



UNITED NATIONS  
*Office on Drugs and Crime*

Date: 27 Sept 2005

## **MID-TERM EVALUATION REPORT**

**Project Number:** AD/NIR/02/G50

**Project title:** Partnership for Drug Abuse and HIV/AIDS Prevention in Nigeria.

**Thematic area:** Prevention and Reduction of Drug Abuse

**Country:** Nigeria

### **Report of the Evaluation team**

Dr. Rey Chad Abdool, Drug Abuse and HIV/AIDS Adviser, Africa, UNODC Regional Office for Eastern Africa, Nairobi, Kenya.

## CONTENTS

	<u>Page</u>
TABLE OF CONTENTS	2
LIST OF ACRONYMS	4
EXECUTIVE SUMMARY	5
<b>I. INTRODUCTION</b>	<b>9</b>
1.1. Background and Context.	9
1.2. Purpose and Objective of the Evaluation	10
1.3. Executing Modality	10
1.4. Scope of the Evaluation	11
1.5. Evaluation Methodology	12
<b>2. MAJOR FINDINGS</b>	<b>12</b>
2.1. Overall performance assessment (Appropriateness, Relevance, Effectiveness, Efficiency)	12
2.2. Attainment of Objectives	13
2.3. Achievement of Programme/Project Results and outputs	15
2.4. Implementation (Operational Plan, Monitoring and Backstopping)	15
2.5. Institutional and Management Arrangements	15
<b>3. OUTCOMES, IMPACTS and SUSTAINABILITY</b>	<b>17</b>
3.1. Outcomes	17
3.2. Impact	17
3.3. Sustainability	17
<b>4. LESSONS LEARNED</b>	<b>18</b>
4.1. Lessons	18
4.2. Best Practices	18

4.3.	3	Constraints	19
<b>5. RECOMMENDATIONS</b>			<b>19</b>
5.1.		Issues resolved during evaluation.	19
5.2.		Actions/decisions recommended.	19
<b>6. OVERALL CONCLUSIONS</b>			<b>20</b>

## **Annexes**

1. Terms of reference.
2. Organizations and places visited and persons met.
3. Outputs achievement matrix.

### Disclaimer

Independent Project Evaluations are scheduled and managed by the project managers and conducted by external independent evaluators. The role of the Independent Evaluation Unit (IEU) in relation to independent project evaluations is one of quality assurance and support throughout the evaluation process, but IEU does not directly participate in or undertake independent project evaluations. It is, however, the responsibility of IEU to respond to the commitment of the United Nations Evaluation Group (UNEG) in professionalizing the evaluation function and promoting a culture of evaluation within UNODC for the purposes of accountability and continuous learning and improvement.

Due to the disbandment of the Independent Evaluation Unit (IEU) and the shortage of resources following its reinstatement, the IEU has been limited in its capacity to perform these functions for independent project evaluations to the degree anticipated. As a result, some independent evaluation reports posted may not be in full compliance with all IEU or UNEG guidelines. However, in order to support a transparent and learning environment, all evaluations received during this period have been posted and as an on-going process, IEU has begun re-implementing quality assurance processes and instituting guidelines for independent project evaluations as of January 2011.

**LIST OF ACRONYMS**  
( In alphabetical order)

- AHI	Action Health Incorporated
- AHIP	Adolescent Health and Information Project
- CBO	Community-Based Organization
- FMOH	Federal Ministry of Health
- FMWA	Federal Ministry of Women Affairs
- FUAM	Federal University of agriculture in Makurdi
- FUTA	Federal University of Technology, Akure
-GAD	Gender and Development
- IEC	Information, Education and Communication
- NACA	National AIDS Control Agency
- NDLEA	National Drug and Law Enforcement Agency
- NGOs	Non-Governmental Organizations
- NTE	National Technical Expert
- NYAP	Nigeria Youth Aid Programme
- PAC	Project Advisory Committee
- PIP	Project Implementing Partner
- PIT	Project Implementation Team
- PTL	Project Team Leader
- WID	Women In Development
- YOPSIS	Youth Society for the Prevention of Infectious Disease and Social Vices
- UNAIDS	Joint United Nations Programme on HIV/AIDS
- UNFPA	United Nations Fund for Populations.
- UNODC	United Nations Office on Drugs and Crime

**EXECUTIVE SUMMARY**

*This is a national drug demand reduction and HIV/AIDS prevention project aimed at supporting the broad objective of the National Drug Master Plan in Nigeria with a view to progressively reduce the drug problem and related increase in HIV/AIDS infections in the country. It is executed by the UNODC Nigeria Country Office, and has five main objectives, namely:*

1. *To initiate integrated community-based drug abuse/HIV/AIDS prevention and rehabilitation approaches in the programmes of Community Based Organizations (CBOs) and other agencies or organisations, in two communities in Lagos and Kano.*
2. *To strengthen the integration of youth drug abuse and HIV/AIDS prevention initiatives in 6 tertiary educational institutions and 6 state prison directorates in Nigeria.*
3. *To promote integration of Drug Abuse/HIV/AIDS Prevention Education initiatives in the programmes of women development agencies and organisations in Nigeria*
4. *To build the capacity of the implementing partners in the development and utilisation of culturally and gender-sensitive training and information, education and communication (IEC) materials on the integrated drug abuse/HIV/AIDS prevention in the focal institutions and communities.*
5. *To strengthen the skills of health workers in primary and secondary level health care facilities on the integrated drug abuse and HIV/AIDS prevention education and counselling in the focal institutions and communities.*

*This project is implemented in close partnership with two local Community Based Organizations, namely Nigeria Youth Aid Programme (NYAP) and Youth Society For the Prevention of Infectious Disease and Social Vices (YOPSIS), in partnership with two NGOs, Action Health Incorporated (AHI) and Adolescent Health and Information Project (AHIP) and the Local Authorities in Lagos and Kano respectively. The project is expected to be completed by March 2006.*

*The major findings of this evaluation are as follows:*

*The project design was complex and consisted of an unrealistic mix of outputs and activities which were clearly well outside the scope of the budget and time frame. The reliance on an intricate and wide-based implementation organigramme with a large number of partners in communities, NGOs, CBOs, Local Government, Women Associations, universities and prisons, while promoting a large participatory approach of management, made implementation difficult to manage and deliver. The project is appropriate and relevant to the needs of the country as it addresses critical issues such as capacity building, prevention, treatment and rehabilitation in the field of drug abuse and HIV/AIDS, as well as networking and raising institutional and public awareness through Information, Education and Communication (IEC) campaigns and advocacy. It also addresses drug abuse and HIV/AIDS prevention and care in universities and in prisons. However, by targeting too widely and attempting to achieve a large spectrum of activities, the project missed several of them.*

*The first two objectives have been partially achieved. Under the first , the Isale-Eko community in Lagos and Dala community in Kano were selected after a country-wide country assessment was done. The provision of training followed by the award of grants to NGOs led to good drug abuse and HIV/AIDS prevention programmes being initiated in the two beneficiary communities. General counselling was provided to young people either on the premises of the CBO in Kano, or through the setting up of two counselling booths in the community in Lagos. There was no drug abuse counselling or support to drug abusers, and no referral for care or follow up system was established. No rehabilitation through staple-crop farming or other income-generating activities took place, no public sector investment secured to promote rehabilitation activities, and as a result, the two beneficiary communities have not seen any increase in employment and income base for rehabilitated drug abusers.*

*Under the second, achievements and impact in the participating universities were easily palpable. A number of factors accounted for that, namely a strong commitment and support from the senior university management, well established and functioning*

implementation teams, the active participation of the student body and their union, and the professional coordination and delivery of activities. A project office was been set up on campus, the Counselling Units have been upgraded, the number of counselling sessions have increased by 50% or more, the higher level of awareness on drug and HIV matters on campus resulting in more students accessing care, equipment provided are optimally utilized for the benefit of the students, IEC materials were produced and distributed, and prevention campaigns were conducted. The project has generated a lot of enthusiasm among the staff and students, 120 male and female volunteers have been recruited as peer educators and 20 as peer monitors. They are all awaiting training. The universities have also engaged in outreach work, providing information and lectures to surrounding tertiary institutions and secondary schools. One university has even developed a 2-unit course entitled: "Contemporary Problems of Youth" including drug abuse and HIV/AIDS. This has been incorporated in the General Studies Curriculum for all first year students.

This component is clearly the most successful part of the entire project and the impact on student life has been tremendous. Within a short period of time, namely one year, the tertiary institutions have established good practice models. The university management is already looking for alternative sources of funding to strengthen this drug and HIV prevention and care initiative.

The "Youth in Prison Institutions" component encountered a number of management and implementation problems both at Prisons Head Quarters and in the participating prisons. The results are mitigated, to say the least. Though activities were to focus on youth, this was not done for a number of practical reasons. An assessment mission took place at the start of the project and training was provided to them. However, no grants were provided to them for a number of strategic reasons, namely problems with Prisons HQ in Abuja, lack of funds and a need to focus on institutions which showed more commitment to the project and were therefore more liable to produce results and yield an impact.

The project management decided not to proceed with the activities related to the women organizations as planned and chose rather to merge some activities with the community component. A number of IEC materials have been developed by the NGOs and the Universities, namely billboards, posters, stickers, t-shirts, caps, leaflets and so on. Although these have been well received, the impact is judged to be insufficient. However, no specific training was provided to the participating institutions "in the development and utilization of culturally and gender-sensitive training and IEC materials". The Ministry of Health component was not done due to its complex nature and the absence of adequate funding.

Two of the stated objectives have been partially met in the project. Progress as outlined above has been made in mostly in universities, and to a lesser extent in communities, in achieving those objectives, and these have contributed to the attainment of the overall goal of the project to a certain extent. Partial progress has been made in developing IEC materials. No progress has been made regarding the involvement of women associations and the primary and secondary health care system as project management decided to leave them out.

The lessons learnt from the implementation of this project are numerous. The views and insights of national experts and stakeholders were not sufficiently sought during the project design stage. This yielded an approach which was not attuned to the realities of the country and made a number of assumptions which turned out to be major impediments in the implementation. The major stakeholders involved for the community component of the project were not sufficiently briefed on the project objectives at the offset of project implementation, and therefore failed to promote its local ownership by the beneficiary communities.

The project tried to deliver a large and unrealistic number of objectives and outputs instead of focusing on a smaller number of key deliverables. It involved a large number of partners for implementation of activities, without clear lines of demarcation between them related to their respective roles and responsibilities. This did not promote good relationships and collaboration, and in fact impeded the smooth flow of work. The decision-making process in the community component and lines of reporting were unclear. Training activities conducted had the desired impact, but there was in this was not accompanied by educational and advocacy materials, which would have enhanced the effectiveness of the training provided and increase its snowballing effects in the targeted institution.

It is recommended that UNODC management proceed with a project revision which will focus on two components, namely the tertiary institutions and the two communities, and to build on the achievements made so far. It is not practical, given the current funding situation, to work in the prisons, given the meagre progress made so far in this area, and their huge needs to make a difference.

Project design in the future must include the inputs of the national experts so that local realities and characteristics, in short "local knowledge", are comprehensively considered and local solutions built in. Given the wealth of demand reduction expertise in the country, the setting up of a small 5-member ad-hoc expert advisory team will go a long way to ensure the inputs of the Nigerian professional body in UNODC national initiatives and thereby promoting ownership and sustainability. This is obviously subject to the availability of funds.

Prisons deserve a full-fledged project of their own, given their priority needs to address reforms, congestion, to improve the morale and efficiency of the personnel and the overall general conditions and health status of the inmates. This will include a comprehensive drug abuse and HIV/AIDS prevention and care, with counseling, VCT/CT and Anti-Retro Viral Therapy (ARVT), within the larger context of prison reforms, if possible.

A 4-page quarterly newsletter highlighting the major activities and achievements of the project during that period, with inputs from the beneficiaries, will improve information flow and sharing and communication as a whole. IEC and advocacy materials are direly needed to increase the impact of the project on the direct and indirect beneficiaries. A wide distribution of such materials, such as desk and wall calendars, with some key messages, will increase visibility for the project, increase the advocacy impact and will have a lasting effect.

Given the established *modus operandi* of the community component during the last two years, it is difficult to change it for the next one year the project will last. However, the institutional and management arrangements will have to be revisited for future projects which will involve work in the communities.

UNODC is to initiate a dialogue with NDLEA management as a whole, and its demand reduction arm in particular, in order to probe their interest and role in this project, and even more importantly, to define their possible roles in DR projects in Nigeria in the future. A similar dialogue needs to be started with other line ministries whenever institutions under their aegis are involved, such as Federal Ministry of Health (FMOH). This may not be relevant for this project as the health component has been side-lined, but is recommended whenever such activities are envisaged for future projects.

In conclusion, the project has had an excellent impact in the tertiary institutions, raising awareness on the pernicious effects of drug abuse and HIV/AIDS, improving counselling services, and improving the overall quality of life on campus, though all the activities have not yet been carried out. The universities have achieved beyond expectations in terms of outreach work with the surrounding communities, universities and secondary

*schools, and networking with other institutions to address drug abuse and HIV/AIDS prevention and care among the student population. The community component has raised awareness on drug abuse and HIV/AIDS in the two selected communities, and is providing some basic general counselling to young people. The institutional arrangement was not clearly defined among the partners, thus creating relational problems and mitigating its effectiveness. Prisons have received some training and there is a better awareness in the beneficiary institutions on the need to address drug abuse and HIV/ AIDS matters in their setting. IEC materials have been developed for communities and universities, but with no training provided to develop and utilize culturally and gender-sensitive materials on the integrated drug abuse/HIV/AIDS prevention. The IEC materials were not in sufficient numbers and volume to have the best impact. Immediate objectives and activities targeting Women Associations and the primary health and secondary health systems have not taken place.*

## **1. INTRODUCTION**

### **1.1. Background and Context.**

The project began in March 2003 and has as overall objective to support the broad objective of the National Drug Master Plan, inter-alia, to progressively reduce the drug problem in Nigeria as well as continue to align national policies and strategies to international treaties and conventions to which Nigeria is a signatory.

1.1.1. The project is executed by the UNODC Nigeria Country Office, and has five main objectives:

1. To initiate integrated community-based drug abuse/HIV/AIDS prevention and rehabilitation approaches in the programmes of Community Based Organizations (CBOs) and other agencies or organisations, starting with the 2 pre-identified communities.
2. To strengthen the integration of youth drug abuse and HIV/AIDS prevention initiatives in 6 tertiary educational institutions and 6 state prison directorates in Nigeria.
3. To promote integration of Drug Abuse/HIV/AIDS Prevention Education initiatives among Women in Development (WID) and Gender and Development (GAD) programmes of women development agencies and organisations in Nigeria
4. To build the capacity of the implementing partners in the development and utilisation of culturally and gender-sensitive training and information, education and communication (IEC) materials on the integrated drug abuse/HIV/AIDS prevention in the focal institutions and communities.
5. To strengthen the skills of health workers in primary and secondary level health care facilities on the integrated drug abuse and HIV/AIDS prevention education and counselling in the focal institutions and communities.

1.1.2. With an overall budget of US \$ 800,000, project implementation started in March 2003, with initial procurement of equipment. The National Project Coordinator was recruited in May 2003 and the International Project Coordinator assumed duty in March 2004. It should be also noted that UNODC Field Office, initially established in Lagos, moved to Abuja together with all project units, including this project in September 2004.

1.1.3. The project is supposed to be implemented in close partnership with the National Drug Law Enforcement Agency (NDLEA), but this is not the case. The Prison Service and University Institutions are the main national counterparts while activities in two beneficiary communities, namely Lagos in the south and Kano in the north, are implemented by two local Community Based Organizations, namely Nigeria Youth Aid Programme (NYAP) and Youth Society For the Prevention of Infectious Disease and Social Vices (YOPSIS), in partnership with two NGOs, Action Health Incorporated (AHI) and Adolescent Health and Information Project (AHIP) and the Local Authorities in Lagos and Kano. The project is expected to be completed by March 2006.

1.1.4. The project concept and design are flawed as they are far too ambitious and unrealistic given its budget and planned timeframe, and did not sufficiently take into consideration national and local insights and expertise. It made a number of critical assumptions, specially in terms or organizations to collaborate in communities and in the field of rehabilitation which are clearly outside the control of the management. It

articulated its rehabilitation strategy and improvement of the economic status of the beneficiary communities on the assumption that the NGOs and CBOs would be able to negotiate and secure land for agricultural farming from the Government and the Local Authorities, and on the interest of the business community to support rehabilitation initiatives. Doing so without the prior knowledge and consent of the Local Governments was bound to be problematic. While the project document is written in a good language, it lacks clarity, logic and coherence.

## **1.2. Purpose and Objective of the Evaluation.**

The purpose of this mid term evaluation is to assess and analyse the project concept, design and implementation in order to draw lessons that can be the basis of improvement/reorienting of the remaining project activities. Lessons learnt will assist in developing UNODC future project in the area of demand reduction in the country and elsewhere. The evaluation assesses the implementation of the project in terms of organizational goals, quality and timeliness of inputs and efficiency and effectiveness of activities carried out. The effectiveness of management, as well as the quality and timeliness of monitoring and backstopping by all parties to the project, are also evaluated, and the results, impact, sustainability and added value of UNODC actions are also examined.

## **1.3. Executing Modality/Management Arrangements.**

1.3.1. UNODC has engaged the services of a project co-ordinator (L2) who is assisted by a national technical expert (NO-B) who also acted as a project coordinator, a secretary (Grade G4) and a driver on a full-time basis and work under the guidance and supervision of the Country Representative. Specifically, the project co-ordinator provides administrative and technical support to all Project Implementing Partners (PIPs) and supervises the work of the national technical expert (NTE) and the secretary. This has been achieved.

1.3.2. A Project Advisory Committee (PAC) composed by representatives of Project Implementing Partners (PIPs), Government agencies (NDLEA, NACA, FMOH, FMWA) and relevant UN agencies (UNAIDS, UNFPA, UNIFEM) was envisaged. The PAC was supposed to meet every six months to review project implementation and performance of PIPs, explore strategic project options, provide advice and make recommendations for improvement. While the PAC has been established, not all the identified partners have played their role. This is the case for the NDLEA, UN Agencies and the ministries. The project activities were “to fit into the framework of NACA programme and processes of the Thematic Group on UNAIDS in Nigeria”. This has been partially achieved. UNODC assists each PIP to set-up its own Project Implementation Team (PIT) that retains the responsibility of overseeing the execution of project activities in their respective institutions or organisations.

1.3.3. Each PIT has nominated one member as the Project Team Leader (PTL) and is charged with the responsibility to co-ordinate project, compile and submit reports as required on the activities, output and outcomes. The PTL and the head of the institution or organisation attend the 6-monthly PAC meetings. UNODC Country Office retains the overall responsibility for the execution, administration, and co-ordination, monitoring and providing the required technical input to the local partners. UNODC has identified other drug related development needs in the project

communities and endeavours to source Technical and Material Assistance (TMA) from other UN agencies to support project implementation, achieve greater synergy and meet emerging needs of the beneficiaries. In addition, UNODC draws on the pool of experts available in the country to support project implementation. As part of the gradual transfer of technical skills and building the institutional capacity of the PIPs, UNODC has provided grants within this project to enable them implement integrated preventive demand reduction education and rehabilitation activities tailored to the requirements of respective institution/organisations and meeting the needs of beneficiaries in the communities.

1.3.4. UNODC has fulfilled its management, coordination and supervisory role. It has not been able to identify the other drug related development needs in selected communities or mobilized the inputs of other UN Agencies to reach a larger impact.

#### **1.4. Scope of the Evaluation.**

The evaluation covered a number of sites, namely Lagos, Kano, Akure, Makurdi and Kaduna where project activities are being implemented. The evaluator visited the following institutions, namely:

1. Federal University of Agriculture in Makurdi (FUAM), Benue State;
2. Federal University of Technology, Akure (FUTA); Ondo State;
3. Three Medium Security Prisons in Lagos, Makurdi and Kaduna;
4. NYAP – CBO and AHI, support NGO for Isale-Eko community in Lagos and;
5. YOSPIS – CBO and AHIP, support NGO for Dala community in Kano

1.4.1. The following issues were addressed:

The project concept is to assist the Government of Nigeria to implement the demand reduction component of its National Drug Control Master Plan and to assist two local communities, 6 tertiary institutions, youth in 6 medium security prisons, 2 women and development programmes, to address drug abuse and HIV/AIDS prevention and care, to train the implementing partners to develop and use culturally and gender-sensitive training and Information, Education and Communication materials, and to strengthen the skills of health workers in the primary and secondary level health care facilities to integrate drug abuse and HIV/AIDS prevention, education and counselling in the focal institutions and communities.

The project strategy rests on a strong management team at UNODC Country Office in Abuja, the establishment of a Project Implementation Team (PIT) composed of 3-5 members in each of the above-mentioned participating institutions and organizations, who are responsible for the day-to-day management and implementation of the activities in their respective institutions and regions and for reporting to UNODC.

The problems to be addressed by the project and the priorities to be determined were based on the recommendations of the National Drug Control Master Plan and the findings of Rapid Situation Assessments studies conducted. The sites and participating institutions were selected on the basis of a comprehensive institutional capacity and training needs assessment conducted by two independent national consultants.

##### **(i) Measure performance outcomes, impact and sustainability of the benefits of the projects.**

The project has 5 Immediate Objectives, 25 Outputs and 56 Activities. A number of activities under Immediate Objectives 1 and 2 were carried out, but not all, while a few

activities under Immediate Objectives 3 and 4 were partly integrated to Immediate Objectives 1 and 2. No activity under Immediate Objective 5 was done.

- (i) The late arrival of the International Project Coordinator on board delayed implementation considerably. Planning for the conduct of such a wide spectrum of activities, with a large variety of partners in different sectors, within the allocated budget and timeframe, was not realistic, and this was quickly recognized by UNODC management. The intricate management structure at community level was too extensive to allow a smooth flow of activities, and delay in getting funds to the partners was a constraint.
- (ii) **Whether the results have been fully achieved, if not why.** Determine if progress has been made towards their achievement. The results in the tertiary institutions have been almost fully achieved, and to a lesser extent in the communities. The prison component has benefited from training only, while the development of IEC materials has partly been met. Women Associations and the health sector have not received any assistance under the project.
- (iii) The project has had an overall limited contribution to human and institutional capacity development, except in the universities where the required capacity has been created.
- (iv) It is evident that the results and the benefits the project has yielded in the tertiary institutions are sustainable beyond the UNODC funding and support. This is true for a number of reasons elaborated upon under para. 2.2.1.
- (v) The evaluation was done on a very tight schedule and did not manage to get the views and feedback of the donor giving assistance to the project.

## **1.5. Methodology.**

This evaluation has combined a number of methods to collect data. These consisted of a review of the project document, Semi-Annual and Annual Progress Performance Evaluation Reports, and Monthly Management Expenditures Reports. Key Informant Interviews were conducted with a number of key players, namely with the project management, namely at UNODC ,PITs, PIPs, PTLs, and national consultants, and project beneficiaries in the communities, universities and prisons. Focus Group Discussions were held with them, including a session with all PTLs and key PIPs members to chart the way forward. The qualitative data was analysed by discourse analysis and the both qualitative and quantitative data analysed using stated project outputs as the benchmarks.

## **2. ANALYSIS AND MAJOR FINDINGS.**

### **2.1 Overall Performance Assessment.**

The project design is a complex and unrealistic mix of outputs and activities which were clearly well outside the scope of the project budget and time frame. The reliance on an intricate and wide-based implementation organigramme with a large number of partners in communities, NGOs, CBOs, Local Government, Women Associations, universities and prisons, while promoting a large participatory approach of management, made

implementation difficult to manage and deliver. The project is appropriate and relevant to the needs of the country as it addresses critical issues such as capacity building, prevention, treatment and rehabilitation in the field of drug abuse and HIV/AIDS, as well as networking and raising institutional and public awareness through Information, Education and Communication campaigns and advocacy. It also addresses drug abuse and HIV/AIDS prevention and care in universities and in prisons. However, the project lacked the budget and focus required to meet the identified needs of the participating partners and contributed partially to solving the problems. By targeting too widely and attempting to achieve a large spectrum of activities, the project missed several of them.

## **2.2. Attainment of the Objectives.**

2.2.1. Immediate Objectives 1 and 2 have been partially achieved.

Under Immediate Objective 1, the Isale-Eko community in Lagos and Dala community in Kano were selected after a number of sites in the country were assessed for implementation of project activities, training was provided to them, the NGOs and CBOs are working well with the Local Authorities, though the level of partnership varies, the Project Implementation Teams (PIT) are on the ground and functioning, prevention awareness campaigns are taking place and general counselling provided to young people either on the premises of the CBO as is the case in Kano, or through the setting up of two counselling booths in the community in Lagos .

However, the CBOs are not providing counselling, education, rehabilitation and support services to drug abusers and HIV+ patients, no referral and follow-up system has been established. Similarly, no rehabilitation through staple-crop farming or other income-generating activities has taken place, no public sector investment has been secured, and as a result has not yielded any increased employment and income base for the local beneficiary communities.

Under Immediate Objective 2, the mission visited two universities, and the achievements in those two institutions were easily palpable. The initial assessment was conducted and training provided, there was strong commitment and support from the senior management, the PITs were well established and functioning well, with the full participation of the student body, and the activities were organized in a timely and efficient manner. A project office has been set up on campus, the Counselling Units have been upgraded, the number of counselling sessions have increased by 50% or more, the higher level of awareness on drug and HIV matters on campus resulting in more students accessing care, equipment provided are optimally utilized for the benefit of the students, IEC materials were produced and distributed, and prevention campaigns were conducted. The project has generated a lot of enthusiasm among the staff and students, 120 male and female volunteers have been recruited as peer educators and 20 as peer monitors. They are all awaiting training.

The universities have also engaged in outreach work, providing information and lectures to surrounding tertiary institutions and 6 secondary schools. One university has even developed a 2-unit course entitled "GST 107: Contemporary Problems of Youth" including drug abuse and HIV/AIDS. This has been incorporated in the General Studies Curriculum for all first year students.

This component is clearly the most successful part of the entire project and the impact on student life has been tremendous. Within a short period of time, namely one year,

the two tertiary institutions visited have clearly established good practice models. The university management is already looking for alternative sources of funding to strengthen this drug and HIV prevention and care initiative, and have pledged to incorporate it in their core activities.

The “Youth in Prison Institutions” part of this Immediate Objective has encountered a number of management and implementation problems both at Prisons Head Quarters and in the participating prisons. The mission visited three of the six beneficiary prisons and the results are mitigated, to say the least. Though the project document states that the activities were to focus on youth, this was not done for a number of practical reasons. Under 18’s are incarcerated in two Borstal Institutions in the country, but in practice, many find themselves in the “adult prisons” as age of inmates is not always determined with certainty. An assessment mission took place at the start of the project, PIT were established, and training were provided to them. However, no grants were provided to them for a number of strategic reasons, namely problems with Prisons HQ in Abuja, lack of funds and a need to focus more on institutions which showed more commitment to the project and were therefore more liable to produce results and yield an impact.

It is worthwhile to point out that there are 227 prisons across the 36 States in Nigeria, that 65% of the total inmate population are incarcerated in 40 prisons, that 70-75% of this population are on remand awaiting trial for a period of 5 years or more, that the two Borstal institutions in the country accommodate about 900 youth under 18 years of age, and that a urine-testing study conducted in 2002 in their midst revealed that 25-40% of them were consuming cannabis. Prison congestion is a major concern with percentage of congestion ranging between 150% to 450%. The Nigeria Prison Service has developed a policy document on prison reform, a copy has been provided to the mission, and has indicated it would welcome UNODC assistance in this area.

2.2.2. As regards Immediate Objective 3, though an assessment mission took place, UNODC project management decided not to proceed with the activities as planned and chose rather to integrate the Women Associations with activities under Immediate Objectives 1 and 2. The mission has not seen any evidence this has actually taken place.

2.2.3. Similarly, as regards Immediate Objective 4, this has been to a certain extent integrated to activities under Immediate Objectives 1 and 2. A number of IEC materials have been developed by the NGOs and the Universities, namely billboards, posters, stickers, t-shirts, caps, leaflets and so on. These have been well received and were judged to be insufficient. However, no specific training was provided to the participating institutions “in the development and utilization of culturally and gender-sensitive training and IEC materials”.

2.2.4. Immediate Objective 5 was simply not done due to its complex nature and the absence of adequate funding.

2.2.5. The stated objectives have not been met in the project. Progress as outlined above has been made in mostly in universities, and to a lesser extent in communities, in achieving those objectives, and these are contributing to the attainment of the overall goal of the project. Partial progress has been made in developing IEC materials. No progress has been made regarding the involvement of women associations and the primary and secondary health care system as project management decided to leave them out.

### **2.3. Achievement of Programme/Project Results.**

Kindly consult annex.3 with an outputs achievement matrix.

### **2.4. Implementation.**

UNODC project management decided at an early of the project that it was too ambitious and unrealistic, and decided to curtail a number of activities. This mission agrees with this approach as attempting to achieve all five immediate objectives of the project would have resulted in merely scratching the surface in several areas without sufficient in-depth penetration likely to produce an impact. A number of constraints, both intrinsic and extrinsic, resulted in project delay and difficult monitoring. These include expensiveness of field trips and insufficient travel funds for management to undertake field monitoring visits throughout the country, huge delays for the disbursement of funds by UNDP Nigeria to the partners, lengthy procedures for banks to release funds to YOPSIS NGO in Kano, absence of emails, fax facilities and even telephone lines in some institutions, regional strikes and strife, fuel shortage, prison riots, the relocation of the Country Office from Lagos to Abuja in September 2004, Lagos being a participating community under the project to Abuja, a non-participating community, and the poor reporting capabilities of some partners. In spite of these constraints, the project management has made its best to backstop the project and to provide support to the partners. The monitoring was essentially done through the review of quarterly reports, including both the narrative and the financial reports, and to a lesser extent, through sporadic field visits.

### **2.5. Institutional and Management Arrangements.**

2.5.1. This project had an initial budget of US\$ 2,000,000 which was revised to US\$ 800,000. This reduction in budget did not translate in a major decrease in activities. The project implementation started in March 2003, the National Technical Expert was recruited in May 2003, while the International Project Coordinator only assumed duty in March 2004. Given this is a 2-year project, this delay has had a crippling effect on activities. The delay in UNODC Country Office took to fill this post is a major reason explaining the slow project implementation. Nigeria being a large country, the project being implemented nationally in a large number of sites, and the management team being located in Abuja, the travel budget did not make it possible for UNODC to have a hands-on management approach, thus relying to largely on partners. A number of other factors also contributed to the delay of the project, namely those mentioned above under "Implementation". Dealing with a large number of partners, namely in the two communities, in 6 universities and 6 prisons, without mentioning those who were initially expected to participate to activities, required a maze of management structures which required a large amount of negotiations and made it a manager's nightmare.

2.5.2. In the communities, the modus operandi selected is a rather cumbersome and time-consuming one. First, there was no clear distinction between the definition and roles of the NGOs and the CBOs, as well as their articulation with the Local Authorities. This created an unhealthy situation whereby the NGO which has a largely advisory and supervisory role vis-à-vis the CBO, but with also some ill-defined implementation role, either alienated itself for the PIT and lost interest, as it is the case in Kano, or played an insignificant role as it is the case in Lagos. On the other hand, the CBOs selected in both Lagos and Kano could easily themselves qualify as NGOs, given their institutional

and absorption capacity, and the large portfolio of projects they are implementing in partnership with other UN Agencies such as UNFPA and other international NGOs. As such, they did not really see the need to be advised and supervised by the NGOs. The Local Government, though a PIT member, in many ways misunderstood their roles and responsibilities, complained that they were not sufficiently informed, consulted or involved in activities, and requested financial incentives to attend PIT meetings and other events. In Lagos, the only way to enlist their active participation was through financial inducements. Their level of commitment to the project also varies, with the Kano Local Government showing better interest and support.

2.5.3. The Prisons Head Quarters in Abuja had assigned the Deputy Controller-General of Prisons (Health and Welfare Services) as the Focal Point, and each of the six participating prisons set up PITs who were provided with induction training. An NGO was to act as the implementing partner for activities in the prisons. This modality was preferred as UNODC management found it would work better to channel funds to the selected NGO as transferring them to Prisons Head Quarters would not ensure that the funds would be utilized for the specific project activities in the selected prisons in a timely manner, and the selected prisons themselves had no mechanism to receive funds directly. This approach however did not meet with the approval of the Prisons HQ, and UNODC management did not agree to the NGO selected by the Prisons as it had no prior experience working in the prison setting, nor did it have the geographical coverage capacity to manage activities in all six prisons. This bottleneck remained unresolved at the time of the mission, and was one of the reasons why no other activity took place in the prisons, exception made for the training.

2.5.4. This mission visited two beneficiary tertiary institutions and had a short interview with the PTL of a third, and is satisfied that the PITs established in a participatory manner comprising the Dean of Students, Student Affairs Department, the Career Guidance Counsellors, the Medical Unit, the students and their Student Union, and headed by a Project Team Leader has worked very well. The support of top university management also created a positive atmosphere conducive to project activities to take place under optimal conditions.

2.5.5. The Country Office has provided good backstopping to the project, though the need for more field visits was indicated. The mission has not been able to ascertain what type of backstopping has been provided by Head Quarters. One national partner, NDLEA, which is the national apex body responsible for drug control in the country has not played a significant role apart from attending a few meetings.

2.5.6. The project design recognized a number of critical assumptions, ranging from recruiting the project staff and funds availability to the commitment of government and participating partners to address demand reduction seriously. It however made a number of other critical assumptions which are not spelt out. These include the relationship between the NGOs and the CBOs, their interaction with Local Government, the identification of similar vocational rehabilitation needs and plans in agriculture for Lagos and Kano, the securing of land from the Local Administration for farming, the support of the Prison HQ, and the readiness of partners to provide time on a voluntary basis, among others.

### **3. OUTCOMES, IMPACTS AND SUSTAINABILITY.**

#### **3.1. Outcomes.**

A detailed matrix is attached (see annex. 3) which captures the status of the different outcomes. The partial achievement of the outcomes under Immediate Objectives 1 and 2 have made a difference to the problem addressed, specially as it relates to improving the quality of life on the university campus and providing improved education and counselling to students in drug abuse and HIV/AIDS matters. The UNODC intervention has therefore made a definite difference in the universities and their effects are detailed below (Ref. para.2.2. Attainment of the objectives). The IEC component has also been partially incorporated to Immediate Objective 1 and 2. However, two Immediate Objectives relating to the Women Associations and the Health Care System have not been met.

### **3.2. Impacts.**

The project has had a definitive impact in the tertiary institutions and to a lesser extent in the communities for the reasons given in para. 2.5.

### **3.3. Sustainability.**

3.3.1. There is ample evidence that the project has produced lasting benefits in the tertiary institutions. The university top management and staff have been sensitised in the areas of drug abuse and HIV/AIDS prevention and care and seen the usefulness of the project interventions in their midst as a way of helping students in need and improving campus life as a whole. The counselling units have integrated drug abuse and HIV/AIDS counselling, the awareness on such issues among the students and on campus has been raised, one university has already developed a core specialized course that has been integrated in the university curriculum, and has already taken steps to secure additional funding from other sources. In the meantime, they need to be supported to immediately build on their achievements.

3.3.2. The communities have also benefited considerably from the project activities. In one case, a measure of sustainability is possible in the sense that both the NGO and the CBO have the institutional capacity and a varied portfolio of projects that they may mainstream drug abuse and HIV/AIDS prevention in their other activities funded by other agencies.

3.3.3. The prisons constitute an entirely different proposition. Their needs are so extensive and varied that there is hardly any chance of them sustaining project activities on their own. They will need a massive investment and technical assistance far beyond the scope of this project for them to achieve the minimal critical mass and reach the required threshold to have an impact addressing drug abuse and HIV/AIDS prevention and care and rehabilitation in their setting.

## **4. LESSONS LEARNED AND BEST PRACTICES.**

### **4.1. Lessons learnt.**

4.1.1. The views and insights of national experts and stakeholders were not sufficiently sought in the project design. This therefore took an approach which was not attuned to the realities of the country and made a number of assumptions which turned out to be major impediments in the implementation. There is therefore a need to include national experts in the early phase of the design of the project.

4.1.2. The major stakeholders involved for the community component of the project were not sufficiently briefed on the project objectives, and therefore failed to promote its local and national ownership by the beneficiary communities.

4.1.3. The project needed to focus on a smaller number of deliverables instead of addressing a large and unrealistic number of objectives and outputs.

4.1.4. Involving a large number of partners for implementation of activities, without clear lines of demarcation between them related to their respective roles and responsibilities, did not promote good relationships and collaboration, and in fact impeded the smooth flow of work.

4.1.5. A multi-tiered management structure, as is the case in the community component, blurs the lines of decision-making and reporting, so much so that partners tend to blame one another when problems crop up, and the lines of reporting are also unclear.

4.1.6. Getting the International Project Coordinator on board 12 months after project started, and in this case for a project with a 2 year duration, was a major impediment to achieve project objectives within the planned time frame.

4.1.7. Training activities needed to be accompanied by the provision of educational and advocacy materials, both in hard copies and in the electronic version for the training to have a snowball effect and that the knowledge and skills imparted reach the heart of the target audiences. This was done to a certain extent for advocacy materials, but even then not to the sufficient level to reach the desired "saturation point".

## **4.2. Best Practice.**

4.2.1. The universities component is clearly a best practice model for all the reasons given under paragraph 2.2. It has demonstrated that a combination of management commitment, staff motivation, a genuine desire to improve the physical and mental health of students and the quality of life of campus in general, together with the active participation of the students, has yielded excellent results within a relatively short period of time.

4.2.2. The limited advocacy materials produced and distributed had a large and immediate impact, specially in the universities, and to a much lesser extent in the communities, and contributed significantly to raise awareness on drug abuse and HIV/AIDS, promote a healthy dialogue on the subjects, and served as a useful adjunct to the other activities that were taking place on campus and in communities.

## **4.3. Constraints.**

The late arrival of the International Project Coordinator has impacted negatively on the timely delivery of project activities. The over-ambitious and unrealistic nature of the project design, the lack of consultations with national experts and project beneficiaries, the relatively limited budget and timeframe, and a weakly articulated institutional and management structure and arrangement, especially in the community and prison components, were constraints which impeded the smooth running of the activities. Solutions were found for a few of them during the mission and recommendations made in order to improve performance. ( Ref. Para. 5. Recommendations).

## **5. RECOMMENDATIONS.**

The following recommendations aim at enhancing the effectiveness, quality and efficiency of interventions and improve project delivery as a whole. They deal with how to better design programmes and projects in the future, reallocation of resources, management or policy changes and are linked to the conclusions.

### **5.1. Issues resolved during the evaluation.**

5.1.1. A general complaint made by several partners is the gap between the submission of their work plans and the release of funds to implement them. UNODC project management will take measures to ensure this delay does not happen in the future.

5.1.2. Prisons HQ complained that UNODC failed to recognize its regulations and administrative procedures, that all communication directed to the prisons were not copied to them and that funds have to be channelled through HQ before reaching the different prisons. This will ensure accountability and proper utilization of funds for agreed project activities. It has allayed UNODC management's concerns that delays will not take place and that funds made available to HQ will be sent to the specific beneficiary prisons for the specific activities identified within a period of 24 hours. HQ have also indicated that they have no objection that UNODC selects, in partnership with them, one or more NGOs, to implement certain specific activities in the prisons, and that funds for these activities are disbursed directly to the NGOs. HQ still insist however that they are kept fully informed at all times. UNODC has agreed to do that.

5.1.3. The lack of communication flow and sharing of information between partners will be resolved by the publication of a short 4-page quarterly newsletter which will be used as a forum by all partners to share their experiences, problems and achievements. Inputs from the beneficiary stakeholders highlighting major activities during that period will help in this sense.

5.1.4. The lack of IEC materials was sharply felt by all the partners and UNODC, in collaboration with the stakeholders, will address this matter in the future.

5.1.5. UNODC management acknowledges that there was a delay in recruiting the International Project Coordinator and that it will endeavour to get project staff in a timely manner for future projects.

### **5.2. Actions/decisions recommended**

5.2.1. UNODC management is to proceed with a short project revision which will focus on two components, namely the tertiary institutions and the two communities, and to build on the achievements made so far. It is not practical, given the current funding situation, to work in the prisons, given the meagre progress made so far in this area, and their huge needs to make a difference.

5.2.2. Project design in the future must include the inputs of the national experts so that local realities and characteristics, in short "local knowledge", are comprehensively considered and local solutions built in. Given the wealth of demand reduction expertise in the country, the setting up of a small 5-member ad-hoc expert advisory team will go a long way to ensure the inputs of the Nigerian professional body in UNODC national

initiatives and thereby promoting ownership and sustainability. This is obviously subject to the availability of funds.

5.2.3. Prisons deserve a full-fledged project of its own given their priority needs to address reforms congestion and improving the morale and efficiency of the personnel and the overall general conditions and health status of the inmates. This will include a comprehensive drug abuse and HIV/AIDS prevention and care, with counselling, VCT/CT and Anti-Retro Viral Therapy (ARVT), within the larger context of prison reforms, if possible.

5.2.4. IEC and advocacy materials are direly needed to increase the impact of the project on the direct and indirect beneficiaries. A wide distribution of such materials, such as desk and wall calendars, with some key messages, will increase visibility for the project, increase the advocacy impact and will have a lasting effect.

5.2.5. Given the established modus operandi of the community component during the last two years, it is difficult to change it for the next one year the project will last. However, the institutional and management arrangements will have to be revisited for future projects which will involve work in the communities.

5.2.6. UNODC is to initiate a dialogue with NDLEA management as a whole, and the demand reduction arm in particular, in order to probe their interest and role in this project, and even more importantly, to define their possible roles in DR projects in Nigeria in the future. A similar dialogue needs to be started with other line ministries whenever institutions under their aegis are involved, such as FMOH. This may not be relevant for this project as the health component has been side-lined, but is recommended whenever such activities are envisaged for future projects.

## **6. OVERALL CONCLUSIONS.**

The project has had an excellent impact in the tertiary institutions, raising awareness on the pernicious effects of drug abuse and HIV/AIDS, improving counselling services, and improving the overall quality of life on campus, though all the activities have not yet been carried out. The universities have achieved beyond expectations in terms of outreach work with the surrounding communities, universities and secondary schools, and networking with other institutions to address drug abuse and HIV/AIDS prevention and care among the student population. The community component has raised awareness on drug abuse and HIV/AIDS in the two selected communities, and is providing some basic general counselling to young people. The institutional arrangement was not clearly defined among the partners, thus creating relational problems and mitigating its effectiveness. Prisons have received some training and there is a better awareness in the beneficiary institutions on the need to address drug abuse and HIV/ AIDS matters in their setting. IEC materials have been developed for communities and universities, but with no training provided to develop and utilize culturally and gender-sensitive materials on the integrated drug abuse/HIV/AIDS prevention. The IEC materials were not in sufficient numbers and volume to have the best impact. Immediate objectives and activities targeting Women Associations and the primary health and secondary health systems have not taken place.