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TERMINAL EVALUATION REPORT

**Project TDRERF77RUS
Diversification of HIV prevention and drug treatment services for
injecting drug users**

DRUG CONTROL

Russian Federation

Report on the Evaluation

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LIST OF ABBREVIATIONS

AIDS – Acquired immunodeficiency syndrome
CEE – Central and Eastern Europe
CIS – Commonwealth of independent states
DU – Drug user
fSU – Former Soviet Union
GFATM – Global Fund against AIDS, Tuberculosis and Malaria
HIV – Human immunodeficiency virus
NGO – Non-governmental organisation
PMT - Project Management Team
STE - Short term experts
STI – Sexually transmitted infections
UNAIDS - The Joint United Nations Programme on HIV/AIDS-
UNGASS - United Nations General Assembly Special Session
UNODC – United Nations Office for Drugs and Crime

EXECUTIVE SUMMARY

1. Summary table of findings, supporting evidence and recommendations

Summary table of findings, supporting evidence and recommendations

<i>Findings: identified problems/issues</i>	<i>Supporting evidence/examples</i>	<i>Recommendations</i>
1. UNODC has a special role in promotion of HIV prevention and linking drug and HIV control stakeholders	Most of the projects in the field of HIV control are carried out by organisations specialised in communicable diseases, while most of the new cases are still among drug users.	UNODC should continue participation in HIV work bridging the gap between drug control authorities and HIV services.
2. Preparatory project F76 helped orient and develop a relevant and detailed plan for the project on "Diversification of HIV prevention and drug treatment services".	F77 project documents are based on the activities of f76.	It is a good practice to run a smaller scale pilot shortly before the larger scale project and can be used accordingly in the future work of UNODC.
3. Situation analysis at the start of the project allows getting local stakeholders on board and increases sense of ownership.	The situation analysis reports even though seldom provided breakthrough pieces of quality epidemiological evidence, gave solid bases for project implementation and were referred to by project partners many years after.	The "quick and dirty" research conducted by project participants prior to the project can be of value even when the results are clear in advance. This is especially true if previous exposure to the subject is limited among the personnel.
4. Emphasis on capacity building is important as public health is poorly developed as a subject and services for DUs are just starting to develop according to international practices in participating countries	There is significant literature on the poor development of public health subject in Russia, particularly those oriented towards vulnerable groups such as DUs. There is also good data on improvement of capacity throughout the project in the evaluation reports of F77. For instance attitudes of the participants towards substitution therapy improved drastically.	Future projects should consider the issue of capacity and invest in education of the project staff vs. simply imposing solutions.
5. The packages of services promoted were diverse enough to allows selection according to needs and political context in every participating area	The combination of approaches selected for implementation from the original list varied in participating areas.	While risking the chances of being blamed for too broad focus, the projects should provide sufficient combination of options to choose from.
6. Substitution treatment was flexibly promoted and is implemented in Moldova	Moldova is among the first countries in CIS to implement substitution treatment.	Substitution treatment needs to be promoted as a part of comprehensive package of measures for drugs demand reduction.
7. Social rehabilitation and reintegration is a key element, not widely promoted in other projects	The participating institutions reported improved success rates of addiction treatment after introduction of social and professional rehabilitation.	Although still a complex measure to implement, social reintegration and professional rehabilitation are key elements of addiction treatment and needs to be further developed.

8. Many of the approaches that are usually viewed as more traditional were considered innovative by local partners: e.g. information hot-lines, programs for codependant, outreach and peer-education.	The need for training the cadre for any type of work with drug users going beyond medical care is indicated in the reports from all four participating countries.	The early stage of development of services for drug users currently limited to detoxification in most areas needs to be considered.
9. NGOs had a special role in providing opportunities to work with drug users. The project helped develop working and often sustainable relationships between NGOs and governmental structures.	Governmental structures to work with vulnerable groups are not in-place. NGOs were effective in all the participating areas in providing links to drug users. This was recognized by the governments, leading to funding mobilised for some of the NGOs involved.	The UN agencies have a crucial role in demonstrating the role of NGOs in the field of services provision to governments and public and in strengthening them.

2. Summary:

a) Summary description of the project evaluated:

The project has been designed to facilitate and foster diversification of a range drug treatment services for injecting drug users. Following the preparatory assistance phase, the project document has been developed on the basis of the needs assessment that has been carried out in all the four countries: the Ukraine, the Russian Federation, Moldova and Belarus, and benefiting from the experience gained from piloting of activities in the Ukraine (RER/F76). The services considered included: outreach, low-threshold, out-patient and in-patient provision of HIV/AIDS prevention education, counselling, detoxification, treatment and rehabilitation, with an emphasis on demand reduction and HIV prevention. The project aimed to replicate existing successful initiatives in the region, in-service training through exchanges among organizations in the region and training seminars organized at the regional and national levels.

The overall objective of the project has been to assist participating countries in achieving significant and measurable results in reducing the demand for illicit drugs. This objective is focused on contributing to drug demand reduction efforts of the participating countries.

Two specific objectives of the project focused on measurable results in reducing negative consequences associated with intravenous drug use. Both specific objectives were linked to the two tracks in the overall project.

Specific objective 1:

“To minimize through diversification of drug treatment and HIV prevention services, the adverse health and social consequences of drug injecting, including the prevention of transmission of HIV and other blood-borne infections among injecting drug users in selected project target areas”

Specific objective 2:

“Expansion and strengthening of diversification of the HIV prevention and drug treatment services in project target areas”

b) the major finding of the evaluation,

Overall the project was highly relevant to the public health needs of the Ukraine, the Russian Federation, Moldova and Belarus. Substantial part of the population is threatened by HIV and drug use. Due to the economic situation limited means were available to further develop the health care system or maintain it at a level sufficient to address the needs of the most vulnerable populations. Injection drugs were more widely spread; this was caused by a high access to drugs and by social and economic factors. At the same time there was a trend for wider use of drugs by younger people.

Besides convincing stakeholders that modern approaches to drugs control can be effective, the project also expanded coverage of the clients, implemented numerous innovative approaches. Modern approaches also included working with relatives and codependant, setting up an anonymous telephone hot lines, and even successful advocacy for substitution treatment in Moldova.

The project has largely achieved its objectives assisting the four countries in drug demand reduction and in promoting model approaches to reduction of HIV spread among DUs. Both the technical and financial assistance was instrumental in diversification of addiction related services and HIV prevention. The project had also a bridging function sustaining and increasing capacity for larger scale funding made available via the GFATM, the World Bank and other donors. For instance, the project in Orenburg, Russia helped sustain and develop capacity leading to the ability of the region to take part in the GFATM funded project.

Diversification of services in the target areas took place. Most of the project sites in the participating countries apply broad range of methods for drug users as compared to the neighbouring areas, where usually detoxification is the only available service. The degree to which the services were scaled up and their quality can however differ. For instance in the participating areas of the Ukraine and the Russian Federation the F77 project has been very beneficial for the local project partners and helped setting up the syringe exchange programs, often from scratch. Implementation of methadone therapy in Moldova can probably be considered the major achievement of the project. The decision to provide funding for out-reach work from the city's budget in Mitishchi was an important achievement. The Republic of Tatarstan known to be progressive vis-à-vis its drug and HIV prevention policies has been very effective in the uptake of the innovative approaches to rehabilitation and reintegration of addicted people.

The project's impact went beyond its direct financial or know how contribution. It has had effect on the level of cities and countries structures, helping reinforce existing efforts, promote new initiatives and leading to transition from disintegrated efforts of individual services to a more systemic network of services. The capacity building will contribute to the success of the consequent project, whereas the experience sharing needs to continue beyond the timeframe of the project

c) lessons learned and best practices

The project was a complex one with many outcomes planned. The lack of focus solely on substitution therapy or harm reduction allowed overcoming the political tensions related to unwillingness of professionals and decisions-makers in most of the countries to promote these approaches. Broad scope of practices promoted under the label of "diversification" allowed flexibility and tailoring the exact scope of the project to the needs of the participating areas as well as to the politically defined opportunities.

The involvement of UNODC in HIV work was very beneficial. Joint position on the issues such as harm reduction strategies and substitution therapy among the drug control and HIV wings of UN was the most convincing argument for the decision-makers in the CIS. It has also helped go beyond traditional measures aimed more narrowly at the issue of blood-borne infections, and provided a broader outlook at the social issues of drug users and at comprehensive approaches to rehabilitation.

Another lesson learnt is related to the managerial and operational structure of the F77 project. Focal points even if not ideally prepared or placed to overcome all the constraints, have benefited from a preparation via the previous project REF/F76 and the situation analysis. Improvement of implementation by tailoring technical support and training in data collection, baseline assessment and project planning was an effective strategy.

Lesson learnt on evaluation: a project should include mechanisms of internal evaluation to monitor quantitative indicators. Use of unified toolkit, including universal coding systems to preserve confidentiality, would enable clear rules for data collection and analysis. While the

policy and capacity building outcomes are more important and are clear from the reports available, it would be useful to have a better estimate of the numbers of drug users and other target groups served. It is a complex issue however given that any attempts to identify the drug users might jeopardize the coverage. The available reports demonstrate that the project in Mitishchi served over 1500 DUs overall, with highest number of 518 users enrolled in a month. Likewise the project in Orenburg covered 1040 users. In Moldova 3418 DUs were enrolled in a project at different stages.

Emphasis in coordination and cooperation with other international funds and donors whose mandates also lies in the field of drug demand reduction and HIV/AIDS prevention is important. This helps improve conditions for sustainability after a project is finished as well as allows dissemination of best practices.

d) the recommendation, conclusions, including implications to UNODC.

The project has largely achieved all its objectives. The three issues remaining relate to 1) sustainability of initiatives started, 2) further dissemination of experiences and to 3) continued diversification of the approaches to drug demand and harm reduction, including social reintegration of DUs and substitution therapy.

While in the example of the Russian Federation the initiatives in Tatarstan and Orenburg are scaled up, the situation in other areas might need some more attention in the future projects. However it is less likely that the donor agencies will be interested to invest in more problematic pilots, as they quite naturally tend to support more successful areas.

Dissemination of experience took place throughout the project. However following the terminal evaluation, final workshop etc, it might be considered a good idea to set up the smaller scale project with a solid purpose of sharing experiences of the F77 project, likewise the F76 project was largely aimed at preparing it. For instance substitution treatment in Moldova can provide a great success story and help in further promotion of the approach. It was considered useful by respondents to hold a conference in a year time following the project to evaluate the sustainability and the progress made.

Finally continued effort will be needed to promote such complex and new for CIS approaches as social reintegration of DUs and substitution therapy. Again a follow on project, especially supported by UNODC vs. the HIV activist groups which tend to be treated with suspicion, could be a crucial tool in further diversification of DUs oriented services in the four participating countries and beyond.

The project was successful in diversification of the HIV prevention and drug treatment services in project target areas through technical support and building capacity locally, as well as through provision of additional funding. For instance, in the Republic of Tatarstan and in Orenburg the funding was provided for the NGO activities which were not supported through the local budgets. The project allowed building links and trust between service NGOs and the government, leading contracting out some of the services with budget funding available. Despite being complex and facing numerous constraints related to political sensitivity of the issue of drug addiction, lengthy approval processes in some of the participating areas and insufficient in the initial phase local capacity to carry out some of the project components, all the outcomes are largely achieved. While GFATM, World Bank and other donors made funding available for DUs oriented projects in some areas, further work in the less successful regions and on approaches which were not universally accepted in the frames of the project (e.g. social reintegration of DUs and substitution therapy) is needed. The UNODC should have a crucial role in that as it is best positioned to insure collaboration between HIV and drug control stakeholders in countries and as it is recognised for its expertise in dealing with illegal drugs issues.

1. INTRODUCTION

1.1 Background and Context

1 The project has been designed to facilitate and foster diversification of a range drug treatment services for injecting drug users. Following the preparatory assistance phase, the project document has been developed on the basis of the needs assessment that has been carried out in all the four countries, and benefiting from the experience gained from piloting of activities in the Ukraine (RER/F76). The services considered included: outreach, low-threshold, out-patient and in-patient provision of HIV/AIDS prevention education, counselling, detoxification, treatment and rehabilitation, with an emphasis on demand reduction and HIV prevention. The project aimed to replicate existing successful initiatives in the region, in-service training through exchanges among organizations in the region and training seminars organized at the regional and national levels. East-East communication of experiences and know-how had to be balanced with West-East technical assistance.

2 The overall objective of the project has been to assist participating countries in achieving significant and measurable results in reducing the demand for illicit drugs. This objective is focused on contributing to drug demand reduction efforts of the participating countries.

3 Two specific objectives of the project focused on measurable results in reducing negative consequences associated with intravenous drug use. Both specific objectives were linked to the two tracks in the overall project.

Specific objective 1:

4 “To minimize through diversification of drug treatment and HIV prevention services, the adverse health and social consequences of drug injecting, including the prevention of transmission of HIV and other blood-borne infections among injecting drug users in selected project target areas”

Specific objective 2:

5 “Expansion and strengthening of diversification of the HIV prevention and drug treatment services in project target areas”

6 The outputs of the project included the following:

- Updated situation analysis and elaboration of country work plans
- Increased professional capacities among the service providers
- Diversified HIV prevention and drug treatment in project target areas
- Increased professional capacities among the service practitioners focusing on special areas identified in mid-term evaluation
- Expansion of diversification of HIV prevention and drug treatment services in project target areas
- Systematisation of experience sharing and dissemination of lessons learned through workshops, UNODC web site and expert networking

7 The first three outputs followed from objective one whereas the consequent three outputs from objective two.

8 The project duration of 24 months with expected starting date of January 2003 originally has been extended for a number of reasons including additional donor support received for HIV prevention and drug dependence treatment, as well as due to issues related to time consuming approval procedures, resistance of governments on country and regional level, funding shortfalls and issues related to slower than envisaged implementation of the project by partners.

1.2 Purpose and Objective of the Evaluation

9 The final evaluation of the project seeks to provide a snapshot of the achievements, failures, best practices and lessons learned. While AD/RER/03/F77 was implemented in four countries: the Ukraine, the Russian Federation, Moldova and Belarus, the focus of this evaluation is largely on Russia.

10 The overall purpose of this evaluation is to determine what the project has achieved and if it has attained its objectives successfully and efficiently, taking into account the often difficult conditions to reform drug abuse treatment services in Eastern European countries. In this regard, the extent to which the needs of the beneficiaries are being met as well as what has been achieved in terms of impact and sustainability is assessed.

11 The evaluation seeks to draw lessons and good practices from the project implementation which will be used to improve future project planning, design and management. Furthermore, the evaluation seeks to measure the project's achievements, outcomes and impacts, both positive and negative.

1.3. Executing Modality/Management Arrangements

12 Prior to the project the preparatory assistance phase (RER/F76) was executed. The participating four countries were represented by the focal points nominated by Ministries of Health. They continued to serve as national contact points in the expanded phase as well.

13 The project was executed in line with the Declaration on the Guiding Principles of Drug Demand Reduction. The project implementation was planned in two phases: with track 1 lasting 12 months and expected to cover priority establishment of diversification of HIV prevention and drug treatment services for the injecting drug users in Belarus, Moldova, the Russian Federation and the Ukraine.

14 Following the capacity development activities the track 2 with anticipated duration of 12 months was to cover the expansion and strengthening of the existing diversified HIV prevention and drug treatment services and identification of further services needed for prevention activities among the injecting drug users in Belarus, Moldova, Russia and Ukraine. It concentrated on coaching of service providers through international experts, focused training corresponding with the regional needs, delivery of equipment and assistance in ensuring sustainability through development of guidelines for service providers and community based organizations.

15 The project was executed by the UNODC Regional Office for Russia and Belarus consistently with the National Strategic Programmes on drug abuse and HIV/AIDS elaborated in each country of the region. The implementation was supported by the UNODC Operations Branch and Demand Reduction Section, Vienna.

16 National counterparts of the four countries were from Ministry of Health and State Commissions on Drug Control, and governmental and non-governmental organizations and

institutions responsible for treatment and rehabilitation services. Close collaboration and coordination was established with the UN Theme Groups on HIV/AIDS in each country.

17 For the technical implementation three layers of expertise were programmed:

18 Regional project coordinator. The regional project coordinator was responsible for the technical, content-related matters in the total project.

19 Technical country advisors in the four countries. Country-supervisors guided and assisted in the preparation, implementation and evaluation of the projects that were executed according to the activities agreed upon with the 4 countries/focal points.

20 Additionally, short term experts (STE) were identified during the implementation phase for specific training needs, such as overdose-management, psychosocial counselling, rehabilitation.

21 Project Management Team (PMT) was established to facilitate the implementation of the project and to guide the project through internal evaluation process. The PMT consists of the national focal points, regional project coordinator, UNODC regional representative and UNAIDS technical adviser. The team met to launch the project activities and for continues evaluation of the project activities.

22 At the supra national level the project facilitates meetings between the national focal points, conferences, national seminars / training-events and documentation / materials / translation etc. This provided a forum for networking between professionals in the four countries and the other international experts participating in the project. Coordination Groups on HIV/AIDS and Drug Abuse served the goal of improved collaboration between the sectors.

1.4. Scope of the Evaluation

23 The evaluation is based on the extensive review of the project documentation, visits, phone conversations and face-to-face interviews. The project documentation included the project plans, log frame, needs assessments reports, applications for funding, progress and monitoring reports, terminal narrative reports, as well as assessments, manuals and publications and other materials developed under the project. The desk based study is complemented by the initial briefing by responsible UNODC staff in the Regional Office for Russia and Belarus and other relevant personal (former coordinators and assistants of the project). Additionally interviews with key policy makers and relevant technical staff were carried out.

24 Field assessment mission to Kazan (the Republic of Tatarstan) was carried out in order to visit supported drug rehabilitation facilities. The Cabinet of Ministers, the Republican Neurological Dispensary, Ministry of Health of the Republic of Tatarstan, as well as several NGOs, such as "Roza Vetrov" (Wind Rose), "Profilaktika i iniciativa" (Prevention and initiative) and other project partners were visited. Project staff from Mitishchi (Moscow region), as well as from Chelyabinsk and Orenburg were interviewed and served as key informants.

25 Analysis of evaluation materials such as notes of meetings, interviews, and completed questionnaires with other relevant documents prepared at the mid-term point provided a valuable source of data for the evaluation. The project had an integrated evaluation process, which was ensured through the country technical advisers' participation. Throughout the project implementation the advisers assessed the quality of project design and management, relevance of its objectives and strategy of project implementation, timeliness of inputs, cost containment measures as well as concrete project results and its impact in or with participation of beneficiary countries. Summarising the paramount of evaluation reports available provides a valuable opportunity to examine the strategies, relevance, effectiveness, results, impact, sustainability and added value of the project.

1.5. Methodology

Contextual framework.

26 The evaluation of any project is complicated by the confounding factors which may impede the implementation and jeopardize the outcomes. Context in which the project operated needs to be looked at. The project itself is constituted by a combination of achieved characteristics of the program and activities, procedures, rules and interventions which can help reach good results: process, input and outcome indicators. Context consists of factors of different degree of stability ranging from those fully determined by the activities of the project to totally non-modifiable.

27 Results of the work can be measured by process (well trained and motivated staff which performs all the duties well, there is an evaluation and adaptation system in place, resources are spend wisely, e.g. there is large coverage in terms of total numbers and proportion of clients served and all this works within a small budget), by effects on behaviour or surrogate outcomes (that includes number of addicted people on the detoxification and social rehabilitation programs, sharing syringes and sexual practices) and outcomes (incidence of overdoses, HIV, blood born hepatitis, STI and demand for various drugs). Finally overall impact can be defined (but hardly measured) in terms of degree of keeping illegal drug abuse, HIV and other infections under control.

28 The effective programs hence should achieve good results even in a situation of hostile environment, improving the modifiable context characteristics to less inimical in the course of their functioning.

Methods.

29 Interviews conducted provided information on major achievements, challenges and barriers of the program in both civilian and prison sectors, main strategies used in the development and expansion of services; main factors influencing the development and daily work of the programs, attitude towards substitution therapy, rehabilitation and outreach services, harm reduction strategies from various stakeholders, etc. Each interview lasted about 40 minutes and all interviews were recorded and analyzed. Interviews were substituted, as mentioned above, by extensive document analysis. The context analysis was carried out according to the framework of the report and the contextual framework above.

2. ANALYSIS AND MAJOR FINDINGS

2.1 Overall Performance Assessment

30 Overall the project was highly relevant to the public health needs of the Ukraine, the Russian Federation, Moldova and Belarus. Substantial part of the population is threatened by HIV and drug use. Due to the economic situation at the time the project was starting in 2003 limited means were available to further develop the health care system or maintain it at a level sufficient to address the needs of the most vulnerable populations. Injection drugs were more widely spread; this was caused by a high access to drugs and by social and economic factors. The trend for wider use of drugs by younger people became obvious in 1990s and some argue still continues.

31 While a number of projects funded by various international and bilateral organisations addressed the issue of reducing the harms of intravenous drug abuse, primarily the local NGOs were trying to deal with the issue of drugs abuse per se. These however lacked experience and know-how to deal with the issue effectively, while tended to emphasise

prosecution. UNODC involvement allowed getting new stakeholders, such as narcological dispensaries, on board, as well as building better links between the infection control and AIDS centres. The project also served a role in rehabilitation of harm reduction approaches, and in some of the countries, substitution treatment, by demonstrating that these can be part of a comprehensive approach which addiction treatment needs to include.

32 Besides convincing numerous stakeholders that modern, non-blaming and not emphasising punishment approaches for drugs control can be effective, the project also expended coverage of the clients, implemented numerous innovative approaches, including programs for those released from imprisonment. New approaches also included working with relatives, those codependant surrounding the addicted person, setting up an anonymous telephone hot-lines and even piloting substitution treatment in Moldova.

33 While most statistics available from evaluation reports is either incomplete or controversial, as well as can be cofounded by a complex mix of factors, the available evidence suggest that the clients of the programs had a decline in HIV rates as well as in dangerous syringe sharing practices and in the demand for the illegal drugs. In Orenburg (Russia) available estimates show that rate of new HIV infections tended to decline throughout the project. In Soligorsk (Belarus) rate of new infections among drug injectors decreased by 36% over one year period compared to 18% decline country-wide while the rate among remaining part of the population stabilised at the level being twice lower than national incidence. In Minsk (Belarus) rate of new infections among drug injectors tended to decline last year parallel to national trends. In order to strengthen monitoring and evaluation of similar projects' in the future it is important to develop and use of unified toolkit to record data, including universal coding systems to preserve confidentiality. This would enable clear rules for data collection and analysis.

34 Among positive side effects the strengthening of NGO sector should also be emphasised. UNODC has not only helped increasing NGO capacity, but was effective in building sustainable links between the NGOs and the governmental system. This has resulted in continued services provision by NGOs and sustained funding, including from the local sources, e.g. from the budget in the republic of Tatarstan.

2.2. Attainment of the Objectives

35 The project has largely achieved its objectives assisting the four countries in drug demand reduction. Both the technical and financial assistance was instrumental in diversification of addiction related services and HIV prevention. The project had also a bridging function sustaining and increasing capacity for larger scale funding made available via the local budgets, GFATM and the World Bank. For instance, the projects in Orenburg and the Republic of Tatarstan allowed continuation of efforts aimed at the prevention of HIV spread among drug users with GFATM and World Bank loan funding respectively. Importantly the local budget funding was made available by the government in Kazan as well. However it is hard to assess to what extend this has led to reduction in HIV transmissions among drug injectors in the project's sites.

36 Diversification of services in the target areas also took place. Most of the project sites in the participating countries provide significantly broader range of services for drug users as compared to the neighbouring areas. The degree to which the services were scaled up and their quality can however differ. For instance in the participating areas of the Ukraine and Russia the F77 project has been very beneficial for the local project partners and helped setting up the syringe exchange programs, often from scratch. Implementation of methadone therapy in Moldova can probably be considered the major achievement of the project.

37 The decision to provide funding for out-reach work from the city's budget in Mitishchi was an important achievement and the town still remains the only one with any modern services for DUs in Moscow region. Building the team of experts in the town is a sole

achievement of the F77 project, which served as a major push for initiation of harm reduction and rehabilitation programs which was followed. The Republic of Tatarstan known to be progressive vis-à-vis its drug and HIV prevention policies has been very effective in the uptake of the innovative approaches to drug demand and harm reduction and rehabilitation of addicted people. For instance NGOs such as “Roza Vetrov” received a new office space from municipality to work with the DUs after addiction treatment, and the information services developed and run with the budget funding provide services related to employment assistance.

2.3. Achievement of Programme/Project Results

38 The project’s impact went beyond its direct financial or know how contribution. It has had an effect on local, regional and national structures, helping reinforce existing efforts, promote new initiatives and leading to transition from disintegrated efforts of individual services to a more systemic network of services.

39 All participating countries performed situational analyses, with local assessments performed in some of the pilot areas as well. The quality and level of detail of the assessments varied; however all of the analyses provided background data needed to plans the projects and the country working plans. In cases where the quality of the situation analysis and work plan were considered as insufficient, country advisers took necessary actions to assist improvement.

40 Diversification of HIV prevention and drug treatment services in project target areas has been quite effective. While harm reduction programs performing syringe exchange, referral services and health education were promoted by numerous agencies the programs significantly increased their coverage. In Belarus and the Ukraine methadone substitution programs were widely discussed and the premises for the adoption were prepared. In Moldova substitution treatment was piloted. In Ukraine, pilot projects with buprenorphine were started in 2004. By 2007, treatment with buprenorphine has been significantly scaled up. Introduction of methadone therapy is scheduled for March 2008. Innovative approaches have been promoted and tested, e.g. information hot-line, services for released inmates and relatives of the dependant, job finding assistance.

41 One of the major outcomes of the project was the increased professional capacity of the service providers. Retraining of medical staff that also involved outreach workers and peer educators was crucial. While the selection of participants was largely decentralized to the counterparts in the participating areas, the selection of topics was in line with the objectives of the project. Linking the trainings to the content of activities implemented allowed making these practical. The approach also enabled continuation of practical skills development, while the trainees could try using new knowledge in the field right after the workshop. The seminars on modern methods of addiction treatment, including substitution therapy and the ten steps approach, on social rehabilitation and reintegration in the society were all new to the project counterparts. In Kazan alone ca. 150 various specialists were involved in trainings in year 2007.

42 However, the range of trainings was quite diverse, went beyond the skills directly related to treatment of addiction and included project management skills, employment search and others. Use of training of trainers approach was also quite effective as many of the former trainees interviewed are now running the trainings in the frames of the projects funded by current donors. For instance professor A. Musatov, Communicable Diseases Clinic named after Botkin in Saint Petersburg, Y. Avdeev who headed the project in Orenburg, the team of trainers from Kazan and Mitishchi are all key players in the round three, four and five GFATM projects in Russia, and some of them are running the trainings for the World Bank and USAID projects.

43 Systematization of experience sharing and dissemination of lessons learned as well as expert networking was an integral part of the project. Dissemination of training materials, developed guidelines and best practices was well covered under this project. Numerous major publications were produced and disseminated, including: guidelines and training modules for substitution treatment (in Russian), guide on outreach work, assessment instruments, curriculum and best practice model for local and intersectorial cooperation for drug treatment and prevention, and comprehensive best practice overview of HIV and drug treatment services in the East European countries.

44 The achievement of the outcomes has contributed to reaching the objectives of the project, as well as had benefits going beyond the immediate goals. The capacity building contributed to the success of the consequent projects, whereas the experience sharing needs to continue after it is over.

45 While the project was extended beyond the original timeframe, this was partially because additional funding was mobilised. Another reason relates to many of the outcomes reached earlier and hence expanding the activities to greater number of cities. For instance development of a model day care drug centre in Saint-Petersburg was not envisaged originally. Then it was not endorsed by the Municipal government. At the same time the possibility was offered to shift the project to other regions that have shown interest. This was followed by a long discussion process, including approval of the Tatarstan project through Ministry of Foreign Affairs and finally it started in 2007. While significant time was spent on pursuing the Saint Petersburg project, the city government there was reluctant to support the initiative. Hence the model centre was set in Kazan and it can be argued that the decision to choose more compliant region was right. Many political difficulties also obstructed the project realisation, e.g. the Mitishchi government had been discouraged by the Moscow region government and had to withdraw the support to some of the services provided, substitution treatment was never properly accepted in Russia and the model day care centre had to be developed in Kazan instead of Saint Petersburg. However, even then Mitishchi remains the only town in the Moscow region with decent level of services for DUs.

2.4. Implementation

46 The feedback from the participating sites was most positive. All the respondents interviewed were very satisfied with UNODC management of the project. In terms of management the implementation of project in the Ukraine was hindered due to the delay in signing the project document by the Ukrainian authorities. The process of approval was also lengthy in Belarus and in a number of participating areas of the Russian Federation. The national focal points in the ministries of health of the participating countries seemed to have limited capacity to provide assistance to the projects. The willingness to actively involve NGO sector differed among the countries.

47 These problems of management and coordination were solved by providing assistance, clarification of roles and tasks, additional transparency in guidelines for the project grants. During the second track of this project, most of these problems were solved, including the active participation of NGO's and other stakeholders. On the level of local projects implementation, problems were related to delay in reporting, applying for grants in time and operational problems such as lower patient program participation, insufficient support from local partners, unreachable target groups, legal problems. For instance, one of the local projects implementing organisations had to be re-registered with the government, and another had technical problems related to the status of the office building where they were located in.

2.5. Institutional and Management Arrangements

Management, guidance and supervision.

48 The preparatory assistance phase - RER/F76 executed prior to the start of the project allowed proper preparation of action plans. The participating four countries were represented by the focal points nominated by Ministries of Health. They continued to serve as national contact points in the follow on phases. Following the capacity development activities the expansion and strengthening of the existing diversified HIV prevention and drug treatment services and identification of further services needed for prevention activities among the injecting drug users in Russia, Belarus, Moldova and Ukraine were carried out.

49 The project was executed by the UNODC Regional Office for Russia and Belarus supported by the UNODC Operations Branch and Demand Reduction Section, Vienna. UNODC had all necessary capacity and experience to execute the project. The objectives of the project are key to UNODC mandate and comply with the Declaration on the Guiding Principles of Drug Demand Reduction and the 2001 UNGASS Declaration of Commitment on HIV/AIDS. Considering this and given the implementation arrangements outlined, UNODC execution through the Regional Office for Russia and Belarus was considered to be the most efficient and cost-effective.

50 National counterparts of the four countries were from Ministry of Health and State Commissions on Drug Control, and governmental and non-governmental organizations and institutions responsible for treatment and rehabilitation services. Close collaboration and coordination was established with the UN Theme Groups on HIV/AIDS in each country. The project was implemented through the network of regional project coordinators in every country, the technical country advisors and the short term experts on various issues (e.g. overdose treatment). Broad range of multidisciplinary organisations involved allowed finding consensus on complex issues, thinking outside the box and flexible tailoring of the services and capacity building activities to the needs of the clients.

51 At the supra national level the project provided a forum for networking between professionals in the four countries and the other international experts participating in the project. The Coordination Groups on HIV/AIDS and Drug Abuse served the goal of improved collaboration between the sectors.

Evaluation.

52 Extensive monitoring and evaluation process allowed timely action to correct the issues arising. The grant recipients were requested by the country advisors to report regularly on the progress of the project implementation according to standard reporting formats. These reports were sent to UNODC RORB office and to the country advisers for comments. The country advisors have also performed biannual missions and documented the results. All these detailed reports were compiled in the interim-reports on supra national level. This allowed the management team of the project to evaluate the implementation of the project and plan complementary actions for improvement.

Collaboration.

53 Cross sector collaboration was stimulated by the project, especially among narcological and HIV services. For instance, the evaluation survey of the project carried out at the final F77 seminar held in Moscow, November 2005 demonstrated that most of the institutions participating had collaborated during the project's implementation with at least 3 other institutions in the field of HIV. All together, 42 collaborating institutions were mentioned that represented great range of different sectors. Over twenty belonged to governmental or municipal sectors, dozen or so – NGO's while 6 were international organizations including international NGO's.

3. OUTCOMES, IMPACTS AND SUSTAINABILITY

3.1. Outcomes

54 The capacities to deal with the issue of drug demand reduction as well as with adverse health and social consequences of drug injecting, including the prevention of transmission of HIV and other blood-borne infections was achieved in target areas both in the NGO and governmental sector. Over 700 professionals were trained throughout the project via various educational activities conducted. Additionally many of the activities have indirectly contributed to the capacity building indirectly, e.g. the situation analysis carried out at the start of the project.

55 HIV education, access to condoms & clean injecting equipment, outreach, counselling, drug abuse treatment & rehabilitation as well as referrals to medical care institutions were either implemented or expanded in all of the participating areas. It needs to be mentioned that in the four countries these are practically non existent in the areas where no international project is running. Methadone treatment is implemented in Moldova and in the Ukraine pilot projects with buprenorphine were started in 2004 and methadone therapy is scheduled for but still not certain in 2008. This is major breakthrough as Moldova is among the few first countries in the CIS to allow it. Many other programs initiated within the project did not exist in the CIS before.

56 However, it is not possible to give a precise estimate of the number of drug users and their relatives served by the project, as requirement of registration in any other way than coding based on abbreviated name would not be possible. As there is a tendency to make up names among target group and to forget the codes assigned, double counting is very likely. The available reports demonstrate that the project in Mitishchi served over 1500 DUs overall, with highest number of 518 users enrolled in a month. Likewise the project in Orenburg covered 1040 users. In Moldova 3418 DUs were enrolled in a project at different stages. Additionally evaluation of total numbers of clients served is complicated as they are using or cross-referred to different services and can be counted more than once.

57 Achieving wide coverage was not necessarily a major target of the project. While the scope achieved was considered sufficient for demonstration of feasibility and effectiveness according to most respondents and to mission reports.

3.2. Impacts

58 In addition to development of diverse services enabling reduction of health and social consequences for drug users in the pilot areas many of the impacts of the project will be realised after the timeframe of the project. For instance Methadone treatment availability in Moldova was a major breakthrough. However razing the issue in other countries will eventually allow use of the substitution therapy in other countries.

59 For example UNODC had a comprehensive approach in promoting substitution therapy in Belarus. The project organized several round table discussions with policy makers, including law enforcement agencies and the Ministry of Finance; training for drug treatment physicians, infectionists, social workers and NGOs. Advocacy activities were closely coordinated with other UN agencies. Methadone maintenance therapy was introduced for a small number of clients in October 2007. It is especially important that the message about this approach came from UNODC, not the NGOs active in the field of HIV prevention which governments tend to usually look at with caution.

60 In the Russian Federation, substitution therapy was promoted through participation in experts meetings, like national HIV conference, national and regional conferences for drug treatment experts etc, as well as through active policy dialogue with decision makers representing State Duma, Federal Drug Control Agency, regional Commissions on Drug Control, as well as researchers. Although all these activities have not resulted in political decision and concrete action, it should be noted that awareness on substitution therapy and especially the UN position on substitution therapy has increased. The progress from complete denial to policy dialogue can be regarded as an achievement.

61 Another important impact was that NGO sector was strengthened which allowed continue work funded by other donors, such as GFATM or the World Bank. Both technical and the management capacity were improved. The recognition of the NGO sector by government, at least in the Russian Federation helped building sustained coalitions after the term of the project. While governmental structures involved in projects feel threaten while dealing with vulnerable groups, NGOs are seen as effective agents in this field, while under less direct control of the government and are less likely to be influenced by the political pressures.

62 New technologies piloted and evaluated in the participating countries allow further replication of those, which turned out to be most relevant. For instance, social rehabilitation as follow up on drug cessation services was used for the first time in the participating areas in the Russian Federation. Employment facilitation services were set up as part of the rehabilitation program in Kazan, as well services for released inmates and relatives of the dependant, job finding assistance. As the result the NGOs participating in the Republic of Tatarstan are planning to assist several of the neighbouring regions in making these services available.

63 It is of special importance that the syringe exchange programmes either appeared for the first time or increased their coverage. There is some evidence of project's impact in those sites which were able to provide relevant statistics. In Orenburg (Russia) available estimates show that rate of new HIV infections including drug injectors tended to decline in contrary to regional and national trends which have recently increased. In Soligorsk (Belarus) rate of new infections among drug injectors decreased by 36% over one year period compared to 18% decline country-wide while the rate among remaining part of the population stabilised at the level being twice lower than national incidence. In Minsk (Belarus) rate of new infections among drug injectors tended to decline last year parallel to national trends. HIV incidents among non-injectors declined, however, in contrast with national trend.

3.3. Sustainability

64 The capacity building component emphasized in the first year of the project allowed creating and strengthening institutions which can carry on the provision of services piloted in the frames of the project. Additionally some co-funding was allocated in the course of the project. For instance, in 2006 additional funding from Estee Lauder was mobilised enabling running a smaller scale initiative in a specific area - integration of HIV positive children, in collaboration with UNICEF in Chelyabinks region.

65 The sustainability of the project is largely influenced by the political and donor activities context. For instance the project in Orenburg and in the Ukraine was scaled up by the GFATM funding. The projects in the Republic of Tatarstan continue running with the funding from the republican budget, as well as from several international donors. However, the project in Mitishchi may not be scaled up due to the political pressure. While the project had all necessary components aimed at improving sustainability, it is still early for evaluation of longer term survival of initiatives. For instance, the nature of political changes in the Russian Federation might hinder further development of the services.

4. LESSONS LEARNED AND BEST PRACTICES

4.1. Lessons

66 The project was a complex one with many outcomes planned. On the one hand, concentration on common priorities and problems can help increase the quality of the outcomes. However, on the other hand, lack of focus solely on substitution therapy or harm reduction allowed overcoming the political tensions related to unwillingness of professionals and decisions-makers in most of the countries to promote these approaches. Broad scope of practices promoted under the label “diversification” allowed flexibility and tailoring the exact scope of the project to the needs of the participating areas as well as to the politically defined opportunities. The approaches considered controversial were better accepted as part of a comprehensive package.

67 The involvement of UNODC in HIV work was very beneficial. Joint position on the issues such as harm reduction strategies and substitution therapy among the drug control and HIV wings of UN was a convincing argument for the decision-makers in the CIS. It has also helped go beyond traditional measures aimed more narrowly at the issue of blood-borne infections, and provided a broader look at the social issues faced by drug users and at comprehensive approaches to rehabilitation.

68 Another lesson learnt is related to the managerial and operational structure of the F77 project. Focal points even if not ideally prepared or placed to overcome all the constraints, have benefited from a preparation via the previous project REF/F76. Improvement of implementation by tailoring technical support and training in data collection, baseline assessment and project planning was an affective strategy.

69 Lesson learnt on evaluation: a project should include mechanisms of internal evaluation, which should be capacitated to monitor quantitative indicators. While the policy and capacity building outcomes are more important and are clear from the reports available, it would be useful to have better estimates of the numbers of drug users and other target groups served. Use of unified toolkit, including universal coding systems to preserve confidentiality, would enable clear rules for data collection and analysis. Such monitoring systems are now developed and run by the Open Health Institute and the Russian Central Research Institute for Organisation and Information for Healthcare. The development started as per request of the GFATM when Russia received funding in the frames of Round 3, but since was modernised and tailored according to the needs of larger and smaller scale projects aimed at vulnerable populations. The system includes a software and a toolkits. It enables continues monitoring of the number of clients and types of services provided to them, for instance DUs, sex workers and HIV+ people, as well as routine monitoring of any objectively verifiable indicators preventing the breach of confidentiality. It is a complex issue, however, given that any attempts to identify the drug users might jeopardize the coverage.

70 Emphasis on coordination and cooperation with other international funds and donors whose mandates also lies in the field of drug demand reduction and HIV/AIDS prevention is important. The project was coordinated with Soros Foundation and the Global Fund in Moldova; the Global Fund and BUMAD project in Belarus; CEE Harm Reduction Network, the Global Fund in Orenburg. This helps improve conditions for sustainability after a project is finished as well as for wide dissemination of lessons learned.

4.2. Best Practices

71 The UN definition of best practice involves initiatives which 1) have a demonstrable and tangible impact on improving people's quality of life; 2) are the result of effective partnerships between public, private and civic sectors of society; and 3) are socially, culturally, economically and environmentally sustainable.

72 Preparation phase in the frames of RER/F76 project was helpful in initiation of the project. Situation analysis performed by the future project staff even if have not provided large quantities of new data, allowed integration of personnel and better understanding of the problem by them. The best practice approach should include proper preparation phase and not rush into implementation of measures, even when the measures are obvious for the UN initiating the project. Convincing the local partners and getting them fully on board is a complex and time consuming task.

73 Diversity of the methods promoted allowed flexible approach to implementation depending on political acceptability. Coming up with a larger cook-book of solutions available on the menu allows needs tailored approach, keeps the local partners interested and excited and allows flexibility regarding some of the issues which are more politically sensitive. Additionally these politically sensitive ideas seem to be sold more effectively when properly packaged with other easier accepted types of interventions.

74 There was a consensus among respondents that overregulation presents a threat to the successful implementation of the programs. For instance harm reduction technologies should be flexible and require constant modification. Working with DUs should not be viewed as a cookbook and routine practices might not work for long. In addition to starting new projects in new places, there should be more flexibility and autonomy given to the existing veteran programs. This could allow for some innovative techniques to be tried and for being more flexible in the redistribution of functions and finances.

75 While internal factors for best practices were mainly concerned with personnel and leadership characteristics, external ones were generally deemed more important. The external factors were mostly concerned with funding, support of authorities and law enforcement agencies, and the regional drugs situation. The placement and routing of the client oriented programs were viewed to be of little importance by the respondents.

76 To be able to involve a significant number of drug users and be successful, it is very important for the project to provide clients with wide range of services, apart from simple syringe exchanges or detoxification. The services should be first and foremost socially oriented – from wide array of possible medical capabilities to rehabilitation. The involvement of DUs and former DUs as outreach workers or recruiters was also mentioned as important, despite the issues resulting from personnel themselves living with additions.

77 Well trained, motivated, and experienced staff was seen as crucial for a project's success, which was confirmed both via interviews and the reports analysed. The services should be provided by a team of people linked by good working relations. Good working conditions should be established for everybody involved and the members of target group should have accessible information about the existence of program. If this is achieved, the coverage of DUs by the project and the indicators of the project's success are also likely to be satisfactory. According to the results of the interviews, the retention of staff is becoming more and more problematic since recent economic growth had raised average incomes while the salaries of the projects' staff became less attractive.

4.3. Constraints

78 Compared to many other projects in the field of drug demand reduction and HIV prevention, we may argue that F77 has been a complicated project to execute, in technical and managerial sense. Very broad scope of targeted problems and target groups, multi-

methodological approaches made the know-how part of it challenging, while from organisational point of view having to work in four countries with many different partners, focal points, state institutions, community based organisations was as challenging.

79 Moreover, the project was implemented in a period in which drug policies and HIV prevention policies in the region were in transition especially with regard to substitution treatment but also in respect to intensifying capacities for needle exchange programmes, setting up new regulatory bodies in charge of drugs, e. g. The State Drug Control Service in the Russian Federation, making the work of the program complex from the political point of view as the new agency advocated for restrictive measures with no space for alternatives to be considered.

80 Poor public health capacity in the fSU countries poses challenges to any technology intensive projects in the field of health. Staff capacity needed to be significantly improved in the scope of the project in order for it to be successful, especially for complex activities such as situation analysis. Large number of trainings in the frames of the project helped to solve the issue at least in part.

81 Funds, political attention, sympathies of the lay people are hard to draw for the vulnerable groups, especially for DUs, which are generally demonised in CIS. Resulting from that is the low priority placed on the drug addiction treatment and rehabilitation of those considered to be on the margins of the society. The stigmatisation leads to fear of prosecution and inability to count and document the DUs served in the scope of the project. This also makes the data available on the issue often insufficient to adequately guide the projects.

82 Finally the long term process of approval or signing the project, related to political sensitivity of the issue and unwillingness of the decision-makers to make steps which can be considered controversial posed a major constraint to the project implementation on the top of generally ineffective bureaucracies in the participating countries.

5. RECOMMENDATIONS

5.1. Issues resolved during the evaluation

83 While the terminal evaluation did not have an objective of solving the issues, and while evaluation was carried out primarily based on document desk-based exercise, the issues resolved during the evaluation are not numerous. During discussions with the representatives of the projects two major issues were discussed and clarified. These are related to the way of coding and enumerating the clients of the projects representing vulnerable groups and the methods for calculation of success rates of the addiction treatment.

5.2. Actions/decisions recommended

84 The project has largely achieved all the envisaged outcomes and objectives. The three issues remaining relate to longer term sustainability of initiatives supported in the frames of the project, dissemination of experiences and to further diversification of the approaches to drug demand and harm reduction, including social reintegration of DUs and substitution therapy.

85 While in the example of the Russian Federation the initiatives in Tatarstan and Orenburg are scaled up, the situation in Mitishchi might need some more attention in the future projects.

However it is less likely that the donor agencies will be interested to invest in more problematic pilots, as they rather tend to support more successful areas.

86 Dissemination of experience took place throughout the project. However following the terminal evaluation, final workshop etc, it might be considered a good idea to set up the smaller scale project with a solid purpose of sharing experiences of the F77project, likewise the F76 project was largely aimed at preparing it. The dissemination might continue in the format of sight visits, web-based information, publishing materials in the professional literature and mass-media. For instance substitution treatment in Moldova can provide a great success story and help in further promotion of the approach. It was considered useful by respondents to hold a conference in a year time following the project in order to evaluate the sustainability and the progress made.

87 Finally continued effort will be needed to promote such complex and new for CIS approaches as social reintegration of DUs and substitution therapy, as well as others promoted in the frames of the project. Again a follow on project, especially supported by UNODC and in addition to HIV control agencies which are often treated with suspicion could be a crucial tool in further diversification of DUs oriented services in the four participating countries and beyond.

6. OVERALL CONCLUSIONS

88 The project was successful in diversification of the HIV prevention and drug treatment services in project target areas through technical support and building capacity locally. Despite being complex and facing numerous constraints related to political sensitivity of the issue of drug addiction, long approval processes in some of the participating areas and insufficient in the initial phase local capacity to carry out the project all the outcomes are largely achieved.

89 While GFATM, World Bank and other donors made funding available for DUs oriented projects in some areas, further work in the less successful regions and on approaches which were not universally accepted in the frames of the project (e.g. social reintegration of DUs and substitution therapy) is needed. The UNODC should have a crucial role in that, as it is best positioned to insure collaboration between HIV and drug control stakeholders in countries and as it is recognised for its expertise in dealing with illegal drugs issues.

Annexes

Annex 1: Terms of Reference.



UNITED NATIONS
Office on Drugs and Crime

Terms of Reference for Final Evaluation

Project TDRERF77RUS Diversification of HIV prevention and drug treatment services for injecting drug users

24 September 2007

1 BACKGROUND INFORMATION

This project TDRERF77RUS was designed in line with major needs of Eastern European countries, shortcomings and challenges in diversification of HIV prevention and drug treatment services. The project document has been developed on the basis of the needs assessment that has been carried out in four Eastern European countries, and benefiting from the experiences gained from piloting of activities in the Ukraine (RER/F76).

According to the official statistics of Belarus, Moldova, the Russian Federation and the Ukraine in 2002 drug consumption and number of DUs including young people were growing dramatically. Since 1990 the number of registered drug users in the East European countries increased 300-500 percent. For example, the Russian Ministry of the Interior estimates that 2.5-3 million people regularly or occasionally use illegal drugs in the Russian Federation, representing 2.1 percent of the whole population. These countries are situated at the main drug trafficking routes from Central Asia to Europe. At the same time, the healthcare systems of the countries covered by the project have been confronted with a growing number of problems.

The HIV epidemic situation in the region was characterized by the fastest growth, sweeping especially among injecting drug-using populations, where the local prevalence climbed from practically zero to more than 50% in the course of less than two years. UNAIDS estimates, predicted the adult prevalence rate in two years time to be 1% in Ukraine, 0.9% in the Russian Federation, and 0.3% and 0.2% in Belarus and Moldova, respectively. It is suggested that the lower prevalence rate in the latter two countries is solely due to the later exposure of local drug users to HIV.

With total approved budget of US\$1,029,200 and an initial duration of 24 months, the project aimed at the improvement/development of a needs-based range of HIV prevention and drug treatment services for injecting and other drug users (including a combination of: outreach, low-threshold, out-patient and in-patient provision of: HIV/AIDS prevention education, access to condoms and clean injecting equipment, counseling, detoxification, treatment and rehabilitation). Emphasis also was placed on the replication of existing successful initiatives in the region, in-service training through exchanges among organizations in the region and training seminars organized at the regional and national levels.

The project was Sub-regional and the activities took place in four countries: Belarus, Moldova, the Russian Federation and Ukraine. The project activities in Belarus were implemented in Minsk and Solygorsk cities, in Moldova – in Chisinau and Beltsy, in Ukraine- Kiev, in Russia – in Mitishi (Moscow region) and in Orenburg. In later stages targeted activities were implemented in Chelyabinsk and Kazan city.

The project was expected to achieve two specific objectives: (i) to minimize, through diversification of HIV prevention and drug treatment services, the adverse health and social consequences of drug injecting, including the prevention of transmission of HIV and other blood-borne infections among injecting drug users in selected project target areas; (ii) expansion and strengthening of diversification of the HIV prevention and drug treatment services in project target areas.

The project execution started in July 2003. By the end of 2003, updating of the situation analysis and mapping of the existing services was completed. A grant provision scheme has been established to support drug dependence treatment and HIV prevention services in four project countries. Most of the results planned for 2004-2005 have been achieved, but some work has been delayed due to the funding shortfall. A number of training activities, as well as the systematization and dissemination of lessons learned have been postponed to 2006.

The project's budget and duration were revised in October 2005 (respectively US\$ 1,208,900) due to additional contribution received from Donors. The funds were allocated to establish a new Day Care Centre for medical and social support for drug users in St. Petersburg. However, UNODC was unable to reach formal agreement with the Government of St. Petersburg to execute particular activity in the city by beginning of 2006. Therefore UNODC made a management in beginning of 2006 decision to re-phase funds and support similar activities in Kazan city, Tatarstan. Taking into account lengthy approval with Tatarstan authorities, UNODC RORB requested to extend project till the December of 2007. Parallel with the re-phasing, the project received additional, specially targeted contribution (24,183 USD) from company *Estee Lauder* to address HIV/AIDS among vulnerable young children and their families. Thus the final budget of the project is US\$1,245,800. Taking into account strong collaboration ties with UNICEF within the thematic area of HIV/AIDS and the fact – that addressing HIV/AIDS among children is UNICEF's mandate according to UNAIDS Division of labour, UNODC consulted with UNICEF Office in RF on the most appropriate implementation structure. Chelyabinsk oblast was selected for joint pilot project targeted to increase competence of educational organisation to provide care for HIV infected children and affected families.

The expected results by the project end are the following:

- (a) Needs-based diversified services are functional in 1 or 2 selected localities in four East European countries, i.e. Russian Federation, Ukraine, Belarus and Moldova. Emphasis will be placed on outreach and low-threshold services including HIV/AIDS prevention education, access to condoms and clean injecting equipment and counselling, outpatient and inpatient detoxification, treatment and rehabilitation as well as development of referral mechanisms among these services, as well as to other health and social services, substitution treatment as a mean of HIV prevention (where legally approved and presented as preference of the health officials). Following the preparatory assistance phase, the piloted activities in the Ukraine will be continued and further strengthened;
- (b) Coordination groups on drug abuse and HIV/AIDS are established and functional in each project target localities as a strategic advisory body for addressing drug and HIV issues;
- (c) Relevant professionals and other staff members of the service providers are trained in state-of -the-art methods of providing various services for target groups;
- (d) Experiences acquired are systematized & lessons learned disseminated through UNODC publications, web sites and networking.

The evaluation should examine progress achieved in light of these objectives but also taking into account the conditions under which implementation have occurred.

2. PURPOSE OF THE EVALUATION

The overall purpose of this evaluation is to determine what the project has achieved and if it has attained its objectives successfully and efficiently, taking into account the often difficult conditions to reform drug abuse treatment services in Eastern European countries. In this regard, the extent to which the needs of the beneficiaries are being met as well as what has been achieved in terms of impact and sustainability should also be assessed.

The evaluation will seek to draw lessons and good practices from the project implementation which will be used to improve future project planning, design and management. Furthermore, the evaluation must seek to measure the project's achievements, outcomes and impacts, both positive and negative.

The main stakeholders of this project are: (i) the Ministries of Health of Ukraine, the Russian Federation, Moldova and Belarus; (ii) substance abuse treatment professionals (doctors,

social workers, psychologists, public health officials, and public health policy-makers) and (iii) international organizations such as UNAIDS and WHO as well as donor countries and governmental and non-governmental organizations.

3. EVALUATION SCOPE

The evaluation shall focus mainly on the project's concept, design, implementation, results, outputs and outcomes. The evaluation should answer the following evaluation questions in its reports.

Key evaluation questions

Relevance- Has UNODC assistance in the field of HIV/AIDS prevention and drug treatment services been relevant to the needs and demands of the country?

- Are the project objectives aligned with the current policy priorities and action plans of the Government, UNODC mandates and other policy and development framework?
- Are the designs of programme and projects technically sound? How were the needs of the at-risk population and particular group assessed? Are the project objectives clear, realistic and coherent in terms contributing to the national framework?
- Are response activities and implementation strategy appropriate for meeting the stated objectives? Are DDR activities responsive to the country needs? How well do the programme and project objectives reflect the specific nature of the problem and needs of the government?

Effectiveness- Is the UNODC's approach and assistance effective

- To what extent have the project achieved its objectives? What are the reasons for the achievements and non-achievement of objectives?
- Have the UNODC response contributed to the agencies responsible HIV/AIDS prevention and drug treatment services being better equipped with information to understand the dual epidemic in the country?
- Have the UNODC assisted service facilities are effective meeting service needs of the target population?
- Has the training improved the ability of institutions to respond to problem?
- How are internal UNODC factors/constraints affecting effectiveness, including human resources logistic support, and the predictability and regularity of resources and flexibility of the budget?
- How are external factors (such as limited access to interventions sites, security situation, human resource constraints etc.) impacting on effectiveness ?

Efficiency- How efficient has the implementation of the UNODC programme and projects been?

- Is there effective coordination among government, UNODC and other implementing partners?
- Is the country office human resource structure appropriate and efficient? Assess quality, timeliness, effectiveness and sustainability of management arrangements, technical inputs and assistance
- Has adequate and appropriate backstopping support been provided by field and HQ staff (administrative / managerial support and coordination)? Have partner institutions fully and effectively discharged their responsibilities?
- What are the potential challenges that may have prevented / prevent the UNODC operations from producing intended results?

Outcome/Impact- What Outcome/impact has UNODC assistance created in Russia and other countries?

- What are the positive and negative, intended and unintended, effects of interventions on people, institutions and the physical environment? Assess medium and long term effect of the UNODC assistance.
- What are the perceptions of the different stakeholders, especially the Government of Afghanistan, implementing partners, other UN agencies, bilateral and multilateral donors, about the overall impact of UNODC's activities?

Sustainability- Are UNODC efforts in Russia and other countries sustainable?

- Do the project interventions have a potential for scaling up or replication?
- How has UNODC ensured that benefits from its assistance continue after UNODC assistance stops?
- How was sustainability built into the programme/projects?

Lessons learned and best practices- Are there any lessons from UNODC involvement in Russia and other countries?

- Identify key lessons that can provide a useful basis for strengthening UNODC support to the country and for improving programme and project performances, results and effectiveness in the future.
- Through in-depth assessment, highlight features to be considered as good practices at country level for learning and replication.
- Draw lessons from unintended results where possible.

4. EVALUATION METHODS

The evaluator should present a detailed statement of evaluation methods or the approach used to identify information sources and collect information during an evaluation, and to analyse the data. The evaluation methods will include:

(a) Document review: this will comprise of all major documents, such as the project documents, progress and monitoring reports, terminal narrative reports, as well as assessments, manuals developed under the project etc. (desk study)

(b) Initial briefing by responsible UNODC staff in the Regional Office for Russia and Belarus and other relevant personal (former coordinators and assistants of the project);

c. Interview of policy makers and relevant technical staff

(d) Field assessment mission to Kazan (the Republic of Tatarstan) and Mityshi (Moscow region), to visit supported drug rehabilitation facilities.

(e) Analysis of evaluation materials (notes of meetings, interviews, and completed questionnaires with other relevant) prepared at the mid-term point.

Before the field mission, the evaluator is to prepare an evaluation methodology that is acceptable to UNODC. Following the completion of the fact-finding and analysis phase, a draft evaluation report will be prepared by the evaluator and presented to UNODC within the stipulated timeframe and in accordance with UNODC standard evaluation report outline (please refer to item 6). The draft report should include, inter alia, a detailed statement of the evaluation methods used during the appraisal. Inputs from UNODC should be recorded and taken into account by the evaluator, as relevant and appropriate.

5. EVALUATION TEAM COMPOSITION

The project TDRERF77RUS is to be evaluated by an Independent Expert (Evaluator) who has relevant skills for the task. The evaluator should have excellent knowledge in drug demand reduction, public health and above all possess extensive knowledge on reforms of drug abuse treatment and rehabilitation services in Eastern European countries.

The evaluator should hold an advanced degree in public health, social sciences or relevant field and have proven experience on drug abuse and HIV/AIDS, preferably in Eastern European countries. In addition, the evaluator should also meet the following criteria:

1) *Be familiar with the project implementation in international organizations.*

2) Have experience in conducting independent evaluations.

3) Have at least 7 years relevant professional experience in: public health, health care reforms, social policy and population health issues in Russia and CIS, monitoring and assessment of development programs in health

familiarity with the drug abuse and HIV/AIDS situation in CIS Eastern European countries

4) Have obtained a post-graduate degree in a relevant area.

5) *Possess excellent analytical, drafting and communication/writing skills in English.*

The evaluator is selected by the Independent Evaluation Unit, UNODC Vienna, in consultation with the Regional Office for Russia and Belarus. Coordination is to be sought also with the the Prevention, Treatment and Rehabilitation Unit, the Global Challenges Section, Human Security Branch, in UNODC Vienna using the agreed criteria.

6. PLANNING AND IMPLEMENTATION ARRANGEMENTS

This evaluation will be a joint effort between the Evaluator and UNODC. As for substance, it is critical that the evaluation should be carried out independently by the Evaluator and he/she conducts a thorough evaluation covering all aspects of the project objectives, achievements, implementation and management. The Evaluator will have access to all relevant documents and the UNODC Regional Office for Russia and Belarus will provide the required support for the Evaluator during the evaluation. The UNODC officials responsible for briefing of the Evaluator are:

UNODC Regional Office for Russia and Belarus:

- Public Relations and Information Officer
- Drug Demand Reduction Adviser
- TDRUSJ17 Project Coordinator (coordinated ADRERF77RUS project for the period of 2006)
- UNODC Project Coordinator for Baltic countries (coordinated ADRERF77RUS project 2003-2005 ADRERF77RUS)(phone interview with Vilnius)
- UNODC Head Quarters in Vienna (Austria) (phone interview):
 - o Desk officer at the Global Challenges Section
 - o Drug Abuse Treatment Adviser, the Prevention, Treatment and Rehabilitation Unit

Following recruitment and the main documentation review (2 days) the Evaluator will receive a briefing (2 days) from the relevant staff of the Country Office and will carry out a desk-review of the project TDRERF77RUS documentations (4 days). Afterwards, he/she will undertake the field visit in Kazan, Republic of Tatarstan, Russian Federation. Meetings with stakeholders, beneficiaries and partners will be organized in Kazan (1 day). At the end the evaluator will prepare the draft report within 3 working days and submit it to the UNODC Regional Office for Russia and Belarus and UNODC HQs for comments.

UNODC Regional Office for Russia and Belarus will provide basic administrative support, and travel arrangements for the evaluator during his/her visit in Kazan.

After one/two weeks break, comments will be provided to the evaluator for integration into the report (3 days).

Time Frame & Tentative programme for the Evaluator:

Evaluator will be recruited for 3 weeks spread over a period of 4/6 weeks.

Programme & Activity	Days Required	Tentative dates
Preparation and review of the main project documents	2	5-6 November
Briefing by Country office staff	2	7-8 November
Desk-review of documentations at UNODC RORB	3	9-13 November
Field mission to Kazan, the Republic of Tatarstan	1	14 November
Meetings/interviews with Ministries, Departments, UN Agencies and relevant stakeholders.	1	15 November
Field mission to Mityshi (Moscow region)	1	16 November
Preparation of the draft report	3	19-21 November
Break	one/two week	
Incorporating the UNODC comments in the report and preparing the final draft	2	29-30 November
Total Working & Travel Days	15	

Note: Detailed itinerary and programme will be prepared upon recruitment and in consultation with the Evaluator.

Deliverables of the evaluation:

- 1) Evaluation plan and detailed methodology;
- 2) Draft evaluation report by 22 November;
- 3) Final Evaluation report, including lessons learned

Payment:

UNODC will issue a Short Service Assignment contract to the successful candidate. The fee for services will be assigned according to UN rules and Regulations. The total fee will be calculated based on the agreed number of working days allocated to perform the requested tasks. The fee for services will be made upon acceptance of the final evaluation report by UNODC HQs and the UNODC Regional Office for Russia and Belarus.

Evaluation report (see also Annex Standard format and guidelines for project evaluation report);

The evaluation report should follow the standard UNODC report outline that is listed below: (please see attached IEU project evaluation report guideline and request consultant to comply it)

1. Evaluation summary (maximum 4 pages)
2. Introduction
3. Background (Project description)
4. Evaluation purpose and objective
5. Evaluation methodology
6. Major findings
7. Lessons learned (from both positive and negative experiences)

8. Constraints that impacted project delivery
9. Recommendations and conclusions

Annexes to the evaluation report should be kept to an absolute minimum. Only those annexes that serve to demonstrate or clarify an issue related to a major finding should be included. Existing documents should be referenced but not necessarily annexed. Maximum number of pages for annexes should not exceed 15. The format of the reporting is *attached*. The Terms of Reference of the Evaluator, including methodology and questionnaires and the UNODC Format and Guidelines for the Evaluation should be annexed to the report. Also the Evaluator should fill in an evaluation assessment questionnaire (*attached*).

ANNEX A: CHECKLIST - GUIDELINES FOR EVALUATION TERMS OF REFERENCE

1. Background information

- Information on why, when and how the programme was established
- Programme budget
- Main objectives and expected results
- Legislative authority and mandate

2. Evaluation purpose

- Information on who initiated the evaluation
- Reason for undertaking the evaluation
- What the evaluation intend to accomplish
- Main stakeholders
- Intended use of evaluation results

3. Evaluation scope

- Timeframe
- Geographical coverage
- Thematic coverage
- Analysis of efficiency of programme planning and implementation
- Assessment of progress towards results
- Assessment contribution to an area of comparative advantage
- Assessment of whether the programme reflects result-based programming, management and monitoring (RBM)

4. Evaluation methods

- Suggesting key elements of the methodology to be used

5. Evaluation team

- Size of the evaluation team
- Necessary qualifications for each team member

6. Planning and implementation arrangement

- Management arrangements: consultation with the field and agreements with partners and / or beneficiaries*
- Timeframe for the whole evaluation process*
- Resources required and logistical support needed*
- Description of products to be delivered*

Annex 2: Evaluation Assessment Questionnaire

Programme/Project Title: Diversification of HIV prevention and drug treatment services for injecting drug users

Programme/ Project Number: TDRERF77RUS

Introduction:

This assessment form must be completed by the evaluator or evaluation team and submitted to the Independent Evaluation Unit. The purpose of the assessment is to provide information for UNODC evaluation database. This information will be used to provide an overview of UNODC's overall performance of programmes and projects.

Ratings:

The evaluators are required to give a rating to each of the items shown below. The ratings are on a scale of 1 – 5 (1 being the lowest and 5 being the highest). Ratings are based on the following criteria:

Excellent =	5	
Very good =	4	
Good =	3	
Fair =	2	
Unsatisfactory =	1	

The ratings must reflect the level of achievement, completion, attainment or impact depending on what is being measured. These ratings are base on the findings of the evaluation and hence are a translation of the evaluation results.

A.	Quality Performance Items	Ratings				
		1	2	3	4	5
1.	Project Design (clarity, logic, coherence)					5
2.	Appropriateness of overall strategy					5
3.	Achievement of objectives				4	
4.	Prerequisites fulfilment by Government				4	
5.	Adherence to Project Duration		2			
6.	Adherence to Budget				4	

B.	Implementation	Ratings				
		1	2	3	4	5
7.	Quality and timeliness of UNODC inputs				4	

8.	Quality and timeliness of Government inputs			3		
9.	Quality and timeliness of Third Party inputs				4	
10.	UNODC HQ Support (administration, management, backstopping)				4	
11.	UNODC FO Support (administration, management, backstopping)				4	
12.	Executing Agency Support				4	

C.	Results	Ratings				
		1	2	3	4	5
13.	Achievement of results				4	
14.	Timeliness and quality of results			3		
15.	Attainment, timeliness and quality of outputs				4	
16.	Programme/project impact					5
17.	Sustainability of results/benefits					5

D.	Recommendations	Ratings				
		1	2	3	4	5
18.	Continue/extend no modifications	NA				
19.	Continue with modifications (minor, extensive)					
20.	Complete Project Revision					
21.	Terminate					

D.	Recommendations	Ratings				
		1	2	3	4	5
22.	Continue/extend no modifications					
23.	Continue with modifications (minor, extensions)					
24.	Complete Project Revision					
25.	Terminate					

E.	<p>Comments (provide relevant explanations as well as issues of clarification, replicability, best practices etc.)</p> <p>The recommendations section of the questionnaire was not relevant as the project terminates end of 2007.</p>
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