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MID-TERM EVALUATION REPORT

Drug Abuse Prevention Among Ethnic Minorities in Viet Nam
Project VIEH61

Thematic area: Drug demand reduction

Viet Nam

Report of the Evaluator:

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASEAN	Association of Southeast Asian Nations
CEM	Committee for Ethnic Minorities
COW	Community Outreach Worker
DOLISA	Department of Labour, Invalids and Social Affairs
HIV	Human Immunodeficiency Virus
IDU	Intravenous (or injecting) Drug Use/User
Lao PDR	People's Democratic Republic of Lao
MOLISA	Ministry of Labour, Invalids and Social Affairs
MOU	Memorandum of Understanding
MPS	Ministry of Public Security
NA	National Assembly
NEP	Needle-exchange programme
NGO	Non-Government Organisation
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

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EXECUTIVE SUMMARY

There is a long history of drug use in Viet Nam. Opium smoking is still common in highland rural areas, but injecting drug use is widespread and increasing. Viet Nam has demonstrated strong political will for change, and although domestic efforts in opium eradication have been highly successful, the growing demand is met by drug trafficking over porous borders. Treatment centres have been established nationwide but are often considered ineffective with relapse rates exceeding 70 - 90 percent. This situation is further exacerbated by the limited national AIDS programme activities, support from international donors, and very few drug-related projects in the northland highland area; where per-capita drug-use rates are among the highest in the country.

UNODC is currently implementing project VIEH61, “Drug Abuse Prevention Among Ethnic Minorities in Viet Nam”, to address these various drug-related issues in three northern highland provinces - Lao Cai, Dien Bien, and Son La. The project’s aim is to prevent an increase in drug use and drug-related harm among ethnic-minority populations and enable communities to develop and manage culturally-appropriate prevention and intervention programmes. Through the project, it is expected that knowledge of HIV and drug-use risk behaviour will be increased, with a decrease in the number of drug users (especially IDU risk-related behaviour.) The project’s overall objective is to prevent an increase in drug use and drug-related harm (including HIV transmission through sharing syringes,) among ethnic minority populations in selected highland provinces of Viet Nam. This mid-term evaluation was conducted in November 2005.

The project has made a significant impact on the target population of ethnic-minority highland populations, and can be considered both innovative and effective. In a region of Viet Nam with some of the highest drug-use rates, the project is one of the only comprehensive drug-treatment projects addressing the serious drug and public health needs of the area. The project directly involves government from the central level to the commune level and this has included direct interaction with drug users, their families, and their communities. Through this relationship, the community has acknowledged the importance of the project and has accepted the treatment of drug users and their return to their community. In all three provinces, treated drug users returned to their villages and in many cases became productive, profit-making members of their communities. In some cases they became community leaders.

Although treatment is an essential component of the project, the outreach and communications activities play an equal role in reducing drug use and harm in the communities. With community-outreach workers reaching over 10,000 remote, inaccessible households, virtually every family in the targeted communes has been met and provided with materials and information on HIV, drug

use, and drug use treatment. The information has been provided mostly through interpersonal communications, which has ensured linguistic comprehension and cultural understanding. Due to the outreach activities, drug users are aware of the dangers and risks of HIV and sharing syringes. Additionally, in some communes, outreach-worker visits have resulted in reduced drug use and changes in drug use to reduce potential harm. Aftercare clubs have been established to provide long-term support for drug users to prevent relapse, and could also be effective future venues for methadone dosage and ARV adherence monitoring, if these programmes were implemented in an extension phase.

The management of the project in the three provinces has been different, resulting in varied results. All three provinces have demonstrated considerable will to treat drug users and to provide information to the affected communities. In the two provinces where the provincial-level government was actively involved in the management and implementation, the project demonstrated more successful and effective results. Women also have a very important role in project communities; some as drug users themselves, but many in recruiting male drug users to come to the treatment centres. In conclusion, the project has been very successful in reaching very isolated, remote populations with a very effective and efficient management structure. The project should be extended and expanded and, eventually should be considered by central-level government as a viable alternative to the current provincial-level rehabilitation centres.

Some of the evaluation's major recommendations for future consideration include:

- The project should be extended to expand and standardise the positive results;
- Province and district management should consider smaller steering committees with support from participatory advisory committees;
- The project should ensure the continuation of the close community interaction and the interpersonal communications with outreach workers, including in Lao Cai province;
- If extended, the project should consider expanding community treatment in other rural areas of Viet Nam and, even in urban areas;
- The project, and extension, should start to explore the possibilities of DOTS and ARV treatment through the community-based treatment model

1. INTRODUCTION

1.1 Background and Context

There is a long history of drug use in Viet Nam throughout the country in a variety of types and forms with some ethnic groups in mountainous areas having had a tradition of growing opium and using it in festivals, special events and as a form of medicine. Since 1990 drug use has risen throughout the country dramatically and the estimated number of drug users exceeds 170,000. The Government of Viet Nam has been firmly committed to implementing its comprehensive national drug-control programme which has resulted in significant decreases in opium poppy cultivation. In 2004, poppy cultivation was down to 32 hectares from over 12,000 hectares in 1992. (UNODC Country Profile 2004) Although the government has made excellent progress in reducing opium poppy cultivation, the lack of local opium supply has resulted in increased drug trafficking. Heroin and opium cross into Viet Nam through the porous borders with the Lao People's Democratic Republic (Lao PDR), and the trafficking of amphetamines and cannabis is increasing from China and Cambodia. Drug traffickers have become more organised and Viet Nam is used as a transit route to transport drugs manufactured in neighbouring countries to other destinations in the world. An increasing amount is made available to the Vietnamese domestic market. According to UNODC, in 2004 there were 170,400 recorded drug users in Viet Nam, which represents an increase from previous years (UNODC Country Profile 2004) Most drug users are male (97 percent) and 70 percent are youth. Heroin continues to be the most used drug among younger drug users. Opium smoking is still common in highland rural areas, but injecting drug use is widespread and increasing and the cause of at least 60 percent of all known HIV infections. (As reported by the Son La Province DSEP office during the evaluation) The HIV epidemic among drug users threatens both the health status of the population as a whole and the socio-economic development of the country.

Viet Nam has demonstrated strong political will for change through its participation in the Greater Mekong Sub-region Memorandum of Understanding on Drug Control Cooperation, the ASEAN and China Cooperative Operations in response to Dangerous Drugs, and the development of its own National Drug Control Masterplan. Limited finances and technical expertise, however, have restricted domestic efforts resulting in ineffective treatment centres and relapse rates after two years exceeding 70 percent. The national response to drug use has focused both on primary prevention, and drug-use control, and has categorised drug use as a 'social evil.' Drug users are placed in rehabilitation centres to control drug use, but the centres further increase stigma and discrimination against drug users. Other contributing factors to the escalating drug use include unemployment, underemployment, and changes in social norms, especially with youth. (Reported by the Bat Xat District, Lao Cai during the evaluation.)

As stated in UNODC's project profile for the TDVIEH61EVN project, "the northern highland provinces are the poorest and most underprivileged of all 64 provinces and cities in Viet Nam by many measures – maternal health, child mortality, gender equity, primary education, and extreme poverty and hunger." The long history of opium cultivation, as well as remote-village environments, has led the populations in the northern highlands to become increasingly vulnerable to the drug trafficking and drug use. At the same time that local opium cultivation has been eradicated, drug-demand continues to grow, especially in the provinces of Lao Cai, Lai Chau, Dien Bien, and Son La which have amongst the highest rates of known drug users per capita in the country.¹

According to the UNODC project document, "drug-use behaviour in the highland areas has been changing rapidly from smoking opium to the smoking and injection of heroin, knowledge of the risks of HIV and other blood-borne viruses was largely non-existent. Of these heroin users, 85 percent of them had injected it; and of the injectors, 85 percent had shared a needle syringe with another user at least once. The Ministry of Health estimates that over 90 percent of HIV in highland areas is attributed to IDU behaviour." This situation is further exacerbated by the limited national AIDS programme activities, lack of support from international donors, and very few drug-related projects.

The project addresses these various drug-related issues in three northern highland provinces - Lao Cai, Dien Bien, and Son La. The project's aim is to prevent an increase in drug use and drug-related harm among ethnic-minority populations and enable communities to develop and manage culturally-appropriate prevention and intervention programmes. It is expected that knowledge of HIV and drug-use risk behaviour will be increased, with a decrease in the number of drug users (especially IDU risk-related behaviour.) In addition to addressing the needs of the northern highlands, the project also works directly towards key UNODC and Government of Viet Nam objectives, including:

- The National Drug Control Masterplan to 2010 and the UNODC Strategic Programme Framework – 2005-2007 strategic objectives reducing drug demand and increasing treatment services
- The UNODC and Government of Viet Nam objective to have significantly reduced the negative social and health consequences of the link between injecting drug use and HIV transmission. (UNODC Viet Nam Strategic Programme Framework - Draft 8 April 05)
- The UNODC objective to provide support to law enforcement officials. (UNODC Viet Nam Strategic Programme Framework - Draft 8 April 05)

¹ UNODC VIEH61 project profile.

To work towards these objectives, and the priorities of the northern highlands, UNODC selected the Ministerial-level Committee for Ethnic Minorities (CEM) as the Viet Nam Government counterpart who designated their Institute for Ethnic Minority Affairs as the implementing partner. In the first-phase project – AD/VIE/01/B85 - the project worked in six communes of three districts of three provinces:

Lao Cai Province (Bat Xat District)	Dien Bien Province (Dien Bien District)	Son La Province (Thuan Chau District)
Muong Hum Commune	Na U Commune	Chieng Ly Commune
Den Sang Commune	Muong Nha Commune	Chieng Pha Commune

In the phase-two project, additional communes were included. These were:

Lao Cai Province (Bat Xat District)	Dien Bien Province (Dien Bien District)	Son La Province (Thuan Chau District)
Nam Pung commune	Na Tau commune Na	Phong Lai commune
Den Thang commune	Nhan commune Muong Phang commune	Muong E commune

These three provinces are largely populated by ethnic-minority groups with the Kinh (Vietnamese) ethnicity only ranging from 17 – 30 percent of the population. Hmong, Tay, and Thai comprise a large percentage of the provinces' population with over 30 other ethnicities living throughout the region. All three provinces have long borders with China or Lao PDR and continue to be a major drug-trading and transit point between Viet Nam, Lao, and China. Many of these communes are accessible only by mountainous, un-paved roads and trails, many of which are impassable during the rainy season.

1.2 Purpose and Objective of the Evaluation

The project – VIEH61 - is a UNODC-executed project in Viet Nam with the Committee for Ethnic Minorities as the government counterpart agency with funding from the Governments of Denmark, Italy and Luxembourg. The project aims to reduce drug use and drug - related harm (especially HIV)

in ethnic minority communities in the northern highlands of Viet Nam. The mid-term evaluation used a participatory approach to ensure all project stakeholders participated. This evaluation was designed to assist informed decision-making within this project, and included the following objectives:

1. Indicate whether or not satisfactory progress is being made towards the intended project outcomes
2. Analyse underlying factors that could (detrimentally or positively) influence project outcomes
3. Identify and analyse barriers and constraints that delay implementation; and make specific recommendations to redirect, if necessary, the approach in order to reduce delays
4. Identify a list of 'lessons learned' and recommendations
5. State whether or not achieved, current and planned outcomes warrant extension of the project

In addition to the above programme objectives, the evaluation also assessed the project's relevance, effectiveness, efficiency, and sustainability through the management structure and systems, and the effectiveness of the project management as follows:

1. To gain an overview of the project's overall design, planning and management in relation to:
 - addressing the needs and priorities of target groups
 - meeting the government's priorities and policies
 - the extent the project complemented other interventions
 - key achievements and lessons learned
 - the relationship between quantity, quality and timeliness of inputs, including hiring of project personnel, technical assistance, training, equipment and the quantity, quality, and timeliness of the outputs produced and delivered
 - preventing duplication with other similar interventions
 - examining if there are more efficient ways and means of delivering better outputs with the available inputs
 - whether the project results are likely to have lasting results after the project termination
 - availability of local management, financial and human resources that would be needed to maintain the project results in the long run
 - The causality of the project through examining the factors or events that have affected the programme results

2. To determine whether the project objectives as stated in the Project Document are relevant, appropriate and suitable and effective through the following:
 - the outputs have contributed, or will likely contribute, to the stated purposes and the goal
 - the project promoted ethnic, and gender, equity and equality
 - the project built the capacity of government, partners, and the target group.

3. To determine if training and staff development are appropriate for sustained effective management

4. To determine if Government and partner relations are appropriately developed and maintained

1.3 Executing Modality

As the executing agency, UNODC exercises overall managerial responsibility and provides technical and policy guidance for the execution of the project. UNDP is the associated agency taking the administrative and financial management responsibilities of the project execution. CEM contributed significantly in the first-phase project and demonstrated considerable capacity in its role as a government counterpart and demonstrated strong support of the objectives of the project. As an extension to the first-phase project (AD/VIE/01/B85,) the project followed the same management structure with the presence and cooperation of central Project Management Unit, and Provincial and District Project Steering Board which were already established and in place in the project locations. The Management Chart can be seen in Appendix five clarifying that the project is managed by a central PMU that includes UNODC and CEM who jointly handle manage the project management. Steering committees were formed at the province, district and commune level to implement activities, ensure effective management, and communicate regularly communications with the central PMU.

The project coordinates with various provincial and district government departments and sectors in the implementation of community-based treatment and rehabilitation measures, and sharing information, knowledge and experience with other UNODC, UNDP and INGO field projects.

1.4 Scope of the Evaluation

The evaluation guidelines, which are detailed in appendix three, included evaluating management, staff development, sustainability, advocacy, communications (including both outreach, print and performance) treatment and aftercare, income generation, and drug demand and supply reduction.

1.5 Evaluation Methodology

A comprehensive, participatory, qualitative evaluation was conducted to assess the progress of the project, based on the stated objectives. The evaluation utilised in-depth interviews and group discussions, which were conducted in a variety of settings, including government offices with communal, district and provincial officials, Aftercare Clubs with drug users, and informal discussions in convenient settings. This mid-term evaluation was lead by an independent external

evaluator who was accompanied by a support team comprising of project staff including the Project Coordinator, Project Assistant, and three Project Field Officers (one in each of the respective three provinces,) as well as members of the implementing partner organisations and agencies at the province, district and commune levels. The evaluation team visited all three project provinces and districts, and in-depth interviews and group discussions were conducted throughout the evaluation. (Meeting and interviews details are listed in appendix two.)

Methods for evaluation included the following:

1. Development of evaluation framework and guidelines with the Central PMU – The initial framework was drafted as the evaluation TOR by the PMU and the guidelines (as listed in section 1.2) drafted by the evaluator (as listed in appendix three, and the same as the ones mentioned in 1.4).
2. In-depth interviews with project staff and partners – Interviews followed the evaluation TOR and guidelines and including the members of the PMU and each province’s provincial, district and commune level staff.
3. Group discussions – Discussions were facilitated by the evaluator with peer educators, Aftercare Clubs, and selected local authorities
4. Informal discussions – Discussions with staff, government, and community members as convenient
5. Field visits and observations - Field visits were organised by the PMU utilising a semi-structured guideline of key questions to guide the for evaluation discussions and interviews. Field trips to the three project provinces and in-depth interviews with selected representatives of government
6. Project documents review – Review such project documents as provincial reports, baseline survey report, and previous project evaluation reports.
7. IEC materials – Review of materials produced by the project
8. Preparation of evaluation report

2. MAJOR FINDINGS

2.1 Overall Performance Assessment

The project’s overall objective is to prevent an increase in drug use and drug-related harm, (including HIV transmission through sharing syringes) among ethnic minority populations in selected highland provinces of Viet Nam. The main programme areas as stated in the project document include:

- **Prevention** - The project is creating a series of culturally-relevant prevention materials with the direct participation of local ethnic minority village members, including drug users, women, and youth. These materials address issues of drug abuse and drug-related harm, and

they are distributed to every household - and through peer outreach networks to every drug user in the project locations. A school-based education programme also will be designed.

- **Intervention** - Local peer outreach networks have been established in project communes. These ethnic minority peers will receive extensive training and will be consulted regularly and involved directly in the development and distribution of prevention and intervention activities and materials.
- **Treatment** - A voluntary community-based drug use treatment and rehabilitation programme, piloted in Lao Cai province during the first phase, is being extended to new locations in the two other provinces. Extensive technical training and infrastructural assistance will be provided.
- **Relapse Prevention & Microcredit** - Post-treatment assistance to drug abusers is being provided through the development of local relapse prevention peer groups. These groups incorporate counselling, training, health, and employment-related assistance components; and a micro-credit assistance programme has been established to support former drug users' households following treatment.

Based on the mid-term evaluation results, the project is effectively working towards the stated objective and has developed a very effective and replicable model of community-based drug prevention and treatment.

The evaluation determined that the project's drug prevention and treatment model is an innovative, effective, and culturally-appropriate model that provides a flexible array of interventions that go beyond existing models that are used for targeting drug users and harm reduction strategies. This project established that the drug use and drug-related harm reduction model can be adapted to the realities of a variety of different environments and contexts, especially the remote, mountainous, ethnic minority communities of rural Viet Nam. As this project is a follow-on to an initial pilot project, it allowed the evaluator to also assess the sustainability of political will and of activities; both which were evident with provinces proposing expansions of activities, as well as seeking provincial-government funds to pay for them. All project provinces showed examples of taking initiative with project activities and seeking ways to expand and increase activities.

The project is clearly reaching the needs of the target area, especially in a region with increasing numbers of drug users. The project has achieved strong political will and support, as well as involvement by the various levels of government. The involved communities have recognised the value of the project activities and have become actively involved. The project reached rural drug users, who have previously not been effectively reached, with community-based treatment that

allowed them to remain in their own community. Being community-based is particularly important in these communities as most of the drug users in treatment have never been out of their village. It also reduced the stigma and discrimination that is often attached to being sent to provincial drug-treatment centres.

According to all project partners and stakeholders met through the evaluation, the project design has demonstrated itself as relevant and appropriate for the needs of the target community. It has shown the central Project Management Unit's flexibility and adaptation as it includes changes from the first-phase project's designed based on evolving local contexts. The central PMU also showed good cooperation between the executing and implementing partners and the provincial, district and commune partners all reported efficient and timely decision-making and fund transfers from the PMU. The evaluation found the project could be improved in the management of the project at the province, district, and commune level as there were inconsistencies in how the three provinces implemented the project, which created obstacles and delays in the project.

2.2. Attainment of the Objectives

2.2.1 Attainment against outputs

As this was a mid-term evaluation, it was not expected that project objectives would have been completed. The evaluation determined whether objectives and activities were currently being implemented, following the proposed timeframe of the project, or whether a revised plan of action was required. As will be described in this section, and section 2.3, the objectives and activities were well underway and achieving results. The following is a summary of the findings of achievements and progress against the stated objectives:

Output 1: A report covering baseline information, assessment and HIV high risk information produced and distributed

A baseline survey was conducted in December 2004 to assess the situation of the project, especially in the new communes added to the project. This document highlighted ethnicity and drug use in existing communes from the first-phase project and in the new communes the second-phase project was intending to enter.

Output 2: A culturally-appropriate drug use and harm prevention programme developed and implemented by the community

The culturally-appropriate drug use and harm prevention programme was implemented largely by community outreach workers in two provinces and through aftercare activities

in all three provinces. The two provinces where community outreach workers (COWs) provided needles and syringes reported decreased drug use, decreased syringe sharing and improved physical environment (as there were fewer needles and syringes visible.) The COWs also distributed project-developed pamphlets and calendars, which highlighted the risks and dangers of drug use and the importance of not sharing syringes. All materials were designed for different ethnicities, rural environments, and the low literacy rates. The community was involved in the planning and formation of activities and included in meetings and discussions on progress and potential changes. Outreach workers distributed 27,519 needles and syringes in Son La and Dien Bien provinces from November 2004 to the end of November 2005. The return rate of used syringes to the outreach workers was 94 percent. This was verified as the project syringes are 3.5ml as compared to the 3ml gauge typically sold in pharmacies and used by local drug users. The number of intravenous drug users participating in the programme (and who were provided their own sharps box by the outreach workers) is 96, of which 79 are in Son La province sites. Outreach workers also reached drug users who smoked and inhaled drugs, and were not intravenous drug users. In all three provinces, 10,491 households were reached and provided printed IEC materials.

Output 3: A community-based treatment and rehabilitation strategy and programme developed and implemented

The community-based treatment and rehabilitation strategy and programme was initiated in Muong Hum commune in Lao Cai province in the first-phase project (AD/VIE/01/B85.) During this second-phase project, the treatment and rehabilitation activities were further refined and expanded in Lao Cai and also to Son La and Dien Bien provinces. The treatment programme was accepted and approved by all levels of the government and by the community where the treatment centres were located. Unlike the provincial rehabilitation centres where drug users are sent by the police in a mandatory treatment programme, the project treatment programme has attracted voluntary participants and the subsequent relapse rate has been very low. At the time of this evaluation, the project had treated 404 drug users in the three districts in three provinces.

Output 4: All project community-based prevention, intervention and treatment programmes strengthened and consolidated

The first-phase project initiated treatment and aftercare activities and developed culturally appropriate IEC materials. The first project two-year timeframe was the introduction period of new and culturally-sensitive activities to treat drug-users in the community and address drug-related harm such as HIV transmission through shared

syringes, as well as allowing governments and communities to learn and understand the project objective. This second-phase project brought together the successes of the first phase project and expanded them to all three provinces.

Output 5: An end-of-project study to assess the effectiveness of prevention, intervention, and treatment activities, and to elicit lessons learned, conducted and presented

The activities associated with this objective are planned for the end of the project and have not been initiated at this stage.

In light of these objectives, the evaluation looked at the project processes, outcomes and potential impact. These findings and conclusions are described below under the key headings identified in the evaluation guidelines and during the evaluation, and include management, IEC and outreach, treatment, aftercare and income generation, drug demand and supply reduction, health and drugs, gender, and province summaries.

2.2.2 Management

The first phase project (AD/VIE/01/B85) was implemented from March 2002 to July 2004, and was funded entirely by the Danish Government (DANIDA.) Following the initiation and the successful implementation of activities, especially the drug treatment programme the second phase project (TDVIEH61EVN) was initiated in August 2004.

Partners at all levels described the project as particularly relevant to the needs of their community. The project fits within the Viet Nam government's country objectives and the UN objectives (UNODC's country objectives and the UN Country Team's UNDAF objectives such as UNDAF Outcome 2 – 'Improved quality of delivery and equity in access to priority appropriate and affordable social and protection services' and country outcome to see 'equity and inclusion of vulnerable groups,') as well as meeting a considerable need in an area where there is little programmatic support for some of the largest numbers and highest rates of drug use. The appropriateness of the project also demonstrates the flexibility of project management as the design required considerable revisions from the first-phase project to fit to the context and environment the project operates within. The mid-term evaluation of the first phase project stated, "Furthermore, the design seems to have underestimated the constraints posed by the considerable information gaps that exist in terms of relevant baseline information available to the project, and the time and trust required to gather that information." In the current phase of the project, however, the community-based treatment, drug-use and HIV prevention, and the use of the community and community-based communications demonstrate the understanding and relationship the project has of the target communities and the drug-use situation.

The PMU brought the strengths and expertise of CEM and UNODC together for effective, appropriate, and flexible management of the project. The project management structure is particularly appropriate for a multi-sectoral issue such as drug use and drug-use related harm such as HIV. UNODC has technical and managerial experience and CEM is an excellent partner as, unlike the vertical ministries such as health, labour, security, and education, CEM is cross-cutting and able to bring together all the sectors to work towards issues such as drug prevention and treatment. The evaluation did, however, identify two areas where management could have been stronger - the project design, and financial management interaction with the UNDP.

The project design demonstrates efficiency, flexibility and partnership. The design, however, could have been more impact and results oriented so that outputs clearly describe the outcome or impact of the project. Examples of how these could be drafted include:

Output 1: Provincial government knowledge of drug use and behaviour, and project indicators and future project and province plans, are based on the results of the baseline data

Output 2: The number of drug users and HIV incidence is reduced through a culturally-appropriate drug use and harm prevention programme developed and implemented by the community

Output 3: [80 percent] of known drug users participate in the community-based treatment and rehabilitation strategy and programme and aftercare activities will strive to keep relapse rates below [50 percent]

Output 4: All project community-based prevention, intervention and treatment programmes are strengthened and consolidated through government capacity building activities and community training

Output 5: Achievements and lessons learned will be used by government and projects following an end-of-project study assessing effectiveness of prevention, intervention, and treatment activities, the presentation and dissemination of results

The financial management of the project was the responsibility of UNODC and was under the oversight of the project coordinator. The UNODC and CEM members of the PMU made joint decisions relating to finances and the project finance staff were based at the PMU. UNODC decisions were based on accountability to the donor and the effectiveness of the project. Project staff, however, did express difficulty with the UNDP finance staff who applied rules and restrictions that appeared to be arbitrary and did not appear to be based on published UN-financial requirements.

The relevance and appropriateness of the project has resulted in strong political will. Government partners at the province, district, and commune levels recognised the importance of the project and contributed land, human resources, and time to ensure successful community-based treatment and prevention in their community. Some examples of this political will and involvement which emerged during the evaluation include:

- The Son La Province People's Committee instructing the police not to arrest drug users with sharps boxes and syringes (despite considerable national pressure for provinces and police to incarcerate drug users in provincial rehabilitation centres)
- Bat Xat district (Lao Cai) contributed \$38,000 in land and resources for the drug-treatment centre
- Lao Cai province developing an expansion plan into new districts and communes and seeking provincial budget to fund the expansion
- Dien Bien province acknowledging the value of community-based treatment and initiating treatment programmes rather than sending known drug users to the provincial rehabilitation centre

All levels of the project reported that the management structure at the central level has been effective and efficient. All project sites reported quick decision making from the PMU, regular and positive support, and the provision of useful training. The project sites reported that funds were transferred according to schedule, except in some specific incidences where there was not agreement on the use of funds because a locally-proposed activity did not follow the agreed plan of action or project guidelines. One good example where funds were not disbursed concerns the Dien Bien proposal for a treatment centre that did not follow project guidelines (based on the successful centre in Lao Cai) and the budget was considerably over the agreed amount for each province (i.e. proposal for VND 1.5 billion vs agreed amount of VND 250 million).

The PMU developed very specific guidelines on management with a document titled, "Internal Project Financial Management Guidelines," which provided both financial management guidance, as well as project management support. In addition to these guidelines, the Project Document further clarifies the roles of these positions with specific terms of reference for the National Project Director, Project Coordinator, Project Assistant, and the project's Field Coordinators.

At the province, district, and commune levels, however, there were reports of some management difficulties. Some stated that specific terms of reference were needed for the different levels (province, district, commune) as they were not clear of their role or where they fit in to the local project management structure. In each of the provinces, there was a very different way to manage

the project. In both Son La and Lao Cai, the province interacted directly with the communes, whereas in Dien Bien, the provincial government assigned the district to be responsible for the project activities and then, subsequently, had very little involvement in the project. At all levels of management, particularly at the district level, the government officers reported being extremely busy with their regular government work, and the added burden of the project made their jobs and project implementation difficult. At the same time, the commune level lacks the necessary resources and experienced staff to operate independently. In all three provinces, the districts were not strong project implementers. The province staff were more effective in management and the district level played a stronger role in local-level permissions and backstopping.

The project field officers are an excellent contribution to the project and have direct and regular contact with the project sites to collect information and monitor progress. The field officers support the various project partners and act as a liaison between partners and the central PMU. This aspect of their position is being completed well and there is a strong role for this.

2.2.3 Project Extension

One objective of the evaluation was to determine if an extension of the project is warranted. It was clearly shown through the evaluation, that the project is fulfilling a considerable need in one of Viet Nam's most remote and poorest regions where little programmatic work is being done to address the highest per capita drug-use rates in the country. Many donor priorities are focused on the densely-populated urban and peri-urban areas of the coastal plains, and the increasing numbers and rates of drug use in the northern highlands warrant considerably more attention. Accordingly, a project extension was recommended by all respondents in the evaluation; from the central level to the community outreach workers. An extension is also important as both the first-phase project and the second-phase project had approximately two-year timeframes. Most respondents in the evaluation stated that an extension project should be longer; at least three to five years.

2.2.4 Staff Development

Staff development for the project staff was not institutionalised in the project design or structure and it was never intended to be so. According to the Project Coordinator, all the government staff were carry-overs from the first phase, when introductory training on all aspects of the project were carried out for ALL project staff, including local steering board members. The project field officers and project assistant received training by attending the project training for partners, such as drug treatment management and aftercare management training for district or commune steering committees and staff.

The project could have had a stronger capacity-building role by providing training for project staff

on project management, time management, project monitoring and evaluation, training of trainers, behaviour-change communications, and community development needs assessments. This training and capacity building provided to the project staff and seconded CEM staff could have provided greater sustainability as the CEM staff will continue their work with CEM after the project is completed and could take greater management knowledge and experience back with them.

2.2.5 Sustainability

The sustainability of the project can not be measured at this mid-term stage, but there are indicators that the government buy-in, the political will, and the importance being placed on the project activities will lead to opportunities for long-term sustainability.

Some initial indications that activities will be sustainable include:

- From the first-phase project, activities have been expanded, or in the case of Lao Cai, proposed to be even further expanded by government offices
- All levels of government expressed support for the activities, and in at least two of the provinces, are very actively involved in the project's implementation
- Provincial documents has been drafted and approved allowing project activities to be implemented, and the various government departments to be involved

One aspect of the project that currently seemed particularly unsustainable, was the payment to outreach workers. Outreach workers are being paid 250,000 dong (approximately USD 16) per month which is a substantial amount in the rural, remote areas of Viet Nam. The level of remuneration is not likely sustainable for future activities, especially if these are funded by the budget of local authorities.

2.2.6 Communications – Outreach, Print & Performances

The first-phase project (AD/VIE/01/B85) developed pamphlets, calendars, and flashcards for community outreach workers. These materials were provided to drug users, their families, and the community along with information from health workers and government staff and in the case of two provinces, COWs. The project also supported (through the provision of financial and technical assistance) local cultural musical and performance troupes, which gave performances in local communes highlighting the twin themes of HIV and drug abuse prevention.

TM Outreach

In the provinces where community outreach workers were active – Son La and Dien Bien – the project achieved considerable communications successes with printed materials and mass media

used along side inter-personal communications. The outreach workers attended training on communications skills, counselling skills, HIV, and drugs and harm. They also participated in national experience-sharing workshop for peer outreach workers. They stated these training workshops were very helpful and relevant to their work, especially at the beginning when they met with resistance from the drug users.²

In the two provinces where outreach workers met regularly with the communes' drug users and families, the communities' knowledge, acceptance, and approval of the project activities had increased considerably. The commune and district authorities had a much better understanding of the drug-use situation in the communes, as well as the factors that led to drug use. Local authorities, drug users, and peers interviewed during the course of this evaluation reported that drug users were changing behaviour in the communes, including going through drug treatment, not sharing syringes, and reducing the frequency of drug use. This behaviour change was facilitated by the regular outreach worker visits and the opportunity to receive new needles and syringes and exchange old ones. Safe boxes were provided to store used needles and syringes. The community and government also stated appreciation for the needle and syringe exchange programme as the grounds are now not littered with used syringes and no longer pose a public health threat to playing children, and the community as a whole. While there were initial reports from the police highlighting their concern that needle and syringe distribution would be interpreted as government approval of drug use, the project staff reported a dramatic change in attitude of local law enforcement, especially in two of Son La's communes where the needle and syringe exchange activity has been running the longest. According to the project coordinator, "all sectors have embraced Needle-Exchange Programmes (NEPs,) a significant attitudinal change from when the programmes began." The provincial People's Committee informed the police to not arrest the drug users even if they have a sharps box in their homes emphasising considerable political will, as national government policy continues to press police in identifying drug users and sending them to the provincial rehabilitation centre. Both Son La and Dien Bien provinces highlighted the very important role of needle and syringe exchange and the importance of expanding the activity into all communes of the province.

The needle and syringe exchange plays a very important communications function as follows:

- The distribution of needles and syringes allows an important opportunity for the community outreach workers to meet with the drug users, discuss health and drug use with them and

² According to UNICEF, "to bridge the gap between knowledge and practice in Viet Nam will require engaging people in interpersonal communication with those who are important to them. The dialogue generated during face-to-face communication is crucial to identify the problems, solutions and actions necessary to gain control of the circumstances that affect one's health and life." UNICEF also stated that, mountainous regions require a more complex approach than in the homogeneous Kinh population. (Laverick 2002) The project implemented exactly that approach with clear success, in both Son La and Dien Bien.

hear the questions the drug users have. The outreach workers are able to provide the syringes, that are valued by the drug users, and are able to reinforce the key messages of not using drugs, not sharing syringes, reducing the frequency of drug use, and the use of drugs that reduce harm

- The needles and syringes have a message written on the plastic cover reminding drug users to use one syringe one time, as a reminder to not share syringes
- The contact between the outreach worker and drug users allows for the opportunity to provide printed materials, such as leaflets, to reinforce the outreach workers messages

TM Printed Materials

In addition to the community outreach workers, and as mentioned above, the project used several printed materials to provide information to drug users, their families, and other members of the community. One was a leaflet addressing issues related to drug use and drug-use prevention, and another was a flash card on drug overdose for the community outreach workers. These materials were printed and distributed in the first-phase project, but supplies were available to new community outreach workers in Dien Bien and Son La in the current second-phase project. A large calendar is developed annually which includes photos of the project area, and in particular, photos of local community members – including several former drug abusers - who have made significant contributions to HIV and drug abuse prevention in the project areas. Additionally, the calendar highlights reasons people use drugs in the community and the importance of refusing drugs and getting treated. The calendar had a good combination of photographs, illustrations, and pertinent messages. The appropriateness of the calendar was evident by the presence of the calendar on homes and restaurant walls.³

TM Performances

Some interviewed drug users stated they could not read the materials provided to them (as it was in Vietnamese), and this highlighted the importance of audience segmentation and interpersonal communications, and was one of the reasons the project supported alternative methods of prevention information communication in project sites - particularly concerning support for local performance and musical troupes.⁴ The project supported local cultural musical and performance troupes at the commune and village levels in its three provinces. This support was in the form of direct financial assistance, as well as the provision of technical training on basic issues of illicit drug abuse, and HIV. These troupes then gave performances in local villages introducing these issues through

³ This was evident in every project site visited, despite the fact that the calendar's content was on drugs, illness and health, rather than that which is contained in most other Vietnamese calendars (i.e. photos of modern cities, young women, and shiny cars).

⁴ According to the second-phase baseline survey, the illiteracy rates of some of the project communes are over 50 percent.

theatre, dance, film, and song.

2.2.7 Treatment

The treatment programme is a central activity of the project. Lao Cai is the most established of the three provinces, as the treatment programme was initiated there in the first phase and has become a model for the other two provinces. Officials from Son La and Dien Bien provinces visited Lao Cai in November 2004 to understand the model and see how to operate a drug treatment centre. In Lao Cai province (Muong Hum commune) and Son La province (Phong Lai commune,) treatment centres were constructed in the community for the purpose of conducting the treatment programme. Dien Bien Province used a local school and health station for treatment. The treatment programme consists of a monitored ten-day detoxification period and then a rehabilitation period where the treated drug users are taught health and exercise, provide community service by assisting with the harvest, and are provided a nutritious, balanced diet.

The project's efforts in treatment have so far included:

In Bat Xat district (Lao Cai,) 202 drugs users have been treated through the community treatment programme.⁵ This includes all the known drug users of two communes, and approximately half of the known drug users from two more. This is a considerable treatment success, especially with a very low relapse rate.⁶ Son La sites started their treatment in 2005 and during the evaluation, the first round of 40 drug users were being treated. Dien Bien district has treated 162 drug users in 2005.

The Ministry of Health's detoxification guidelines allow for the use of diazepam to assist with symptoms of withdrawal, as well as drugs for gastrointestinal complaints and vitamins. The district provides health-care support with a district-level doctor and the communes request additional police or border guard support to help with the difficult treatment period. The treatment programme is culturally appropriate and relevant to the community context, as well as being in line with the national legislation. The treatment programme was assessed and approved by MOLISA, and is being considered by them for scale-up elsewhere in the country.

The drug users in these communities often have never left their village or their families, and by being treated in their community, families can visit once a week and may bring belongings and

⁵ This is 202 of the total known number of 350 from the four project communes in this district, and from the 800 known drug users in the entire district.

⁶ The relapse rate of the first year was 12 percent, but when the later rounds of treatment are included, the rate so far has been less.

items to the participants. In the past, there have been drug users who have wanted to treat themselves of their drug use, but could not accept to be away from their home and village.

The police and local authorities see the treatment process much more as a partnership with the drug users rather than enforcing incarceration. The drug-treatment centre guidelines in Muong Hum, for example, describe this relationship this way:

After detoxification treatment, the drug users have to learn the centre's rules and regulations, and are provided with information related to community-based drug abuse treatment and rehabilitation. The management staff must show their sympathy and empathy to the drug users.

In some of the project sites, the treatment programme is voluntary as it is recognised that the treatment programme is important and considerably more effective than the provincial rehabilitation centres. The treatment programme did not always appear to be voluntary, however. In Dien Bien province the recruitment by local government officers appeared to be more coercive and conscripted. At the school and health centre where treatment was provided, issues such as security and escaping were highlighted during the evaluation much more than at centres in Son La and Lao Cai where recruitment was informative and supportive and participation was largely voluntary.

One of the key indicators of success of the treatment programme has been the low recidivism, even amongst the drug users who went through the treatment programme several years prior to the evaluation. The relapse rate has been approximately 12 percent. This can be compared to that of the national network of provincial rehabilitation centres (with a mandatory two-year centre stay) whose relapse rate has been between 80 and 97 percent.⁷ The project relapse rate of 12 percent has been verified with random drug use screening and reporting from peers. Although the relapse rate has been low and the treatment programmes successful, some of the communities recognise that there will likely be continued relapse; especially in communities adjacent to Lao PDR and other districts and communes with continued high drug-use rates and substantial drug trafficking.

In all provinces, training was provided to the district and commune staff on drug treatment prior to the initiation treatment. The project developed a treatment manual for staff which provides detailed guidance on the management of the treatment programme and specific issues on detoxification, care for the participants, and centre activities to support rehabilitation.

⁷ High relapse rates have been recorded nationwide and is true for the Lao Cai provincial rehabilitation centre. Described in a Bat Xat district report on rehabilitation and drug treatment prior to the project, the report stated "though great efforts have been made by people and all agencies in drug abuse social evil prevention, the problem of drug abuse is still of great concern. The number of drug users is believed to be on the rise, and the relapse rate remains 80-90 percent."

The treatment programme has shown itself to be a very effective means to treat drug users. It has also provided a culturally appropriate setting for drug users to be treated without having to be sent to the provincial rehabilitation centres. The community involvement in the activities and integration of the ex-drug users into the community has contributed considerably to reducing stigma and discrimination. One provincial representative of the Department of Social Evils stated, “treating drug use is like treating a chronic disease;” which is a viewpoint that is quite removed from the ‘victim of social evils’ approach that the government-sponsored rehabilitation centres take.

2.2.8 Aftercare and Income Generation

The project’s aftercare activity is an essential component to the successful drug-treatment programme. Aftercare describes the period immediately following the release from the treatment centre where the participants are organised into an Aftercare club and sub-groups based on their area of residence. The aftercare sub-groups meet weekly and the entire club monthly and have a very important role in the post-treatment process for several reasons, including:

- Venue for discussion on their renewed commitment not to use drugs;
- Support group for treated drug users;
- Self-help setting to prevent relapse;
- Group members monitor the other members for relapse.

Without the opportunity to share experience with peers, the support of peers to not use drugs, and the regular reinforcement in the risks and dangers of drugs, relapse rates would undoubtedly be considerably higher.

In addition to the regular meetings to maintain the commitment to remain off drugs, the aftercare groups are the outlet for the project’s income-generation scheme; which is provided in the form of loans. The micro-credit activity was established through the Aftercare Clubs based on recommendations of a consultant from the Belgium Technical Cooperation organisation. Each applicant for a loan is required to submit a proposal to the club, detailing how they intend to use the loan and how they will repay the loan. Loans can range from 1-5 million dong (or approximately \$65 - \$320,) with initial loans being one million dong. The consultant suggested that there be no determined or stated interest, and a nominal interest rate of 0.6 percent is applied to the loan. The loan payments (interest and capital) are paid back in regular, fixed monthly instalments. The club members monitor the returns carefully, as they are all liable if someone defaults. Aftercare Club members receiving loans in Muong Hum reported generating profit through the production of alcohol, the purchase of fertiliser for household agriculture, the cultivation of tea, animal husbandry, and silversmithing.

One potential issue noted in the evaluation of the micro-credit scheme was the interest rate (and fund sustainability). According to the manager of the Muong Hum Aftercare Club, the interest rate for the loans was 0.6 percent. This nominal fee is considerably lower than the national inflation rate, and is lower than the interest rates at the Bank for Agriculture and Rural Development where interest rates are already subsidised and are artificially low. For long-term sustainability of the fund, the costs of managing the fund, inflation, and fund expansion should be included in the interest rate.

2.2.9 Supply Reduction

Supply reduction activities were not initially included in the project design, but drug-supply was recognised by the local authorities and project staff as a priority programme area. Drug use and relapse prevention would be continue to be more difficult in communities with readily accessible drug supply points. The project supported the police and commune people's committees in their work with the community to report drug traffickers and provided letter boxes for anonymous reporting. Police, who previously had no equipment or access to telephones, were provided with handcuffs, batons, radios, and related training. These measures have resulted in increased arrests of traffickers and the police receiving very positive feedback from the community. The reporting mechanism is specifically against drug trafficking and has not been designed to increase the arrests against drug users. While there is potential for drug users to feel threatened by the supply reduction component of the project, the community and authority support has so far prevented that.

2.2.10 Health

Following the project's health-care guidance, all of the treatment centres reported improved physical health of drug users. The detoxification period was difficult for the drug users, but the improved intake of food with a balanced diet and exercise resulted in weight gain and a reduction of gastrointestinal symptoms, fatigue, and weakness. District-level health staff worked at the commune during the detoxification period of the treatment sessions and as technical support throughout the treatment period. The district and commune staff clearly recognise the health aspects of the drug treatment programme, but lack the screening and technical support equipment necessary to deal with potential tuberculosis, hepatitis B and/or hepatitis C issues.

As with other treatment centres in Viet Nam, there is no provision for support mental health needs and addressing psychosocial needs or counselling staff to work with the drug users on their drug use behaviour. Local authorities and the community-outreach workers (COWs) were provided training on introductory counselling principles and skills training, with particular emphasis on drug users and relapse, but psychosocial support at the treatment centres was not provided.

2.2.11 Gender

There is little known research on the gender realities of the various ethnic groups, and geographic areas where the project is working. The project, however, has included the Women's Union to involve women in understanding their role to persuade male drug users to be treated, and identified women drug users have been involved in the treatment activities. Wives of treated drug users, and other women household members (e.g. daughters, sisters) are involved directly in the application for and receipt of household microcredit loans provided by the project. They are also targeted specifically by COWs as household information conduits in order to access uncooperative or 'unknown' drug abusers. The majority of local schoolteachers trained by the project in HIV and drug abuse prevention principles are female, and many of them are young and single.

2.2.12 Programme Environment

There are very few organisations working in the northern highland, especially related to drug use, health, and HIV. In Lao Cai there is support to the province from the World Health Organization, the Red Cross, and Save the Children US. These organisations have largely targeted specific communes for support and their focus has had some focus on health and HIV but not on drugs and drug use. In Son La the CDC's Life Gap project provides HIV VCT in the provincial capital town. Another UNODC project has worked with the police on a variety of issues, including HIV, and collaborated closely with project VIEH61. As with Lao Cai though, none of the other available projects or organisations address drug prevention and treatment needs.

2.3 Achievement of Programme/Project Results

As the detailed list of activities and the current progress in Appendix One, indicates, most project activities have followed the project workplan closely and are being implemented. Initial activities were somewhat delayed because the UNODC Project Coordinator position was not filled until end-November 2004. The only activities that were significantly delayed were the construction of the treatment centres in Son La and Dien Bien where construction was supposed to begin in March 2005, but was postponed indefinitely in Dien Bien and only began in August 2004 in Son La due to provincial government bureaucratic delays.

Several proposed activities were not implemented due to the changing needs environment and costs. These included:

- publishing a report on the drug use and harm environment research findings, which was released internally but never published;
- the establishment of a peer drug use and HIV information and referral centre;

- the voluntary counselling and testing (VCT) component of the activity stated as “organise and establish local outreach, VCT and NSP programmes”.

The report on drug use and harm was not published due to reservations over the quality of the baseline data collection and analysis, and due to the extraordinary delays encountered in trying to get the consultant team to fulfil their duties as requested. The information and referral centre was not established due to the high costs involved. The VCT component of outreach is being considered for next year’s workplan. The central PMU is discussing how to integrate VCT into the treatment programme rather than seen as a stand-alone programme. There are also discussions on VCT programme location, structure, aims, management, and costs that have not been finalised.

2.4 Implementation

The project has been implemented in close accordance to the proposed outputs and activities and has strong support and cooperation from the project partners. The detailed terms of reference of PMU has provided a strong foundation for effective management at the central level and government partners at all levels described an effective and efficient process in transferring funds and requesting decisions on project activities and revisions. The PMU had a constant project presence at the project sites though regular monitoring visits by the Project Coordinator, and by the field officers.

As highlighted in the obstacle and delays section, efforts by the central Project Management Unit to communicate the realities of the budget and project design to project level were consistent, but not always acknowledged or understood by the districts, who some times proposed plans and activities beyond the budget and plans of the project. The lack of a TOR at the province, district, and commune level sometimes confused implementation.

2.5 Institutional and Management Arrangements

UNODC HQ hired an international Project Coordinator to backstop and coordinate all aspects of this project's implementation. Apart from nominal headquarters and country office reporting requirements, the project is managed by the coordinator in consultation and conjunction with relevant government partners. The central Project Management Unit was a joint agreement and venture between UNODC and CEM. The agreement between UNODC and CEM delineated management responsibility with CEM responsible for activities implemented by the Vietnamese partners in the provinces and UNODC was responsible for consultants, international study tours, and overall accountability with the donor.

At the provincial, district, and commune levels, the lead partner agency for the project was DSEP, except in Dien Bien where the district government managed project activities.

3. OUTCOMES, IMPACTS AND SUSTAINABILITY

3.1 Outcomes

The project's outcomes are evident despite that the assessment was a mid-term evaluation. The project has established community-based prevention and treatment services reaching rural, ethnic minority communities in Viet Nam. The project design was based on the clearly assessed and stated needs of the communities and government authorities, and the outcomes and activities are designed to meet those needs. The project effectively reached large numbers of drug users and provided relevant information in a language they understand. The project provided needles and syringes for injecting drug users to reduce potential harm, and successfully established community-based treatment programmes which treated over 450 drug users. Additionally, through aftercare support activities, treated drug users are meeting regularly, supporting each other, and are being given opportunities for income-generation activities. Through the community-based treatment programme and the aftercare support, the relapse rate of treated drug users returning to drugs is 12 percent.

The project activities have clearly had a considerable impact towards the overall project objective of preventing an increase in drug use and drug-related harm (incl. HIV) among ethnic minority populations in selected highland provinces of Viet Nam.

3.2 Impacts

The long-term impact of the project will need to be assessed some time after the project activities have been implemented. This is especially true in assessing the relapse rate of treated drug users and the reduction in new drug users. Based on reviewing activities that are still on-going from the first-phase project, however, it is evident that the project has positively influenced the way government officials view drug users and drug treatment. Government officials are now directly involved in the treatment of drug users in their communities and have regular interaction with drug users. The community in project areas is now active in the planning and implementation of their drug-treatment and prevention activities and have provided feedback and comments to the government on the improved results of activities that include the community. The project, through the community and local authorities, has also demonstrated that treated drug users can be integrated back into the community; which was especially evident when some treated drug users subsequently became village leaders.

There were no reported negative or unintended results or impact of the project.

3.3 Sustainability.

The mid-term timeframe of the evaluation does not allow for an assessment of the sustainability of the project but does provide insight on measure in place for sustainability and initial indicators of sustainable activities. The project design was drafted as a two-year follow-on project from an initial two-year project. As noted in the evaluation, the two two-year timeframes made long term planning and strategic direction difficult. Despite having an overall project timeline of four years, at any time during both projects, there was only two years of known funding.

Though intended to operate in an overall context of sustainability-oriented programming, the project document did not include a 'sustainability plan'; but there was evidence of sustainability emerging organically from the project implementation which can be included into an extension project. Despite that all three provinces stated the importance of an extension project and continued funding; it was also evident that the provinces were taking on more responsibility and involvement in the project activities. In Lao Cai, where the treatment programme had been operating the longest, the provincial DSEP office had already drafted a plan to replicate the project activities throughout the province. The provincial government has approved the plan, and currently is arranging the funds to support it. As the project generates continued evidence of successful prevention, outreach, and treatment, and has strong government support and involvement, the likelihood that provincial governments will advocate and allocate more funds for expansion is great. The project does pay peer-educators considerably for their role in reaching out to all drug users in communes that are geographically large; but their job is large and their role in preventing the transmission of HIV and reducing drug use is critical. In an extension project, a balance of peers and remuneration will need to be reached so eventually the local authorities can continue these activities.

4. LESSONS LEARNED AND BEST PRACTICES.

4.1. Lessons.

The management and implementation of the project generated several key lessons. One of the most important lessons from the project was the PMU structure; which was a particularly appropriate and suitable arrangement that resulted in bringing together the combined strengths and experience of the two organisations - UNODC and CEM – as well as the individuals involved. The planned combination of the two organisations provided the opportunity for the management of the project to be a genuine partnership. This is in contrast to most partnerships (UN and NGO alike), where the relationship between partners is a client–server relationship with decision making ultimately the responsibility of the 'donor' and the implementation the task of the 'recipient.' While UNODC was ultimately accountable to the donor and the executing agency of the project, the PMU structure

provided the platform for mutual planning and decision making, and an equal partnership relationship.

Another lesson learned from the project was related to the management of the project at the project site level. The provinces with the strongest management and implementation of the project, and the best results, were provinces where each of the government's administrative levels were involved in the project management. Provinces where provincial government involvement was strong resulted in better coordination between the various levels and more evidence of future sustainability. The project was based on the assumption that community-based treatment was viable, effective and appropriate. The lesson learned from this project and the evaluation, is that it is very effective and appropriate, but is particularly effective as partnership between government and the community. With the active participation of the community in the project activities, stigma and discrimination were reduced, relapse rates remained very low, and the government activities were understood and supported by the community.

4.2. Best Practices

As best practices are proven solutions with rigorous review and verification, the evaluation would not be able to provide best practices at this time. There is, however, a clear model emerging from the project that can be used not only in highland, ethnic minority areas, but throughout all of rural Viet Nam. With some adaptation to local contexts, the model could likely be used in other countries.

The drug treatment model includes:

- Government support and involvement at all levels;
- Active community participation;
- Constant and recurring outreach, including printed IEC and needle and syringe exchange;
- Stigma and discrimination reduction;
- Local treatment;
- Aftercare and income generation support.

4.3 Constraints

According to discussions with local implementing partners during the evaluation some constraints were encountered in the project implementation. These include:

- Prior to the project, there was little or no knowledge of drug treatment at the commune level. Both the communities and authorities needed considerable training, information and participation in community decisions before agreeing to have drug users treated in their community.

- Neither the district nor the commune knew how to manage effective programmes for drug users at the treatment centre and guidelines and regulations needed to be developed so that expectations and roles would be clear, and the centre would not become a provincial rehabilitation centre.
- Most communes are geographically large and have limited numbers of available officials and outreach workers. Having only six outreach workers in one commune made reaching all areas of the commune difficult.
- The district's steering committee members stated that they do not have adequate time to regularly be in the communes to provide direction and guidance to support the local officers, especially as they have existing jobs in addition to their part-time duties for the project

In the provinces where there was strong provincial approval and support – Son La and Lao Cai - the commune level received regular and adequate guidance and resources from the province and district, and project activities were implemented largely according to the plan of action, and in close communications with the PMU – though occasional delays did occur. Some significant delays included the construction of the treatment centres in Son La and Dien Bien. The Son La centre was constructed several months behind schedule. This was due to local administrative and bureaucratic delays, and these are indicative of the structural differences between programme management in the different provincial sites. The Dien Bien centre was never constructed. In Dien Bien province, however, the provincial government assigned the district all responsibility for the project and did not take an active role in project management or monitoring. The result appeared to be that funds were not disbursed quickly from the district to commune, and the district staff rarely visited the project communes. Also, district management and planning for project activities was haphazard, slow, and often in contravention to the project plan agreed with the central PMU. With regard to the indefinite postponement of treatment centre construction, this was due to irreconcilable differences encountered between the established PMU project plan and the preferences of the district steering board members, resulting in a district plan that was completely over budget and out of line with project guidelines. These management deficiencies in Dien Bien emphasised the importance of a strong and involved provincial government.

5. RECOMMENDATIONS

5.1. Issues resolved during the evaluation

The evaluator visited the project sites solely as an evaluator, observer, and assessor. The various project sites offered requests to the project, but these were seen as immediate project management

issues and were not addressed by the evaluator. The scope of work of the evaluation did not include resolving ongoing management issues.

5.2. Actions/decisions recommended

5.2.1 Management

The project has been very successful in reaching drug users and providing treatment and harm reduction options. The project should be extended to expand and standardise the positive results. The extension project should have a longer timeframe allowing for more strategic planning, and should include a detailed expansion and sustainability plan highlighting local management, implementation and funding. The extension project should include greater capacity building for the province, district and commune levels, and subsequently, greater decision making, and responsibility, at the government various levels. Capacity building activities should be directly towards long-term ownership of the project activities.

CEM should see itself as more of a catalyst for bringing together the various government sectors at the project level, as its remit is to support ethnic minority groups and is cross cutting rather than sectoral. CEM could provide greater multi-sectoral management of the project at the province, district, and commune levels, bringing together all the involved sectors for a multi-sectoral, coordinated approach.

The management of the project at the provincial level should be more consistent so that one overarching, effective structure is used by the three provinces. This will increase information sharing and adaptation of successes from other provinces, while reducing the communications and management disconnect that occurred in Dien Bien district. Additionally, more project attention should be devoted to provincial-level management, especially DSEP.

Project management should consider smaller steering committees so that decision making could be more efficient. While no concrete example of inefficiency due to steering committee size was provided during the evaluation, many of the steering committees are large and include government departments and offices that are not closely associated with the issues addressed in the project. Provinces (and districts) might consider small steering committees for programme decision making and larger, more participatory advisory committees to gain technical support and guidance from other government offices.

As a new province with a serious drug-use situation, Dien Bien province should receive continued and additional support from the project and project extensions, with the agreement that capacity

building at the provincial level ensures regular provincial support, involvement, and supervision. The project should not be continued in Dien Bien with only district involvement and management as the district clearly stated its time constraints for project management and has not been able to provide the leadership and guidance need to direct an innovative and effective community-based drug treatment project.

The project extension should consider the inclusion of a youth-development strategy to explore the involvement of youth in community development and policy implementation, as well as support to project and people's committee management. Son La provincial surveys (as reported in the evaluation), estimate that half of all known drug users are aged between 15 and 35 years. As youth, especially underemployed and unemployed youth, have been identified as a growing drug-user population, the project should create a 'partnership with youth' to seek income-generating opportunities and alternatives to drug use. Some of these opportunities may include having youth involved in local infrastructure development rather than importing labour from other areas and regions.

5.2.2 Staff Development

The field officers and project assistant are essential components of the project and are likely to be involved in future project activities, as well as support CEM and government activities. The extension should include a comprehensive staff development plan for these positions to build their capacity and allow them to take on more responsibility and authority. Initial training topics should include:

- project management, monitoring, and evaluation;
- time management;
- project monitoring and evaluation.

5.2.3 Communications and outreach

The project should ensure the continuation of the close community interaction and the interpersonal communications with outreach workers. The focus should remain on behaviour change and drug-use prevention, with an increase in the types and volume of IEC materials, and adding a focus on preventing relapse and new users. Needle and syringe exchange should be seen as a critical component.

Lao Cai Province should initiate outreach activities with community outreach workers to address new drug users, relapse and future intravenous drug use. The outreach workers should be trained in reaching drug users where they live and work and providing them with accurate and adequate

information to improve their knowledge on the risks of drug use and sharing syringes. The outreach workers should have basic counselling listening skills and should incorporate a needle and syringe exchange component.

Training for outreach workers should be increased in the extension phase and should include peer-education and counselling skills, facilitation skills, and the importance of questions raised by drug users and contacts. Eventually, outreach workers should be paid a more sustainable (lower) rate and different performance incentives should be identified. These incentives could include improved status in the community, greater involvement in project activities, and additional training.

Printed materials need to better address the low literacy rates by using more illustrations and creating a closer link to the messages from outreach workers.

5.2.4 Treatment

While withdrawal from opioids, such as heroin is often less severe than other drugs, the likelihood of the patient remaining 'treated' is diminished. Relapsing drug users should continue to be provided the opportunity for repeated community-based treatment as it has been shown to be more effective than the provincial rehabilitation centres where relapse rates are high and stigma and discrimination is increased. Proper detoxification programmes make it much more likely that addicted drug users will voluntarily seek treatment at an earlier stage and the transition from treatment to long-term sobriety will be more effective. The project (in collaboration with other organisations, in the extension phase) should consider methadone to support patients through the detoxification process safely and comfortably. The project could initiate a demonstration methadone model which could then be used as an advocacy tool and central government policy and for provincial expansion.

The project should consider expanding community treatment in other rural areas of Viet Nam and, even possibly in urban areas, as the model leads well into social networks and support groups which have been proven effective in urban and rural areas. Greater central-level advocacy should be developed to provide central-government officials with information on the project's treatment model as an option of one available effective community approach to drug abuse treatment and management. Greater dissemination of project achievements and engagement with various departments of government would help facilitate future expansion of the successful model.

5.2.5 Aftercare and Income Generation

The loan scheme should increase the interest rate to support costs, increase the size of loans and remain sustainable. Micro-credit schemes in Viet Nam are often operated at very low or zero

interest rates as they are seen as charity rather than a market-oriented credit fund. The example of profit potential described by the Muong Hum beneficiaries indicates that some, or all, of the micro-credit schemes could apply interest and become self-sustainable. The fund management should become self-sustaining and based on market principles with adequate interest to pay management positions, sustain and expand the fund, and to recognise the peer-pressure approach to preventing defaults will lose efficacy with a larger fund. The project should continue to support grants for the very poor households, and in the future, these grants could come from the higher interest payments made on the loans.

5.2.6 Demand/supply reduction

The baseline survey indicated that amphetamine use existed in some of the project sites. With evidence that methamphetamine is increasing in Lao, especially along newly-constructed transportation routes, the project should recognise shifting drug use trends and the likely increase in methamphetamine use.⁸ As methamphetamines and heroin are increasingly injected, intravenous drug use is likely to increase in the project area and long-term strategies need to consider treatment of methamphetamines versus opium and heroin.

There is potential for drug users to feel threatened by the supply reduction component of the project, which includes reporting drug traffickers and drug users. The project needs to continue regular communications with the community on the difference between drug traffickers, who are criminals, and drug users, who need treatment. It is important to ensure treatment programme remains supportive and community based, and as much as possible, voluntary.

5.2.7 Health

In the extension the project should develop a comprehensive health strategy to address the health needs of drug users and treated drug users. The strategy should include a stronger component of the major health issues associated with drug use, such as HIV, TB and hepatitis. This component also should have a strategy for addressing the psychosocial needs of drug users. In future the drug treatment centre could also become a screening centre (with trained VCT services) for hepatitis, TB, HIV, and STIs. The extension should explore the possibilities of DOTS and ARV treatment through the community-based treatment model, especially as government-managed national programmes have resulted in poor access in remote, highland areas. Hepatitis B and C could be particularly important when treating drug users in communities with very high levels of alcohol consumption.

5.2.8 Gender

⁸ Kongpetch Kulsejarit, 2004

The project extension should study in greater detail the role of ethnic minority women as drug users. Any research on gender in the northern highlands would contribute considerably to the knowledge base in general.

6. OVERALL CONCLUSIONS.

The project has made a significant impact on the target population of ethnic-minority highland populations. In a region of Viet Nam with some of the highest drug-use rates, the project is one of the only comprehensive drug-treatment projects addressing the serious drug and public health needs of the area.

The project has included government from the central level to the commune level and this has included direct interaction with drug users, their families, and their communities. Through this relationship, the community has acknowledged the importance of the project and has accepted the treatment of drug users and their return to their community. In all three provinces, treated drug users returned to their villages and in many cases became productive, profit-making members of their communities. In some cases they became community leaders. The community acknowledged the change from drug users stealing from the community to treated drug users contributing to the community. In these small, isolated, kinship-based villages, this change is noted and appreciated by the community and government. The treated drug users also voiced appreciation and pride in their change in status.

Although treatment is an essential component of the project, the outreach and communications activities play an equal role in reducing drug use and harm in the communities. With community-outreach workers reaching over 10,000 remote, inaccessible households, virtually every family in the targeted communes has been met and provided with materials and information on HIV, drug use, and drug use treatment. The information has been provided mostly through interpersonal communications, which has ensured linguistic comprehension and cultural understanding. Equally important, over 27,000 syringes and needles so far have been distributed to drug users who previously had little access to needles and syringes and who would have been forced to share syringes, even if they knew that sharing syringes could cause the transmission of potentially fatal viruses. Due to the outreach activities, drug users have access to clean needles and syringes and are aware of the dangers and risks of HIV and sharing syringes. Additionally, in some communes, the outreach-worker visits have resulted in reduced drug use and changes in drug use to reduce potential harm.

The Aftercare Clubs have resulted in close relationships between many drug users and are a venue for discussion and support. The facilitators of the Aftercare Clubs have been very supportive of the

treated drug users and seek opportunities for them. In one commune, the loan scheme has provided an exceptional opportunity to produce products with demand in the local weekend market. The Aftercare clubs also have the potential to be long-term support for drug users to prevent relapse, and could also be effective venues for methadone dosage and ARV adherence monitoring, if these programmes were implemented in an extension phase.

The local management of the project in the three provinces has been different, resulting in varied results. While all three provinces have demonstrated considerable will to treat drug users and to provide information to the affected communities, it was only in the two provinces of Lao Cai and Son La where the provincial-level governments were actively involved in the management and implementation that the project demonstrated its most successful and effective results.

In conclusion, the project has been very successful in reaching very isolated, remote populations with a very effective and efficient management structure. The project should be extended and expanded and, eventually should be considered by central-level government as an alternative to the current provincial-level rehabilitation centres.

Appendix One: Matrix of proposed activities and achievements

Proposed Output/Activity	Progress
Output 1: A report covering baseline information, assessment and HIV high risk information produced and distribute	
1. Conduct a meeting with project partners to discuss the needs and capacity situation in current project sites, to assess the necessary requirements for and the viability of the consolidation of activities in these locations, and to propose and select additional project sites	Completed. Conducted in August 2004.
2. Organise and conduct a general training workshop for locally-recruited peer research workers	Completed. Conducted in November/December 2004; and July/August 2005.
3. Carry out a study to establish a baseline profile of new project sites	Completed. Conducted in December 2004.
4. Conduct an in-depth participatory assessment, based on the assessment methodology used in the initial phase, of the local drug use and HIV risk environments in each new project location	Completed. Included in study above and completed December 2004.
5. Organise and conduct local consultation workshops to discuss the results of the risk assessments	Completed. Conducted in February/March 2005.
6. Based on the study, the results of the risk assessments, and findings from the local consultations, prepare a proposed plan for community-based prevention, intervention, and treatment activities to address the specific needs and risk situation of each ethnic minority community	Completed. March 2005.
7. Conduct a meeting to modify the proposed community activity plans	Not done. Not planned. (Note: This meeting was determined to be unnecessary as discussion on these plans was conducted with management boards at Q1 2005

	meeting).
8. Produce and publish a report on the drug use and harm environment research findings	Not done. Not planned. (Note: The quality of the assessment was determined to be insufficient for publication due to a lack of analysis, too much description).
Output 2: A culturally-appropriate drug use and harm prevention programme developed and implemented by the community	
1. Organise and conduct local consultation workshops and fieldwork exercises to develop culturally-appropriate IEC material which is suitable for semi- and non-literate audiences	Completed. Conducted in November 2005.
2. Produce and manufacture IEC materials	Completed. Conducted in December 2005.
3. Organise and conduct introductory training workshops for locally-recruited peer outreach workers, local authorities, and health and law enforcement personnel around issues of drug use and HIV harm prevention	Completed. Conducted in July 2005.
4. Organise and conduct a series of technical training workshops for peer outreach workers, health and law enforcement personnel around issues of voluntary counselling and testing (VCT), and needle and syringe provision and collection (NSP	Completed. Conducted in July/August 2005.
5. Organise and conduct a follow-up series of technical training refresher courses for all training recipients	Completed. Conducted in August 2005.
6. Organise, establish and stock a peer drug use & HIV information and referral centre in a central location of each new project site to act as a supply point for local peer outreach workers, and as an information point for other community members, and recruit and train in each new location one local ethnic minority peer worker to	Not done. Not planned. (Note: This activity was removed due to high costings and local project delays).

manage it and one local ethnic minority peer worker to assist	
7. Identify, organise, and supply equipment and other technical requirements necessary for the establishment of local outreach, VCT and NSP programmes	Completed. Various dates as commune programmes came on-line. (Note: No local VCT 'equipment' provided).
8. Organise and establish local outreach, VCT and NSP programmes	Completed. July 2005. (Note: No formal VCT programme initiated).
9. Organise and establish local intervention activity impact monitoring system to monitor the use of NSP, VCT and peer outreach services in each project district in order to understand the characteristics (age, sex, ethnicity, home, etc.) of the catchment population for service users, and to identify programme adjustments necessary to improve the local provision of these services	Planned. December 2005.
10. Organise and establish school-based ethnic minority youth peer mentoring programmes in order to supply drug use and HIV prevention information and educational material to local youths	Planned. Q1 2006.
11. Organise, establish and support local ethnic minority peer resource networks to supply drug use and HIV prevention and health information to local communities	Completed. Conducted July 2005. (Note: Combined with peer outreach training).
Organise and establish community-based small grants schemes, payable to local individuals or groups, to support local community harm reduction activities which are conceived, proposed and implemented by local inhabitants to address local drug use and HIV risk factors	Planned. Q1 2006.
Output 3: A community-based treatment and rehabilitation strategy and programme developed and implemented	
1. Based on the local needs and risk assessments,	Completed.

existing project treatment activities, and local consultations, develop a relevant and appropriate community-based drug use treatment, rehabilitation and after-care programme for each community, including a community stakeholder that will be in charge of managing and coordinating these services also in the future	Conducted in November 2004.
2. Organise and conduct local consultation meetings to present and modify the programme	Completed. Various dates depending on when each commune treatment programme came on-line.
3. Organise and conduct general training workshops for voluntary local drug users and their family members on all elements and processes of the proposed treatment, rehabilitation and after-care programme	Completed & on-going. Various dates depending on when each commune treatment programme came on-line.
4. Organise and conduct technical training workshops for local authorities, health staff, and family members of drug users around issues of drug detoxification, counselling and support, and relapse prevention, including the treatment of health problems that otherwise could act as a trigger for relapse	Completed. Various dates depending on when each commune treatment programme came on-line.
5. Make provision of primary health services, by linking to the existing primary health care provision or by providing basic training	Completed & on-going. Various dates depending on when each commune treatment programme came on-line.
6. Identify, organise, and supply equipment and other technical requirements necessary for the establishment of a local community-based drug use treatment and rehabilitation facility and programme	Completed. Various dates depending on when each commune treatment programme came on-line.
7. Organise and conduct an international study tour to community-based treatment in the region (or some other international location as deemed appropriate, feasible, and financially viable) to learn about different and effective approaches	Completed. Conducted in November 2005 (one tour to China; one tour to Thailand).
8. Establish community-based drug use	Completed & on-going.

treatment and rehabilitation programmes, including the collection of basic data on the number of people requesting and obtaining treatment and treatment outcomes	Various dates depending on when each commune treatment programme came on-line.
9. Identify, organise and supply equipment and other technical requirements necessary for the establishment of peer-based relapse prevention and support counselling networks	Completed & on-going. Various dates depending on when each commune treatment programme came on-line.
10. Organise and establish peer-based relapse prevention and support counselling networks	Completed & on-going. Various dates depending on when each commune treatment programme came on-line.
11. Organise and establish a community-based credit scheme for households of drug users who voluntarily enter treatment. Based on experiences and activities from the initial project phase, the province would arrange for special dispensation with a local bank to provide households of recovering drug users who had voluntarily entered treatment with a loan. The project funds would ensure the payment of all interest accrued on each household loan, thereby allowing for a dispersal of project credit funds across a wider number of vulnerable and impoverished households	Completed & on-going. Various dates depending on when each commune treatment programme came on-line.
Output 4: All project community-based prevention, intervention and treatment programmes strengthened and consolidated.	
1. Organise and conduct a national discussion Forum on Drug Use and HIV in the Highlands of Vietnam, targeting national and international organisations and agencies active in these areas.	Planned. April 2006.
2. Organise and conduct a study tour to and workshop in initial project sites to allow new project participants to learn about prevention, intervention and treatment activity implementation barriers, constraints, and	Completed. Conducted in November 2004.

<p>successes through the sharing of experiences and stories from the participants in these initial project locations, and to familiarise primary stakeholders and beneficiaries with case study evidence, both local and international, supporting each of the proposed prevention and intervention activities.</p>	
<p>3. Organise and conduct joint follow-up training workshops for local peer outreach, NSP, VCT, and relapse prevention and support counsellors from <u>all</u> project locations to share activity experiences, to identify from practical experience operational barriers and constraints to the implementation of their tasks, and to propose solutions to overcome them.</p>	<p>Completed. Conducted in September 2005.</p>
<p>4. With the participation of local project participants from all locations, organise and conduct a dissemination workshop in Hanoi with other concerned agencies and international organisations to present and discuss, from an ethnic minority perspective, the local successes and difficulties in establishing and running HIV prevention and intervention activities with and for highland ethnic minority communities.</p>	<p>Planned. April 2006.</p>
<p>5. Organise and conduct a mid-term and final TPR meeting.</p>	<p>Planned. December 2005.</p>
<p>Output 5: An end-of-project study to assess the effectiveness of prevention, intervention, and treatment activities, and to elicit lessons learned, conducted and presented.</p>	
<p>1. Organise and conduct an in-depth post-implementation assessment of the impact and effectiveness of prevention and intervention activities and programmes in each project location.</p>	<p>Planned.</p>
<p>2. Produce and publish a report of lessons</p>	<p>Planned.</p>

learned for future consideration.

Appendix Two – evaluation schedule (10-16 November 2005)**10 Nov**

0730-1430 Travel to Son La town
 1530-1730 Meeting with Son La provincial project steering board members
 Overnight in Son La town

11 Nov

0700-0800 Travel to Thuan Chau town
 0800-1000 Meeting with Thuan Chau district project steering board members
 1000-1030 Travel to Phong Lai commune
 1030-1100 Visit Phong Lai treatment centre
 1100-1200 Meeting with Phong Lai commune project steering board members
 1200-1230 Travel to Thuan Chau town
 1230-1315 Lunch in Thuan Chau town
 1315-1330 Travel to Chieng Pha commune
 1330-1500 Meeting with all project Community Outreach Workers
 1500-1600 Travel to Son La town
 1600-1700 Meeting with Son La provincial Department for Social Evils Prevention
 Overnight in Son La town

12 Nov

0730-1400 Travel to Dien Bien city
 1500-1700 Meeting with Dien Bien province and district steering board members
 Overnight in Dien Bien City

13 Nov

0700-0830 Travel to Na U commune
 0830-1030 Meeting with Na U commune project steering board members, drug abuse treatment
 management
 board members, and aftercare management board members
 1030-1200 Travel to Dien Bien city
 1200-1245 Lunch in Dien Bien city
 1245-1430 Travel to Muong Nha commune
 1430-1630 Meeting with Muong Nha commune project steering board members, drug abuse
 treatment
 management board members, and aftercare management board members

1630-1815 Travel to Dien Bien city

Overnight in Dien Bien city

14 Nov

0700-1600 Travel to Lao Cai town

Overnight in Lao Cai town

15 Nov

0800-1000 Meeting with Lao Cai province and district steering board members

1000-1200 Travel to Muong Hum commune

1200-1300 Lunch in Muong Hum commune

1300-1500 Meeting with Muong Hum commune project steering board members, drug abuse treatment

management board members, and aftercare management board members (including representatives from Den Thang and Nam Pung communes)

1500-1600 Visit Muong Hum treatment centre

1600-1800 Travel to Lao Cai town

Overnight in Lao Cai town

16 Nov

0730-1130 Interview with DSEP, MOLISA representative

1230 Depart Lao Cai for Hanoi

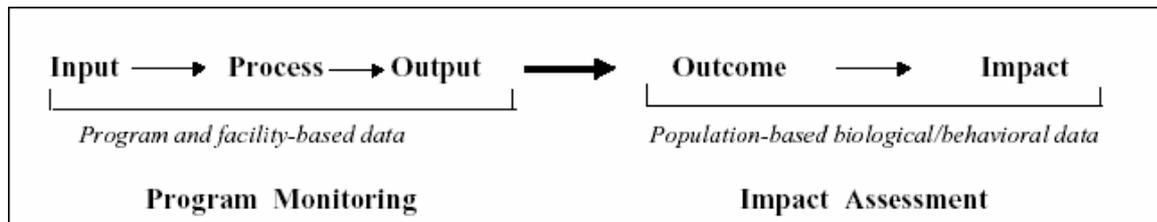
Meetings included:

- Central Project Management Unit (including the National Project Director, Project Coordinator, Project Assistant, and the Project Field Officers)
- Son La provincial DOLISA/Department of Social Evils Prevention
- Thuan Chau district steering committee
- Chieng Ly commune
- Chieng Pha commune
- Community outreach workers of Na Nhan, Na Tau, and Muong Phang communes
- Phong Lai Treatment Centre and drug users under treatment
- Dien Bien district steering committee (and provincial representatives)
- Na U commune
- Na U Treatment Centre and drug users under treatment

- Muong Nha commune
- Lao Cai DSEP
- Lao Cai provincial steering committee and the Bat Xat district steering committee
- Muong Hum commune
- Den Thang commune
- Den Sang commune
- After-care club and members, Muong Hum Commune

Appendix Three: Evaluation guidelines

The purpose of the evaluation was to assess the progress of the project against the stated objectives, as well as the context and rationale of the project, the inputs and processes, and the potential outcome and impact.



USAID- Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs

Guidelines of the Evaluation

Project Context and Environment

Project rationale

- How did the project assess the situation and environment when preparing the project?
- Did the project partners recognise the needs determined in the assessment?
- Are there other projects (government or non-government) in the area addressing similar needs and objectives?
- Does the project fit into government policy and objectives?

Project Management

Project Design

- Did the project identify a specific target population?
- Did the project set measurable objectives of inputs, outputs and outcomes?
- Were the objectives relevant to the needs of the community?
- Did the project management adapt to change when necessary and willing make relevant changes to the project design and direction?
- How did the project select beneficiaries?

Management of data and project monitoring

- Did the project collected relevant data?
- Were baseline data used for project development?

- Were data collected being used for decision making?
- Did the project staff and project partners have the management and technical capacity to maintain regular and accurate data collection?
- Did the project determine a methodology to monitor progress of objectives?

Training

- How did the project ensure training curriculum is effective and beneficial to participants?
- How did the project assess and evaluate the training workshops?
- Was the training been relevant to the participants?
- How did the project follow up training workshops?

Human resources and technical support

- How many people worked for the project?
- Did the project have adequate staff to meet the technical, managerial, and operational requirements?
- Was the workload reasonable?
- Did project staff receive relevant training since beginning to work for the project?
- Did the managerial staff have the training and experience to carry out their responsibilities?
- Did the project managers/administrators have a good understanding of the human, material and financial inputs required to sustain project activities
- Did the technical staff have the technical knowledge and skills to carry out their responsibilities?
- What type of external technical assistance did the project require?

Counterpart relationship and networking

- Who were the principal counterparts to the project?
- How were the project counterparts identified?
- How involved were the counterparts in project planning and implementation?
- Did the counterpart staff have the capacity to eventually take over project management?
- Did the project developed relationships with other NGOs working in HIV/AIDS?
- Did the partners benefit from lessons learned from other NGOs and government project?

Budget management

- How did expenditure compare with the project budget?
- Was the budget being managed effectively?
- Could the project achieve its objectives within the project budget?

Project Outcome and Impact

Accomplishments and effectiveness

- Were the project achievements appropriate and relevant to the needs of the target population?
- Did the project achieve sufficient progress towards the stated objectives?
- Did the project meet the needs of the target populations?
- Were the targeted groups reached effectively?
- Can the project be replicated by government or non-government organisations?

Behaviour change

- Were the IEC activities for the purpose of providing information or sustaining behaviour change?
- Was there a documented shift on the continuum of behaviour change of the beneficiaries?

Sustainability

- What steps did the project take to promote sustainability of effective project activities following project funding?
- Were incentives used to achieve project objectives? Will those incentives continue after project funding?
- How involved were the partners in project planning and implementation? Was there capacity building built into the project design?
- Was there adequate national and provincial advocacy to support policy change and decision making?
- How were project achievements and lessons learned disseminated to partners and relevant government and non-governmental organisations?

Appendix Four: Field visit key programme-based questions detailed

Province-level data (from Provincial Steering Committees and DSEP)

- What is the current drug abuse/HIV situation in the province?
- What has been the steering board's role in project implementation?
- What role has the steering board played in the management/implementation of project activities in the province?
- What difficulties, barriers, and/or constraints have been encountered in activity implementation?
- In the board's opinion, what impact have the project activities had in the province?
- Should the project be extended? If yes, why?
- What difficulties, barriers, and/or constraints have been encountered by DSEP in activity implementation?
- What has been done or should be done in future to overcome these difficulties?

District-level data (from District Steering Committees)

- What is the current drug abuse/HIV situation in the district?
- What has been the district steering board's role in local project implementation?
- What role has the district steering board played in the management/implementation of project activities in the district?
- What difficulties, barriers, and/or constraints have been encountered in activity implementation?
- In the board's opinion, what impact have the project activities had in the district?
- Should the project be extended? If yes, why?

Commune-level data (from Commune Steering Committees)

- What is the current drug abuse/HIV situation in the commune?
- What has been the commune steering board's role in local project implementation?
- What difficulties, barriers, and/or constraints have been encountered in activity implementation?
- In the commune's opinion, what impact have the project activities had in the commune?

Data from Community Outreach Workers

- What is the role and activities of the outreach workers?
- What impact have the outreach workers activities had in the community?
- What difficulties, barriers, and/or constraints have been encountered in outreach

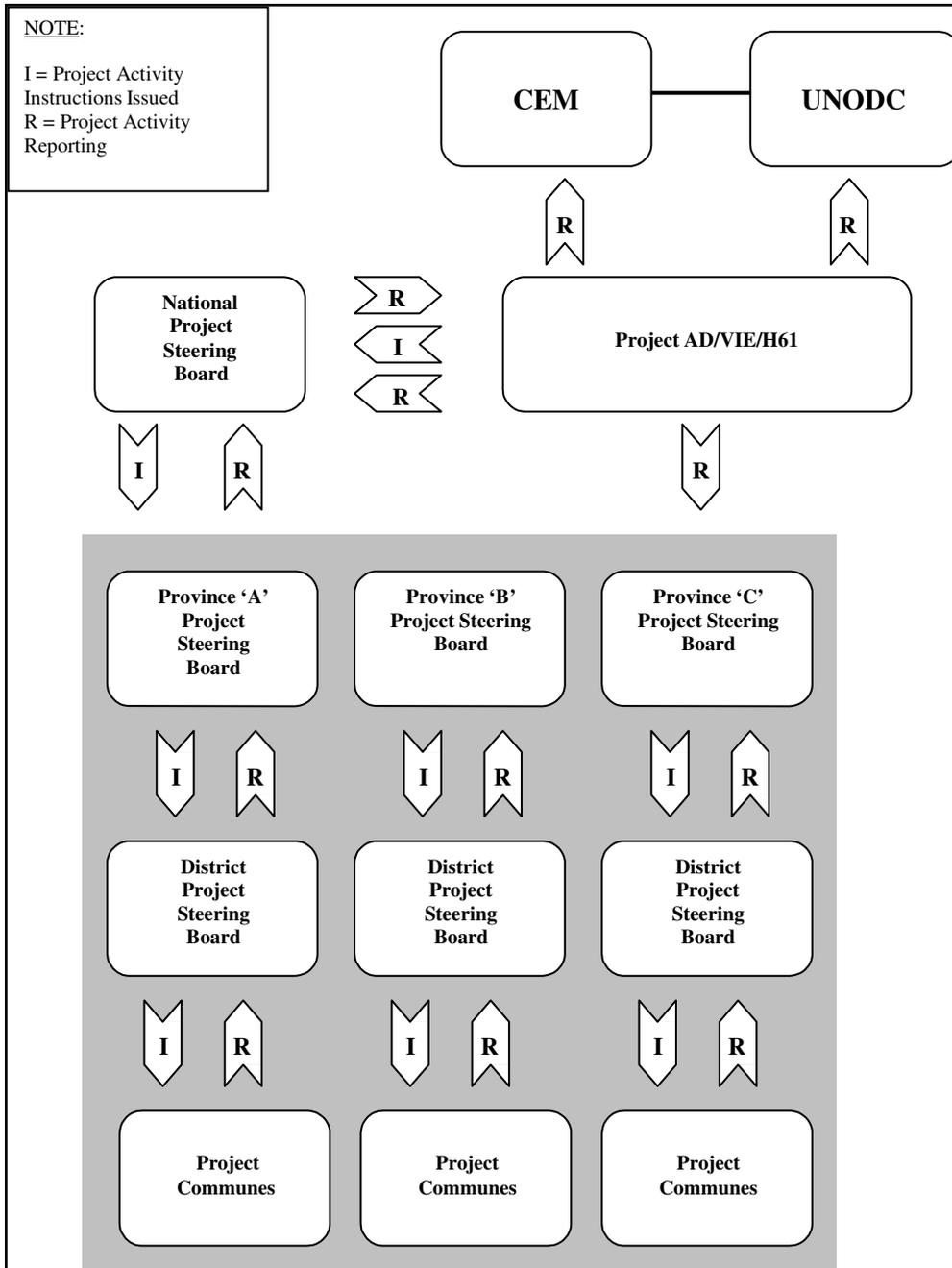
implementation?

- What can be done to improve the work of the community outreach worker?
- Should the outreach worker programme be continued?

Data from aftercare club members and microcredit programme beneficiaries

- In what activities do aftercare club members and microcredit recipients usually engage?
- What difficulties, barriers, and/or constraints have been encountered in local activity implementation?
- How can these be overcome?
- In what way have these programmes been successful?

Appendix Five: Management structure



Appendix Six: Documents reviewed in evaluation

Annual Project Progress Report 2004. Drug abuse prevention among ethnic minorities in Vietnam Project. AD/VIE/01/B85 2004. United Nations Office on Drugs and Crime

Drug abuse prevention among ethnic minorities in Vietnam (Phase II) (VIE/H61) 2004-2006. UNODC Country Office Viet Nam 2004

Internal Financial Management Guidelines. Project AD/VIE/04/H61. UNODC-CEM 7 March 2005

Operation Manual: Micro-Finance Credit. Project AD/VIE/04/H61. Muong Hum Commune, Bat Xat District, Lao Cai Provinces. (Draft) January 2005

Plan for drug and crime control in Den Sang Commune.

Den Sang Drug and Crime Control Unit . Communal Police-chief. Den Sang May 10th 2005.

Report: AFTERCARE CLUB'S ACTIVITIES IN MUONG HUM COMMUNE. Muong Hum, November 14, 2004

Report: Community-based Drug Abuse Treatment and Rehabilitation in Muong Hum Commune. Chairman of Muong Hum People's Committee. Muong Hum, October 25, 2004

Report: Financial Needs Assessment. Muong Hum Commune, Bat Xat District. Lao Cai Province. Belgian Technical Cooperation. November 2004

Report: Five-Year Implementation of Drug Abuse Treatment (2001-2005) People's Committee of Dien Bien Province. 6 June 2005

Report: Five-Year Implementation of Drug Abuse Treatment (2001-2005) People's Committee of Son La Province. 28 July 2005

Report: Review of Five-Year Implementation Prevention and Drug Treatment (2001-2005) People's Committee of Lao Cai Province. 28 July 2005

Report: One-Year Implementation of Community-based Drug Use Treatment Program Among Ethnic Minorities In Muong Hum Commune. Bat Xat District. Lao Cai. 10 March 2005

Report On April Activities by Muong Hum After-Care Club. Muong Hum, May 14th 2005

Report on Drug Abuse Treatment Programme in Na U and Muong Nha . Dien Bien Public Security Bureau. Dien Bien, 11 October, 2005

Report: Propaganda Programme and Aftercare Management by Communal Police in Muong Hu, Commune. Muong Hum, October 25, 2004

Report: The Implementation of the first phase of community-based-based drug abuse treatment and rehabilitation among ethnic minorities in Muong Hum Commune, Bat Xat District. Vice Chairman of Bat Xat People's Committee. Bat Xat, November 18, 2004.

Semi-Annual Project Progress Report. January - June 2005. Drug abuse prevention among ethnic minorities in Vietnam Project. AD/VIE/04/H61. UNODC Country Office. 2005

Treatment Manual – Community Based Drug Abuse Treatment and Rehabilitation Among Ethnic Minorities. Hanoi – January 2005 UNODC-CEM- PROJECT AD/VIE/04/H61. Hanoi – January 2005

UNODC Viet Nam: Project Profile- Drug abuse prevention among ethnic minorities in Vietnam (Phase II) (VIE/H61) 2004-2006

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UNODC. 2004. "Drug abuse prevention among ethnic minorities in Vietnam (Phase II) (VIE/H61) 2004-2006." UNODC Country Office Viet Nam 2004

Phan, Thi Tuyet Thanh. 2004. "Operation Manual: Micro-Finance Credit. Project AD/VIE/04/H61. Muong Hum Commune, Bat Xat District, Lao Cat Provinces." (Draft). Hanoi, Viet Nam.

UNODC. 2005) Semi-Annual Project Progress Report. January - June 2005. Drug abuse prevention among ethnic minorities in Vietnam Project. AD/VIE/04/H61. UNODC Country Office. Hanoi, Viet Nam

UNODC. "Viet Nam: Project Profile- Drug abuse prevention among ethnic minorities in Vietnam (Phase II) (VIE/H61) 2004-2006. (2004) UNODC Vietnam Country Office. Hanoi Viet Nam

UNODC. Vietnam 2004 Country Profile. (2004) UNODC Vietnam Country Office. Hanoi Viet Nam

UNODC. "STRATEGIC PROGRAMME FRAMEWORK 2005 – 2007" (Undated) UNODC Vietnam Country Office. Hanoi, Viet Nam

UNDP 2005. "Impact of HIV/AIDS on household vulnerability and poverty in Vietnam. UNDP-AusAID. Hanoi, Viet Nam