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MID-TERM EVALUATION REPORT

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Country: Mauritius

Report of the Evaluation team

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LIST OF ACRONYMS
(In alphabetical order)

AU	African Union
C ATR	Centre d'Accueil de Terre Rouge
CYC	Correctional Youth Centre
DIGC	Dr. Idrice Goomany Centre
DU	Drug User
EADIS	Eastern Africa Drug Information System
FGD	Focus Group Discussion
GAP	Global Assessment Programme
GA	Government Auditor
HIV/AIDS Syndrome	Human Immunodeficiency Virus/ Acquired Immunodeficiency
IEC	Information, Education and Communication
IDU	Injecting Drug User
KII	Key Informant Interview
LEN	Local Expert Network in Demand Reduction
MENDU	Mauritius Epidemiology Network on Drug Use
MoH	Ministry of Health and Quality of Life
MoSS	Ministry of Social Security, National Solidarity, Reform Institutions and Senior Citizens' Welfare
NATReSA Abusers	National Agency for the Treatment and Rehabilitation of Substance
NDCMP	National Drug Control Master Plan
NPM	National Programme Manager
NEX	National Execution
NGO	Non Government Organization
NTC	National Treatment Centre
PS	Permanent Secretary
PSC	Project Supervisory Committee
ROEA	UNODC Regional Office for Eastern Africa
RSA	Rapid Situation Assessment
RYC	Rehabilitation Youth Centre
SSS	Sangram Sewa Sadam
SW	Sex Worker
TPR	Tri-Partite Review
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
UNTG	United Nations Task Group
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Executive Summary

Relevance and Appropriateness of Programme Concept and Design.

1. *This is a national drug demand reduction and HIV/AIDS prevention project aimed at conducting a Rapid Situation Assessment of drug abuse and related HIV/AIDS, develop a national drug control master plan, establish a national rehabilitation centre, and enhance the capacity of government and NGOs to provide better treatment and rehabilitation services and improve their capacity to deliver better prevention programmes in communities, schools and the workplace, namely:*

1. *To prepare a full report on the nature, extent, trends and patterns of drug abuse in the country prepared, disseminated and used as the basis for the formulation of a national drug control master plan.*
2. *To develop and present a national drug control master plan document to Government.*
3. *To enhance the capacity of the government and NGOs to address primary prevention of drug abuse/ management of drug abusers, with a component on HIV/AIDS, by training 120 government officials, 15 police officers and 30 NGO operators.*
4. *To implement a sustained prevention programme in schools and communities (including Rodrigues) by NGOs and in the workplace by NATReSA over 18 months, supported by information/educational materials developed for the specific populations targeted, namely 280 school lectures, 288 lectures in the community, 72 lectures in the workplace, the award of 6 grants to undertake specific prevention activities, and the design and distribution of prevention materials.*
5. *To improve the understanding and reporting of drug related issues by 20 media practitioners and an Award granted to a journalist having written at least a set of six articles over an 24-month period, dealing the most comprehensively with drug demand reduction.*
6. *To procure equipment for setting-up the National Treatment Centre for drug abusers.*

Programme Implementation and Achievements

2. *This project is implemented by UNODC ROEA and is nationally executed by the Government of Mauritius, namely the Ministry of Social Security, National Solidarity , Reform Institutions and Senior Citizens' Welfare, in close collaboration with the Ministry of Health, the National Agency for the Treatment and Rehabilitation of Substance Abuse (NATReSA), and five NGOs, namely the Centre d' Accueil de Terre Rouge (CATR), the Dr. Idrice Goomany Centre (DIGC) , the Help De-Addiction Centre (HELP), the Sangam Sewa Sadan (SSS) and CRAC in Rodrigues. The project was expected to be completed by December 2005, but a Tri-Partite Review (TPR) held in September 2005 recommended that it be extended to December 2006.*

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

The project design is sound and is based on the country specific realities, drug trends and patterns highlighted by the Mauritius Epidemiology Network on Drug Use (MENDU) surveillance, and was formulated as a result of consultations with government officials and NGOs active in the field of drug control.

4. *The first two outputs have been completely achieved. Under the first, a Rapid Situation Assessment (RSA) of drug abuse and related HIV/AIDS in the country was conducted with the assistance of an international consultant and a national research team. This RSA revealed the close correlation between injecting drug use and HIV/AIDS in the country, and brought out the nature of a concentrated HIV epidemic among injecting drug users (IDUs), sex workers (SW) and prison inmates.*

Under the second, the country developed its first-ever comprehensive and multi-sectoral National Drug Control Master Plan. This was done on the basis of the findings of the RSA and through an intense collaborative and participatory process with all the key stakeholders involved in drug control and HIV prevention and care in the country. The Master Plan was validated during a national workshop, and the document was adopted by the Cabinet.

5. *The capacity of government and NGOs to address drug abuse and HIV/AIDS prevention and treatment has been enhanced. Training workshops were organized on outreach work with drug users (DUs), IDUs and other vulnerable population and 30 of outreach workers were trained on risk minimization and on counselling.*

Five NGOs, including CRAC in Rodrigues, were provided with grants to conduct drug abuse and HIV/AIDS prevention in high-risk communities, while NATReSA has conducted similar activities in the workplace. This has translated in a large number of demand reduction activities in schools, communities and the workplace.

6. *18 media practitioners were trained to improve their understanding on drug-related matters and to engage in public advocacy.*

7. *The building to house the National Treatment Centre has been upgraded, and MoSS and MoH have reached an agreement on the modus operandi of the Centre. MoH will provide the medical and para-medical staff, while MoSS will be responsible for the management of the Centre and provide the support staff. Some medical equipment has been procured for the Centre. The government has also passed new legislation to introduce the use of methadone in the management of opiate abusers. Information, Education and Communication (IEC) materials have been developed and distributed as part of government contribution. A project document has been elaborated to scale up the prevention of HIV among DUs, IDUs, sex workers and prison inmates.*

8. *The NPM who is seconded for duty from MOH to MoSS was recalled to MoH in February 2006. Negotiations were held with both ministries and an agreement reached that the NPM secondment be extended to 31 December 2006 to allow for the completion of project activities.*

Lessons learned and best practices

9. *Several lessons and best practices were drawn from project implementation so far and the present evaluation. The RSA methodology, when well utilized, has again lived up to its reputation to act as an “early warning system”, and to facilitate appropriate*

interventions. It allowed to identify a worrisome trend regarding the emergence of concentrated HIV epidemics among IDU, sex workers and prison inmates, and on the need to put in place outreach programmes to reach out-of-treatment, hard-to-reach groups of IDUs and sex workers. Focused interventions were thus designed and implemented on the basis of the RSA and the NDCMP to respond to the identified needs. Advocacy works best when supported by scientific evidence, and the media need to be encouraged to assume its "corporate responsibility" to engage in both public education and political advocacy. Training activities were tailored to respond to specific identified national training needs. Prevention has the best impact when a multi-channel strategy is used, working simultaneously in schools, communities and the workplace, and assisted by IEC materials. Governments and NGOs require UNODC technical support to ensure the maximum results in drug control activities.

Recommendations.

10. The report makes the following recommendations.

- ³/₄ MoH, MoSS and NATReSA to agree that the secondment of the NPM from MoH to MoSS which expired in February 2006, be extended to the expected completion date of the project, namely 31 December 2006 (done),
- ³/₄ The newly-appointed Chairman of NATReSA be a member of the PSC (done).
- ³/₄ The modalities of the introduction of methadone as a substitution/detoxification therapy for heroin users between the partners be defined based on the recommendations of an international consultant to be recruited by WHO/UNODC to advise government on this matter urgently. This mission is expected to take place in April or May 2006.
- ³/₄ All the participating NGOs to prepare and submit a work plan to the NPM for the remaining activities to end by December 2006.
- ³/₄ The school prevention programme will be delivered by three-four NGO staff active in drug prevention.
- ³/₄ That an RSA be conducted every 3-5 years and that data providers participate to the Steering Committee responsible for the preparation of the bi-annual MENDU Report. Technical staff of NATReSA are to be included in future research work, depending on management decision as to who will be involved and on their specific tasks.
- ³/₄ That a stakeholders' meeting be convened, under the leadership of the Narcotics Bureau, Prime Minister's Office, to measure progress made by different entities in terms of the implementation of the NDCMP. This will assist government to report to the 3rd. African Union Ministerial Conference on Drug Control to be held in Tripoli, Libya in October 2006 on progress made and to United Nations General Assembly Special Session on Drug Control 1998 to measure progress made in this sector to be held in 2008-2009. The Minister of MoSS has expressed her keen interest to do so.
- ³/₄ That NATReSA has agreed to take the lead to convene NGOs in the country to assess progress made vis-à-vis the implementation of the NDCMP in the demand reduction sector. A similar exercise will be undertaken with government ministries involved in the demand reduction sector.
- ³/₄ That the NPM and a PSC member go on a 2-day mission to Rodrigues to conduct a thorough assessment of the financial status against activities conducted and funds released to CRAC, given the unsatisfactory reports CRAC has submitted.
- ³/₄ That a 5-man team on a study tour to Hong Kong or Australia to visit a best practice model on the dispensation of methadone therapy to heroin abusers. This

will be further discussed with UNDP and WHO to ascertain their readiness to co-finance such a study tour.

- ^{3/4} That the PSC set up a panel composed of NATReSA, the NPM and 1-2 NGOs to review drug and HIV-related reporting during the January to May 2006 in the local media, and will give an award to the media practitioner having reported on such matters in a professional, in-depth, fair and unbiased manner.
- ^{3/4} That the draft project document prepared at the request of MoH be reviewed by the UNCT, and amended by ROEA. UNDP, WHO and UNAIDS have all expressed an interest to co-finance such a project to executed by UNODC ROEA. It was agreed by all parties that such a project would be managed by the AIDS Unit, MoH.

Conclusions and implications for UNODC.

Government of Mauritius will require UNODC assistance to meet the drug control and related HIV/AIDS challenges it is confronting in the general population at large and among specific groups such as prison inmates in particular.

There is a need to ensure close collaboration between this national project and any future national project, with regional or global projects to ensure that maximum synergy and value added are created for the maximum benefit of the country. There is also a need to assist the country to report to the 3rd. AU Ministerial Drug Control Conference and to the UN on UNGASS 1998 indicators.

Finally, UNODC will work closely with the Government and with UNCT at country level, and with other UN agencies at regional level, to promote maximum collaboration in the areas of drug control and HIV/AIDS prevention and care, especially with UNDP, WHO and UNAIDS, and encourage Government to mainstream drug control and HIV prevention in sectoral action plans.

1. INTRODUCTION

1.1. Background and Context.

1. The project began in December 2003 and has as overall drug control objective to reduce drug abuse and related HIV/AIDS in Mauritius. The immediate objective of the project is to provide reliable baseline data on the nature and extent of the drug abuse situation in the country, and enhance the capacity of government and NGOs to address drug demand reduction, thereby, contributing to the prevention of a further increase in drug abuse, to an increase in the general welfare of the population and youth in particular, and to increasing workforce productivity in the country.

2. The project is executed by the Government of Mauritius, namely the MoSS, and has six main objectives:

- 2.1. To prepare a full report on the nature, extent, trends and patterns of drug abuse in the country prepared, disseminated and used as the basis for the formulation of a national drug control master plan.
- 2.2. To develop and present a national drug control master plan document to Government
- 2.3. To enhance the capacity of the government and NGOs to address primary prevention of drug abuse/ management of drug abusers, with a component on HIV/AIDS, by training 120 government officials, 15 police officers and 30 NGO operators.
- 2.4. To implement a sustained prevention programme in schools and communities (including Rodrigues) by NGOs and in the workplace by NATReSA over 18 months, supported by information/educational materials developed for the specific populations targeted, namely 280 school lectures, 288 lectures in the community, 72 lectures in the workplace, the award of 6 grants to undertake specific prevention activities, and the design and distribution of prevention materials.
- 2.5. To improve the understanding and reporting of drug related issues by 20 media practitioners and an Award granted to a journalist having written at least a set of six articles over an 24-month period, dealing the most comprehensively with drug demand reduction.
- 2.6. To procure equipment for setting-up the National Treatment Centre for drug abusers.

With a UNODC budget of US \$ 261,300, and a government in-kind contribution of Rs.18,620,000, project implementation started in December 2003. Government provided office space and assigned a NPM to manage the project.

3. This project is implemented in close partnership with the National Agency for the Treatment and Rehabilitation of Substance Abuse (NATReSA)., and the AIDS Unit, MoH, and five NGOs, four in Mauritians and one in Rodrigues. The beneficiaries are a number of secondary schools students, employees in the hotel transport and construction sector, and communities living in high-risk areas across the country. The project is expected to be completed by December 2006.

4. The project concept and design are based on sound demand reduction principles

and on lessons learnt on the implementation of other demand reduction programmes around the world. They relied on intensive consultations with government and NGOs involved in drug demand reduction and HIV prevention and care activities, and focused on a number of critical activities, such as capacity building and award of grants, likely to result in a qualitative leap of demand reduction activities in the country. Its prevention strategy enlists the active participation of schools, communities and the workplace. The project document is clearly articulated and has a sequential logic.

1.2. Purpose and Objective of the Evaluation.

5. The purpose of this mid term evaluation is to assess and analyze 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.

6. This is a National Execution (NEX) project implemented in line with UNDP rules and regulations for national execution, and under the supervision of the Permanent Secretary (PS), MoSS. The National Project Manager (NPM) has been seconded to MoSS by MoH and manages the project from the premises of NATReSA. He is assisted by a project assistant on a full-time basis. A Project Supervisory Committee is chaired by a delegate from the PS, MoSS, and composed of a representative of NATReSA and the NPM. The new Chairman of NATReSA has also been appointed to be a member of this Committee in order to ensure improved coordination and transparency. Specifically, the project manager liaises with UNODC ROEA, provides administrative and technical support to all Project Implementing Partners (PIPs) and supervises the work of the project assistant. This has been achieved. UNDC ROEA has provided the international consultants and technical assistance for the smooth implementation of the project.

7. The NPM sits on a technical committee chaired by MoH to introduce methadone substitution therapy for heroin users, especially for injecting drug users (IDUs) to prevent HIV infection and transmission among them, and is a member of UNAIDS Theme Group (UNTG). He is assisting NGOs to set up their detoxification protocols and is responsible for the UNODC Global Assessment Programme (GAP). The NPM submits to and discusses his quarterly work plan with UNODC, and submits a quarterly advance request for funds, and quarterly narrative and financial reports to UNDP Mauritius and UNODC ROEA.

8. The Local Expert Member from Mauritius was recruited as a national consultant to deliver drug and HIV prevention lectures to school youth. He has now resigned for professional reasons. The post was advertised, and the Project Supervisory Committee has reviewed the candidates, drawn a short-list and conducted interviews to select two national consultants.

9. UNODC ROEA has provided the technical and administrative support required for the smooth implementation of the project in a timely and efficient manner.

10. A Tri-Partite Review (TPR) was held in September 2005, under the Chairmanship of the PS, MoSS, and with the participation of all participating partners, including AIDS Unit, MoH, UNDP/UNAIDS and WHO. The TPR recommended that the project be extended to December 2006 to allow for the completion of all project activities.

1.4. Scope of the Evaluation.

11. The evaluation covered the whole country and the island of Rodrigues. The evaluating team visited the following institutions, namely:

1. Ministry of Social Security, National Solidarity, Reform Institutions and Senior Citizens' Welfare
2. Ministry of Health and Quality of Life
3. The National Agency for the Treatment and Rehabilitation of Substance Abusers
4. United Nations Development Programme
5. World Health Organization
6. Centre d' Accueil de Terre Rouge
7. Dr. Idrice Goomany Centre
8. Sangram Sewa Sadan (SSS)
9. Help De-Addiction Centre
10. CRAC Rodrigues. (A representative from this organization could not travel to Mauritius for the purpose of the evaluation. A teleconference was held with the Mr. Jean Noel Samoisy of CRAC).
11. The Rehabilitation Youth Centre (Boys and Girls)
12. The Beau Bassin Prison/ Lotus Drug Rehabilitation Centre.
13. The premises of the National Treatment Centre.

12. The evaluation was informed by the attached Terms of Reference (Annex 1) and was conducted according to UNODC Guiding Principles for evaluation and UNODC Independent Evaluation Unit guidelines for Evaluation Terms of Reference. It addressed project concept and design and implementation arrangements as well as impacts and sustainability.

1.5. Evaluation Methodology.

13. This evaluation has consisted of a review of the project document, Semi-Annual and Annual Progress Performance Evaluation Reports, and Monthly Management Expenditures Reports. Several field visits were conducted and a number of Key Informant Interviews (KII) were conducted with a number of key players, namely with the project management, namely at MoSS and NATReSA, with MoH, UNDP, WHO, NGOs, Prison Department and project beneficiaries in the communities and Rehabilitation Youth Centre (RYC) for young girls in conflict with the law. Two Focus Group Discussions (FGD) were held with project management, MoSS and the NGOs and with beneficiaries at the RYC, and discussions were held to chart the way forward. An interview was also held with the manager of the Correctional Youth Facility (CYC), an institution hosting young boys under 18 of age in conflict with the law.

1.6. Evaluation Team Composition.

14. The Drug Abuse and HIV/AIDS Adviser, Africa, based at ROEA, Nairobi, Kenya and the National Programme Manager in Mauritius, planned and conducted the evaluation. The evaluators were experts with years of knowledge and experience in the area of drug abuse and HIV/AIDS, had knowledge of evaluation methods and instruments and experience working with UNODC.

1.7. Limitations of the evaluation.

15. It was not possible to undertake a field visit to the island of Rodrigues, an island 300 kms away from Mauritius, due to time constraint. A phone interview was conducted with the President of CRAC, Rodrigues, to collect information. His was found to be unsatisfactory and the NPM will conduct a mission there to collect the missing information.

2. ANALYSIS AND MAJOR FINDINGS.

2.1 Overall Performance Assessment.

16. The project was designed to assist the Government of Mauritius to get a better understanding of the nature, magnitude and extent of the drug problem in Mauritius, to develop a National drug Control Master Plan and enhance the capacity of Government and NGOs to manage drug abuse and related HIV/AIDS in a more professional and effective way. It is logical, coherent and realistic and relies on good project management, a good combination of key government and NGOs activities drawing on their comparative institutional and technical advantages, and their deep knowledge of the communities they work with. of outputs and activities which were clearly well outside the scope of the project budget and time frame.

17. The project responds effectively 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 addresses drug abuse and HIV/AIDS prevention, care and rehabilitation in prisons. However, the time-frame was insufficient for the successful completion of activities, hence the recommendation of the TPR to extend it to December 2006.

18. The project has 6 major Outputs and 23 Activities.

- (i) Given that the Government insisted that the NDCMP development be based on the findings of the RSA, and that activities were in line with the NDCMP, there was a delay in the onset of prevention and treatment activities. The activities under output 1 and 2 have been completely achieved. The RSA report has received praise from the former UNODC Regional Epidemiologist and the Centre for Disease Control and Prevention, and has assisted government to capture a comprehensive view of the drug problem in the country. have assisted government to drive the
- (ii) Important progress has been made in the achievement of the results. An RSA report has been developed, submitted to Government and to UNODC and disseminated to all sectors and the media in the country. Its findings provided the basis for the preparation of the NDCMP.

19. A NDCMP has been developed and validated by all the major stakeholders involved in drug control and HIV prevention and care, namely MoSS, MoH, Prime Minister's Office and Ministry of Interior, Ministry of Justice, Attorney's General Office, Police, Customs and Immigration, and NGOs. The NDCMP has been presented and accepted by Cabinet.

20. The training of government and NGOs involved in drug abuse prevention and treatment activities, including outreach work with IDUs, sex workers, and prison inmates has taken place. An advocacy workshop with policymakers on risk minimization has also been organized. 2 outreach workers and the NPM went on a study tour to Bangla Desh where they were hosted by CARE to look at outreach work to reduce HIV infection among drug users and IDUs.

NATReSA and 5 NGOS were provided with the first installment of grants to procure laptops and LCD projectors to enable them to provide better prevention and training activities. A review of their activities conducted so far has been found to be satisfactory, except for CRAC in Rodrigues. Two members of the PSC, namely the NPM and a MoSS official will be proceeding to Rodrigues to conduct a verification of the financial status. The second installment has been released to allow the activities to continue. Prevention activities in schools, communities and the workplace have taken place and are ongoing.

21. 12 media practitioners have been trained by an international expert to improve their understanding of drug related matters and encourage them to engage in public advocacy.

22. The National Treatment Centre has been set up, an old building has been fully refurbished, and some of the required equipment procured. MoSS and MoH have agreed on its modus operandi, with the first providing the management and support staff and MoH providing the medical and para-medical staff. Information and Educational (IEC) materials on demand reduction and HIV issues have been published and disseminated.

23. The project has achieved an overall significant contribution to human and institutional capacity development, including training a number of field workers in RSA methodology and to undertake research.

24. The impact has been to dot the country with its first-ever RSA and NDCMP, and to increase the capacity of Government and NGOs to deal with the prevention of drug abuse and HIV and to enhance the quality of care.

25. The evaluation was done on a very tight schedule and did not manage to conduct a field visit to the island of Rodrigues where a participating, namely CRAC, is operating.

2.2. Attainment of the Objectives.

26. The project is consistent with the UNGASS 1998 Political Declaration and with UNODC ROEA Strategic Programme Framework. There is clear evidence that the project has contributed to the capacity of the country to address drug research and epidemiology, outreach work, prevention and counselling. It has also linked up well with other global (GAP) and regional initiatives (EADIS, Regional Remand Reduction Project E15, Regional Licit Control Project RAF 960 and Regional Capacity Building in the

Judiciary E13). The activities have collectively enhanced the capacity of government and NGOs to reduce drug abuse and HIV/AIDS in the country.

2.3. Achievement of Programme Outputs

27. Output 1 and 2 been completely achieved.

Under Output 1, a full Rapid Situation Assessment (RSA) report on the nature, extent, trends and patterns on drug abuse and related HIV/AIDS in the country has been finalized, presented to Government and published. This report is the first-ever of its kind and provides an estimate of drug users and injecting drug users in the country.

28. Under Output 2, based on the findings of the RSA and in full consultation with all the major stakeholders in the country, a National Drug Control Master Plan has been developed, validated and adopted by Cabinet. It has however been pointed out that the NDCMP has not been sufficiently explained to the population, and that the collaboration of the media will be enlisted to do so.

29. Output 3 has been partially achieved. The capacity of Government and NGOs has been enhanced to deal with the primary prevention of drug abuse and to conduct outreach work with DUs, IDUs, sex workers and other vulnerable populations. A number of policy-makers have been sensitized on the principles of risk minimization, especially in a view to reduce HIV infection among IDUs. Two NGO outreach workers and the NPM went on a study tour with CARE Bangla Desh to get a better understanding and knowledge on the principles of outreach work with IDUs and sex workers.

30. Output 4 has been partially achieved and is on-going. Prevention programmes have been conducted by NGOs in schools, in at-risk communities, and in the workplace.

- 17 schools, with an average of 150 students each, have been informed on drugs and HIV/AIDS.

- 10 mosques with an average of 200 people each have been sensitized.

- 51 lectures were conducted in 15 communities to raise their awareness on drug related matters. Each lecture attracted an average of 100 community members. This has fostered a better acceptance of drug abusers in these communities, and in more referrals for VCT and treatment and rehabilitation. One NGO Treatment Centre, namely SSS, has experienced a 100% increase in referrals. Another NGO, DIGC, has tested 392 IDUs, including 35 women, for HIV. 95, including 4 women were found to be HIV+ve.

- NATReSA has conducted 11 one-day workshops in the workplace, namely with construction workers (3), transport industry, including female bus conductors (5) and with employees of the hospitality industry (1) and sugar industry (2). 780 employees have been provided with drug prevention information. The remaining workshops are expected to be completed by September 2006.

- 43 girls aged 10-18 who are residing at the Rehabilitation Youth Centre, a reform institution, have been provided with drug prevention talks and trained in floral arrangement.

- IEC materials have been produced and distributed, namely 10,000 leaflets, 10,000 stickers, and 5,000 posters. The video-tapes have not yet been produced.

31. The first installment of grants to NATReSA and to 5 NGOs to conduct the above-mentioned were released in March 2005, and the second installments were released in December 2005 and April 2006.

32. 18 media practitioners were trained to enhance their understanding of drug related matters and encourage them to engage in public education and advocacy. A panel to review media coverage and to award a trophy to the journalist having provided the best media coverage in 2006 has been convened in April 2006 to make the award on 26 June 2006.

33. Government has completely refurbished a building to house the National Treatment Centre (NTC), and medical equipment has been procured in line with government procedures for the NTC. MoH and MoSS have agreed on its modus operandi, both at the ministerial and administrative levels, whereby MoSS will provide the management and support staff while MoH will provide the medical staff.

34. A project idea has been drafted by an international consultant recruited under the project, in collaboration with ROEA, to address the prevention of HIV among DUs, IDUs, sex workers and prison inmates. This is being reviewed by ROEA and the UN Country Team (UNCT) in Mauritius.

2.4. Implementation.

35. The project implementation started in December 2003, and the National Programme Manager (NPM) was identified by MoSS. The NPM prepares an annual work plan, in collaboration with ROEA, which includes the work plans of NATReSA and the NGOs for implementation of the project activities. The NPM ensures that coordination takes place with UNDP in Mauritius, as well as with all the other partners involved in the project, namely NATRESA, MoH and the different NGOs.

2.5. Institutional and Management Arrangements.

36. This project has a budget of US\$ 261,300 (UNODC contribution) and Rs. 18,620,000 (Government in-kind contribution). It is managed by an NPM, who is seconded for duty from MoH to MoSS, and who is assisted by a project secretary. He reports to the PS, MoSS, who is responsible for all financial management and reporting. A number of other factors contributed to the delay of the project, namely government interest that the conduct of the RSA, the development of the NDCMP, and the implementation of prevention and treatment activities follow a sequential pattern. The change of Government in July 2005 and the coming in of a new Minister responsible for the drug portfolio also meant a delay in implementing project activities. The project has been audited by the Government Auditor in 2005 and 2006, in line with NEX projects auditing guidelines.

37. School prevention activities were conducted by the Local Expert Member in Mauritius, who brought to this activity his wealth of experience and excellent communication skills.

38. ROEA has provided the NPM, government and the NGOs with all the backstopping and technical guidance required for the smooth implementation of activities, and has facilitated both the conduct of the RSA and the development of the NDCMP.

3. OUTCOMES, IMPACTS AND SUSTAINABILITY.

3.1. Outcomes.

39. The stated drug control objective of the project is to reduce drug abuse in Mauritius. This evaluation has revealed that the project has contributed substantively to this attainment, with reference to all the outputs, except for the National Treatment Centre which is not yet operational. It is also assisting Government to measure progress made with respect to the African Union (AU) Drug Control Action Plan on which all African Governments have to report on during the AU 3rd. Ministerial Drug Control Conference to be held in October 2006 in Libya, and to the UN on UNGASS 1998 indicators in 2009.

3.2. Impacts.

40. The project has had a definitive impact in the country at various levels. The RSA has been successfully conducted thereby providing government with a set of reliable baseline data on the nature, extent and trends of drug abuse and related HIV/AIDS in the country. For the first time, the number of drug abusers and IDUs was estimated through the multiplier method. The study also revealed the prevalence of HIV/AIDS among IDUs, sex workers and prison inmates, thus encouraging government to address these issues in depth. The NDCMP is another first in the country where key players from several sectors involved in drug control and HIV prevention, had the opportunity to brainstorm and design a multi-sectoral NDCMP. This document is providing government with a benchmark to measure progress made on drug control vis-à-vis two important milestones, namely to report to the 3rd. African Union Ministerial Conference on Drug Control and Crime Prevention to be held in Libya in October 2006 and to the United Nations on UNGASS 1998 indicators in 2009.

41. Policy-makers have been sensitized on the merits and benefits of risk minimization, especially regarding the prevention of HIV infection among vulnerable populations. Government and NGOs have been trained in drug prevention and treatment, in outreach work and the study tour was a unique opportunity for outreach workers to be exposed to an outreach model in a developing country, namely in Bangla Desh.

40. The prevention activities in schools, communities and the workplace have had an important impact with all the beneficiaries, translating in the number of drug abusers referred for Voluntary Counselling and Testing (VCT) and for drug treatment. These were conducted with grants provided under the project.

42. The RSA report and the NDCMP are two living documents which have assisted policy-makers and practitioners in the country to rely on sound scientific evidence to address policy and programming. The Government has already amended the Dangerous Drug Act and has promulgated new legislation to make the use of methadone possible for the maintenance treatment /detoxification of heroin dependent persons.

43. A NTC has been set up, though not yet operational.

3.3. Sustainability.

44. There is strong evidence that the project has produced lasting benefits in the country. The RSA report and the NDCMP have provided the backbone for new lasting government policy. School managers have been sensitized on the need to have drug and HIV prevention programmes, communities have a better awareness of drug and HIV issues, and managers in several work place settings are better informed on the benefits of such activities for their workers and for productivity in general. Community

members, students and employees are more aware of the negative consequences of drug abuse in general. The community activities are partially sustainable, provided the NGOs are provided with the AIDS testing kits or MoH HIV Unit and laboratory facilities are made available to them for VCT.

4. MAJOR LESSONS LEARNED AND BEST PRACTICES.

45. Mauritius has been dealing with a heroin abuse epidemic since the early eighties and started to address it by the mid-eighties. However, its efforts to do so were not based on reliable data base or on a comprehensive strategy. The RSA and NDCMP constitute the first systematic exercises to get a strong baseline data and to plan interventions in a holistic manner. The inclusive approach taken to develop the NDCMP with all concerned key sectors under the chairmanship of the Prime Minister's Office has yielded excellent results, facilitating the mainstreaming of drug control in different ministries annual plan and budget.

46. The RSA findings, combined with GAP surveillance data, have allowed for the early identification of the close nexus between injecting drug use and HIV/AIDS, and have clearly revealed the existence of concentrated HIV epidemics (5% prevalence) among IDUs, sex workers and prison inmates.

47. Advocacy, based on scientific evidence, constitute a powerful tool to inform policy-makers and develop specific policies to respond to emerging problems, such as HIV/AIDS. This is particularly relevant in a situation where there are limited resources, human or material, to be dedicated to address drug control and related HIV problems.

48. Technical support is critical to allow governments to implement interventions based on best practice form experiences in other parts of the world experiencing similar problems.

49. The media constitute the partners par excellence to inform the public, mobilize public opinion and engage in political advocacy to make a positive change in a given situation.

50. Training activities, accompanied by tailored educational and advocacy materials, enhance the overall impact and provide practitioners with tools to sharpen their knowledge and skills.

51. Community mobilization works as it empowers communities to feel responsible and in control of "their destiny" and take ownership of their welfare and safety.

52. Focused results-oriented interventions with a specific target group stand a better chance of achieving an optimal impact over even a short-term. Such examples under this project are the interventions with the IDUs to encourage them to know their HIV status and providing a specific skill as a rehabilitation measure to at-risk young girls at the Rehabilitation Youth Centre.

5. RECOMMENDATIONS.

53. The following recommendations aim at enhancing the effectiveness, quality and efficiency of project management and interventions, improve project delivery and

impact, and contribute to the overall reduction of drug abuse and HIV/AIDS in the country.

5.1. Issues resolved during the evaluation.

54. MoH, MoSS and NATReSA have reached an agreement on the functions of the NPM. His secondment from MoH to MoSS expired in February 2006, and it has been extended to the expected completion date of the project, namely 31 December 2006. The newly-appointed Chairman of NATReSA will henceforth be a member of the PSC to ensure his maximal participation to the decision-making process and that project activities are contributing to achieve NDCMP DR objectives.

55. There was a lack on consensus on the modalities of the introduction of methadone as a substitution/detoxification therapy for heroin users between the partners. Agreement was reached to await the recommendations of an international consultant to be recruited by WHO/UNODC to advise government on this matter. UNODC has shared Draft Terms of Reference for this consultancy with WHO and UNDP. This mission is expected to take place in April or May 2006.

56. The Government Audit (GA) has performed an audit of the project for 2004 and 2005 as per the rules and regulations governing National Execution (NEX) projects. The Audit Report was sent to UNODC HQ in Vienna and its recommendations have been fully implemented by MoSS in 2005. The GA has submitted its Management Letter for the 2005 audit to the MoSS and UNDP for comments in March 2006. One meeting with the Auditor was held at UNDP during the same month and attended by MoSS, and both MoSS and UNDP have submitted written comments to the Auditors. The Audit Report was submitted to ROEA in April 2006 and has been forwarded to UNODC HQ in Vienna.

57. Consensus was reached to await the recommendations of the above-named consultant on the opening of the NTC. This will operate under MoSS management and medical staff will be provided by MoH, as per an agreement reached between the two ministries.

58. Discussions were held with the management of CATR on their prevention activities in the community under the grant allocated to them, and the way forward agreed to. The NPM will provide CATR with the second installment of the grant awarded to it to continue their community prevention activities.

59. All the participating NGOs will prepare and submit a work plan to the NPM for the remaining activities to end by December 2006.

5.2. Actions/decisions recommended

60. The national consultant responsible for delivering the school prevention component has withdrawn from the project on professional grounds. The post has been advertised and 14 candidates have applied. A short-list has been prepared by the PSC and interviews were held to select two consultants to be entrusted to conduct activities under this component. The PSC has found them to be unsuitable, and is exploring the option of entrusting this activity to three to four NGO personnel.

61. The RSA conducted in 2004 and the Mauritius Epidemiology Network on Drug Use (MENDU) are excellent instruments which have contributed to assist government to get

a better picture of the drug abuse situation and trends, and on the emerging nexus between IDU and HIV/AIDS. It is recommended that an RSA, albeit limited, be conducted every 3-5 years and that data providers participate to the Steering Committee responsible for the preparation of the bi-annual MENDU Report. Technical staff of NATReSA are to be included in future research work, depending on management decision as to who will be involved and on their specific tasks.

62. The National Drug Control Master Plan was developed as a collaborative exercise in 2004 and remains a valid and reliable document. The new government has expressed the wish to review it. It was emphasized that a stakeholders' meeting be convened, under the leadership of the Narcotics Bureau, Prime Minister's Office, to measure progress made by different entities in terms of the implementation of the NDCMP. This will assist government to report to the 3rd. African Union Ministerial Conference on Drug Control to be held in Tripoli, Libya in October 2006 on progress made and to United Nations General Assembly Special Session on Drug Control 1998 to measure progress made in this sector to be held in 2008-2009. The Minister of MoSS has expressed her keen interest to do so.

63. NATReSA has agreed to take the lead to convene NGOs in the country to assess progress made vis-à-vis the implementation of the NDCMP in the demand reduction sector. A similar exercise will be undertaken with government ministries involved in the demand reduction sector.

64. All the participating NGOs and NATReSA, except CRAC, Rodrigues, have satisfactorily reported on the status of their activities and on their financial reports. CRAC sent its written comments on the points raised by the evaluators on Monday 03 April 2006. The report was found to be unsatisfactory, and it was recommended that the NPM and a PSC member go on a 2-day mission to Rodrigues to conduct a thorough assessment of the financial status against activities conducted and funds released to CRAC.

65. MoH has expressed its interest to field a 5-man team on a study tour to Hong Kong or Australia (UNDP suggested Iran, given the drug problem in prisons) to visit a best practice model on the dispensation of methadone therapy to heroin abusers. This is in line with Government policy to introduce methadone maintenance and detoxification therapy for heroin users in the country. This will be further discussed with UNDP and WHO to ascertain their readiness to co-finance such a study tour.

66. The PSC will set up a panel composed of NATReSA, the NPM and 1-2 NGOs to review drug and HIV-related reporting during the January to May 2006 in the local media, and will give an award to the media practitioner having reported on such matters in a professional, in-depth, fair and unbiased manner. The award in the form of a trophy bearing NATReSA and UNODC logo will be presented on the 26 June 2006.

67. The draft project document prepared at the request of MoH will be reviewed by the UNCT, and amended by ROEA. UNDP, WHO and UNAIDS have all expressed an interest to co-finance such a project to executed by UNODC ROEA. It was agreed by all parties that such a project would be managed by the AIDS Unit, MoH.

68. One NGO, namely HELP, will facilitate the training of a number of RYC officers on drug related matters and will procure musical instruments for the rehabilitation of the young offenders.

6. OVERALL CONCLUSIONS.

69. The project has successfully provided the country with its first Rapid Situation Assessment report, highlighting the extent, patterns and trends related to drug abuse and HIV/AIDS in Mauritius. It has also estimated the number of drug abusers, especially IDUs at 17,000-18,000. Based on the findings of the RSA, the project has yielded the first comprehensive and multi-sectoral NDCMP developed in close collaboration with all the key major stakeholders involved in drug control and HIV/AIDS in the country. Both the RSA report and the NDCMP document constitute powerful advocacy and planning tools which are assisting government and policy-makers to develop appropriate policies and interventions.

70. The prevention activities in the communities, workplace and schools have produced some remarkable results, enhancing the understanding of drug related matters at community-level, among employers and school managers on the need to address such issues. The treatment providers have recorded significant increases in community referrals resulting from these activities. The outreach work with vulnerable groups have increased access to VCT, thereby increasing those undergoing VCT. The managers of the YRC have brought their full support to project activities in their midst, recognizing the interest expressed by the young girls to “learn something different, interesting and useful”.

71. The training provided to researchers in the RSA methodology has ensured that well trained personnel are now available in the country to address further research, thereby decreasing reliance on external assistance. Training in prevention and outreach, coupled with the study tour to gain in-depth insights in outreach work with IDUs and SW, means that outreach workers are now well equipped with the skills required to touch out-of-treatment drug users.

72. Though the premises of the NTR have been upgraded, medical equipment purchased, and MoH and MoSS have agreed on its modus operandi, the new legislation passed in Parliament in February 2006 to introduce methadone as a maintenance therapy/detoxification of heroin users has delayed its opening as MoH wants to have a full understanding how this new element will relate effectively in the whole treatment scenario. The upcoming mission of an international consultant to advise MoH and MoSS on the introduction of methadone, based on international best practice, will be a determining factor.