

TERMINAL EVALUATION REPORT

PROJECT TITLE:	Strengthening Treatment and Rehabilitation Services offered by Government and NGOs
PROJECT NUMBER:	AD/NIR/02/F22
DURATION:	9 DAYS (AUGUST 16- 17, 21 – 25; SEPT. 21 – 23)
DRUG CONTROL FIELD:	PREVENTION AND REDUCTION OF DRUG ABUSE
COUNTRY:	NIGERIA

BY

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EXECUTIVE SUMMARY

a) AIM AND CHARACTER OF PROJECT

The project was aimed at strengthening the treatment and rehabilitation (T & R) of persons with drug related problems in the selected fourteen government and NGO centres spread across the six geo-political zones of Nigeria; increasing awareness about the availability of these centres; enhance the socio-economic reintegration of persons treated there back into their communities through vocational skill acquisition by adequately equipping the selected centres to achieve these set objectives; provide adequate training for the various cadres of personnel of these centres thereby making them more knowledgeable and efficient to render organized and effective services.

This project which targeted the issue of illicit drug demand reduction in Nigeria, besides building upon Nigeria's capacity for T & R of drug abuse/dependent persons, was a direct response to the identified weaknesses contained in the National Drug Control Master Plan which is consistent with the UNODC country office's integrated drug control plan year 2002 – 2004.

The project was executed by the project coordinating partners (PCP) comprising the UNODC, the NDLEA as the Nigerian partner along with the Federal Ministry of Health (FMOH) and spanned a period of twenty months from May 2002 to June 2004.

Following a Needs Assessment Mission round the country and the application of stringent criteria, fourteen Government and NGO T & R facilities were selected thus making it an institutional based project. Each selected centre agreed to set up a project management committee entrusted with the execution of the project. The PCP identified the needed equipments for vocational skills training, bought and distributed same to the centres and also organized only a two weeks training workshop for all the cadres of the T & R personnel through out the project period. Finally, it conducted an impact assessment study.

b) THE MAJOR FINDINGS OF THE EVALUATION

- i. Production and distribution of directory of existing T&R facilities in the country has improved awareness and referral system.
- ii. Only a 2-week conference format workshop was organized all through the project life span. This only positively impacted on the government T & R centres as evidenced by definite changes in the treatment methods offered to persons with drug related problems.
- iii. Vocational training, though not much appreciated by the majority of the drug patients who considered the facilities unappealing, has proved quite beneficial to some and holds great potential for their socio – economic

independence and tool for re-integration back into the community for independent living.

- iv. Project impact on the NGO visited was not discernible and this is not unconnected with the project's failure in meeting the specific training needs of the NGOs in general. Grouping the NGOs with the high calibre personnel of the government T & R centres in a conference type training workshop was obviously defective and inefficient.
- v. The Project Manager had a more or less hands-off approach to project management. She was neither really in touch with the project beneficiaries nor provided the advisory services needed by the NGOs. Rather, she relied heavily on a couple of Consultants who lacked the overall project perspectives she had.
- vi. The sustainability of immediate gains from project implementation is unlikely without further UNODC support because the necessary enablement for self sustenance is yet to be firmly rooted.

c) THE LESSONS LEARNED

- i. Project objectives must be brief and concise
- ii. Always beneficial to stick to the well thought out plan as contained in project proposals.
- iii. Efforts should be made to meet identified needs rather than make uninformed or ill – informed decisions about others' perceived needs.
- iv. Project of this nature should pay greater attention to training needs and strive to provide them. Smaller targeted training workshops would have been more beneficial.
- v. Networking is essential for proper coordination of activities and sharing of information

d) RECOMMENDATIONS AND CONCLUSIONS

UNODC should:

- Adopt a phased termination of this project for the immediate impact to be sustained.
- Monitor the LIPs to ensure the establishment & functionality of the PMC in each center.
- Recognize that there is urgent need for further specialized training for the NGOs.

- Provide adequate equipment for vocational training for the clients who are largely school dropouts from fairly well- to- do homes with penchant for “high-tech” facilities.
- Provide Drug screening facilities for some of the centres.
- Widely publicize available positions for Project Managers in order to attract wide array of competent persons, as well as adopting more stringent criteria for selection in the future.

The project has partly fulfilled its set principal goals but much can still be done to meet the training needs of the LIPs and improve facilities for vocational training.

1. INTRODUCTION

Project AD/NIR/02/F22 titled “Strengthening Treatment and Rehabilitation Services offered by Government and NGOs” was undertaken by UNODC in collaboration with the National Drug Law Enforcement Agency (NDLEA) and Federal Ministry of Health (FMOH) with a view to meeting a specific goal entrenched in the National Drug Control Master Plan (NDCMP) document. This goal, as contained in Section 6.4.6 of the NDCMP document seeks to:

1. Identify treatment and rehabilitation (T & R) centres and upgrade where necessary
2. Develop effective T&R programmes.

The task of achieving these goals falls within the ambit of the NDLEA, which is hampered by financial constraints.

Previous UNODC sponsored studies such as the Rapid Situation Assessment study (RSA) AD/RAF/97/C86 had amongst other findings, shown that there is low awareness of existing T & R centres and consequently low patronage by people in need of such services; and that most of the existing T & R centres are inadequately equipped and their services not organized well enough to guarantee comprehensive quality care expected of such centres.

This study therefore attempts to remedy these identified short comings by specifically producing a directory of existing T & R facilities nation-wide and by improving the operational capacity of selected 14 T & R centres located in the six geo-political zones of the country in order to combat the demands and supply of illicit drugs.

1.2 PROJECT DESCRIPTION

The project officially spanned the period May 2002 to June 2004 and was financed by a donation from the Government of Sweden through UNODC. The Project Coordinating Partners (PCP) comprising the UNODC, the Federal Ministry of Health (FMOH) and the National Drug Law Enforcement Agency (NDLEA) hired a National Technical Expert (NTE) as project manager in September 2002 and subsequently three National Project Consultants – all of whom worked in close collaboration with the PCP for joint planning, review and monitoring of the activities of the project. This team developed the Needs Assessment Instruments which was used to assess all forty-eight (48) identified T & R facilities nation wide with the aid of the NDLEA widespread network between September 2-16, 2002. Following this Needs Assessment Mission, the PCP met on October 16 and 17, 2002; reviewed the results of their findings, and developed stringent criteria for selection of fourteen (14) instead of the original ten (10) T & R facilities earmarked for the project. These constituted the Local Implementing Partners (LIPs).

Furthermore, the team was able to gather information required for the compilation of the National Directory of T & R facilities in Nigeria, identify the training and equipment needs of the selected T & R facilities; sourced for, purchased and began distributing equipment to the 14 LIPs.

In November 2002, a three-day workshop was organized by the UNODC and the NDLEA with the assistance of the project consultants and recognized experts in the fields of Psychiatry, Sociology and Administration for the Heads of the identified 14 LIPs. The brainstorming workshop produced yet to be adopted documents on:

- Guidelines for the management of T & R facilities
- Guidelines for Financial Accounting in T & R facilities
- Comprehensive information gathering, Networking and Reporting in and among T & R facilities.
- Logistics, Equipment uses, Maintenance and Sustainability of T & R facilities.

A two- week “comprehensive training workshop” was held at the Neuropsychiatric Hospital Aro, Abeokuta Nov 17 – 29, 2003 primarily for personnel of the selected 14 LIPs, and 55 non-LIP T & R care providers across the nation that could sponsor their staff members. The workshop addressed all aspects of T & R management of persons with drug – related problems. However, the format was largely didactic lecture – oriented teaching by experts drawn from amongst resource persons in the country. No any further teaching or workshop addressing the peculiarities of the different categories of care givers was held. Vocational skills acquisition and income generating schemes for drug – related problems were reported to have been addressed, including demonstration of use of such donated equipments as the weaving loom and the foot mat frame. The workshop enabled participants to gain better understanding of the purpose of the project, agree on the need to adopt a uniform reporting format, comment on the Directory of T & R Facilities in Nigeria, identify areas of strength of each facility as well as contact persons in each centre for purposes of effective networking.

Also, following the workshop the PCP was able to put together training module/curricula for in-service/update courses for T & R care providers, a schedule for post-treatment effectiveness indicators assessment for use by the 14 LIPs, as well as a modified version of the WHO instrument on the Methodology for Evaluating T & R facilities for baseline/impact evaluation of the project.

The PCP was instrumental to the birth of the Project Consultative Committee (PCC), which comprised members of the PCP and Heads of the LIPs for the purpose of developing an effective networking platform. This body whose membership was pruned down to 22 from the original 36 due to financial constraints met only twice throughout the period of the project – at the inauguration on August 4 – 5, 2003 and the valedictory session of June 23 – 24, 2004.

The PCC was renamed “Drug Abuse Treatment and Rehabilitation Network of Nigeria (DATRENON)” and was expected to function as an NGO in the post-project period.

1.2. EVALUATION PURPOSE AND OBJECTIVES

The purpose of the evaluation as contained in the Terms of Reference (TOR) is to assess and establish if the project did effectively strengthen services in the 14 selected treatment and rehabilitation centres in Nigeria. Moreover, the evaluation is expected to analyze:

- a. The project concepts and design
- b. Project implementation
- c. The outputs, outcomes and impact of the project.

All these are with a view to learning how this experience could benefit future programs in terms of the design, management and implementation.

The objective of the evaluation exercise is to examine the mandate, strategies, objectives, relevance, effectiveness, results, impact, sustainability and added value of UNODC's actions.

1.3 SCOPE OF THE EVALUATION

The scope of the evaluation which in the TOR was limited to only four of the fourteen (14) LIPs covering both Government and NGO facilities, had to be expanded to six (6) because of the established peculiarities of drug related problems in the different geo-political zones of the country and the well recognized disparities in the provision of such health care facilities by the government. Furthermore, since two major centres located in one of the geo-political zones had been ear-marked for evaluation by the UNODC team, it became imperative to visit more than two other LIPs in order to have a balanced view of the project implementation.

Besides visiting the identified six beneficiary sites, the evaluation scope also addressed:

1. The project concepts- including the ways in which problems and priorities were determined, strategy, project design, implementation, results and outputs
2. Assessed performance outcomes, impact and sustainability of benefits of the project
3. Efficiency of project planning and implementation- including organizational structures, managerial arrangements, coordination mechanisms, work plan, etc
4. Whether the results have been fully achieved, if not, determine if progress has been made towards their achievement.
5. The project's contribution to human and institutional capacity development and whether this capacity is creating conditions for sustainability

6. Determine the sustainability of results and benefits beyond UNODC funding/support.

1.4 EVALUATION METHODOLOGY

The evaluation methods adopted for this exercise included:

1. The review and analysis of all relevant project documents
2. Designing of a structured questionnaire used for information gathering from respondents at the six selected T & R facilities visited for the exercise (See Annex 111). The visited sites were Aro and Yaba (August 17), Maiduguri (August 24–25), Enugu, Aba and Calabar {September 21–23 , 2005).
3. Interviewing of key persons at the T & R facilities visited – Medical Directors/Directors of Administration; T & R personnel, Clients and some of their relations using the designed questionnaires.
4. Observation and rapid appraisal of staff and clients at work in the T&R facilities visited (See Annex 11-Evaluation Work plan)
5. The information gathered were then analyzed by simple descriptive statistics where applicable and appropriate

2. ANALYSIS AND MAJOR FINDINGS

2.1 **Overall performance assessment** of the project in the five Government T & R facilities with respect to project appropriateness, relevance effectiveness and efficiency was rated “good” based on the high level of awareness on the part of both clients and personnel at the centres, knowledge base / adoption of better client management approach, increased community patronage of rehabilitation facilities at some of the centres, e t c. This is in contradistinction to the findings at the only NGO facility evaluated – the Kalunta Memorial Hospital, Aba where the situation could at best be described as worse than the baseline needs assessment report. The Medical Director has grown frail and no longer able to cope with the job while key staff members had left the centre. With the exception of one of the donated sewing machines and the beds none of the other items was in use.

2.2 Attainment of objectives.

The project fulfilled the first of the two broad objectives while some progress was made towards attainment of the second. These broad objectives are namely:

1. To increase awareness about treatment and rehabilitation centres in Nigeria particularly with the compilation, publication and distribution of the “Directory on T & R facilities in Nigeria” coupled with the various public enlightenment programs in the electronic media which four of the six LIPs embarked upon. There was ample evidence of increased patronage of the facilities’ services by both the staff and the community at large, e.g. hair dressing / barbing; orders for hand woven materials, e t c.
2. To improve operational capacity in the selected 14 LIPs located in the six geo-political zones of the country. Not only was the Aro training programme invaluable in this respect, the output from the workshop was equally helpful, as they positively impacted on the quality of service delivery of the T & R centres visited .All the government T & R facilities had made definite effort in redressing the shortcomings in their previous methods of dealing with these clients, e.g. designation of separate wards or units for rehabilitation purposes; increased recreational, motivational and interactional activities with less resort to use of medications, e.t.c

However, too many specific objectives were expected to be achieved within a very short time thus making it over ambitious.

2.3 Achievement of Project Result and Output

While commending the effort made in this regard, it should be noted that with greater managerial efficiency more could have been achieved. In particular, the uniformity of purchased vocational skills equipment would seem to have ignored the particular needs of the centres as they indicated in the Needs Assessment data sheet. It is of note that despite specific requests for drug screening facilities by the majority of the evaluated centres, none of such equipment was provided through this project. The clients with drug related problems at the Yaba, Aba, and Calabar centres were far less involved with the available weaving and barbing vocational materials as they expressed interest in computer/ video facilities. Also, the development of an intake protocol and the best practice guideline manuals were invaluable project outputs that seem not to have received adequate attention. Much effort having been put into getting the drafts ready further support would be needed to actualize them.

2.4 Implementation (Operational plan, Monitoring and Backstopping)

Reading through most of the project reports, project implementation appeared to have been stalled by what the Project Manager described as “lack of funds” right from the take off point and this is in spite of having the Project Annual Allotments. The result was that operational plan could not be adhered to, with resultant avoidable delays. A review of the relevant UNODC documents on funds allocation advice for the project however does not bear out this claim of “lack of funds” (See UNODC Allocation authorization advice nos: 2002-03-0259; 03-0214; 03-663). Whatever the explanation, the shortfall in funds allocation in the year 2003 notwithstanding, this factor of “lack of funds” would seem to have hampered the work greatly as the on site monitoring of the project could not be conducted and some of the important training programmes as contained in the proposal were not carried out. This is in addition to the finding that the Project Consultants were either paid after long delays or not paid at all. It is here noteworthy that a couple of the Consultants continued to assist the Project Manager in spite of this state of affairs.

Also, while appreciating the reasons given for enlarging the number of the LIPs to 14, the provision of vocational training equipment to all as against the six contained in the proposal negated an important principle of most donor agencies, which is to invest ‘narrowly but heavily for maximum impact’. This implementation policy definitely watered down the impact of the project.

Several training workshops were proposed but never came to fruition other than the Aro one. To emerge from the proposed workshop for selected personnel from the six T & R centres on vocational training, income generation and economic reintegration was a technical assistant team (TAT) for the purpose of ‘periodic trouble shooting’ visits to the various centres. This remains an essential component of the project that deserves special consideration at another phase of the work.

A more cordial working relationship between all parties on this project and prompt payment of entitlement to all engaged experts would have made the implementation of the project much easier and rewarding for all.

2.5 Institutional and Management Arrangements

The institutional and management arrangements, which entrenched the formation of the project management committee (PMC) in the sub contractual agreement of the LIPs is in principle highly commendable. In 50% of the centres evaluated (Yaba, Maiduguri, Aba) the PMC did not exist for various reasons – a situation that could have been remedied during the project implementation phase with visits by a monitoring team. Other than this identified shortcoming, the overall institutional and management arrangements are very appropriate and commendable.

3. MAJOR FINDINGS- OUTCOMES, IMPACT AND SUSTAINABILITY

3.1 OUTCOMES:

The most outstanding outcomes of Project F22 are:

1. The production and wide circulation of the directory on available T & R facilities in the country. This has made information available to clients seeking help for their drug use problems as well as enhanced the referral of clients by healthcare providers.
2. The training Programme at Aro, Abeokuta and the development of manual for in-service training of T & R personnel at their respective centres. Both have impacted positively on the project objective and capacity building and improved quality of clients' in the government T & R centres.
3. The transformation of the PCC into DATRENON as a network group for the sustenance of the gains of project F22 is commendable although, it is still in its infancy and has no immediate impact at the moment. When nurtured to maturity, it is hoped that it will be a major actor in the quest for improved healthcare and eventual elimination of illicit drug use in the country.
4. The donation of equipment to the selected T & R facilities coupled with now available data on areas of strength of each of these centres have helped to improve the quality of care as well as provide skills for income generation of some of the clients thereby making their socio-economic reintegration into the society much easier.

3.2 IMPACT

1. Project F22 impacted positively on the selected government T & R facilities evaluated. Most outstanding are the changes in the management methods which most of the centres have adopted following the implementation of the Programme: designation of specific wards or treatment units for the clients unlike the previous practice of putting them together with the non-drug related frankly psychotic patients; limitation of psychotropic drug use to the acutely disturbed; institution of regular psychotherapy sessions; e.t.c

2. Recognition by all the personnel of the T & R centres interacted with during this exercise of the need for specialized training for any staff deployed to the centre / unit.
3. Patronage of the T & R facilities by the neighborhood for purposes of skills acquisition and hair care in particular thus helping to destigmatize these institutions.
4. Available records examined in the evaluated centres demonstrate the great potentials for income generation and socio- economic re-integration of clients back into the society. In almost all the government centres evaluated, modest success reports of ex-drug patients (varying between one and two clients) live independent lives in the community as a result of skills acquired from use of the donated equipment.
5. The situation of the only NGO evaluated is a cause for concern. No discernible impact was made by the project. The needs of the centre from the baseline needs assessment were scarcely addressed by the training offered and the donated rehabilitation equipment.
6. The donated looms and foot mat frames to most of the centres were not in use for lack of needed skill and the fiber material required to operate the foot mat making frame; so these impacted negatively in that, the money spent in purchasing those items could have been more judiciously utilized if the real needs had been addressed.

3.3 SUSTAINABILITY

Sustainability of the immediate gains of project F22 beyond the funding period is highly unlikely for several reasons:

1. The manner of execution of the project was too much of a rush to have allowed the lessons learnt to be consolidated.
2. The absence of the PMC in some of the centres and the enormity of the role to be played by “DATRENON” which only met once after its inauguration in ensuring sustainability of the Programme, and compounded by the non-completion of perhaps the most crucial output of the project- the Best Practice Manual Guideline all make for a doubtful sustainability of the Programme.

3. Granted that some of the centres have put in place a revolving funds scheme for the needed materials to get the facilities going beyond the project period, it is noteworthy that several centres expressed the view that the donated items hold no appeal for their clients. As a result, they do not feel motivated to participate in the so-called income generating vocational skills acquisition Programme. At Yaba, Aba and Calabar, the majority of the T & R clients expressed desire for computer training facilities rather than barbing salon and cloth weaving or sewing.

4. LESSONS LEARNT.

Project F22 evaluation has provided good learning experiences that could guide future similar projects.

1. Adherence to the project implementation outline as contained in the proposal, which is always a well thought out work plan, is essential for the attainment of desired goals. This was not the case here. This is perhaps, a reflection of the managerial skills of the project manager.
2. The needs assessment definitely did not take into cognizance the real needs and peculiarities of the T & R facilities before it embarked on purchases / distribution of equipment otherwise, a uniform set of equipment should not have been made available to all the centres. As already observed, some of the donated items were still not in use in some of the centres. That no single T & R centre was equipped with drug screening equipment even when the majority made the request is surprising, the cost of such equipment notwithstanding.
3. Training for manpower capacity building is a very important component of T & R facilities. Separate training modules for the personnel of government owned T & R facilities with diverse high level professionals should have been distinct from the modules for the training of the different categories of NGOs. Grouping them all together in a two – week didactic lecture-type training (with the exception of the role playing by the Psychologist) was grossly inadequate and inappropriate. This may have contributed to the low impact of the Programme on the evaluated NGO.
4. Efforts should be made to minimize the usual bureaucracy in funds management in order to ensure the successful implementation of the work

plan. Project Managers on their part, should be skilled in the management of resources at their disposal.

5. The UNODC efforts at bringing together all T & R key service providers under the banner of the PCC is a highly commendable effort that should continue to be nurtured beyond the current project implementation phase. Its dual role of ensuring effective networking and efficient referral system is worth considering for adoption in other programmes such as those for HIV/AIDS and the National Program on Immunization, NPI.

5. CONSTRAINTS THAT IMPACTED PROGRAMME DELIVERY

The main constraints which have already been highlighted are basically those of funds management and poor quality of managerial skills.

While efforts should be made to eliminate bottle necks in accessing and managing funds ear marked for specific projects, project managers should adhere to the planned budgets.

With greater managerial skill, much of the lost time on the project could have been avoided.

Also regular and prompt payment of the project staff including the project consultants coupled with a peaceful co-operative working relationship with all parties on a project remain a sine qua non for successful project implementation.

6. RECOMMENDATIONS

While applauding UNODC's efforts in helping to achieve a major goal of the National Drug Control Master Plan Document, it must be acknowledged that this project is simply the beginning of the process of attaining that ultimate goal. UNODC should endeavor to nurture this initial impact of the project into maturity realizing, as it did acknowledge ab initio, that the NDLEA is greatly constrained in carrying out the task. Consequently, it is strongly recommended that UNODC

1. Should avoid abrupt termination of its involvement with this project, rather to adopt a phased withdrawal.
2. Should specifically ensure the establishment of PMC in each of the selected LIPs, since it is a part of their contractual agreement, to monitor activities in their respective centres. This will inevitably lead to attitudinal change and guarantee capacity building for sustenance over time.
3. Organize specialized training for the NGOs following a proper evaluation of their existing models of therapy and facilities.

4. Provide essential reliable drug screening equipment with trained personnel to man and maintain them in two or three T & R centres across the country which other centres can access easily for effective diagnosis, treatment and monitoring of clients.
 5. Strengthen “DATRENON” so that it can efficiently promote the principal task of networking specifically by sponsoring its programmes and activities in both the print and electronic media.
 6. Enable the project executors / implementers to conduct further search for the females involved in illicit drug use and related problems since available data show that they do not attend the government T & R facilities for care.
 7. Sponsor major nation wide research in the areas of illicit drug use and the ravaging HIV/AIDS using the present LIPs as zonal coordinating centres.

7. CONCLUSION

Project F22 has proved to be a viable venture needing further nurturance to attain the goal of self-sustenance despite its ambitious conception and design. It has demonstrated that with concerted efforts by all the participating parties and the institution of tailor-made training manuals for each group of T & R facilities, the fight against illicit drug use and related problems in the country can be made a success story. This ultimate goal which is a long term plan is only achievable through a sustained effort in the areas of update courses for T & R personnel, provision of necessary drug screening equipments and appropriate vocational skills acquisition facilities for the clients to facilitate their socio-economic re-integration back into the communities.

ANNEXES:

