

MID TERM EVALUATION REPORT

**AD/VIE/H68**

**Technical Assistance to Treatment and Rehabilitation at  
Institutional and Community Level**

Drug demand reduction, treatment and rehabilitation

VIETNAM

Report of the Evaluator

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## **EXECUTIVE SUMMARY**

In response to increased demand for comprehensive responses to the treatment of drug abuse in Vietnam, the project AD/VIE/68 Technical Assistance to Treatment and Rehabilitation at Institutional and Community Level was designed to deliver improvements in the quality and effectiveness of rehabilitation efforts by the prime relevant government authority (the Ministry of Labour, Invalids and Social Affairs) at the community and institutional levels. Measurable progress towards the achievement of these outcomes in each project site has been made despite the reduction of the project's original scope of work and budget, differences in management approaches at the local level and a number of key activities remaining to be implemented. In choosing to focus on the creation of improvements in rehabilitation within drug rehabilitation centres and at the community level, the project engaged in a degree of calculated risk. Many provinces and cities in Vietnam appear to have an intractable series of problems with drug rehabilitation and the majority report relapse rates among residents from drug rehabilitation centres within a range of 90-96%. Equally, community-based approaches to drug rehabilitation have been largely untried although show considerable potential in some provinces. The risk associated with this project is that it is incapable of showing improvement in rehabilitation outcomes in both settings because of their inherent weaknesses. The evidence gathered in the course of this evaluation, however, indicates that this risk is 'paying off' and at the mid-term point of the project, improvements in the quality of drug rehabilitation outcomes have occurred as a direct result of the technical assistance rendered by the project. More importantly, progress in this project to date indicates that there is a clear need for a further shift in emphasis to occur within drug rehabilitation approaches in Vietnam in general (and within this project in particular) for greater community involvement in rehabilitation and for greater investment of human and financial resources into community programmes.

### **1. Introduction**

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

The AD/VIE/68 project: Technical Assistance to Treatment and Rehabilitation at Institutional and Community Level was designed to be implemented in 10-15 provinces with an overall budget of US\$1,649,800. At commencement, a major shortfall in donor funds for the project of US\$1,155,800 resulted in the project scaling back both the number of provinces originally targeted and the scope of activities planned. To date, the main planned activities which could not be implemented were those related to diversified drug treatment services for drug users inside rehabilitation centres and at the community level. Commencing in April 2006, AD/VIE/68 was originally designed to implement a comprehensive technical assistance program for the improvement of drug rehabilitation, treatment and HIV prevention in Vietnam. Initial donor support came from the Government of Sweden and Luxembourg. Additional funding of \$US157,000 from AusAID through the Illicit Drugs Initiative (ICI) was secured in the second quarter of 2006. The IDI is a regional program designed to improve the effectiveness of drug treatment programs in Vietnam, Laos and China. Its overall aim is to also improve drug treatment services for men and women using these at the community and institutional level and

thus activities conducted by AD/VIE/68 with the support of IDI are a logical and efficient use of resources donor resources, UNODC technical skill and national and provincial government capacities.

Currently operating in 7 sites (Haiphong, Phu Tho, Hai Duong, Lao Cai, Da Nang, An Giang, Tay Ninh), the project is implemented in partnership with the Department of Social Evils Prevention (DSEP) of the Ministry of Labour, Invalids and Social Affairs (MOLISA) and at the provincial and municipal levels with local Sub-Departments of Social Evils Prevention (Sub-DSEP). With an operating budget of US\$494,000, the project reduced the number of planned project sites and the scope of activities planned in its original design. The primary aim of the activities of the project is the achievement of improved treatment outcomes for drug users in institutional and community settings across these 7 locations. At the point of the mid-term evaluation, the main activities conducted have been a series of training programmes for government personnel at the regional, national and provincial levels. These programmes are designed to improve and strengthen the capacity of government personnel to deliver more comprehensive drug treatment services at the community and institutional levels based on the training needs assessment. Additionally, the project has completed a number of IEC/BCC activities (pamphlet production on accessing community-based counseling services, rehabilitation and HIV/AIDS as well as posters, billboards, T-shirts and calendars) targeting drug users for use in both settings and more are planned in the coming year.

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

The evaluation was conducted with the aims of:-

1. Analysing the project concept and design
2. Analysing the implementation of the project to date
3. Analysing the outcomes and impacts of the project
4. Recommending changes in project design and implementation

The key stakeholders in this evaluation are UNODC, the government of Vietnam, relevant donors and local relevant authorities in all project sites. Additionally, the evaluation is also designed to elicit feedback from donors to the project.

## **1.3 Executive Modality/Management Arrangements**

The terms of reference for the evaluation were devised by the project office and approved by MOLISA. The schedule for site visits was also devised by the project office and approved by MOLISA. The evaluator was approved by MOLISA and engaged through UNODC Hanoi. Field visits were undertaken in 4 locations accompanied by the International Project Coordinator and the Project Field Coordinator.

## **1.4 Scope of the Evaluation**

The duration of the evaluation mission was 15 days (including 10 days working on the field and 5 days writing report). The evaluator visited 4 out of 7 provinces (2 in the north, 1 in the central and 1 in the south of Viet Nam).

This mid-term evaluation assesses the project in its entirety e.g. project concept and design, implementation and management arrangements including monitoring and evaluation, outputs, outcomes and impact, relevance, efficiency, effectiveness, and (to the extent possible) sustainability between its inception and the project mid-term.

On a general level, the evaluation will seek to draw lessons and best practices that can be used to improve project design, management and setting up of new priorities that fully meet the needs of beneficiary countries.

The evaluation is designed to allow for any changes to ensure successful implementation and to increase the impact of the project activities in Vietnam.

## **1.5 Methodology**

The international evaluator had access to all relevant documents and staff who have worked on the project.

The evaluation methods included the following:

- Document review and analysis.
- Interview with key beneficiaries and players, including donors and government officials at the central and provincial levels.
- Visits to 4 out of 7 provincial project sites of the project. In Haiphong, Lao Cai and An Giang provinces, visits were made to Sub-DSEP offices, counseling facilities (where present) and 06 centres. In Da Nang, a visit was made to the Sub-DSEP office but it was not possible to visit the 06 centre in Da Nang due to severe flooding.
- Participatory observation and rapid appraisal.
- Comparative analysis with similar projects implemented in other areas; and
- Stakeholder feedback to the draft of the mid-term evaluation report.

The following documentation related to the project were provided as references:

1. original project document and project revisions.
2. work plan
3. training needs assessment report
4. training reports
5. activity reports from the project and from project partners;
6. mission reports

## **2. Analysis and Major Findings**

### **2.1 Overall Performance Assessment**

The mid-term evaluation found that the project is:-

- On schedule in the delivery of training and IEC/BCC outputs;
- Staffed by capable and experience management and administration staff who have been successful in building and maintaining good relations with donors, government partners, local and international consultants and drug users;
- Generally managed efficiently at the central and provincial levels with evidence of greater cooperation at the provincial level between the UNODC project office and local Sub-DSEPs;
- Benefitting from an excellent cooperative relationship between project office staff and government staff at the central and provincial levels;
- Capable of significant up-scaling of current activities to expand its effectiveness and the introduction of innovative approaches sourced from, and tailored to, local need in each of the project sites;
- Hampered in achieving its overall objective and sub-objectives by the budget shortfall experienced since start up;
- Employing international good practice and local expertise in the development and delivery of capacity building for the improvement of treatment for drug users in institutional and community settings;
- In need of creating better linkages with other INGO and government programs supporting drug rehabilitation, harm reduction, HIV/AIDS prevention and awareness at the national and provincial levels;
- In need of strengthening multisectoral cooperation with other relevant government departments at the provincial and district levels, particularly local health services;
- In need of providing more direct management and financial support to local Sub-DSEPs and improving coordination between the project office, DSEP and Sub-DSEPs;
- In need of local Sub-DSEPs being provided with a higher level of autonomy in decision making about project activities;
- Providing technical inputs through training programmes which are resulting in measurable improvement of the quality of drug treatment services within the 4 project sites visited

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

The immediate objective of AD/VIE/68 is to improve the effectiveness of drug treatment programmes in Vietnam. This is fulfilled through the achievement of three key sub-objectives:

- Increasing the number of staff with knowledge about what constitutes effective drug treatment programmes;
- Increasing the number of quality treatment services for drug users
- Improving treatment outcomes

AD/VIE/68 has, to date, made a measurable contribution to the achievement of improved drug treatment programs in each of the 4 project sites visited during this evaluation. The chief measure of improvement is found in the largely successful implementation of the scaled-down project model i.e. the provision of improved treatment services within institutional settings (specifically drug rehabilitation centres under the management of the government and mass organizations) and at the community level. There are evident improvements in both the knowledge and attitudes of government staff in several project sites and these improvements have translated into better treatment outcomes for rehabilitating drug users in the 4 project sites. In Lao Cai, Da Nang and An Giang, for example, the common observation of leaders of provincial Sub-DSEPs was that following the implementation of the training programmes ‘Regional Training of Trainers (TOT) Workshop Developing Drug Treatment Services and Professionalism in Drug Work’ (Hanoi 27-29 June 2007) and ‘Training for Enhancing Drug Addiction Counselling at Institutional and Community Level’ (in 7 project sites in the period May-August 2007) their staff are now:-

- Less fearful of having direct contact with drug users;
- Have a better understanding of the psycho-social supports required (e.g. family support, regular employment, reduced stigma) by drug users;
- Are better able to perform counseling and referral tasks

These training programmes were attended by management personnel from Laos, China and Vietnam and by full-time staff of 06 centres and some community-level workers respectively. Additionally, the series of training programmes conducted to provide targeted technical assistance on treatment and rehabilitation under the title ‘Capacity Strengthening in Treatment and Rehabilitation for Drug Users’ (commencing in December 2006 in Haiphong to cover all project sites, concluding in August 2007 in Tay Ninh) provided complete coverage of all 06 centre staff and a majority of community-based workers. The topics covered in this training program included drug and drug use in Vietnam, counseling skills and defining the roles performed by counselors, HIV/AIDS, stigma and discrimination, drug addiction treatment. Evaluations conducted at the time of the implementation of these training courses indicated a high degree of satisfaction by participants with both the training course content and delivery. It was evident in each of the 4 project sites visited during this evaluation that the skills and knowledge acquired in these courses were being applied in the relevant 06 centres and at the community level. According to Sub-DSEP in Lao Cai province, for example, 06 centre residents under their management are “..more responsible for what they do as they participate in activities with greater enthusiasm, resulting in fewer violations of regulations. Resident volunteer to participate in counseling programmes organized by the centre’s management board and

*most residents are recovering well and willing to stop using drugs*"<sup>1</sup> as a result of improved management and treatment practices within the centre. What was also evident, however, is that these skills and knowledge are not applied consistently across all project sites nor is their sufficient formal monitoring of the progress made by drug users in 06 centres and at the community level. There are a number of reasons for a lack of consistency in the application of the learning of these programmes. In many locations, a shortage of personnel at the community level prevents better and broader access to counseling services by drug users, particularly in outlying districts of Lao Cai, Haiphong and An Giang. Additionally, as opposed to centre-based staff, not all officers working at the community level have been trained under the project. Many continue to lack the basic skills of communication and counseling as well as a thorough understanding of the needs of drug users. In Lao Cai, Da Nang, Haiphong and An Giang, Sub-DSEP management requested the extension of training activities to provide complete coverage of all personnel working at the community level as well as additional training programmes in support of 06 centre staff during the course of the evaluation.

The monitoring of progress of drug users under Sub-DSEP management is an area of technical support which also needs to be addressed. Across the project sites evaluated, there is not a consistent pattern of regular contact with 06 centre returnees and their families at the community level, record keeping of contacts needs to be strengthened (for example, written records of matters discussed in counseling sessions are not maintained consistently or, in some cases, not at all), a high degree of manual maintenance of written files on each transitioning 06 centre resident is employed when computer-based recording keeping would be more efficient and there is a lack of clarity regarding who is defined as a drug user and how a drug user who successfully rehabilitates is defined.

In conclusion, there is little doubt that the project has implemented capacity building interventions that are suitable to a Vietnamese context, imparting skills and knowledge capable of being readily applied within varied institutional settings and at the community level. In this respect, it is largely achieving two of its three sub-objectives: increasing the number of quality treatment services for drug users and improving treatment outcomes. Further progress in addressing these sub-objectives does need to be made but it is clear that the 'mix' of activities within the project and the level of commitment by local and national partners to the program is facilitating progress towards greater fulfillment. Capacity building and training to increase the number of staff with the knowledge and skills to implement better drug abuse treatment interventions needs to be prioritized in future.

### **2.3 Achievement of Project Results**

#### National

The overall assessment of the project by DSEP indicates satisfactory progress following a delayed project start-up, considered within the context of the funding shortfall. DSEP commented that the focus of the project on the provision of training, particularly the employment of a TOT model and the regional training programmes, have been highly

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<sup>1</sup> Report 66/BC-TT 01/11/07 Lao Cai 06 Centre p.2

effective. With just over 400 DSEP and Sub-DSEP officers trained to date, the project is achieving satisfactory results in building capacity among staff, particularly those working in 06 centres. The project has also benefited from the integration of some activities with other projects such as UN-I66. DSEP identified a need for the project to prepare and submit work plans on time in order to allow sufficient time for their approval at higher levels. In support of this, DSEP also requested the project office to include detailed information about the professional background of trainers and consultants (in particular, CVs) for review. DSEP made favourable assessments of the degree of communication between the project office and DSEP, the technical expertise of the national project director and the applicability of the treatment models used by the project.

Haiphong Sub-DSEP recognized that the funding provided by the project was considerably less than originally planned. This has created a perception that the funding of the project is not stable and creates difficulties in implementation as a result. However, despite this, a number of salient achievements of the project were noted. Firstly, in the assessment of Haiphong Sub-DSEP, the project has delivered effective and useful training programmes for staff, resulting in increase knowledge of specific topics related to drug rehabilitation by all staff. Particular comment was made on the quality of the materials provided for training on addiction counseling at the community level. Training on treatment methods used across the three training courses conducted to date demonstrated different approaches according to the type of intervention required and the problem identified. Particular mention was made of those training programme components addressing addiction. Within the 06 centre, the project is regarded as being significant and effective in improving the knowledge of staff on harm reduction, HIV/AIDS prevention, the use of substitution therapies, counseling and improving communication skills between staff and resident and between residents. Overall, the management of residents is conducted with greater care and attention to the individual needs of residents than was the case prior to the training programmes conducted by AD/VIE/68. Two clear outcomes to note in relation to the quality of treatment provided in the Haiphong 06 centre: changes to the management of treatment for residents began immediately after staff had participated in training activities conducted by the project and there is now everyday application of counseling methods and approaches delivered by these training courses. These outcomes are discussed in more detail in section 3.1. Additionally, the communication billboards developed by the project have been placed in prominent positions and carry the message consistent with other locations regarding aversion to drugs and drug abuse.

In Haiphong, it is evident that project has begun to achieve a shift in understanding of the needs of drug users by Sub-DSEP and 06 centre management personnel. At the community level, drug users are not longer seen as ‘offenders’ by Sub-DSEP personnel in need of punishment but rather as men and women with health problems requiring a more holistic approach to their treatment than has been employed in Vietnam to date. Of particular note is that model for community outreach and support for drug users transitioning back into the community is regarded by Sub-DSEP as very relevant to the situation in Haiphong. Since 2006, Haiphong has reported an increase in the number of drug users accessing treatment and counseling services at the community level with approximately 70% of 1500 identified cases over the last twelve months either entering a 06 centre or utilizing community-based

services. And while no actual percentage figure was supplied, the relapse rate for Haiphong was also reported as having declined over the past 12 months. A number of factors are seen to contribute to this overall improvement including the improvement in quality of service delivered by AD/VIE/68, the limited use of naltrexone, increases in the number of IDU accessing HIV testing facilities and drug users utilising drug testing facilities and some small increase in the number of transitioning drug users gaining employment.

### Lao Cai

The Sub-DSEP of Lao Cai province previously identified significant capacity building needs for the improvement of the knowledge and skills of staff responsible for drug treatment within the provincial 06 centres and the community. With two 06 centres and 14 rehabilitation facilities at the community level and over 4,000 known drug users and 70% of villages in the province having drug users, Lao Cai DSEP has adopted a three component model for drug abuse prevention and treatment. The first component emphasizes prevention of drug abuse, primarily through IEC activities. The second component focuses on rehabilitation at the community and institutional levels and the third focuses on post-rehabilitation integration into the community and the provision of psychosocial support for returning 06 centre residents including relapse prevention. There are 144 staff under the management of the provincial Sub-DSEP with responsibilities for drug abuse prevention and treatment, most of whom work at the commune and 06 centre levels. The majority of these staff lack an understanding of many of the issues related to drug use and the skills required to better assist drug users rehabilitate successfully. The project has been successful in improving the capacity of staff at the municipal level and within the 06 centres but is yet to implement training for staff at the commune level. Specifically, management of the Municipal 06 centre commented that while sufficient time has not elapsed to provide a more comprehensive assessment of the benefits of the training delivered by the project, they noted that there has been a much more positive attitude towards drug rehabilitation and a greater use of therapies by centre residents since staff began to implement what they had learned in training course conducted by the project. Communication between residents and staff has improved, with staff more willing to listen to the specific needs of residents and residents indicating a greater readiness to participate in education and labour programs within the centres. Within the Provincial 06 centre, management and staff reported that while not all staff have received training under the project, those who have been trained are employing the new methods learned and particular improvements have occurred in the provision of counseling. Prior to the training assistance of the project, counseling in this centre consisted of the distribution of a small number of printed materials to residents. There was no one-to-one or group counseling conducted. The major change resulting from the project is that now group counseling sessions are implemented for residents. At this stage, one-to-one counselling is not possible because of a shortage of staff. Within this centre, there was a noticeable difference with the capacity and enthusiasm of the staff. The Provincial centre was established just over two years ago and majority of the staff in the centre are young and indicate a willingness to employ new methods for drug treatment. One proposal from the staff of this centre which should be considered as an overall recommendation for the entire project is to train residents as peer educators to provide support to other residents who exit the centre after they do. This has

the potential to actively engage capable residents in the process of the provision of psychosocial support at the community level and is particularly relevant for Lao Cai province where the total number of drug users is high and access for Sub-DSEP personnel to all communes and villages remains difficult.

In both centres, the IEC materials developed by the project (billboards and posters) were in use, were of good quality and communicated simple and clear messages regarding the need for behaviour change through disassociation with drugs and drug use.

### Da Nang

Management of the Da Nang Sub-DSEP stated that the training needs assessment conducted by the project correctly summarized the local situation regarding the programs implemented within the 06 centre (some use of Daytop methods, lack of pre-HIV test counseling, use of naltrexone as part of the drug treatment therapy) and at the community level (limited application of case management for returning residents). The extent to which the interventions of the project have been successful in addressing these needs in the centre is not completely clear. As a visit to the 06 centre and discussion with staff and residents was not possible due to severe flooding in Da Nang, it was not possible to fully assess this. It was reported, however, by Sub-DSEP management that there has been a marked increase in the capacity of staff working in the centre in the following fields: harm reduction, communication skills (and a noticeable improvement in the way in which staff and residents communicate), stigma reduction towards drug users and administration of the centre. With respect to administration, Sub-DSEP reported that one concrete change is the method employed for receiving new residents whereby they are given a medical assessment, counseled and more detailed records of treatment are maintained. Perhaps most significantly of all, new residents are now asked what their specific needs are and efforts are made by staff to meet these needs during the period of rehabilitation. The 06 centre in Da Nang is also a recipient of support under CDC's LIFE-GAP programme and support from the DFID HIV/AIDS prevention project, both of which, it was stated, have activities which are complementary to those undertaken by AD/VIE/68. Each of the training courses conducted was regarded as effective and beneficial with the major limitation of the courses being the need for trainees to have a handbook or reference manual to use in the field for rehabilitation in order to apply what was learned.

At the community level, a total of 56 officers are responsible for drug rehabilitation and relapse prevention work. Again, significant change in the understanding and application of harm reduction strategies, the psychological issues related to addiction and the stigmatization of drug users is reported among community-based officers as a result of the training programmes implemented by AD/VIE/68. There is now a strong belief that officers see their work as "*assisting drug users to assist themselves*" and the potential of this attitudinal change to influence programming at local level within this project and for drug rehabilitation work as a whole, should not be underestimated. The limitations of the application of these changes is discussed in section 5.2. Improvements in counseling approaches were also reported. Sub-DSEP management noted that they have been able to integrate lessons learned from this project with those from training programmes conducted

by the LIFE-GAP programme to provide better one-to-one and group counseling at the community level. As in other locations, however, use-friendly facilities for counseling are virtually non-existent and existing services, by their official identification with the local Sub-DSEP, are not regarded as accessible by drug users within the community.

### An Giang

A total of 4 members of Sub-DSEP management attended the first training programme organized by the project in 2007 and 6 attended the second conducted in Do Son. These included the director of the 06 centre, the health manager of the 05/06 centre and director and deputy director of the provincial Sub-DSEP. Using an effective system of information sharing, these trainees then conducted 2 local training programmes for a total of 58 local staff attending the first of these (35 staff working within the 05/06 centre and 23 working at the community level) and 120 attendees (officers of the provincial police, officers of the Department of Health, staff of the 05/06 centre, officers of the Internal Department of the provincial DOLISA from Long Xuyen, Thoai Son, Chau Thanh and officers of 11 districts, communes, towns and wards). Topics covered in these courses included: process of detoxification in the home and the community; responsibilities of rehabilitation centres; HIV voluntary testing and counseling; effects of stigma on PLWH and drug users; counseling for drug users; management of records for detoxification within rehabilitation centres; legal issues related to drug use. In these courses, it was reported that the combination of local experience, international expertise and new approaches to drug rehabilitation was of particular benefit and this is the model which An Giang Sub-DSEP wishes to continue to employ for future training activities. Staff from Sub-DSEP, the An Giang General Hospital, the provincial AIDS and TB prevention centre and the provincial DOLISA were responsible for the delivery local training programme content.

There have been a number of immediate improvements in treatment for drug users resulting from the training assistance provided by the project. These include:-

- Introduction of acupuncture as a therapeutic component;
- Capacity of staff working at the community and institutional levels has improved;
- Change in attitudes regarding drug users whereby drug abuse is seen as a health priority rather than a 'social evil';
- Better communication between staff and drug users;
- Greater involvement of families in the provision of home-based support and care for transitioning drug users;
- Expansion of counseling support to include family members;
- Provision of one-to-one counseling for residents within the provincial 05/06 centre prior to their departure and return to community

Further improvement in each of these areas is required and future training programmes need to take account of this in their design and implementation. However, the overall impression is that the project is comprehensively achieving its objectives in An Giang province and a number of suggested and actual initiatives by Sub-DSEP management in An

Giang have the potential to create model programmes for drug rehabilitation and treatment at the community level. This is discussed in more detail in section 5.2.

## **2.4 Implementation**

All IEC activities scheduled in the 2007 for completion by the time of this evaluation have been completed. The billboards designed by the project for installation in each rehabilitation centre have been completed and installed. Most are located within the perimeters of each centre. A total of 5,000 posters carrying similar messages on behaviour change have also been printed and distributed and 1,000 copies of the pamphlet concerned with the provision of counseling and support at the community level, access to VCT and behaviour change has been printed and is in the process of being distributed. 1,000 large wall calendars containing behaviour change messages have been produced together with 1,000 desktop calendars of the same design. The handbook for community-based officers is in the process of being developed and will be completed in January 2008.

The schedule of training activities in the original work plan for 2007 included a total of 11 training programmes conducted at the provincial level by the project office and relevant consultants with support from provincial Sub-DSEPs. All training programmes within this original work plan have been completed within schedule. In Haiphong, Da Nang and An Giang, the project conducted an additional 3 training courses to strengthen the capacity of officers working at the community level in quarters two and three. An additional training programme for relevant staff from 7 project sites on HIV/AIDS prevention and awareness is scheduled for December 2007. By the end of this year, the project office will have implemented a total of 15 training courses at provincial and national levels. The project office provided funding and technical guidance to 7 provinces for the conduct of a total of 19 training courses for staff under the management of Sub-DSEPs. Two courses were conducted each in An Giang, Hai Duong, Haiphong and Phu Tho, three each in Lao Cai and Tay Ninh and five in Da Nang. The content of these courses was largely determined by the requests of provincial project management boards and covered topics such as the legal framework for drug rehabilitation management, counselling skills, drug treatment therapies and communication skills. DSEP reported that despite a slow start-up, the project has been implementing activities on schedule, the integration of project activities with other programmes (e.g. regional training conducted on cooperation with UN-I66) and that the concentration of the project on the provision of training has been beneficial.

Provincial project management boards have met to coordinate activities but it is clear that these meetings are largely ad-hoc and are mostly concerned with the organization of training and the production of IEC materials as needs arise. Greater input from the provincial level and the project office on organizing and structuring these meetings to include discussion of items such as the improvement of records management, sustaining project activities, cooperation with other local authorities and other programs working on drug rehabilitation and related issues, would be of benefit to local project management boards.

## **2.5 Institutional and Management Arrangement**

The current level of human resources committed to the project within the project management office is insufficient to meet the technical needs of the project. The technical expertise of the staff is high but there is a lack of sufficient personnel to conduct and monitor activities across 7 provinces and at the central level. This is a consequence of the reduced funding of the project and if additional funds become available, addressing this need ought to be a priority for UNODC. In the Project Revision Document, the project identified a need for 4 national trainers to be employed in the already scaled-down version of the project but it has not been possible to engage these much-needed personnel.

The role of the project office and the institutional arrangements with Sub-DSEPs for the provision of direct financial and technical support is appropriate. The role of DSEP in providing approval for project activities and inputs submitted by the project office is appropriate but the overall efficiency of the conduct of activities at local level could be enhanced by providing greater autonomy to provincial Sub-DSEPs in decision making related to these. DSEP seeks greater clarity on the extent to which trainers have sufficient capacity to deliver training programmes at the provincial level and the quality assurance of training programmes at the provincial level. DSEP commented that coordination between provinces and DSEP needs to be improved because the objectives of the project are not just limited to the 7 project sites and it is envisaged that the learning from the project can be applied in other locations. Additionally, there is a need for closer cooperation between the project office and the Project Management Unit under DSEP for the preparation of IEC/BCC materials and better documentation of the evaluation of project implementation.

At the provincial level, there is generally good cooperation between Sub-DSEPs and the rehabilitation centres under their management. However, the degree to which Sub-DSEP in Haiphong provides technical input and has a management role in the Gia Minh 06 centre is very limited and this raises questions about the effectiveness of post-institutional rehabilitation at the community level for transitioning drug users in this location. In general, greater coordination between the Sub-DSEP staff and related authorities on activities related to support for drug users at the community level including health and public security sectors, would be advantageous.

## **3. Outcomes, Impacts and Sustainability**

### **3.1 Outcomes**

The project has been working towards providing improvement in drug rehabilitation treatment within the context of the fulfillment of simplified outputs (e.g. the original project design called for the achievement of ‘diversified HIV prevention and drug abuse treatment services in project target areas’ and this has changed to a ‘diversification and improvement of services’) and scaled-down activities. Additionally, the project has not had the planned consistent investment of human and financial resources at the provincial level owing to the staffing and budget constraints of provincial Sub-DSEPs. However, it has

been able to draw on a significant body of domestic and international expertise, local knowledge at the provincial level and genuine commitment by many staff to be better equipped to conduct drug abuse rehabilitation work to continue to achieve one of its major outcomes i.e. the improvement of the capacity of government officials responsible for treatment and rehabilitation. Each project site visited reported measurable improvement in the capacity of its staff, related a continuing need for support in the provision of training in specific areas and most require an expansion of training in geographic and numeric terms. Moreover, the improvements in capacity have translated into much-improved treatment outcomes for men and women within 06 centre and at the community level. At a very basic level, the project has been responsible for the introduction of some management and treatment methods which were previously absent (e.g. the introduction of counseling in a number of 06 centres). At a more sophisticated level, the project has been responsible for the enhancement of existing services (e.g. detailed assessment of treatment needs of individual residents and the establishment of individual treatment regimes in 06 centres) and resulted in attitudinal and behavioural improvements for 06 centre residents in particular. At the community level, it has extended its reach to the families of beneficiaries and it was reported in a number of locations that families now play a much greater role in the overall rehabilitation of family members with drug abuse problems.

In terms of achieving changes in health outcomes, there is now some greater awareness among beneficiaries of the need and availability of VCT services and HIV/AIDS care and treatment facilities and through the participation of medical staff working within 06 centres and medical staff assigned to provincial Health Services in training activities, improved knowledge among medical staff of critical, 'non-medical' inputs in case management such as counseling and understanding the psychology of addiction. However, health outcomes could be further improved by changes in the provision of information to 06 centre residents who are HIV positive. In three project sites, it was reported that among the total number of HIV positive residents in each centre, there are residents who do not yet know their status despite having been tested. For example, in the 05/06 centre in Chau Doc, An Giang province, 20% of the 32% of residents who are HIV positive do not know their serostatus. Assisting all HIV positive residents to receive appropriate treatment and support and to also self-manage their health can only be achieved when all know their status. This problem also has implications for prevention efforts within centres and the community.

It is not, however, possible to determine quantitative changes among the project target groups in areas such as relapse prevention, addiction prevention, and access to medical services by drug users. This is due to a number of reasons. The absence of baseline and follow-up studies tracking the progress of a select group of beneficiaries for the duration of the project is the prime reason for this. The original project design did not suggest the employment of such a tool to measure progress and subsequent revisions of the project have not had sufficient funds to allow for its implementation. This design flaw is compounded by the problems associated with the maintenance of accurate statistical data at the provincial level and, in some locations, the lack of systematised record keeping of drug users and, in particular, of progress individuals make in rehabilitation. Additionally, not all locations have the ability to conduct re-testing of drug users during rehabilitation and thus do not have an accurate picture of the extent of relapse. It is suggested that if the time for

the implementation of the project is lengthened and additional funding is available, such a study be implemented at the earliest available opportunity.

### **3.2 Impacts**

The impacts of the project are clearly evident at the provincial level. A greater level of professionalism in the management of drug treatment and rehabilitation resulting from the training inputs of the project, a willingness by provincial staff to learn from international and domestic experience and apply the knowledge and skills acquired and creation and promotion of innovative approaches in a number of provinces are indicators that the project is not simply providing static delivery of a 'cookie cutter' approach to drug rehabilitation and treatment. In each of the 4 locations visited, Sub-DSEP and O6 centre management were unanimous in reporting improvements in how they manage O6 centre residents and drug users within the community and how staff relate to target groups and cited this as an unexpected outcome of the project, indicating that the need for effective communication between those responsible for assisting drug users in rehabilitation and treatment was not previously perceived. At the national and provincial levels, the greatest potential impact of the project is yet to be realized i.e. the ability of the lessons learned from the project to inform the strengthening of a community response to drug treatment and rehabilitation which links drug abuse prevention with holistic treatment and rehabilitation. Having already made a number of demonstrable improvements in drug treatment and rehabilitation methods and approaches at the provincial level, the project has the potential to establish a model for drug rehabilitation, treatment and drug abuse prevention in which a shift in emphasis to provide greater support for community-based activities is likely to produce more sustainable impact.

### **3.3 Sustainability**

One of the inherent aims of TOT programmes is to deliver training skills, methods and content which are sustainable by providing a venue for these to be taught to other trainees. The number of TOT programmes conducted within AD/VIE/68 to date is fewer than the number of direct trainings conducted by trainees, local staff and consultants at the provincial level, indicating that the basic design of the TOT programmes is achieving this aim. The content of the TOT programmes delivered has been evaluated by the overwhelming majority of trainees as being appropriate and useful and the quality of training provided is greatly appreciated. Of paramount benefit, however, are the previously mentioned improvements in drug treatment and rehabilitation which have resulted from the implementation of these training models. In each of the 4 project sites visited, the resultant changes in treatment, counseling and management are sustainable features of the project. Those staff with the responsibility to make and sustain those changes have become aware of the benefits they have produced and are not likely to want to revert to past approaches. This is indicated, for example, in the improvements in counseling provision made within a number of O6 centres where pre-release counseling for residents is now conducted. In the 4 project sites visited, provincial Sub-DSEPs have taken on the role of coordination of subsequent training programmes and it is expected that they will continue to do this with a higher degree of autonomy in the future. There are a number of recommendations

contained in section 5 which, if adopted, will help to strengthen the sustainability of the project.

The overall sustainability of the model established by the project relies heavily upon acceptance by government of the validity of the approaches taken by the project towards the achievement of its objectives. These approaches are valid. They are rooted in local and international expertise, are largely fulfilling the objectives of the project and represent an opportunity for government to consider a move towards providing greater support for community involvement-including the involvement of rehabilitated drug users-in the provision of drug rehabilitation and treatment. By adopting such an approach and refocussing the overall objectives of drug treatment and rehabilitation, the burden on the state budget for the support of 06 centres and the persistent health, social and law and order problems associated with high rates of relapse in most of Vietnam will be mitigated.

#### **4. Lesson Learned and Best Practices**

##### **4.1 Lessons**

The key lessons learned during the course of the implementation of the project are:-

- There is a need to ensure that project coordination occur more effectively between the project office, partners at the national level and at provincial level. Greater clarity and definition of the authority and responsibilities of each level of project management, particularly for partners at provincial level, would help to make the project achieve greater efficiency;
- Without a high degree of participation and true multisectoral cooperation by other relevant agencies at provincial level (mass organizations including the Red Cross, Womens' Union, Youth Union), other government departments (especially health departments including provincial AIDS committees and preventive medicine departments), the project is constrained in the extent of the treatment outcomes it can deliver at the community and institutional levels. It was telling that during the evaluation, there was little reference to referral of transitioning 06 centre residents to local health services and that there was not consistent information given across project sites on where and how to access health services of relevance to transitioning residents;
- While qualitative evidence of the achievements of the project is plentiful and is the main indicator of success, quantitative data is lacking and the use of monitoring tools from inception was heavily proscribed by a lack of available funds;
- The benefits accruing from the training activities conducted by the project are generally sustainable and have made a considerable difference to treatment and rehabilitation outcomes within 06 centres. The potential for even greater and sustained impact of expanded and enhance training at the community level is recognized and capable of being exploited more fully

## 4.2 Best Practices

In each of the 4 project sites, there has been improvement in specific components of existing structures and approaches for drug rehabilitation and treatment. There has also been innovation occur and the promotion of new approaches, sparked by the technical inputs of the project delivered in training programmes. Thus, the project is successful in reforming or improving existing structures and practices. Changes in the perception of many officers working with drug users, for example, which result in more support and understanding and less ‘blame and shame’ indicate how the former has been possible. The development of new approaches is indicative of the latter and these have the potential to add to the best practices already employed by the project. The field handbook currently under development by the project office will create a much-needed technical reference for staff to assist all staff in 7 project sites to apply the knowledge and skills learned during training. This is one example of best practice initiated by the project likely to deliver sustained benefit to all target groups.

During the course of the evaluation, a number of innovative ideas for the improvement of drug rehabilitation and treatment were suggested by relevant offices and institutions gleaned from their experience of working with the project:

- DSEP has proposed that a number of small pilot schemes be implemented in 2008 for the practical application of skill and knowledge delivered. For example, an analysis of how counselling can be used to assess the effectiveness of different treatment therapies or to assess the effectiveness of harm reduction activities;
- Sub-DSEP in Haiphong indicated that there are a large number of poor families in Haiphong who often require immediate assistance but who are reluctant or unable for economic reasons to access services at the community level. In order to address this, the training and establishment of a network of outreach workers and counselors is proposed;
- Sub-DSEP Haiphong Sub-DSEP Lao Cai and Sub-DSEP An Giang recognize the need for post-institutional rehabilitation to address the needs of returning residents for vocational training, assistance on obtaining and maintaining regular employment and assisting families to better support returning family members. Lao Cai DSEP indicated that if a successful model for vocational training for returnees is established which results in employment, “*the People’s Committee will support it*” and its long-term viability will be ensured;
- Sub-DSEP Lao Cai called for the establishment of volunteer groups to work at the community level in support of provincial government officers and for the creation of computer databases and the networking of computers across the province to assist with case management;
- The Lao Cai Provincial 06 centre and the An Giang 05/06 centre suggested that 06 centre residents who are successful in their rehabilitation be trained to act as peer educators in support of community-based programmes upon their release. This is seen as particularly effective for residents who will spend a total of 24 months in the centre as they are in a better position to know more about the particular health

- needs of drug users and provide more informed advice and support at the community level;
- Sub-DSEP Da Nang has planned to implement 9 further training courses to provide total coverage of all staff. 3 of these training courses are to be conducted at the community level (2 delivered by Sub-DSEP staff and 1 by the project office) and 6 to be delivered for 06 centre staff. Additionally, greater emphasis on training in psychology is requested;
  - Sub-DSEP An Giang wishes to organize a larger and more expansive programme which includes provincial, district and commune health workers in order to improve access to health services by drug users within the community, especially for addiction treatment and to strengthen community-based treatment initiatives;
  - An Giang 05/06 centre and Sub-DSEP Da Nang promoted the idea of the establishment of clubs for rehabilitating drug users at the commune level to provide user-friendly counselling and information sharing and a mobile team to support HIV positive 06 centre returnees with counselling and to address the particular needs of women. 14 similar clubs are currently in operation in Lao Cai and there is potential for cross-learning to take place between these three project sites;
  - An Giang 05/06 centre promoted the idea of increased employment support, vocational training and the implementation of sporting and cultural activities designed to improve residents sense of self-worth and to assist in breaking the cycle of unemployment or non-formal employment and addiction. Additionally, the centre promoted the idea that selected residents participate in future training activities with centre staff so that their knowledge and skills are also improved and can be utilized at the community level upon their return;

These ideas have originated from local needs and experience, informed by the relationship between the inputs provided by the project and how these inputs have enabled provincial DSEP leaders and staff to create innovative practices that best suit those needs. The project needs to give due consideration to supporting these initiatives and/or helping to create linkages with other projects to assess their feasibility.

### **4.3 Constraints**

While the overall shortfall in funds has not been a constraint to the implementation of the scaled-down project design, it has had the effect of partially undermining the confidence of partners in the funding stability of the project. The core model of the project is replicable and DSEP has indicated a desire for its replication in other provinces yet this is not possible with the current level of funding.

The ability of 06 centres to implement some aspects of treatment is reported by local partners to be constrained by a lack of supply of medicines (Lotus, sedimex, naltrexone were repeatedly mentioned) and by the lack of expertise of non-medical staff for their administration and use. The Training Needs Assessment conducted by the project in 2006 raised doubts about the efficacy and desirability of using naltrexone as a non-WHO approved drug and not enough is known about the other two medicines to determine their safety and efficacy according to international standards. The project has not provided

instruction on the use of these medicines and is not endorsing their use but the perception of their usefulness as a tool in treatment throws up a challenge the project needs to respond to. Further to this, a shortage of equipment, particularly LCD projectors, photocopiers, sporting and cultural and drug testing equipment is seen as a constraint on the implementation of training, IEC/BCC and treatment activities.

Most counseling facilities in the sites visited are attached to the offices of the provincial Sub-DSEP and this acts as a deterrent to some drug users and their families to utilizing them. In order to establish a more distinct and user-friendly identity, counseling rooms should be located separate to the Sub-DSEP offices and be identified as providing a range of services without being singularly associated with counseling only for drug users. In Lao Cai, the lack of counseling facilities in the two 06 centres is seen as constraint to better integration of centre residents into the community. Most provincial Sub-DSEPs also identified that the training courses provided by the project are of an excellent standard but are too short. The shortage of staff-particularly of trained counselors-in all project locations makes it very difficult to provide counseling services outside of the provincial capital. While in some locations, such as Lao Cai, a counseling network exists, in others the lack of such a network has limited the building of capacity for staff in more remote communes.

## **5. Recommendations**

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

There were no issues raised by UNODC, project partners or donors which required resolution during the conduct of the evaluation.

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

- 1. Review and change the focus of the project on the improvement of rehabilitation and treatment at institutional and community levels to increase the community level response*

AD/VIE/68 is in a unique position to help to strengthen community-level capacities and responses to rehabilitation, treatment and drug abuse prevention. It is the only project currently being implemented in Vietnam focussing on a number (but not all) of key issues impacting on the successful rehabilitation of drug users which is linked to improving rehabilitation and treatment outcomes in institutions designed for rehabilitation and treatment and at the community level. It is implemented in partnership with the local and national government agencies having the greatest responsibility and authority for rehabilitation and treatment. It has already demonstrated a high degree of impact and provided tangible benefit to staff and residents of 06 centres and to staff and target groups at the community level. The dual focus of the project on improving capacities at both levels would be enhanced through placing greater emphasis on strengthening the community response. It may seem an obvious point but it bears repeating: drug use relapse happens in the community, not in the 06

centre. By directing more resources under this project (and, more broadly, as part of a policy shift which recognizes this fact), to preventing relapse and the prevention of drug abuse by new users, improving social support and health services at the community level, linking with employment programmes assisting drug users and utilizing successfully rehabilitated drug users in IEC/BCC activities, the ability of affected communities to actively assist in rehabilitation and treatment will be enhanced and the nihilistic cycle of drug abuse, failed rehabilitation and detention will be broken for an increasing number of drug users. This should not happen at the expense of the current intervention supporting 06 centres: building capacity at both levels is critical. Rather, the project and the project donors should recognize the strength of its dual focus and provide additional financial and human resources to concentrate more of its efforts on the level where change in drug abuse behaviour is harder to achieve, least understood and interventions to support this change are most in need of improvement.

Design and conduct a client need and satisfaction survey to be used to assess the quality and quantity of services provided to 06 centre residents within centres and within the community post-release. The institutional survey should be conducted as soon as possible and the follow-up survey at the community level conducted not later than 9 months from the initial survey. Results can then inform the degree of efficacy of services provided at both levels and assist in the redesign of interventions.

2. *Review project management and reporting structures*

The evaluation did not find any major weakness in the project management which threatens the ability of the project to continue to be implemented in the generally fluid and effective manner it has been to date. Communication between project partners at the national and provincial levels could be improved, however, and reporting structures established for the sharing of information and lessons learned specific to this project at the national and provincial levels instigated.

3. *Enhance the professional management of individual drug users*

In the training programmes conducted for participants from all project sites and in each project site, there has been a consistent instructional emphasis on using international approaches to the management of drug user clients. This represents a new approach to drug user management in Vietnam and it is one which the project needs to do more in order to create follow through from its training programmes. The evaluation found that there have been a number of marked changes in the management of 06 centre residents in two locations (e.g. allowing clients to access their management file upon exit from a 06 centre) which have resulted in residents being consulted as to what their needs are and it is these types of changes, which give a greater role to the client in their own

rehabilitation and lessen their dependency upon institutions to assist with rehabilitation, that improve the level of professionalism of staff. Similarly, there is a need to maintain better records of interactions with clients. Keeping records of what is discussed in counseling sessions, following up on issues raised by clients in subsequent sessions and providing referrals to social and medical services and reinforcing positive developments in the process of rehabilitation for clients are just some of the practices not currently in evidence across all project sites. The conduct of training specific to meeting this aim would help to professionalise client management.

Training on client file management and the introduction of a uniform system of file management for clients which ensures that data is captured at every rehabilitation treatment-related interaction between staff and clients at the institutional and community levels. This system must also ensure that client files are transferred from 06 centres to the community level in order to provide a continuum of rehabilitation treatment.

4. *Increase the number of training activities*

The context mix of training programmes delivered by the project is right and the training methods are widely regarded as being excellent. Their effectiveness has been demonstrated by the high level of implementation of knowledge and skills learned by staff trained by the project. Those benefits need to be extended further, particularly at the community level, where there are Sub-DSEP staff in a number of locations who have not been trained in the methodology of the project.

5. *Supplement existing IEC/BCC materials*

Additional materials to support those developed by the project would extend the benefit of the project to its primary target group. The project should consider working with local health authorities to provide printed information to transitioning 06 centre residents on where and how to access VCT services, care and treatment services for TB, detailed harm reduction methods in addition to the information for referral to counseling services currently provided.

## 6. **Overall Conclusions**

Progress in the implementation of the project has been steady and timely since inception and the project has, from an early point in its implementation, made great progress towards the achievement of its objectives for the increase the number of relevant government personnel who have better rehabilitation and treatment capacities. There have been few disruptions to the implementation of its core activities and benefits delivered to the prime target group continue to accrue.

It is a credit to UNODC, the project staff and project partners that despite two extensive revisions to the original project design as a result of the shortfall in donor funds, the project has still managed to achieve improvements in the rehabilitation and treatment of drug users in each project site. The other noteworthy feature of the project is that it presents a challenge to government which, if responded to, will provide the government with a new and sustainable model for dealing with the problems associated with drug rehabilitation and treatment in which the community plays a greater role in these processes than institutions do. This project is modest in its aims and achievable in its targets. It is, however, capable of concluding by creating an enduring and proven model for greater community involvement in drug rehabilitation and treatment which the government of Vietnam should at least consider modifying and adopting.

**Schedule for mid-term evaluation  
7<sup>th</sup> to 19<sup>th</sup> November 2007**

<b>Date</b>	<b>Time</b>	<b>Activity</b>	<b>Location</b>	<b>Participant</b>
Wed 7 Nov	9.00-9.45	Meet with Ms. Narumi Yamada – UNODC Representative	UNODC office	Consultant, IPC, NFC, Ms. Narumi
	10.00-11.30	Meet with DSEP officials	DSEP office	Consultant, IPC, NFC, DSEP officials
	13.30-15.45	Travel to Hai Phong by car		Consultant, IPC, NFC
	15.45-17.45	Meet with Mr. Nguyen Duc Phan – Director of Hai Phong DSEP	Hai Phong DSEP office	Consultant, IPC, NFC, Mr. Nguyen Duc Phan and officials from Hai Phong DSEP
	18.30	Hotel check-in, overnight in Hai Phong	Hotel	Consultant, IPC, NFC
Thu 8 Nov	8.00-11.30	Meet with Mr. Nguyen Quang Toan – Director of Gia Minh Center and staff	Gia Minh Center	Consultant, IPC, NFC, Mr. Nguyen Quang Toan
	13.30-15.00	Meet with Ms. Pham Bich Thuy – Director of Community Drug Treatment Counseling Centre and staff	Community Drug Treatment Counseling Centre	Consultant, IPC, NFC, Ms. Nguyen Bich Thuy and his staffs
	15.00-18.00	Travel back to Hanoi by car		Consultant, IPC, NFC
	21.00	Leave for Lao Cai province by train		Ditto
Fri 9 Nov	5.00	Arrive Lao Cai city		Ditto
	8.00-9.00	Meet with Mr. Nguyen Tuong Long – Director of Lao Cai DSEP	Lao Cai DSEP office	Consultant, IPC, NFC, Mr. Nguyen Tuong Long, Lao Cai DSEP officials
	9.00-9.45	Travel to 06 Centre		Consultant, IPC, NFC
	9.45-11.30	Meet with Mr. Pham Quang Trung – Director of Drug Treatment Center of Lao Cai city and staff	Drug Treatment Center of Lao Cai city	Consultant, IPC, NFC, Mr. Pham Quang Trung and his staffs
	11.30-13.30	Lunch + Travel to Drug Treatment Center of Lao Cai province		Consultant, IPC, NFC

Date	Time	Activity	Location	Participant
	14.00-16.00	Meet with Mr. Luong Duc Thuoc – Director of the Drug Treatment Center of Lao Cai province and staff	Drug Treatment Center of Lao Cai province	Consultant, IPC, NFC, Mr. Luong Duc Thuoc and his staffs
	16.00-17.00	Travel back to Lao Cai		Consultant, IPC, NFC
	21.00	Leave for Hanoi by train		Ditto
Sat 10 Nov	5:00	Arrive Ha Noi		
Sun 11 Nov	Day-off			
Mon 12 Nov	16:000	Leave Ha Noi for Da Nang		
	17:00	Check in hotel in Da Nang		
Tue 13 Nov	8.00-10.00	Meet with Mr. Le Kim Khanh – Acting Director of Da Nang DSEP	Da Nang DSEP	Consultant, IPC, NFC, Mr. Le Kim Khanh, Da Nang DSEP officials
	10.00-11.00	Travel to Da Nang Drug Treatment Centre		Consultant, IPC, NFC
	13.30-15.30	Meet with Mr. Ngo Van Hoang – Director of Da Nang Drug Treatment Centre and staff	Da Nang Drug Treatment Centre	Consultant, IPC, NFC, Mr. Ngo Van Hoang and his staffs
		Overnight in Da Nang		Consultant, IPC, NFC
Wed 14 Nov	8:00	Leave Da Nang for HCMC		Ditto
Thu 15 Nov	8:00	Travel to An Giang		Ditto
Fri 16 Nov	8.00-9.30	Meet with Ms. Nguyen Bao Yen – Director of An Giang DSEP	An Giang DSEP	Consultant, IPC, NFC, Ms. Nguyen Bao Yen and An Giang DSEP officials
	9.30-11.30	Travel to An Giang Drug Treatment Centre by car		Consultant, IPC, NFC
	13.30-15.30	Meet with Mr. Vo Van Thi – Director of An Giang Drug Treatment Centre and staff	An Giang Drug Treatment Centre	Consultant, IPC, NFC, Mr. Vo Van Thi and his staffs
	15.30-18.00	Travel back to Long Xuyen city by car		Consultant, IPC, NFC
		Overnight in Long Xuyen		Ditto
Sat 17 Nov	8.00-17.00	Travel to Ho Chi Minh city by car		Ditto
	19:00	Leave for Hanoi		

<b>Date</b>	<b>Time</b>	<b>Activity</b>	<b>Location</b>	<b>Participant</b>
Sun 18 Nov	Day-off			
Mon 19 Nov		Meet with Donor		Consultant, IPC, NFC, donor
	9:00-10:00	Meet with Donor, Luxembourg Embassy		Ditto
	10:00	Meet with Donor, Australia Embassy		Ditto
	14.00-15.00	Debriefing to Ms. Narumi Yamada – UNODC Representative	UNODC office	Consultant, IPC, NFC, Ms. Narumi
	15.15-16:15	Meet with DSEP officials	DSEP office	Consultant, IPC, NFC, DSEP officials