.

The achievement of this purpose of the project, to a large extent, will contribute to the improvement of Control of Licit Drugs In Eastern Africa, the Overall Goal of Project ADRAF960EKE.

APPENDICES

Appendix I: Evaluation/Analysis Sheet for United Nations Office on Drugs and Crime/Regional Office for East Africa (UNODC/ROEA)

Project Title: **Control of Licit Drugs in Eastern Africa**

Project Number: TDRAF960EKE

Project Client: UNODC/ROEA

Date of Evaluation: 6th –21st October 2005

Name of Evaluator: Jasper Ogwal-Okeng

Affiliation of Evaluator: Faculty of Medicine, Gulu University, Uganda

1. Relevance

1. Is the target group/stakeholders selected appropriately in regard to achievement of the over all goal?	/5
Comment:	
2. Does the project address the needs/problem?	/5
Comment:	
3. Is the project the appropriate solution to the problem?	/5
Comments:	
4. Does the project contribute to a priority area for UNODC?	/5
Comment:	
5. To what extent was the target group involved in the planning of the project?	/5
Comment:	
6. To what extent was the target group involved in the implementation of the project?	/5
Comment:	
7. Are the results/outputs attractive to beneficiaries/stakeholders?	/5
Comment:	

2. Effectiveness

1. Whether the over all goal has been achieved and whether that would be the result of the project in terms of contributing to better control of licit drugs?	/5
Comment:	
2. Whether the project purpose was achieved as expected and whether that is the result of the project outputs?	/5
Comment:	
3. Whether results/outputs were achieved as expected and whether those were obtained from the planned activities?	/5
Comment:	
4. Whether the activities were implemented and whether the inputs have been adequate?	/5
Comment:	

5. Is the applied design and implementation efficient in terms of the expected outputs?	/5
Comment:	

3. Efficiency

1. Are the input costs and the degree of achievement of outputs commensurate?	/5
Comment:	
e output of the project been more efficiently achieved through other methods/design?	/5
Comment:	
3. Was the time frame for the project plan adequate in terms of obtaining the outputs?	/5
Comment:	
4. Is the applied design and implementation efficient in terms of effective use of resources?	/5
Comment:	
5. Was the implementation team composition adequate for obtaining the results/outputs and achieving the project purpose?	/5
Comment:	

4. Impact

1. Are the results having impact in the country?	/5
Comment:	
lts have potential for improving control and inspection of narcotic drugs?	/5
Comment:	

Sustainability

1. Would the over all goal be sustained even after the project ends, supposing it were achieved?	/5
Comment:	

6. Other criteria

1. What are the major constraints encountered during implementation?	/5
Comment:	

2. What are the major problems encountered during implementation?
Comment:

Appendix II: Persons met in various Countries

KENYA

1. UNODC ROEA

Carsten Hyttel	UNODC Representative
Dr Karolina Gudmundsson	Program Management Officer
Dr Bilha Kiama-Murage	National Programme Manager
Ms Dorothy Kimoro	Program Assistant

MINISTRY OF HEALTH, KENYA:

Mr Z. O. Ogongo	Permanent Secretary
Dr James W. Nyikal	Director, Medical Services
Dr T. M. Kahiga	Kenya Medical Supplies Agency
Dr Fred Siyoi	Registrar/Chief Pharmacist
Dr Jacinta Wasike	Focal Point Person/Pharmaceutical Inspector
Dr Ogutu Wilfred	Pharmaceutical Inspector/Snr Pharmacist
Dr Yano K. Joseph	Legal Officer, PPB

SEYCHELLES

Mrs Aimie Totin	UNODC Focal Point Person, Ministry of Health
Ms M. A. Hoararu	Nurse Coordinator, North East Point Hospital
Mr Knowles G. S.	Customs Officer
Dr Malulu Daniella	Consultant Psychiatrist, Victoria Hospital
Ms L de Commarmond	Director, Pharmaceutical Services & Supplies.
Mr M. Lousteau Lalanne	Principal Secretary, Ministry of Health

TANZANIA

Ms Margaret Ndomondo-Sigonda	Director General, TFDA
Ms Ollimpia Kowero (TFDA)	Director of Inspection & Surveillance
Ms. Grace Mngóngó (TFDA)	Drug Inspector (Focal Person)
Mr. Erasto Mosha	Chief Drug Inspector, TFDA
Mr. Amani Musami	Pharmacist (Drug Control Commission)

Ms. Tasleem Dinani	Chief Pharmacist (Aga Khan Hospital)
C. Shekiondo	Drug Control Commissioner
Mrs. Miriam Mwaffisi	Permanent Secretary (MOH)

RWANDA

Faustin Munyankindi	Focal Person, Pharmacist, MOH
Sebestien Nkulyamana	Pharmaceutical Inspector, MOH
Vedaste Munyankinda	Director, Department of Pharmacy, MOH
Victeur Mutanguha	Pharmaceutical Society of Rwanda

ERITRIA:

Mr. Asgedom Mosaghi	UN Licit Control Focal Point
Dr. Bernado Kiflesus	DG Dept of Regulatory Services, MOH
Mr. Solomon Tesfamariam	Dept of Trade and Industry
Mr Kifle Afewerki	Head, NDQC Laboratory
Mr. Ghide Beemnet	Pharmacy Technician i/c Central Region
Mr. Yemane Zeremariam	PHARMECOR, Marketing Manager
Mr. Abraham Ghebratenasae	Customs, Director of Op. and Enforcement
Major Abtom Asmerom	Head, Anti-narcotic Section, Police
Mr. Gehresellasie Petros	Chief Pharmacist, Orotta Hospital
Prof. A. Gebremichael	Dean, Orotta School of Medicine

Appendix III: EVALUATION SCOPE TERMS OF REFERENCE

This evaluation will tackle both crucial and strategic issues. While the major emphasis will be on measuring project outcomes, impact and sustainability, the evaluation will also analyse the project concept and design, implementation, results and outputs. The scope of the evaluation will include:

- Timeframe to be covered by the evaluation: 2000 -2005;
- Geographical coverage (5 countries in Eastern Africa) [1];
- Thematic coverage, namely policy support, legislation and advocacy.

The scope is also to be expected to include findings, lessons learned and recommendations in the following areas:

- An analysis of how efficiently project planning and implementation are carried out. This includes drawing up an assessment on to which extent organizational structure, managerial support and coordination mechanism used by UNODC supports the project;
- Whether the results have been achieved, and if not, whether there has been some progress made towards their achievement;
- Whether the project addresses the identified needs/problem (relevance);
- Whether the project contributes to a priority area or comparative advantage for UNODC.

The scope should also include issues of:

- Achievement of results and whether these had an impact in countries concerned;
- Is the project the appropriate solution to the problem?
- Relevance and attainability of the objectives; Is the project achieving satisfactory progress toward its stated objectives? Are the project objectives still relevant? What is the value of the project in relation to other priority needs and efforts? Is the problem addressed still a major problem?
- Usefulness of results and outcomes;

1 Eritrea, Kenya, Rwanda, Seychelles and Tanzania

- Are the effects being achieved at an acceptable cost, compared with alternative approaches to accomplishing the same objectives?

- Sustainability of results and benefits; Is the activity likely to continue after termination of project RAF960? Do the beneficiaries accept the project, are they willing to continue, and is the host institution developing the capacity and motivation to administer it? Can the activity become self-sustaining financially? Will the results continue after the termination of project RAF960?

- Problems and constraints encountered during implementation;

- The role played by the field office in the development and implementation of the project;

- What difference has the project made to beneficiaries? What are the social, educational, health and other effects on individuals, communities, and institutions – short-, medium-, or long-term; intended or unintended; positive and negative; on a micro- or macro-level?

- Level of capacity development in countries covered by the project, specifically in terms of the projects contribution to human and institutional capacity building.