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TERMINAL EVALUATION REPORT

**DRUG ABUSE PREVENTION AMONG ETHNIC
MINORITIES IN VIET NAM**

Project Number: AD/VIE/H61

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EXECUTIVE SUMMARY

This 24 month project ended in July 2006 and was given a no-cost extension to end of October 2006. The executing/implementing agencies are UNODC and the State Committee for Ethnic Minorities while the government counterpart is the National Committee for AIDS, Drugs and Prostitution Prevention. The total project budget was USD 706,300 (USD 460,000 grant from DANIDA through UNODC, and the rest was covered by grants from the governments of Italy and Luxemburg), approximately USD 20,000 were supplemented by AusAID, (Asia Regional HIV Project) and the Vietnamese Government ended up contributing 1,022,000,000 VND of which 628,000,000 were a monetary contribution.

Project H61 is the second phase of a previous similar UNODC two-year project implemented in Lao Cai. This phase extended the project to Son la and Dien Bien provinces. It covered one district in each province for a total of 13 communes; the evaluator visited four of them and could not reach the 5th one due to bad road conditions; he additionally met with project community outreach workers of four more communes. Unfortunately the project director in Hanoi was not available to receive the evaluator nor could he attend the final debriefing of this evaluation. This is considered a drawback of this evaluation.

The aim of the project was to prevent an increase in drug use and related harm among ethnic minority youth in three highland provinces in the country. Character-wise, H61 was a comprehensive community-based project using the best available international state-of-the-art experience of similar rural projects in the world.

This evaluation confirmed the findings of the mid-term evaluation that found the project to be effectively working and attaining its objectives by setting up an effective and replicable model of community-based drug prevention and treatment.

In more detail, the objectives of the project were achieved in the intervention communes --and even beyond. The project also achieved various related UNODC and Government objectives. On top of halting the increase in drug use, it was instrumental in decreasing risky, harmful behaviors of young drug users and in decreasing the transition from smoking/inhaling to injecting drugs.

The communities' capacity to manage and deal with the preventive aspects of drug use and harm reduction did also increase. Local knowledge of HIV has increased as well and drug-related risk behaviors have decreased.

As regards lessons learned, these can be summarized as follows:

- The micro-credit component is viable and has worked well.
- Agreements can be reached with government authorities at central and local level even on sensitive issues as those related to drug abuse.
- The high economic burden of drug use makes most DUs want to join the project's voluntary treatment scheme.
- High rates of success have been achieved in home-based detoxification and the impact of an expanded COWs program are foreseen.

- There is synergy between the work of COWs and aftercare clubs.
- COWs are instrumental in the design of IEC materials.
- The voluntary character of H61 is an important breaking point together with the closeness to home of the treatment period. Aftercare is also considered central for longer term success.
- The project has shown that relapse users can be successfully treated in the community-based program when given a second chance.
- Example does lead to behavioral change of decision makers in the provinces. Success eventually brings about change of attitudes.
- The superiority of local level, community-based approaches to drug abuse prevention and treatment was once more proven.

Key strategic recommendations include:

1. The extension of the project to a phase III is well justified.
2. The micro-credit and small grants component to remain/become a key component of the project in every location. It should also be made available to selected DUs who have successfully detoxed at home.
3. The project to make sure that all project locations have a COWs component in the next phase. The COWs component should be the earliest to start in phase III.
4. Project support to supply reduction activities should continue.
5. In phase III, each participating commune should implement all project components as per the original project proposal.
6. In collaboration with WHO, work out arrangements to have DUs being detoxed to be screened (and treated if necessary) for TB, hepatitis and HIV.
7. No mid-term evaluation to be carried out after year one of phase III implementation.
8. In the second half of phase III, consider expanding the project to cover Lai Chau province.
9. The project and UNODC to continue lobbying for the acceptance of the use of methadone in detoxification treatments.
10. Carry out a study to explore the viability of increasing the interest rate charged by the micro-credit component so that aftercare activities become eventually self-sustained.

[Note that the main body of this evaluation report adds 25 operational recommendations].

It is concluded that:

- The project still remains the only comprehensive rural drug abuse cum harm prevention program in the country.
- Project sites are well selected covering affected ethnic groups and centering treatment in market villages.
- The project played an important role in fostering DUs volunteering for treatment and thus contributed greatly to decriminalizing drug use.
- Stigmatization of DUs and ex-DUs has decreased significantly through the information disseminated to almost every household in project communes.
- Both heroin and opium are now almost impossible to procure in the project communes; DUs have to go elsewhere to get it.
- In general, the steering committees established performed their role adequately and in a participatory manner.

- The priority for expansion seems to be to more communes in the districts already covered.
- Gender issues have received due attention. Women are as welcome as men to join the treatment. Wives of drug addicts are directly involved.
- The majority of DUs genuinely want to attend detox treatment and have found the option offered by H61 to meet their needs better than anything they know of or have experienced before.
- Provinces do participate in project decision making. The cadres now feel more confident to deal with the drug use problem.
- The COWs component has proven to be an invaluable component of the project.
- The project is proof that drug users can be successfully treated locally, on a voluntary basis, and can be successfully reintegrated into their communities as productive individuals. It constitutes a replicable model.

1. INTRODUCTION

1.1. Background and context:

1. Lao Cai, Dien Bien and Son La provinces covered by the project are among the poorest in the country and have an old tradition of especially minorities growing and consuming opium. Since the government has successfully eradicated poppy cultivation, drug use has risen and has partly shifted to the use of trafficked heroin and opium mostly coming from Laos. There still is a market demand for drugs. The government remains committed to controlling drug use, but these Northern provinces have become a transit route for drugs being trafficked out from their origin in neighboring countries; part of the drugs transiting through here find their way to the domestic market. Despite poppy eradication, opium smoking is still not uncommon in the highlands, but injecting drugs has also spread and is a leading cause of the spread of AIDS in a situation where the national AIDS program still has limited national coverage. There is a strong political will to deal with the problem and a Masterplan to 2010 exists. Drug use is still considered a social evil and users are involuntarily placed in 'rehabilitation' centers (with relapse rates above 70% and an increase in the stigmatization of users).

2. The H61 project (now in 13 communes in three districts), and its predecessor the B85 project (in six communes in the same three districts), both funded by UNODC, address the various issues of drug use in these three provinces using a comprehensive approach as described below.

1.2. Purpose and objectives of the evaluation:

3. This is a scheduled, standard end-of-project evaluation. Its objectives are, therefore, to inform the lead agencies, donors, project and provincial staff, as well as project beneficiaries about the achievements of the project as seen by an independent external evaluator with pertinent experience in Viet Nam. Based on the lessons learned, the evaluation is also expected to give guidance and recommendations for the design of components and of the management of a potential new phase of the project.

1.3. Project executing modality:

4. A number of the procedures to implement the project (including the issue of financial transfers and reporting) had been set in the first phase of this project in Lao Cai with the financial execution of the project resting with UNODC . The PMU operates in Hanoi with 10 staff; steering boards exist in the three provinces, but the one in Dien Bien delegated project responsibilities to the steering board of the project district. (This actually led to implementation problems since an impasse was created with the latter board and the provincial board did not intervene to resolve the impasse in a timely manner thus leading to unnecessary delays and the non-construction of the treatment facility for that district). Each commune has a board as well. It was verified that the opinions of these boards do indeed have an impact on project decision-making and its members so acknowledged it to the evaluator.

5. The Committee for Ethnic Minorities (CEM) project director is very busy. He maintains a discrete presence in project management with most of the day-to-day management being done by the project coordinator and his team.

The project management unit (PMU) is commended for the flexibility shown in adapting project activities to changing situations and for bypassing sometimes serious constraints found in the field. A big help in this has been the flexibility awarded the PMU by the project's budget line 22 that allows for reallocations of funds both geographically and among components, in response to project implementation difficulties, approved by the CPMU, and within line with UNODC and UNDP financial management guidelines.

It is noted that one of the recommendations of the mid-term evaluation was to downsize the membership of the respective boards. This was indeed done in January of 2006 with membership limited to the People's Committee, MOLISA, the Department of Social Evils Prevention (DSEP), a health sector and a police force representative.

1.4. Scope of the evaluation:

6. The evaluator covered the three project provinces in a six days tour. For details on places visited see Annex 2. This being a final evaluation, all components of the project, including its management were covered. The standard aspects of design, relevance efficiency, effectiveness, impact and sustainability were looked at.

1.5. Methodology used:

7. A host of pertinent documents were prepared for the evaluator's review by the PMU. This reading was very useful to him and framed the approach used in the field exercise.

8. For comparative purposes, a very similar methodology as that of the excellent mid-term evaluation was used (See mid-term evaluation document dated February 2005). It comprised the use of the mid-term semi-structured questions in interviewing provincial, district and commune level steering group members, as well as community outreach and after-care club workers (including micro-credit loan operators). See Annex 3. Open questions were used with selected ex-drug users interviewed. Facilities set up by the project were inspected in Son Ia and in Lao Cai. Selected field reports to the PMU were looked at to judge their quality and comprehensiveness.

2. MAJOR FINDINGS

2.1. Project Relevance, Appropriateness, Effectiveness and Efficiency:

9. The evidence remains very high for the **relevance** of the project. It provided a previously non-existing drug abuse prevention option for severely affected minorities in the country. It has met the needs of the targeted areas and of the affected individuals who also have been actively involved. In providing a mixture of services, the project applied the best known combination of practices flowing from the international experience; in that, it offered:

- a comprehensive, continuity-of-care, family-oriented, community-based approach that included a problem assessment (baseline),
- an identification of drug users involving the community,
- a voluntary detoxification component (first, institutionalized only, but then a home-based component added in two provinces),
- a community outreach program,
- an aftercare program cum vocational training,
- a micro-credit and a small grants component,
- a training component for local cadres,
- a syringes and needle exchange program,
- a decriminalization of the problem of drug use,
- a supplies reduction activity, and several other sub-components.

The project stands out, particularly because of its success in building trust with local drug users and making extensive use of local support networks. In so doing, it contrasts dramatically with the detoxification-alone approach still used in many official programs - including in the three project provinces.

10. The **appropriateness** of the approach, specifically directed at ethnic minorities, can also be vouched for by the evaluator. Culture- and literacy-appropriate materials and counseling techniques have been used. It can also be added here that the project document prepared in early 2004 was well written and clear; it is noted that it did not have a logical framework --something that will help in the upcoming phase.

11. It is the opinion of the evaluator that project funds were used **efficiently** and that the **effectiveness** of the project is recognized by authorities, community and ex-drug users alike. The evaluator shares this view.

2.2. Attainment of objectives:

12. The objectives of the project have been achieved in the intervention communes --and even beyond. As pointed out in the December 2005 project coordinator's mid-term review, it also achieved various related UNODC and Vietnam Government objectives.

13. Halting the increase in drug use, decreasing risky (potentially harmful) drug use behavior (particularly of young minority men and women) and decreasing the transition from smoking/inhaling to injecting have all been achieved (the latter also helped by difficulties in procuring drugs locally and by price considerations in the case of heroin).

14. The communities' capacity to manage and deal with the preventive aspects of drug use and harm reduction has, one can safely say, also been increased.

15. Local knowledge of HIV has increased as well and drug-related risk behaviors have decreased.

16. The project did indeed reach its intended primary (young minority inhaling and injecting drug users and their families) and secondary target groups (young people overall, community outreach workers (COWs), local health and MOLISA staff, local authorities and law enforcement personnel).

2.3. Project results and outputs:

17. Tabular presentations of the outputs and the achievement of planned activities were made both in the mid-term evaluation and then updated in the project coordinator's mid-term report to the Tripartite Review Meeting dated December 2005. It is noted that, by that time, most outputs were already delivered and/or were ongoing. Of those that were not, some had been considered unnecessary or unfeasible (and a sensible justification was given) and some have been achieved since. Funds for those activities skipped were reallocated to sensible alternatives (e.g., training of school teachers, stocking of school libraries and the holding of a successful drawing competition for pupils instead of introducing a drug and harm reduction curriculum in schools). Moreover, a behavioral surveillance survey was carried out in 13 communes in August/September 2006 to assess risks in drug use and in sexual behaviors (637 interviews); the data are still being analyzed and results are expected in November. Also prominently noteworthy is the International Forum on Development, Drugs and HIV in the Highlands of Vietnam held in 2006. It had a wide participation (130 participants including 22 embassy representatives) and was chaired by a Deputy-Prime Minister --this an achievement by itself. The forum raised the visibility of the work being done.

18. All planned project training activities were carried out for a whole mix of participants from central to local level. The study tours planned for were carried out as per plan. All in all, in the three provinces, treatment activities were implemented in seven communes; aftercare programs launched in six communes; and micro-credit and mini-grants schemes installed in two communes (Lao Cai only).

19. Outputs are succinctly presented:

No. of treatment sessions per province 2004-2006:

Son La: 98

Dien Bien: 144

Lao Cai: 292

Total number of mini-grants and micro-credit loans issued 2004-2006.

Lao cai:

Total grants: 51

Total micro-credit loans: 50

2.4. Operational plans, monitoring and backstopping:

21. The project did follow clear plans of operation in the sequenced implementation of its activities in the three provinces. But different local realities and bureaucratic constraints required a constant attention to resolving emerging hurdles. Monitoring visits by the PMU kept the project team actively engaged in resolving those problems with, as expected, mixed achievements. The result was that not all provinces applied all the components the project wanted them to. (For example, Dien Bien did not get a treatment facility constructed, Lao Cai did not train and deploy community outreach workers, Dien Bien did not accept the syringe and needle exchange component). Important in this

respect is the fact that now (October 2006) the evaluator got oral commitments from the three provincial steering boards that, in phase III, they want all components applied in their respective provinces. The positive experience of each of these components in the other respective provinces played a key role in convincing these boards to now ask for the full package of project components.

22. Some of the funds originally earmarked for Dien Bien were gainfully used in the other two provinces after the issue of the construction of the treatment facility delayed all project activities .

23. Backstopping by UNODC is considered to have been satisfactory. As regards the backstopping received from CEM, the evaluator wanted to discuss this with the Project Director since indications the evaluator gathered from his interviews were that this backstopping was not fully satisfactory. Unfortunately, the Director was not available to meet the evaluator nor did he call the evaluator to personally explain his (important) unavailability. A recent example of a problem due to less than satisfactory backstopping is the fact that the phase III proposal submitted by the PMU early in 2006 is yet to receive written comments from CEM despite a meeting to that effect in April. (This is an issue pertaining to sustainability and thus an issue for the current phase II). This has unfortunately led to a gap between phases II and III which will be disruptive in the field. There is nevertheless optimism that the differences of opinion about the current draft of the phase III proposal will be resolved in the coming weeks.

2.5. Management arrangements:

24. It's clear that the project's management function had to take different approaches to deal with the particular challenges the implementation of the project had in the three provinces. It is deemed that this was handled well, but ended up, due to varied external factors, as said, in having some project components not being applied across the board (as agreed in discussions in the central PMU).

25. The evaluator found smooth PMU management practices to be in place. Other than late or delinquent reporting by some districts (even now at project end) most other management issues worked well, including financial management issues. The late/delinquent reporting is a fact that needs attention in phase III.

26. The PMU held meetings with the three provinces to seek their advice on inputs for the phase III proposal.

27. Except for Son la, where the province agreed to cover COWs stipends till the end of October, COWs in Dien Bien have not been paid since July (the formal end-of-project) and continue to work as volunteers.

28. In the original project document, a number of activities (nine) were considered for sub-contracting. Nevertheless, all but two were kept as sub-contracts; the others were transformed into grants under budget line 22. By the end of October of 2006, literally all project funds will have been spent or will be committed.

29. As already said, the degree to which CEM was a good management partner could not be assessed, due to the unavailability of the project director for an interview with the evaluator despite sufficient advanced notice.

30. The PMU appropriately developed a number of operational manuals and guidelines (and a treatment manual) regulating the implementation of the project.

3.1. OUTCOMES

31. The project did meet the needs of the targeted groups in the population who were effectively reached and incorporated into project activities thus fulfilling the purpose the project set out to achieve. The difference the project has made in the communes covered is significant and felt by all involved. The effects of the comprehensive set of interventions are literally palpable. It is deemed that the outcomes reached warrant a replication of the project elsewhere.

32. An added positive effect of the project to be highlighted is that the Son la treatment facility has been used six times since July 2006 for the short term detox program of the province (Program 03); it has had 380 drug users (DUs) go through it since then.

33. Na U project commune in Dien Bien has had a higher relapse rate than all other communes (>50%); reasons given are proximity to the international trafficking route and a treatment program having, as a negotiated compromise with the province, lasted only two instead of three months (this is true for all Dien Bien communes since they did not get a treatment facility and had to use schools and health centers).

34. Community-based HIV prevention and interventions activities in the project communes have addressed the related risks of intravenous drug use. The project had talked of 'the possibility' of starting some work on DOTS (treatment for TB) and antiretroviral treatment (ARVs for HIV), but did not succeed to make headway on these due to factors beyond its control.

35. Some ex-drug users were integrated into project activities (e.g., they became COWs, or teamed up with law enforcement officers).

36. As relates to law enforcement, it is estimated that more success in supply reduction has been achieved with dismantling bigger drug dealer rings and less successful with eradicating small dealers who often sell small amounts to finance their own use -- especially in the case of opium which is the main drug in project communes in Lao cai and Dien Bien.

37. Noted is the fact that supply reduction activities were not originally considered in the project design, but were added later in agreement with all the pertinent authorities. The evaluator also thinks it was a good addition.

3.2. IMPACT

38. The project has been a great success in what the local authorities (perhaps not very fittingly) call 'hot spots of drug use' in the three provinces. In no particular order, the evidence of impact is shown by the following achievements:

- Local drug use and HIV risk behavior have ostensibly decreased in project communes.
- The presence of H61 has greatly increased the detection of cases of drug use.
- The local populations have wholeheartedly supported the project as a result of having been sensitized and asked to become involved; they particularly appreciate the COWs work and the aftercare activities.
- There is no doubt the capacity of the local staff and government officers has been strengthened in relation to drug abuse and harm reduction.
- There has also been progress in supply reduction and a marked decrease in petty-criminality in the project communes.
- IEC activities have reached over 85% of households project-wide. The production/wide distribution of illustrated calendars in 2004 and 2005 is considered particularly successful. (This was discontinued in 2006 due to the significant increase in the production costs). Hmong households also got a take-home IEC cassette with ad-hoc messages. [This widespread coverage is an important achievement of the project]
- COWs in Lao Cai and Dien Bien have visited over 90% of households in their assigned villages. [Although these agents are remunerated, the evaluator considers their contribution to be very cost-effective].
- COWs have succeeded in completing home-based detoxification both for some of their smokers/inhalers and IDU cases; they have also, to a significant degree, succeeded in their clients reducing the dose of drugs consumed on a daily basis. A number of the DUs in the home-based care component have decreased their dose even if not yet kicked the habit. [The COWs in Son La have officially asked the province to expand and extend the COWs program].
- The attendance rate at aftercare clubs has been in the 80% range sometimes for over a year.
- Relapse prevention has been very successful with relapses dropping to levels between 25 and 12 %. Direct work with drug users families has played an important role in relapse prevention.
- The micro-credit scheme in Lao Cai (only there so far) has worked well with borrowers organized in village groups. There has been only one default case recorded.
- The syringes and needle exchange component has been a success. [It is fair to say that DUs and ex-DUs now have a much better understanding of harm and of ways of reducing drug-related harm].
- Drug-free areas have now been created in some project communes.
- For one of the first times in the country, local law enforcement officers were trained in HIV and harm reduction.
- The project established a successful direct interaction with drug users in the minority communities covered.
- To the best of the evaluator's judgment, the training carried was appropriate and successful.

- Participants in the treatment program had an across the board weight gain during the months of internment.

3.3. SUSTAINABILITY

39. The evaluator was told in the three provinces that the H61 project fits in the respective provincial plans in helping minorities. Lao Cai has actually built and started operating a new treatment facility in a neighboring commune using the H61 model; it plans to open 4 more such. Moreover, the local officers new understanding of the drug problem is an investment towards sustainability.

40. Project participants have also clearly gained knowledge and an experience that will make them participate and support any future activity in this area.

41. It is acknowledged though that issues still remain in relation to maintaining the gains made in the long term. Nevertheless, the evaluator thinks both qualitative and quantitative changes have occurred in the three provinces that --given some financial support-- will sustain/expand the gains.

42. In-commune income/livelihood support to recovered DUs will remain central in the long term success --and the project has made some headway in this although much remains to be done in the next phase.

43. The reduction of supply, and especially curbing the trafficking from Laos, are both challenges to sustainability that should not be taken lightly.

43a. The payment of monthly emoluments to COWs is, no doubt, a constraint to sustainability, but given their key role, these payments are considered necessary throughout the next project phase.

44. Given the current perceptions of the success of the project, it is likely that provincial people's committees will consider funding similar activities with their own funds.

4.1. LESSONS LEARNED

45. Lessons learned are as follows:

- The micro-credit component is viable and has worked well. (A foreign graduate student recently did a study on it).
- It has been proven that agreements can be reached with government authorities at central and local level even on sensitive issues as drug abuse and on controversial measures still resisted by many as are the use of syringes and needles exchange programs.
- It is clear that the high economic burden of drug use makes most DUs want to join the project's voluntary treatment scheme. But the project's success having spread has also, undoubtedly, been an additional factor of continued success.

- High rates of success achieved in home-based detoxification speak mountains about the potential impact of an expanded COWs program. [In Son la, all COWs interviewed (+/-20) had fully detoxed more than half their case load of clients! The consumption of syringes and needles has dropped dramatically].
- There is a potentiating synergy between the work of COWs and aftercare clubs since COWs provide follow-up home visits of club members.
- COWs are instrumental in the design of IEC materials.
- The voluntary character of H61 is an important breaking point together with the closeness to home of the treatment period, a period where DUs are well fed and trained and families are allowed to visit. Aftercare is also considered a make or break for longer term success.
- The project has shown that relapse users can be successfully treated in the community-based program when given a second chance, i.e., not sending them to the provincial 06 facilities.
- The weight of example once more proved to lead to behavioral change of decision makers in the provinces. Success eventually brings about change of attitudes.
- The superiority of local level, community-based approaches to drug abuse prevention and treatment has once more been proven.

4.2. BEST PRACTICES

46. The bottom line best practice (and also lesson learned) is that the comprehensiveness of the components of the project --following best practices acknowledged internationally-- makes the project also work optimally in rural settings in Vietnam. This should be an eye-opener for best possible practice for authorities and leaders at different levels in the country. All components individually are necessary but not sufficient. It is the whole that makes the parts successful.

4.3. CONSTRAINTS

47. Smaller local bottlenecks were found a many. Only perseverance and follow-up overcame a full gamut of problems (related to land use, over-budgeting of construction components, resistance of local leaders to some interventions, delays in decision-making for no apparent good reasons, etc).

48. The evaluator can further say that the concept of community-based is misused by many government officers having no clarity what exactly is different about it; they use the term indiscriminately for some of the interventions that are not really community-based like project 03 in Son La.

49. It is fair to say that construction-related delays are just about the major constraint the project found. Delay in the execution of plans by local steering boards played a minor role as well. (Actually, the district and provincial steering boards in Dien Bien province were replaced during the life of the project and new officers --who had to be briefed and trained-- came on board).

50. Although not really a constraint, it is noted here that there is a longer lag time to work with minority communities and lasting change does take longer to occur; this, is yet another confirmation that an extension of the project is warranted.

5. RECOMMENDATIONS

[Note: the following recommendations are made without the evaluator having read the project proposal for phase III. He chose not to do so to avoid any bias. Therefore, the recommendations below may be either additional or an overlap with what is already being considered].

5.1. Strategic recommendations: (in no particular order of priority)

1. The evaluator supports the justified extension of the project to a phase III.
2. The micro-credit and small grants component to remain/become a key component of the project in every location. It should also be made available to selected DUs who have successfully detoxed at home.
3. Given the big success of home detoxification and referral activities carried out by COWs in Son Ia, project to make sure that all project locations have a COWs component and that proportionally more funds are allocated to this component. The COWs component should be the earliest to start in phase III.
4. Project support to supply reduction activities should continue and even be considered for a small expansion.
5. The syringe and needle exchange component should now be extended to the three provinces as needed. [Actually, the evaluator would insist that in phase III, each participating commune implements all project components as per the original project proposal; the three provincial boards seemed to agree with this as per meetings held with them during this evaluation].
6. In collaboration with WHO, MOH and perhaps NIHE, work out arrangements to have DUs being detoxed to be screened (and treated if necessary) for TB, hepatitis and HIV (in the latter case, voluntary counseling and testing, as well as ART to be introduced).
7. Given the good performance of the project in phases I and II, it is recommended that no mid-term evaluation be carried out after one year of phase III implementation; an evaluation after two years would suffice and save funds for field work.
8. In the second half of phase III, consider expanding the project to cover Lai Chau and/or Yen Bai province.
9. In phase III, the project and UNODC to join others in lobbying for the acceptance of the use of methadone in detoxification treatments.
10. Carry out a study to explore the viability of increasing the interest rate charged by the micro-credit component so that aftercare activities become eventually self-sustained.

5.2. Operational recommendations: (in no particular order of priority)

1. Make sure the baseline study for the new communes in phase III avoids the data collection and analysis shortcomings of the same study done for phase II.
2. Allocate a greater proportion of the future budget to vocational training/job opportunities creation/literacy during the three months treatment period, as well as for sports and leisure equipment; this includes the procurement of needed equipment for

such a training and remuneration for temporary trainers; agriculture and animal husbandry training and counseling skills training were mentioned as needed; also mentioned was that the literacy courses should continue in the aftercare clubs.

3. First relapses of project-treated DUs should be re-treated in the community centers and not be sent to provincial (06) centers provided they are not delinquents.
4. District-level doctors already involved and to be involved in the treatment facilities to receive specialized training including the use of methadone regimens (in case policy directions change).
5. It is recommended the departing groups should clean up the treatment center thoroughly for the next group to receive a clean place.
6. The Son La treatment facility should be used to its full capacity of 40 every cycle (up from 30).
7. The existing treatment facilities will need small repairs/replacement of furnishings early in phase III.
8. The existing facility in Muong Phang commune in Dien Bien should be considered for refurbishing to function as a treatment facility (if included in phase III).
9. Consider making condoms available through the project in phase III.
10. During aftercare, some participants may need small grants to install a shop or workshop (before getting a loan to operate the new venture; the precedent has already been set for this in Son La).
11. Keep the three month allocation of lunch funds for the aftercare clubs.
12. The project provides 500,000 Dong/month for sundries for aftercare club meetings; for sustainability purposes, the project should half this contribution; the other half to come from interest repayment.
13. Capacity building of treatment and outreach staff to be strengthened by refresher courses; report writing skills, project management and monitoring skills were mentioned as areas needing strengthening.
14. Keep the flexibility of the project budget as executed by the PMU to continue to allow reallocations within budget line 22.
15. During the next phase, plan for a participatory review/redesign of all IEC materials and their introduction.
16. Given the usefulness of the series of GIS maps prepared by the PMU to highlight the situation of drug use before the project started, upgrade the same to show the excellent progress made in the project communes.
17. The phase III project document to include a logical framework.
18. The evaluator agrees with the mid-term evaluator that in the design of the project's new phase, the outputs should be more quantified in the project document.
19. The project document for phase III to include details on how sustainability is to be achieved by year four.
20. New TOR for the different level steering boards will perhaps be needed in phase III.
21. Use the current project sites as training/demonstration sites for participants in new communes in phase III.
22. Given recent openings of the Youth Bank to consider giving loans to recovered DUs, establish working relationship with the same bank.
23. Geography allowing it, consider giving selected COWs bicycles. Also consider a modest scheme of reimbursing fuel expenditures for COWs that do their rounds by motorcycle.
24. Cultural and musical performances spreading HIV and drug abuse messages should be continued.

25. Given the project success and the great need for similar work elsewhere in the country, greater efforts will be needed, early in phase III, to widely disseminate project results.

5.3. Issues resolved during the evaluation:

51. Although not necessarily during the evaluation, but in the last couple of months, Lao Cai accepted to introduce COWs and Dien Bien to introduce syringes and needles exchange in next phase.

6. OVERALL CONCLUSIONS

- The project still remains the only comprehensive rural drug abuse cum harm prevention program in the country.
- The recommendations of the mid-term evaluation were applied.
- Project sites are well selected covering affected ethnic groups and centering treatment in market villages; all selection of sites has been done following local suggestions.
- The project played an important role in fostering DUs volunteering for treatment and thus contributed greatly to decriminalizing drug use. The contribution of the police was invaluable in that it stopped detaining users that joined or intended to join the project.
- It is quite clear that, although stigmatization of DUs and ex-DUs still exists, the same has decreased significantly through the information disseminated to almost every household in project communes. This work has to be kept up to avoid this momentum is lost. Examples of the successful social reintegration of ex-DUs abound and have been key to the destigmatization process.
- The mix of smokers and IDU varies quite significantly among the 13 communes. [In Lao Cai, 30% are smokers, 30% inject and 40% do both (not so in the one commune visited where smokers predominate by far). In two of the four communes in Son la, 40% are smokers and 60% inject]. In either case, both heroin and opium are almost impossible to procure in-commune; DUs have to go elsewhere to get it.
- The evaluator received some informal comments from government officers that think that the community-based H61 approach is more successful than the governments 06 (involuntary internment) program and also more successful than the Son la (03 involuntary short, commune-based detoxification) program. On the other hand, the evaluator did also meet officers who are not yet convinced and think H61 is only good for minorities in remote districts.
- In general, the steering committees established performed their role adequately and in a participatory manner. All of them support and are proud of the project.
- For the time being, the priority for expansion seems to be to more communes in the districts already covered.
- Gender issues have received due attention. In the Lao Cai treatment facility, separate quarters have been made available to them (or to families with children if husband and wife participate). Women are as welcome as men to join the treatment. The role of the local Women's Union chapters has been helpful here. Wives of drug addicts are directly involved. Most of the school teachers trained in 12 communes were female.

- The majority of DUs genuinely want to attend detox treatment and have found the option offered by H61 to meet their needs better than anything they know of or have experienced before.
- Provinces do participate in project decision making. At all times, the project received support from commune, district and provincial authorities, as well as from Party leaders. It is felt that the cadres now feel more confident to deal with the drug use problem.
- The COWs component has proven to be an invaluable component of the project.
- The project is a living proof that drug users can be successfully treated locally, on a voluntary basis, and can be successfully reintegrated into their communities as productive individuals.
- The accumulated experience of project H61 (and its predecessor) constitutes a viable and replicable model for a community-based drug abuse prevention program to be used in Viet Nam and elsewhere.

ANNEX 1

TOR:

UNITED NATIONS OFFICE ON DRUGS AND CRIME IN-DEPTH TERMINAL PROJECT EVALUATION TERMS OF REFERENCE

Project Title: Drug abuse prevention among ethnic minorities in Viet Nam (2004-2006)

Project Number: VIEH61

1. BACKGROUND INFORMATION

Project VIEH61 is a UNODC-executed project in Viet Nam. It is implemented in cooperation with the State Committee for Ethnic Minorities (CEM) as the government counterpart agency. This project is a two-year extension phase to the demand reduction Project VIEB85, approved by the Executive Director, and was initiated in August 2004. Through UNODC, and with funding of \$702,300 provided by the Governments of Denmark, Italy, and Luxembourg the project is implementing prevention, treatment, and rehabilitation activities within ethnic minority communities in 13 remote highland communes located in the northwest border provinces of Son La, Dien Bien, and Lao Cai.

The project's principle objective is to reduce drug use and drug-related harm (especially HIV) in ethnic minority communities in the northern highlands of Viet Nam. Its primary aims are to consolidate geographically the activities and programmes piloted and implemented in the first phase, and to expand these programmes to neighbouring communes in the first-phase project provinces.

Expected outputs, results and performance indicators of the project, as outlined in the project document, can be summarised as follows:

- Double the number of project locations for activity implementation from six communes to 12 communes.
- Develop and support peer outreach worker teams in selected project locations.
- Distribute drug abuse and HIV prevention IEC materials to all households in project sites (approx. 11,000)
- Conduct a baseline assessment of the drug abuse and harm situation in the new project locations.
- Construct new drug abuse treatment facilities in Son La and Dien Bien provinces, based on the VIEB85 pilot model.
- Provide drug abuse treatment for all known drug abusers in the project sites (approx. 600).
- Make available microcredit loans to all drug abusers' households after completion of treatment in selected locations.
- Create a drug use relapse prevention network in all project treatment locations, based on the Lao Cai model, and construct facilities to accommodate these networks.
- Maintain a relapse rate no higher than 40% in all project locations after two years.
- Reduce overall sharing of needle syringes (NSs) by IDUs in relevant project sites through the provision of clean NSs.
- Reduce overall numbers of drug users in project locations, including a reduction in new users, and a significant reduction in IDUs
- Conduct introductory workshops on drug abuse and harm.
- Conduct technical workshops on drug abuse and HIV intervention for local law enforcement, health, government, and peer worker personnel.

- Conduct two international study tours.
- Conduct one international forum on drug abuse and HIV in the highlands.
- Publish research results, lessons learned, and other relevant project papers.

Reference should be made to the description and detail of objectives, expected activities and results, baseline and terminal drug use behaviour indicators, and output performance indicators outlined in the Project Document. A mid-term evaluation was completed in November 2005.

2. PURPOSE OF THE EVALUATION

This terminal evaluation is initiated by the Central Project Management Unit (CPMU) and is a requirement stated in the Project Document. Its primary purpose is to assess primary impacts of project activities, and to learn from project implementation to-date so that improvements can be instituted to design, planning and management efforts and mechanisms in future.

The UNODC views project evaluations as rigorous and credible assessments of measurable progress toward achievements of stated outcomes. As such, this terminal evaluation should invoke a participatory approach in order to allow project stakeholders to assist in the generation and application of evaluative knowledge. Project stakeholders include counterpart agents; local government agencies; ethnic minority drug users and their family members, peer outreach workers, and other affected community members; and, local beneficiaries such as microcredit loan, grant, treatment programme, and relapse prevention network recipients and participants.

The evaluation contains the following objectives:

1. Indicate whether or not intended project impacts and outcomes have been met and/or whether satisfactory progress was made toward them.
2. Analyse underlying factors that could have influenced project impacts and outcomes.
3. Identify and analyse barriers and constraints that delayed implementation, analyse CPMU responses, and their result.
4. Identify a list of 'lessons learned' and recommendations.
5. State whether or not behaviour indicators have been achieved; and, whether current and planned outcomes can be sustained, including determination of measures needed to ensure continued sustainability of results in future.
6. State whether achievements and impacts continue to warrant an extension and/or expansion of the project, as recommended in the mid-term evaluation.

3. EVALUATION SCOPE

A mid-term evaluation was conducted covering the period from August 2004 until November 2005. Reference should be made to the results of this assessment, and follow-up on the progress made with regard to identified mid-term evaluation concerns should be made. While this terminal evaluation will cover specific aspects of the project implementation period from November 2005 to end of July 2006, it also should create some determination of the overall impact of the project H61 activities and outputs with reference to project information and primary data derived over the full two years of implementation (and with reference to and/or use of Phase 1 B85 data, if necessary). The evaluation should examine two closely connected levels: 1) the specific outputs and impacts generated; and 2) the outcomes of those outputs toward changes in the current (drug use and related harm) development conditions, with particular reference to behavioural changes in the drug user environment (if any)

The evaluator needs to ensure that the following aspects of the project are covered:

a) Approaches and procedures

Bearing in mind the limitations identified in the project design and possible variances and/or barriers and constraints inherent in the project's implementation environment, and bearing in mind

the findings and recommendations of the mid-term evaluation, the terminal evaluator will:

- Assess outcomes of actual project management, including allocation of time and other resources;
- Assess approaches toward each activity by all direct project stakeholders;
- Assess the appropriateness, quality and utilisation of baseline and other studies;
- Assess the outcomes of sub-contracted technical inputs, including training;
- Assess utilisation of financial resources;
- Assess efficacy of project information systems between stakeholders.

b) Output performance

To assist the UNODC in assessing the outcomes and results of the project, the evaluator will:

- Assess output outcomes to determine if they have been achieved in line with project design;
- Assess overall quality, timeliness, effectiveness and sustainability of management arrangements, technical inputs and assistance;
- Evaluate the degree to which intended beneficiaries participated in project activities;
- Assess ways in which information was gathered, shared and used within the project;
- Assess the impact of project activities on overall drug use and drug use behaviour, with particular reference to desired outcomes outlined in the project document; and, determine and discuss any significant secondary or unexpected impacts of the project, whether beneficial or detrimental;

c) Current relevance of concept and design

To assist UNODC to gather evaluative knowledge to improve comprehensive drug demand reduction activities, and capacity building and coordination efforts with other agencies, the evaluator will:

- Evaluate the project relevance, with a focus on assessing project impacts directly related to capacity building, training development, demand reduction, and project coordination and sub-contract performances;
- Analyse the implementation strategy, including involvement of ethnic minorities at the grassroots;
- Evaluate the actual managerial arrangements against those outlined in the Project Document;

d) Lessons learned and recommendations

To assist future UNODC programming, the evaluator should list lessons learned (what works, what does not work, and why?), and:

- Recommend, as deemed necessary and feasible, practical changes to the current Project's approach that should be considered for future projects;
- Recommend concrete action that could have been taken to rectify undesired impacts and/or outcomes, and to improve performance;
- Make recommendations with respect to issues related to any variances in the project environment, including work by other government and non-government agencies;

4. EVALUATION METHODS

The evaluation will be based on the review of project documents and other reports, such as work plans, assessments, correspondence, data from other organisations, etc. A field-based visit to major project activity locations, and field interviews and group discussions will be held with government stakeholders and other project stakeholders and beneficiaries at all levels of project implementation. Interviews will be conducted also with identified stakeholders in Hanoi, including the government counterpart, UNODC, and other relevant agencies and organisations.

A list of suggested agencies and/or individuals to be interviewed at the central and provincial levels

(including project beneficiaries and other local community actors) will be developed by the UNODC and the evaluator.

Detailed notes with English language summaries should be kept for each interview. If applicable, an interpreter will be provided by the Project. Where appropriate, the evaluator should protect stakeholders' right to provide confidential opinions.

Where possible, the evaluator should assess actual project activities in the field. The evaluator should feel free to use other means of collecting data of use for the evaluation as long as such evaluation tools can be prepared and implemented by the evaluator them self. A detailed statement of evaluation methods should be presented as part of the final evaluation report.

5. EVALUATOR CRITERIA

The evaluation will be conducted by one international specialist, and this person should meet the following criteria:

- A graduate degree in a development, management, or a related discipline, and strong analytical and critical thinking skills;
- Demonstrated project/programme evaluation experience;
- Experience in evaluating drug demand reduction, HIV intervention, and/or ethnic minority-related programming is strongly desired;
- At least six years' experience in the development field - preferably with experience in programme/project management in Southeast Asia in general, and Viet Nam in particular;
- Demonstrated ability to work independently, in difficult conditions, and to meet deadlines;
- Proficiency in Vietnamese language is considered an asset;
- Ability to write reports in English.

The evaluator must be independent and impartial, and with no connections to the design, formulation or implementation of the project or any of its outcomes. The evaluator is directed to the "Guiding Principles for Evaluations at UNODC" attached as Annex 1 for further reference on these issues.

6. PLANNING AND IMPLEMENTATION ARRANGEMENTS

The evaluator will work with relevant officials within the executing agency (the UNODC) as well as with project staff and community members. The UNODC Project Coordinator will be responsible to meet with the evaluator for briefings and in regard to the agency's respective execution responsibilities. In addition the evaluator may request other meetings with and briefings by other officials or staff related to the project provided they are available and able to meet with the evaluator. After receiving a briefing from the UNODC the evaluation mission will take place for ten working days. A draft travel and work plan will be formulated by the UNODC Project Coordinator for discussion with the evaluator prior to the initiation of the evaluation mission.

The duty station is Hanoi, but time must be allocated for work in all three provincial project field locations.

Meetings with local officials and intended beneficiaries will be facilitated by the UNODC project management team. The project management team, working in association with the UNODC Country Office and the CEM, will be responsible for arranging all necessary field visits and interviews.

The UNODC will prepare for the arrival and work of the evaluator by making available an up-to-date status report of the project in terms of outputs, inputs and activities implemented. Although the evaluator should feel free to discuss all matters relevant to the assignment with the stakeholders and beneficiaries concerned, it should be noted that they are not authorised to make any

commitments on behalf of UNODC or CEM.

The Project will provide administrative and other support as required, including travel, accommodation, and translation.

All drafts and final reports with applicable annexes and attachments will be submitted in both hard copy and digital formats, and shall be in English. Digital version should be submitted on disk, CD, or via email, and shall be submitted in Microsoft Word format. The expected evaluation outputs include the following:

- ***A draft final report*** written according to UNODC evaluation reporting requirements, with an **executive summary**, immediately after the completion of the field assessment.
- ***A final report*** to the UNODC, Hanoi two weeks after receipt of UNODC and the project authorities' comments on the draft final report. All local comments will be submitted in writing to the evaluator in English by the UNODC project Coordinator.

ANNEX 2

Places visited, persons met:

- Sept 27: PMU in Hanoi (project coordinator)
UNODC (country representative)
- Sept 28: Son la (project provincial steering committee)
- Sept 29: Phong Lai commune (local authorities, district authorities and project steering board members; visited treatment facility)
Chieng Pha commune (COWs from Chieng Ly, Chieng Pha and Muong E communes)
- Sept 30: Dien Bien Phu (project provincial and Dien Bien district steering Committees)
- Oct 1: Na Tau commune (local authorities and COWs from Na Tau, Na Nhan and Muong Phang communes)
- Oct 2: Lao Cai (project provincial steering committee. Bat Xat district representatives absent)
- Oct 3: Muong hum commune (local authorities and steering board members; visited treatment facility and attended an aftercare club meeting on a loan interest repayment day; interviewed club members). Nam Pung commune could not be visited due to bad road conditions.
- Oct 5: Planned meeting with project director could not happen due to his absence from town.
- Oct 6: Mission debriefing at UNODC offices.

ANNEX 3

Semi-structured assessment questionnaire:

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?