



Evaluation Report

Project RAS H71

UNODC ROSA

October 2007

By Dr.G.Balasubramanian

Project Title: Prevention of Spread of HIV amongst vulnerable groups in South Asia

Project RAS/H71

**Prevention of spread of HIV amongst vulnerable
groups in South Asia**

End of Project Evaluation Report

**By
Dr.G.Balasubramanian**

October 2007

**For
United Nations Office on Drugs and Crime
Regional Office for south Asia
New Delhi**

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1. Executive summary

1.1 Project and evaluation background

The analysis of interventions carried out in the different countries across the region in the area of drug driven HIV risks indicate that certain vulnerable population such as the incarcerated population in the prison settings, young people and street children have not been covered adequately because of lack of evidence of risk and vulnerability among these groups. The project H 71 was primarily put together to intensify efforts to reduce drug-related HIV/AIDS amongst vulnerable high risk groups in South Asia. The project is based on a two pronged strategy of strengthening the capacity of existing governmental and non-governmental organizations engaged in the prevention of substance abuse related HIV/AIDS on the one hand, and targeting vulnerable high-risk populations on the other hand. The major thrust of the project is to address the existing gaps identified through a participatory process involving various stakeholders from the region. It aims at developing evidence based intervention programs on a pilot basis , learn lessons and scale it up for an expanded response to prevent drug use related HIV/AIDS in the region.

The project Prevention of Spread of HIV amongst vulnerable groups in South Asia under project designated H 71 under the Regional Office of South Asia has been implemented during the period January 2005 to December 2007 (with an effective duration of field implementation of 18 months in the field). The project has commenced interventions on a pilot basis with prisons, street children, IDU and peer led interventions. The following Table provides the position of interventions:

Country	Prison Inmates	Street Children	IDU	Peer Led Interventions	Total
Bangladesh	2	2	3	4	11
India	4	5	5	5	19
Maldives	1	1	-	-	2
Nepal	1	4	2	6	13
Sri Lanka	14	3	-	2	19
Total	22	15	10	17	64

The project is implemented through a Project management team in the ROSA office at Delhi and is governed and monitored through the Project Advisory Committee (PAC) with representation from key stakeholders from the participating countries.

The project will draw to a close in December 2007, and hence it has been considered essential to carry out an external evaluation to document the lessons learned and track the steps forward for moving ahead in the next phase. The objectives of the evaluation are summarized below:

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- To assess enhancement of technical capacities of relevant Ministries and civil society to mount and implement effective programs
- To understand and document key learnings and processes for future program planning and scaling up
- To assess achievements of the projects among different vulnerable groups
- To examine the appropriateness of the strategies designed and suggest directions for future
- To enunciate the overall relevance and effectiveness of the project in achieving the goal of reducing the risk of substance related transmission of HIV among select vulnerable groups

The evaluation was carried out through review of project documents, project reports that have been prepared at various points of time, through field visits to a representative sample of interventions across India, Nepal, Sri Lanka and Bangladesh. The field visits involved discussions with the key officials in the stakeholder ministries/departments, review of work done at the field by the implementing partners and discussions with beneficiaries. The training effectiveness was assessed through discussions with the persons who have received the training. The evaluation was carried out during September 2007.

1.2 Evaluation Findings -Achievements

1.2.1 Prison Interventions

- Bringing about successful buy-in from the counterpart ministries through effective advocacy
- The triggering of involvement of the prison management and capitalizing it to bring about ownership of the interventions
- The training and the vulnerability analysis has caused the change in mindset from denial to recognizing the problem within the prison settings. In some countries like Sri Lanka they have proceeded to scale up the interventions and in Nepal they have expressed the desire to scale up.
- Development of a prison intervention tool kit has contributed to facilitating the implementation of the interventions
- Ownership and accountability has been brought about by developing and implementing a hierarchical structure in interventions. This hierarchy involved the top management of prison management to the staff in the particular prison and the prisoners themselves.
- The training methodology has not only focused in developing sensitization regarding drugs and drug driven HIV but has also facilitated development of skills in the areas of:
 - Problem solving
 - Conflict resolution
 - Motivational aspects
 - Leadership and accountability

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- Dealing with group dynamics
 - Benevolent authority practice
 - Negotiation skills
 - Change management
- The monitoring systems have been formalized and institutionalized within the prison structure

1.2.2 Street Children

- The project has been able to position interventions where nothing existed and has been able to bring to fore the existence of the problem among the target group
- Necessity of mapping and community needs assessment has been established as critical for designing effective interventions among the target group
- It has also established the necessity for a clear definition of street children to be evolved for developing a core minimum common intervention
- It has enabled the recognition of challenges in working with the street children
- The interventions have facilitated identification of hierarchies that evolve among the street children and other general practices among them
- This project has for the first time established the need for working with solvent abuse among the children

1.2.3 IDU- peer led Interventions

This has been support extended to a certain number of interventions that were continuance of the earlier project G-23. The projects have worked towards establishing Committees of Concern and working towards drug demand reduction and adoption of safe injecting practices.

1.2.4 Care and Support project for prevention of HIV among IDU

The interventions have been able to establish Committees of Concern and also referral linkages with the service availability in the community for detoxification, relapse and other psycho-social requirements. Further, it has worked towards providing an enabling environment through working with family members and involving them as care givers for IDU during recovery. It has also attempted to address the economic front through alternative activities by forming self help groups among IDU. These have made certain progress but since the time has been limited not been able to establish operating models in this area.

1.3 Overall project design and strategy

The project document has been able to provide a macro level analysis of situation in each country but has not been able to provide any strategic approach

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based on evidences available. It has focused on developing capacity and initiating pilot interventions in order to bring to the fore the necessity to address certain population groups. The monitoring and evaluation of the progress based on clearly defined output indicators has not been developed and has not focused on the M&E at all and this has reflected in the absence of effective monitoring at all levels. The inclusion of the IDU interventions as part of project H 71 without any comprehensive intervention package would be only piecemeal and hence will not be able to bring about any impact.

1.4 Overall level of outputs achieved

The project has been able to achieve all the outputs that were set out in the project document. Further, the management structure was in place and the structure had certain missing links because of the project conception and design especially in the area of monitoring and specialist services in training and street children. The capacity of the partners in sensitizing them has been achieved.

1.5 Lessons Learned

- It is necessary to provide technical and M&E support within the counterpart ministries
- The implementation by partners needs to be based on proposals submitted by NGOs and after assessing their capacity in the field. The practice of working based on TOR reduces accountability.
- It is necessary to shift from a project to a program mode
- Linkages need to be established with national HIV programs
- Monitoring and review of the program needs to be strengthened
- Quantum of funding and continuity needs to be ensured
- IDU interventions need to be provided under a comprehensive program rather than being spread across a portfolio of projects
- Prison and street children interventions need to be scaled up

1.6 Constraints that has impacted on project delivery

1. Uncertainty in the overall resource level
2. Inadequacy of strategy and vision in the project document
3. Leadership break and team coming together only in stages
4. The project itself has been of an evolving nature because the areas were new
5. Political issues and climate in Maldives, Nepal and Bangladesh

1.7 Recommendations

- a) Establish project management units within the counterpart ministries for strengthening implementation

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- b) Partners need to be assessed for their capacity and chosen based on their proposals
- c) Shift from a project to a program mode for strategic approach and result orientation
- d) Utilize the current climate to scale up prison and street children interventions and drop IDU related interventions from H 71
- e) Strengthen project management at all levels
- f) Establish linkages with the National HIV Programs and integrate the strategy with the National strategy and appropriately position the vulnerable group interventions

1.8 Overall Conclusions

The project despite the constraints it has faced has been able to perform to achieve the outputs envisaged and also bring about a transformation in the climate in the different countries to implement prevention programs on drug driven HIV among vulnerable population.

2. Background

South Asia has been battling with the twin problems of substance use and HIV/AIDS. The governments and civil society has responded with various interventions aimed towards reduction of substance use and consequences of vulnerabilities to HIV. Despite the best of intentions some of the vulnerable populations such as those in prisons and street children get left out of the purview of these interventions. The quality and quantum of information available on drug abuse and vulnerability to HIV point to the fact that the responses have varied in its intensity across the countries in the region and also varied across the regions within the country. Since many of the prisoners (both under trial and convicted) are incarcerated for drug or drug related crimes it is critical to develop the information base to capture the profile and develop appropriate drug and HIV risk reduction strategies and interventions.

Interventions, even when available, are not often directed specifically at vulnerable population groups such as prison inmates, young people and street children. There is a lack of cohesive, coordinated response from drug demand reduction and HIV/AIDS prevention agencies in some countries. The region lacks a comprehensive intervention toolkit that primarily focuses on community management for risk reduction amongst these high-risk groups.

The project H 71 was primarily put together to intensify efforts to reduce drug-related HIV/AIDS amongst vulnerable high risk groups in South Asia. The project is based on a two pronged strategy of strengthening the capacity of existing governmental and non-governmental organizations engaged in the prevention of substance abuse related HIV/AIDS on the one hand, and targeting vulnerable high-risk populations on the other hand. The major thrust of the project is to

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address the existing gaps identified through a participatory process involving the various stakeholders from the region. It aims at developing evidence based intervention programs on a pilot basis , learn lessons and scale it up for an expanded response to prevent drug use related HIV/AIDS in the region.

3. Introduction

The project Prevention of Spread of HIV amongst vulnerable groups in South Asia under project designated H 71 under the Regional Office of South Asia has been implemented during the period January 2005 to December 2007 (with an effective duration of field implementation of 18 months in the field till June 2007). The project has been implemented among the vulnerable population in prison settings, street children and peer led interventions among the drug users. The project is implemented in the countries of India, Bangladesh, Nepal, Sri Lanka and Maldives.

Project Objectives

- To enhance institutional and technical capacities of relevant ministries and civil society partners to mount effective intervention programs to reduce risk of substance-related transmission of HIV among high-risk groups
- To make operational implementation, coordination and monitoring & evaluation arrangements for implementing the project at the regional and national level
- To build the capacity of service providers working with the drug using vulnerable groups to provide need based and effective services in select high risk settings to reduce the risk of HIV
- To develop and implement pilot interventions among select high-risk and vulnerable groups
- To learn lessons from the pilot initiatives and develop a strategy for scaling up interventions among high-risk and vulnerable population in the region.

The following table provides the number of interventions in the different countries among the different vulnerable groups:

Country	Prison Inmates	Street Children	IDU	Peer Led Interventions	Total
Bangladesh	2	2	3	4	11
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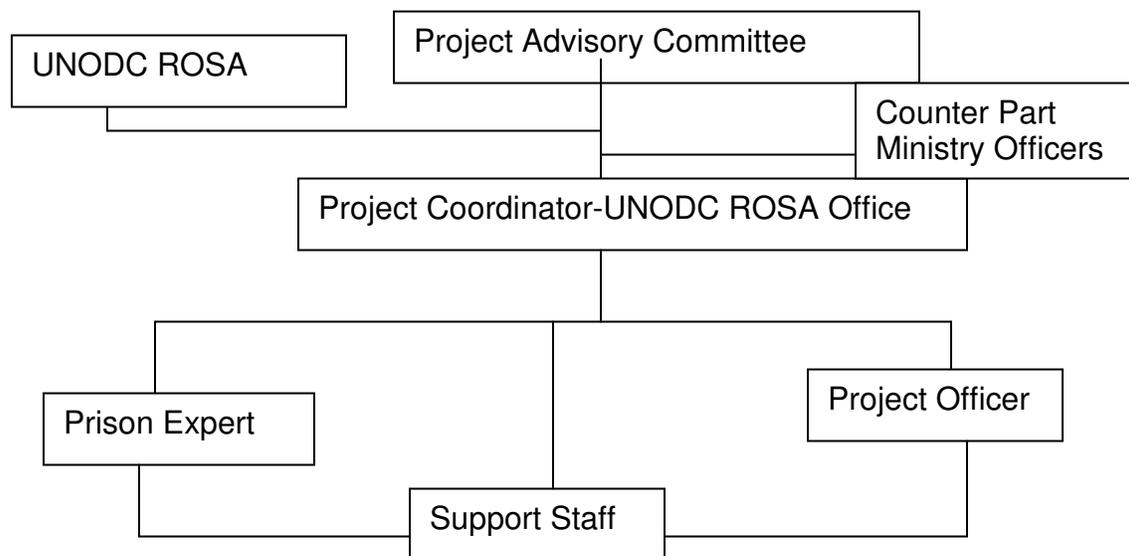
The implementation has been carried out through the respective partner organizations in the different countries namely:

Country	Partner Agency (Government)
India	Ministry of Social Justice and Empowerment
Sri Lanka	National Dangerous Drug Control Board (NDDCB)
Nepal	Ministry of Home Affairs and Drug Control Programme
Bangladesh	Department of Narcotics Control
Maldives	National Narcotics Control Bureau

The implementation arrangement at the UNODC ROSA is through the Project Implementation Team consisting of:

- Project Coordinator
- Project Officer
- Prison Expert
- Administrative Support Staff

The counterpart ministries and departments are the coordinating agency for selecting and supervising the implementing agencies (mainly NGOs) in the respective countries. The implementation structure is outlined below:



The project commenced in January 2005 with a total approved budget of US\$ 970,000. At the time of operationalizing the project only US\$ 485,000 was available from UNAIDS UBW and the project staff was hired by March 2005. Efforts were focused on resource mobilization by both UNODC HQ as well as UNODC ROSA for the project. As a result of these efforts DFID contributed US\$

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524,095 for the India component only. Subsequently, funds to the tune of 560,000 were received from SIDA in two instalments. Additionally in May and July 2007 funds to the tune of US\$ 200,000 was contributed by SIDA. The current total budget of the project is US\$1,470,000.

4. Evaluation Purpose and Objectives

The external evaluation initiated by the UNODC is part of the end of project evaluation. The purpose of this evaluation is to measure achievements, outcomes and impacts, both positive and negative. The overall purpose of the evaluation of this project is to learn from the project implementation so that lessons can be drawn that forms the basis for instituting improvements to future planning, design and management.

The objectives of the evaluation are as follows:

- To Assess enhancement of Technical Capacities of relevant Ministries and Civil Society to mount and implement effective programs
- To understand and document key learning and processes for future program planning and scaling up
- To Assess achievements of the projects among different vulnerable groups
- To examine the appropriateness of the strategies designed and suggest directions for future
- To enunciate the overall relevance and effectiveness of the project in achieving the goal of reducing the risk of substance related transmission of HIV among select vulnerable groups

5. Evaluation Methodology

The evaluation is primarily based on the following:

5.1 Document Review

The original project document and revision documents, agreements reached with national counterparts and donor agencies, financing agreements, and reports submitted to review meetings and minutes of review meetings have been the basic documents that were reviewed. The semi-annual and annual reports, mission reports, reports of trainings and workshops, toolkits and publications produced by the project were also reviewed and taken into consideration.

5.1.1 Project Document review

The project document and subsequent revisions were reviewed in order to assess the following:

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- Assessment of the project concept and design from the analysis of the original project document and its subsequent revisions in terms of the following:
 - Adequacy of the analysis and identification of the problem to be addressed
 - The relevance of the long term objective to the prevention of drug abuse and HIV/AIDS amongst vulnerable groups in South Asia
 - The clarity, logic and coherence of the original project design
 - Appropriateness of the strategy and its ability to achieve the immediate and long term objectives
 - The realistic nature of the attainability of the activities and the outputs within the time frame
 - Appropriateness of the executing modalities and managerial arrangements and the agreed pre-requisites by the project partners and government counterparts

5.2 Field Visit Assessments

5.2.1 Country field visits (India, Sri Lanka, Nepal and Bangladesh)

- Field visits to the countries where intervention is taking place among the vulnerable populations in four countries (India, Nepal, Sri Lanka and Bangladesh).

5.2.2 Field Visit Purpose

- The impact of training on participants at the different levels of training-regional, national and intervention site levels
- The effectiveness of the training methodology to prepare the master trainers and the training of trainers based on the cascade model
- The changes in knowledge, attitude and comprehension of the issues involved regarding drug use and vulnerabilities HIV in general and program planning, implementation and management in particular.
- Ability to mount evidence based interventions to reduce vulnerability to HIV among the drug using population in the identified vulnerable groups
- Intervention sites were visited and interaction with beneficiaries was also undertaken to assess the knowledge and awareness levels among them as well as the perception of risk among them

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- To assess linkages and networking requirements of the projects with the community where the population belong in order to have a feed back loop and also initiate community ownership
- To assess whether the project strategy has been implemented as planned or whether it was revised and the reasons for the same
- The effectiveness of implementing and executing modalities
- The method of choice of NGO implementing partners and the appropriateness of the contracting mechanisms
- The technical support strategies as well as the development of communication materials and implementation modules and its enabling impact on the overall implementation process

5.2.3 What factors were used to assess the project?

In the overall the following were evaluated through the field visits based on the following check list:

1. *Overall usefulness of the project to the target audience-* the extent to which the objectives of the development of the intervention are consistent with the requirement of the beneficiaries and country needs and priorities
2. *Efficiency in implementing the project activities as per the Terms of Reference (TOR)-* how well inputs such as funds, expertise, capacity building have been translated into action to achieve the desired outputs
3. *The extent to which different interventions were able to achieve its objectives and deliverables*
4. *The perceived impacts as stated by the implementing agencies, the different stakeholders and government counterparts*
5. *The ability of the organizations implementing the specific projects with the other activities of the organization*
6. *The involvement and participation by the senior management of the different organizations*
7. *The ability to report within the timeframes accurately (Quality, quantity and Time (QQT))- Quantitative, descriptive and financial*
8. *The advocacy efforts of the project*

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9. *Adoption of innovative strategies, approaches, tools and efforts*

10. *Appropriateness of the project team, sufficiency of staff capacity, motivation and commitment*

5.3 Analysis of progress reports and Mission reports

- *Progress reports and mission reports were analyzed to assess achievements of outputs – both quantitative and qualitative*
- Number of interventions in each category against planned
- Number of beneficiaries reached
- Has the implementation mechanisms and capacity building mechanisms provided effective support?
- Have the gaps been identified and addressed?
- Number of training programs and number trained
- Capacity created and its adequacy
- Ability to link financial resources deployed to the activities carried out

5.4 Overall Analysis

5.4.1 Assessment of situation and evidences of vulnerability

The ability of the project to provide an assessment of the situation in relation to drug abuse and HIV/AIDS related vulnerabilities among street children, incarcerated population and young drug users and the ability of the project to capacitate agencies to mount evidence based responses to reduce such vulnerabilities.

5.4.2 Ability to address gaps and develop standardized interventions

The ability of the project to address the gaps assessed and to produce standardized interventions in risk-reduction amongst young drug users through the development and use of peer-led intervention toolkit to capacitate agencies to develop interventions was carried out.

5.43 Capacity development

The ability of the project to build capacities to develop and implement evidence based interventions in the field of drug abuse and HIV prevention

5.5 Documenting Lessons Learned

Since this is the pilot phase it was considered necessary to identify the lessons learnt based on the 18 months of intervention in terms of the technical and implementation strategies as well as the mechanisms required classified as vital, essential and desirable to sustain the project and shift it to a program mode in future.

6. Major findings

6.1 Intervention with Prisoners

6.1.1 Buy in from counterpart agencies

It is extremely important for any project to take off that the counterpart agency is fully convinced and is willing to take on interventions that is not familiar to them. In this context it needs to be emphasized that the advocacy done by the project with the counterpart agencies has been quite effective. The strategy of involving the key officials of the counterpart agency in the regional training and breaking the ice and mindset has been one of the key note achievements of the project. The training participation and exposure has enabled the change in attitude towards the drug related HIV/AIDS issues in the respective countries and opened the opportunities for implementing the interventions.

The ability to prepare the ground for bringing about a climate to these officials agreeing to pilot the interventions can be cited as one of the effective strategies.

6.1.2 Involvement of the prison management and ownership

It has been realized through experiences that working within the prison settings would require a comprehensive understanding of Prison management structure and the power hierarchies that go along with the management. It is not only enough to understand the structures but the involvement of the prison management is absolutely essential in carrying out the implementation within the prisons. The involvement needs to translate into commitment and the officials themselves need to be empowered to carry out intervention and have a comfort level to discuss sex and sexuality and usage of condoms.

The project has comprehended this at the very early stage of the program and has enabled this involvement through capacity building and exposure at

different levels. The hierarchy commencing from the Inspector General of Prisons/ Commissioner General of Prisons, jail superintendents up to the level of jailors and Prison Guards have been oriented and trained, bringing about an involvement. The message passed down by the top management regarding the commitment of the department to this issue has enabled a serious involvement of the officials at different levels. Further to this, a core of peer volunteers comprising of prison inmates are trained to disseminate information to other inmates inside the prison and after release.

The ownership of the interventions has been achieved to a limited extent in India-limited to the prisons where intervention is in progress. However in Sri Lanka the ownership has been total because the Government has issued a circular (Government Order) ordering for the prison interventions be scaled up to all 14 prisons under the Prisoner Diversion Scheme (PDS) in the country. Sri Lanka has requested only technical support but is willing to deploy the resources required (including financial resources) from their allocations. Nepal too has requested for the expansion of the program from one prison to six prisons in the country. Bangladesh and Maldives have been exception to this because the political environment is not conducive. The prisons however have shown a positive intent in implementing the interventions.

The process also has been able to secure the commitment at the highest levels of prison management and the National government in order to be able to scale up the interventions as well as sustain it.

6.1.3 Change from denial to problem recognition and scaling up

During the initial start up phase the project had to face a situation of total denial of the issue of Drugs and vulnerability towards HIV especially in the countries of Nepal, Sri Lanka and Bangladesh. The project had adopted a strategy of bringing about the change in the mind set of those who were in the top positions in the ministry through orientation and training at the regional and national levels. In order to carry out a situational assessment at the different levels a Knowledge, Attitude and Practice (KAP) questionnaire was designed and administered among the prison inmates. The response to the questions especially on drug availability within the prisons and the MSM activities within the prisons were brought out well establishing the problem of vulnerability and risk within the prison population. The turn over of the prisoners from the remand detention into the society and from the short term sentenced convicts into the society is quite high. This not only establishes the problem of vulnerability within the prisons towards HIV but also the vulnerability of the sexual partners of the prisoners who go back into the society/community.

The experiences of the implementation in limited prison settings and the success rate of the involvement of the prison management and the prison staff also enthused the counterpart ministries in realizing that it is possible to work

on the issues of drug related HIV within the prisons. Further the first hand experience gained through implementation of the program and the results of the KAP study made them recognize the issue as an important one and therefore convinced them that such an initiative need to be taken up and strengthened.

The process of orientation and training, combined with the experience gained by implementing the intervention at limited sites as well as the results of the KAP corroborating the existence of the issue within the prison settings led to the change from denial to conviction cross the board and impressed upon them the necessity to scale up the interventions. The other important underlying factor is that the change process has been a self-triggered one and hence is significant from the point of view of sustainability.

In Sri Lanka the Government has proceeded with issuing a Government Order for scaling up the interventions in all the 14 prisons in the country functioning under PDS (Prisoners diversion scheme by bringing all the drug related crime convicts in the 14 locations). The Sri Lanka government was willing to fund the intervention but required the technical guidance. Nepal has expressed its intent in scaling up the interventions to six prisons but would require funding and technical support.

In Nepal, there is request for scaling up and expansion of the prison programme to new prison sites.

In Bangladesh where there has been considerable resistance for intervention within the prisons after protracted working over the past 18 months the prison authorities have realized and accepted the existence of the problem of drug use and sexual interactions among prisoners. It resulted in conducting one national training for senior functionaries from prison administration, medical, police and NGO sector. Request has been received to organize another national training programme soon. This has prompted them to allow the NGO to work with the jail personnel within a particular jail. The local jail personnel have realized the importance of this intervention and have allowed the NGO to conduct peer training within the prison for the prison inmates. This has paved the way for intervention by other NGOs as well. This situation needs to be capitalized.

6.1.4 Prison Intervention Toolkit

The project has made a significant contribution in terms of development of a Prison Intervention Toolkit at a phase when there was no clarity on how to go about implementing interventions within the prison settings. The toolkit provided the sequence of steps that needs to be followed for implementing interventions in the prison settings. The module is made up of the following components:

The Prison toolkit comprises the following documents:

1. Module for Prison Intervention:

This document provides a detailed overview of a prison intervention strategy for South Asia. The strategy rolls out in different phases. The **first phase**, called the *orientation phase*, includes the following elements:

- a) Assesses the needs of the prison sector and facilitates a coordinated response amongst managers and service providers,
- b) A regional TOT brings together stakeholders from different prisons/ NGOs/Government officials through a vertical interaction sensitization cum training program,
- c) This is followed by national-level training programs wherein master trainers provide training to field prison staff at the national level,
- d) A site-specific advocacy training, which sensitizes the persons involved in actual intervention. This sets the tone for initiating an intensive training and awareness based intervention amongst prison inmates.

The **second phase**, called the *intervention phase*, comprises of three elements:

- a) The therapeutic community,
- b) The peer-led intervention and
- c) Social re-entry.

During the various stages of intervention, the inmate leaders (senior peer volunteers and peer volunteers) are motivated to volunteer as role models, agents of information and change amongst their peer group.

The **third phase**, called the *post release social networking phase*, facilitates networking and referrals, and enables prisoners to form support groups.

2. KAP and Impact Analysis: South Asia Knowledge, Attitude & Practice in Prison Populations (SAKAPiPP):

This is a questionnaire and instruction manual to assess the knowledge, attitude and practice (KAP) relating to drugs, HIV and life skills amongst prison populations. This manual provides clear instructions about how to administer this questionnaire and the interpretation of responses. This is

administered for assessing KAP at the beginning and the end of each intervention phase, using a control group design mechanism.

3. Facilitator’s Manual on Prevention, Care and Support of Drug-related HIV in Prisons:

This is a “how” and “what to” manual, using participatory training methodologies to train prison staff, rehabilitation staff and outreach workers in prisons on knowledge, skills and attitudes with regard to prevention of drugs and HIV. This manual keeps UNODC’s prison framework (UNODC, 2006) as the guiding document (including elements of the comprehensive package) and incorporates issues and recommendations of key stakeholders’ concerns from the South Asia region.

4. Peer Guide:

This guide uses participatory training methodologies in a simpler, easily understandable manner for peer volunteers (inmates) to enable them to train their peers in prisons. It focuses on creating awareness, perceiving risks and reducing risk-taking behavior related to substance use and HIV. Ideas generated by prison inmates during the site-specific trainings (including posters, pamphlets, plays, games, etc.) have been adapted to form a part of this guide. The guide uses graphical and pictorial presentations, minimizing the use easy comprehension by prison inmates and field-level prison staff. In this toolkit, the word ‘prison’ has been used for all places of detention and the words ‘prisoner’ and ‘inmate’ to describe all those held in such places. The context in which these words are used will be clear from the text.

6.1.5 Creating a hierarchical structure in interventions

The prison management has a clear hierarchy from the top official (inspector General of Prisons or Commissioner General of prisons etc) and in larger prison set up there is a Deputy Inspector General, the jail Superintendents and the Jail Superintendent in charge of a particular prison. There are wardens inside the jail cells. It is essential that all the levels need to be convinced and involved in implementing the program. The multi-level orientation and training programs have enabled the project to bring about this involvement. The presence of senior officers of the prison administration as trainers and providing hands on assistance at the site level has enabled the officers at the different levels to understand the importance of the intervention and has also sent down the message that the prison administration need to consider this an important and implement it with utmost seriousness and endeavor.

Further, it has also developed the hierarchy within the prison inmates in order that the process of education and awareness can be continued through out the day and enables the reinforcement of messages among the prisoners. A

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cadre of peer volunteers has been developed within the prison that has responsibility for a group of inmates. They also act as referral points for any problems relating to the health of fellow prisoners by being able to symptomatically recognize the problems. A sense of responsibility is created among the prisoners and the peer volunteers also take on the responsibility of protecting the members of their group. In the case of long term convicts a cadre of senior peer volunteers and peer volunteers has been created in order to provide recognition for the length of experience as peer volunteers.

The following structure has been adopted:

Peer: a prison inmate

Peer volunteer: an inmate who is responsible for training/delivering messages to his/her peers. He is also a 'protector' and 'guardian' of fellow peers. They may be addressed as 'elder brother/sister' by other peers. It may be advisable to have a peer group comprising of 5-25 persons under a peer volunteer depending upon population and space in a particular setting.

Senior peer volunteer: An inmate who is chosen by and from among the group of peer volunteers to be the leader. May be addressed as 'father or mother' by others in the group. Each enclosure/barrack/ward may have one senior peer volunteer and a number of peer volunteers under him/her.

Peer patron: the peer patron is a field-level prison official (head warden/senior warden) who forms an important link between the jail authorities, community and prison inmates. He is like a 'father figure' for the peer groups. He also takes regular feedback from the senior peer volunteers / peer volunteers and is a 'damage controller'.

Coordinator peer patron: A middle-level prison functionary at the level of assistant superintendent/jailor, responsible for supervising a number of enclosures/wards. Debriefing regarding functioning of the intervention will be at his level on a day-today basis.

Deputy Chief peer patron: The second-in-command in prison administration (Deputy Superintendent/ Chief Jailor) and is responsible for day-to-day internal administration and monitors the intervention. Should any level of networking fail, it is his task to put it in place.

Chief peer patron: The superintendent/governor of the prison who is in-charge of overall superintendence and control of the prison. He is the facilitator and a nodal point for networking and advocacy with community, government and policymaking levels.

This is essentially a “supervised” or guided peer-driven intervention. The reason behind this is that the inmates are a ‘floating’ population moving in and out of the prison. Most of the prisons in South Asia have a majority of under trials/remand prisoners with short and unspecified lengths of stay in prisons. In conditions like this, the role of the field-level supervisory prison official is that of a key facilitator and guardian. He/she is responsible for supervising and maintaining the group

This has enabled the interventions within the prisons to proceed smoothly. All the peer volunteers have been trained to use the peer guide that has been developed as part of the prison tool kit. The different countries have translated the peer guide into the languages of the respective countries to facilitate use.

6.1.6 Training Methodology

The training methodology adopted for the regional, national and site specific training has been one of engaging the participants in developing the ground rules and also enables them to develop punishments for breaking the ground rules in terms of harnessing the interest and skill of participants. The punishment for a person who has expressed skill in singing is that the person has to sing a song to the participants etc. The inventory of skills of the participants and the interests were gathered prior to the commencement of the training sessions. The philosophy that is underlying such activities are that instead of being punitive if we can positively harness their skills then the prisoners behavior can be changed and they can be made to play a positive role within the prison and outside in the community where they would move in after their release.

The training was focused on developing the following skills:

- Problem solving
- Conflict resolution
- Motivational aspects
- Leadership and accountability
- Dealing with group dynamics
- Benevolent authority practice
- Negotiation skills
- Change management

It not only initiated and oriented the personnel to the issues of drug abuse and HIV but also was aimed at building the skills that are listed above.

The program was designed in order to provide an apt mix of theoretical inputs, experiential learning through participatory methodologies (fair field, role plays, group discussions, etc.) and a field visit to a prison. The curriculum comprised of 20 per cent theoretical inputs, 30 per cent role modeling (sharing of experiences by managers/experts as resource persons in the field of drugs and HIV in prison settings) and 50 per cent of sharing by participants from member states.

The resource persons were carefully chosen based on their experience of managing and working (NGOs and researchers) in prison settings. Their sharing generated immense enthusiasm amongst participants and also motivated participants to carry back best practices to their respective countries. The curriculum for the regional TOT attempted to address knowledge, attitude and skills on prevention of drugs and HIV in prison settings.

6.1.7 Institutionalization of monitoring systems and formalizing them

The project in some countries has gone to the extent of formal monitoring of daily activities through the prison institution itself. The registers such as peer register, activity register and group registers have been introduced and are reviewed on a daily basis by the immediate supervisors. These are consolidated and reported to the hierarchy of the institution. This has been introduced in Sri Lanka and is working well.

In other countries such as India and Nepal the systems have not been formalized but are being carried out on an informal basis at the prison management level.

Bringing about this level of seriousness and involvement of the prison management is an achievement of this project.

6.2 Intervention with Street Children

6.2.1 Positioning of interventions where nothing existed

The issue of street children and their vulnerability to HIV was not recognized as an issue in the countries of Nepal, Sri Lanka and Bangladesh. Further, drug driven HIV among this target group was not recognized as an issue. In India a limited number of interventions were working with street children but were not addressing the issue of drug driven HIV. This project uniquely positioned and has been a pioneer in making the respective country governments recognizing

this as an issue and necessity to address it. Accordingly the interventions were commenced in all the countries

6.2.2 Variation in stages of drug use and classification

The use of drugs varies across the countries and even within the countries. In the case of India there are multiple drug use patterns commencing from substance abuse to hard core injecting. The project has been successful in identifying the different stages that the street children go through before they become hard core injectors. The following are the stages identified:

- New entrants into the street,
- Street children who have commenced living with others among the street
- Commencement of drug use by use of solvents and inhalers
- Transforming into injecting drug users
- Hard core fixers and injecting users

Though the project has not formally attempted such a staging and classification this is one of the major findings arising out of the intervention necessitating segmented strategic approach for each stage of movement of the street children.

6.2.3 Critical need of Mapping and Community Needs assessment established

The project document nor its subsequent revisions have been able to address the size estimation of street children nor has been able to map out the locations where the street children live in order to be able to focus on these geographic areas. Further, no community needs assessment was carried out to identify the needs of the street children. The absence of the information has hampered designing of street children interventions. The implementing agencies chosen for implementing the projects have been left to identify the areas where street children live as well as design their own strategy for implementation. Since the interventions were being implemented for the first time in countries other than India, there has been considerable variation that has occurred and the progress of the interventions in the different countries.

It is important that the mapping and community needs assessment is carried out and a strategy evolved prior to scaling up the interventions.

6.2.4 Who are Street Children?-established need for definition

There is no agreed upon definition of street children and the age group to which they belong. The inclusion of street children has varied across the countries. In Sri Lanka the youth up to the age of 30 have also been classified

as street children. There is a necessity to standardize the definition in order to have a common coverage across the countries. Further the following characteristics also need to be considered:

- Children who have no home and stay and survive on the streets
- Children who have home but mainly spend their time on the streets
- Children who have family linkages and hence go home once in a while
- Children who are completely cut off from the families and live on their own on the streets

The above list is not exhaustive but the project needs to deliberate upon these and be able to arrive at a common consensus as to who can be designated as street children and the nature and extent of coverage.

6.2.5 Capacity building of implementing partners-key requirements identified

The capacity building was mainly focused on awareness raising and the generic information regarding HIV/AIDS and was not specifically linked to the issues of street children. This can be diagnosed due to the following:

- Absence of information based on situational analysis and needs assessment
- Non-availability of existing models of working with street children in general and in the drug related issues among the children in particular
- Non-availability of expertise within the project team in working with street children as it was available in the case of prison interventions
- The street children had not been profiled to understand their characteristics and behaviour patterns
- The life style and reasons for seeking life of street children has not been explored
- A complete strategy had not been evolved for working with street children
- Vulnerability analysis was carried out only much after the project had commenced
- BCC messages and peer guide were developed only towards the end of the project

The general capacity building that has been carried out has enabled the stakeholders and implementing agencies to appreciate the issue and also be convinced that interventions need to be strengthened in working with this population.

6.2.6 Recognizing Challenges in working with street children

The following have been the findings as major challenges in working with substance abuse among street children:

- They are hidden and hard to reach
- Agencies do not have mechanisms to address substance use among street children
- To identify appropriate peers from ex-drug users among street children and using their services as peer volunteers for prevention and as role models has been difficult
- Follow up and continuity of intervention among this population is difficult due to mobility of the children
- Motivating and sending the children for detoxification is difficult due to non availability of facilities for children and the very high fee charged by centres where such facilities are available
- There is virtual absence of child friendly services in the area of STI and other services
- There is no mechanism for dealing with HIV among the street children- especially infected children

6.2.7 Hierarchies that evolve among the street Children and general practices established

The children when they first come to a city are befriended by some of the older children and certain relationships evolve among them and these need to be taken into account while working with them:

- Some older children take on the role of protection for the others who come under his protective circle and a sense of loyalty emerges among the kids
- The sexual interaction among them is common
- Certain kids practice slashing of their skin and mixing their blood thus claiming blood relationship of brothers and sisters (Bangladesh)
- They share everything and sharing of drugs is also common
- The leaders of the different groups need to be involved as peer leaders and volunteers to influence the other children in their group
- These children need to be used as key informants for informing new incumbents in the group in order that they can be identified quite early and sent back home as well as to identify the drug users and the stage in which they are in so that they can be intervened and risks reduced and addiction prevented

6.2.8 Issue of solvents identified

The issue of solvents being used for intoxication has been identified through this intervention for the first time and have been addressed by the UNODC. The other issue that has been identified is that free movement of people across

the borders and procuring pharmaceutical solvents from across the borders of India, Nepal and Bangladesh has also been identified as an issue requiring policy attention among the three governments in handling the issue. The free availability of pharmaceutical solvents and formulation that have alcohol base at the border also needs to be addressed through stricter implementation of drugs and pharmaceutical acts.

In the overall it needs to be stated that the interventions that have been initiated has brought to the fore the issues of drug abuse among street children and the requirement to evolve an informed strategy to address the issues of drug driven risk of HIV among the street children. This has initiated the intervention in countries where otherwise the vulnerabilities would not have been otherwise addressed.

6.3 Intervention among IDU-peer led intervention

6.3.1 Continuance of earlier project

This has been a continuation of the earlier project G-23 after its evaluation it was decided to support 16 of the interventions. The project actually supported 17 such interventions.

6.3.2 Creation of Committees of Concern

The interventions have succeeded in creating committees of concern consisting of different stakeholders in order to address the different issues of demand reduction as well as supply reduction of drugs. It also enables referral to the different services required by the IDU by establishing linkages and networking with other agencies providing different services such as detoxification, treatment for drug addiction, relapse prevention and risk reduction through counselling on psycho-social issues.

This initiative has worked well as a continuation of the earlier project but its relevance as part of project H 71 is major question that needs to be considered closely in the next phase of the project

6.4 Care and Support intervention for HIV Prevention among IDU

6.4.1 Creation of Committees of concern

The interventions have succeeded in creating committees of concern consisting of different stakeholders in order to address the different issues of demand reduction as well as supply reduction of drugs. It also enables referral to the different services required by the IDU by establishing linkages and networking with other agencies providing different services such as

detoxification, treatment for drug addiction, relapse prevention and risk reduction through counselling on psycho-social issues.

6.4.2 Intervention with families of IDU

The project to a large extent has attempted to work with the families of IDU in order to reduce stigma and discrimination within the family setting and also attempts to enable the family members help the recovering addicts by ensuring family support to them. The project to a large extent has been able to achieve this by working with the families.

6.4.3 Creation of self-help group/ alternative activities

The project has been able to establish and organize the drug users and recovering addicts into organized groups in order that they can form the support groups as well as provide alternative activities for the IDU. However, these groups are yet to commence functioning as an empowered group with income generation activities. These groups are in its initial stages and yet to take off because the project itself is yet to mature and the project has not developed strategy to link up with micro finance schemes.

The project has not analyzed the situation and the extent of the problem in the area. The linkages have been established with the existing service provision facilities but the availability of services is poor both in Nepal and Bangladesh. Hence, the scope for the project to enhance its coverage will depend upon the National Programs creating service provision in the country. The relevance of including high-risk group along with the vulnerable population also needs to be considered. Further, fragmentation of IDU project across different portfolio of projects of UNODC also needs to be seriously considered and integration of all aspects of IDU under a single consolidated project needs to be considered as a strategy.

6.5 Project Strategy and implementation

At the beginning of the project the situational analysis at the regional and country level had been carried out on a macro level identifying the issues of drug abuse, incarcerated population, street children and young persons involved in drug addiction. There were no hard core evidences developed in each country through a country level situational analysis. One of the significant achievements has been the sensitization of the counterpart ministry officials in recognizing the problems and issues underlying these areas.

The project strategy has been mainly centered around the following:

- Enabling implementation through the counterpart ministry officials

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- Build capacity of the counterpart staff to carry out situational analysis and mount evidence based intervention
- Initiate pilot interventions, evolve strategies and scale up

Considering that there were no interventions in these sectors especially in countries like Nepal, Sri Lanka and Bangladesh and to a limited extent in India the strategy of involving the counterpart ministries and building their capacities seems quite appropriate. The initiating of pilot interventions also is an appropriate step but the strategies for implementing the pilot initiatives were not developed in detail at the initial stages of the project. The conclusion of G-23 and in order to support the IDU interventions and peer- led interventions seems to have been the compelling reasons for including these as part of the H 71 project.

The prison interventions have followed a definite strategy for implementation especially in the areas of buy in, training and evolving a structure for intervention. However, even these have run into rough weather in the case of countries like Bangladesh where the political environment was rapidly changing and there was no conviction among the counterpart staff. This clearly delayed the commencement of the intervention at least by a year. In other countries such as Nepal and Sri Lanka the start was only reluctant but the change and acceptance was quite rapid.

In the case of street children there has been no definite strategy adopted except following a training curriculum to create the awareness regarding the basic facts of HIV. Only towards the end of the project has it been attempted to develop IEC materials for use with street children. There has been no detailed study of the situation of street children and mapping of the street children population within the countries and also in studying their behavioural patterns and practices. Instead this was left to the individual agencies chosen for implementation to develop these. The site selection and working methodologies were also carried out by the organizations themselves. Thus the coverage and profile of street children covered have significantly varied across the countries.

In the case of young drug users and the IDU the inclusion of HIV prevention seems to be an artificial add on considering that very few intervention partners had the service offer facilities. This IDU and injecting drug user program needs to be a comprehensive program separately implemented rather than as part of this project.

6.6 Achievement of outputs

Output 1: Implementation, coordination monitoring and evaluation arrangements for implementing the project at the regional and national level are in place

- A project office has been established in ROSA and project staff have been recruited for project implementation
- A Project Advisory Committee (PAC) has been established with the desired representation from the different stakeholders
- Focal points have been identified within the National Counterpart authorities to carry out the implementation, inter-agency collaboration and supervise & monitor the implementation
- Logical framework was revisited using a short-term consultant and a regional meeting has been organized for agreement on logical framework and monitoring and evaluation framework
- Efforts have been in place to secure additional funding as evidenced from the additional flow of funds to the project
- PAC meetings have taken place

Output 2: Service providers working with drug using vulnerable groups are in a position to serve their clients in selected high risk settings and reduce the risk of HIV

- Training needs assessment of service providers working with vulnerable groups carried out
- Resource assessment of trainers and training agencies carried out
- Training toolkits have been developed- Prison and Street Children
- 3 regional training of trainers conducted and 82 master trainers have been trained in the different themes

Number of Master Trainers Created

Country	Prison	Street Children	IDU
Bangladesh	4	3	7
India	9	10	10
Maldives	3	2	-
Nepal	4	10	5
Sri Lanka	8	7	-
Total	28	32	22

Number of Service Providers Trained

Country	Prison	Street Children	IDU	PLI
Bangladesh	22	24	26	29
India	52	85	46	25
Nepal	26	23	26	-
Sri Lanka	121	27	-	23
Total	221	159	98	77

Output 3: Twelve pilot prison-based programs in HIV prevention among incarcerated drug users in place

- A tool has been developed for studying the current profile among prison population and the vulnerability analysis completed
- A prison module has been developed and disseminated for prison based programs in HIV prevention among incarcerated drug users
- 22 prison interventions have been supported
- The lessons learnt are being documented

Output 4: Twelve pilot initiatives among street children are established and best practice areas identified

- A tool has been developed to identify and monitor the profile of drug use amongst street children and the current profile of drug use and vulnerability to HIV has been carried out
- A peer guide has been developed and field tested
- 15 pilot-initiatives for drug abuse related HIV/STI prevention among street children and young people have been initiated and supported
- The lessons learnt are being documented

Output 5: Ten care and support pilot initiatives for HIV prevention among IDU in referral, relapse prevention, self-help groups for income generation/alternative activity, HIV/STI prevention counselling, IDU risk reduction, and counselling on psychological issues, are established

- NGOs have been identified to carry out activities
- Documentation is being carried out
- Lessons learnt are also being documented
- 10 pilot interventions have been initiated and supported

Output 6: 16 peer-led interventions initiated by Project RAS/G23 for reduction of risk-taking behaviour among young people are supported

- 17 peer led interventions have been supported after the evaluation of RAS/G23

In the overall analysis the project has been able to achieve most of the outputs it planned to achieve.

6.7 Building capacity of counterpart staff

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The capacity of the counterpart staff has been sufficiently built in order for them to understand the issues regarding drugs and HIV. The focus of the capacity building has been to raise the awareness of the counterpart staff and recognizing the issues of vulnerability in their setting but has not been able to build the capacity in terms of:

- Conducting situational analysis and mounting evidence based interventions
- Ability to carry out advocacy in terms of linkage of these issues with the National Program on HIV/AIDS
- Capacity in program planning and management including contract management
- Monitoring and assessing the performance of the project based on defined indicators

6.8 Management arrangements

The management arrangement at the UNODC ROSA office has been appropriate in handling the project. The entire team has been in place only over the last one year and has been put in place in phases. The expertise on street children has not been brought into the project nor has it been envisaged in the original structure. The structure also did not consider the necessities of a capacity building expertise nor the expertise in monitoring and evaluation.

The Project Advisory Committee (PAC) with appropriate representation from different stakeholders has been able to provide the appropriate governance mechanism for the project. The representation from the national AIDS project organization from the respective countries could have facilitated the necessary linkage with the national AIDS prevention programs.

The location of focal points within the counterpart ministries and leaving them to manage the interventions from the point of ownership has worked well but in terms of technical support to the interventions and monitoring this has not worked well. The counterpart focal points handle many functions within the ministry and the managing of interventions is one among the many functions and hence, does not get the appropriate attention.

6.9 Choice of partners and intervention initiation

The partners for the interventions are recommended by the counterpart ministry based on a set of criteria provided to them by the project. The choice of the partners in most cases has depended on the past relationships and the working relationships that the ministry has had with the organizations. There has been no further assessment of the partners by the project before contracting by the ministry.

The partners have not been requested to submit any proposal describing the intervention that they would be carrying out in the area by analysing the needs and hence deriving the activities that they would be performing. Therefore, the reach and coverage of the intervention is not defined and left to the implementing agencies to explore and decide. The contracting is only based on the Terms of Reference (TOR) provided to the agency that only provides the following:

- The qualification of the different staff to be employed
- The job description of each of the position and the job responsibilities
- The financial outlay for each of the interventions

This contracting mechanism does not provide any output indicator to be achieved by the implementing agencies and hence, there is no clarity on accountability. The situational analysis not being provided by the implementing partners does not provide the potential of the area for the intervention as well as the reach and coverage that the partner is intending to achieve. This is an open ended mechanism and therefore does not lend itself to the project management principles of indicator based monitoring and supportive supervision.

6.10 Assessment of Vulnerability

The baseline assessment of the vulnerabilities among the prison inmates and the street children have been completed after initiating interventions and the following are the vulnerabilities:

Prison Setting:

- The onset of drug use and initiation into sex as early as 15 years old
- Awareness / Knowledge on HIV transmission is not significant
- Risk behaviors of the respondents include:
 - Unprotected sex
 - Consumption of drugs
 - Injecting - an emerging concern
 - Sexual harassment
- Creating an `enabling environment' in the prisons
- Capacity building/ training and sensitization of key stakeholders in the prison community
- Advocacy and networking
- Providing knowledge and skills to address drugs/HIV issues/ life skills
- Developing appropriate toolkits
- Information and education in a language and idiom that is relevant, in a manner that is acceptable and by messengers that are trusted
- How HIV is transmitted and prevented

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- The linkages between drug use and HIV towards increased self risk perception
- Harms associated with drug abuse especially IDU
- How and where to get tested for HIV
- Information on STI
- Information on safer practices
- Information on how to use a condom correctly

Street Children:

- Alcohol, drugs and inhalers are the main form of drug addiction in Bangladesh and India, while alcohol is the main form of addiction in Sri Lanka
- Drug sharing is a common practice in all countries in the region
- Use of drugs in children less than 12 years is high in Bangladesh
- Paid sex among children is also high in Bangladesh
- Anal sex is high in Bangladesh and to a certain degree in India
- Condom use is low among street children in all countries
- STI symptoms high in Bangladesh
- Knowledge that condom use prevents STI/HIV is high in Bangladesh and Sri Lanka
- Stigma of HIV among street children is high across the four countries
- Risk perception is high in Bangladesh and moderate in India and Sri Lanka
- Most of the street children want to get tested for HIV but have not been tested
- Intervention exposure high in India and Sri Lanka but low in the other two countries
- The knowledge of where to seek treatment for drug addiction is high in Bangladesh and about 50% in Sri Lanka and low in India and Nepal and in general treatment seeking for drug addiction is low across the countries
- Knowledge among street children regarding places to access to condoms is high in all countries except Bangladesh

6.11 Ability to address gaps

There has been no situational analysis that has been carried in order to analyse needs and address the gaps. However the following gaps have been identified during the course of the evaluation:

- Child friendly services for street children for STI/HIV
- Segmentation of the children according to the stage of entry and the risk levels and design appropriate strategy

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- Scaling up plan and management of expanded project including rapid capacity building

The ability of the project to be responsive to identify and address the gaps in the project needs to be strengthened through strengthening the Monitoring and Evaluation and the feedback loop.

7. Lessons Learned

7.1 Project management arrangements

The existing arrangement and governance structure has functioned well and the buy in from counterpart staff has also been working well. The focal points that are identified within the respective ministries are assigned the management of the interventions by the implementing partners. The focal points carry out the management not as an exclusive responsibility but as one among many of their responsibilities. Hence, the attention that they can provide to the management of interventions is minimal.

Further, the counterpart staff are quite new to the area of HIV and socially oriented project implementation it may not be possible them to provide effective supportive supervision to the partners and evaluate the quality and appropriateness of the implementation strategy. The capacity building has also not focused on building program management skills.

In such a short span of time it has not been possible to build the capacity of counterpart staff in developing and mounting evidence based interventions. The concept of working through the ministry is good and worked well but in terms of the interest of effective project management and designing of project it would be necessary to consider certain alternative mechanisms

7.2 Mode of implementation

The implementation of the interventions is mainly through the NGO partners identified and recommended by the ministry in the respective countries. The contracting and funding is through a detailed Terms of reference (TOR) that only provides the outline of the intervention and provides the detailed roles to be played by the different staff of the intervention.

This mode of implementation does not entail the participative nature of contracting through the implementing partners being contracted based on the proposal submitted by them. In developing the proposal the NGO carries out a situation analysis, conducts a needs assessment of the target group, facilities and services available in the area, the current level of knowledge, attitude and practices, beliefs and myths and misconceptions regarding the various issues.

This also provides information about the health seeking behaviour and the factors that drive the risk among the target group.

The methodology and strategy of intervention is based on the evidence that has been generated and therefore the intervention design is based on the needs and is responsive to the requirements of the target groups. The current mode of implementation without seeking a proposal is devoid of these factors and hence there is no ownership and accountability among the implementation partners.

The project has not carried out any assessment of the implementation partners but has based its contracting entirely on the criteria based assessment of the counterpart ministry. Thus it has missed an opportunity to assess the strengths (both management and technical) and weaknesses of the organization. It has not been possible to assess the adequacy of the systems within the organization. The capacity building requirements have also not been assessed.

The reasons cited for not carrying out the assessment is the political overtones that may arise if the organizations are assessed and chosen. The same process could have been carried out jointly by the ministry and UNODC (through an external consultant) after accepting with the ministry regarding the choice based on their recommendations. The assessment would have provided information on the areas of capacity building and the extent of handholding that would be required.

7.3 Short-term orientation

The entire operations have been on the project mode and hence the focus of the project document itself has focused only on outputs and the outcomes of the pilot in the different target segments have not been detailed. It needs to be stated that working on a project mode restricts the scope of the vision and hence only short term outputs and activities are considered and the strategic direction would be given lesser priority because the engagement is with resource generation and getting the project off the ground.

However, on the contrary if the engagement is with a Programme Orientation then the long-term outcome and impact levels are considered and the stress is on strategic initiatives with clear behavioural and service level utilization markers/indicators. The design of the programme would be after substantial preparatory phase and is positioned well in the hierarchy of prevention/care and support programmes in the region and aligns itself with the national prevention and control programmes.

Strategic approaches as in the case of prisons (though done after commencement) would be required for the initiatives with street children and

IDU. The pilot has served the purpose of testing and fine-tuning the strategy for scaling up in the case of prison interventions, but not in the other areas.

7.4 Extremely good level of buy-in by the stakeholders

As has been stated earlier in the major findings the buy-in from the counterpart ministries/departments as well as the other stakeholders. This has been possible because the project adopted a cafeteria strategy of offering a menu of options and the countries were allowed to choose the interventions that they considered important. This non-prescriptive approach has been one of the major causes of buy-in.

Further, the countries were oblivious to the issues that they need to address with the vulnerable population. Hence, when the orientation and capacity building programmes were conducted and the vulnerability analysis was shared with them they were convinced regarding the issues. Further, in the process of implementing the pilot initiatives the stakeholders were able to see for themselves the extent of existence of the issue. This acted as the change agent and transformed the stakeholders from a state of denial to recognizing the issue and the willingness to scale up.

7.5 Linkages with the National HIV prevention programmes

In all the countries where the programme is being implemented the project seems to be working as a parallel programme without any linkage with the National HIV Prevention Programme in the respective countries. This, at a pilot stage may not cause any problems but when the project needs scale up needs to be linked up with the overall National Strategy and needs to be positioned as a mainstreaming effort of the other related ministries/departments in order to gain national importance.

Hence, the involvement of the program planners at the National Level need to be involved in the design and implementation aspects of the programme. The programmes being implemented among the vulnerable population needs to be part of the overall national strategy for HIV.

7.6 Monitoring and review of the project

The overall project conception in the project document does not provide any direction nor covers aspects of project monitoring and management of results. Therefore, at the implementation levels also the aspect of monitoring and review has been weak. The weakness in this area can be attributed to the project conception and design as there is no output indicators spelt out.

Since, the contractual obligations are based on the TOR provided to the implementing agencies there is a clear absence of any indicator that can be

used for measurement and assessing project progress. The level of reach and coverage and service provision has not been part of the contracting mechanism. Therefore, the accountability is low and the entire monitoring process has been qualitative in nature based on the reporting from the partners rather than site supervision and observation of interventions by the counterpart staff.

7.7 Project management capacity

The project planning and management capacity is weak at all levels and therefore needs to be strengthened. Further, the systems for planning, contracting, monitoring, review, feedback and reporting also needs strengthening at all levels.

7.8 Quantum of funding and continuity

The quantum of funding is extremely low for implementation of the interventions. The project has been able to initiate the interventions at a low level of resource deployment. However, the level of importance attached to a project is directly correlated with the scale and quantum of funding. Since the quantum of funding is small, it has not been possible to evolve systems and build capacity in project management aspects. Hence, though the project has been able to achieve certain aspects of the pilot with minimum resources, it would be essential to build in and generate resources for the critical aspects of the project in order to have any significant achievements.

7.9 Lessons from Prisoners Interventions

- Involvement of prison management critical
- It needs to be nurtured and scaled up and opportunity capitalized without interruption
- Bangladesh because of the political situation- commenced late and there was a long gap in providing training leading to delay in interventions-assess political conduciveness to commence interventions
- Maldives- coordination and convergence (due to diverse components in a single project) requiring concurrence of different ministries- causing problems- non-starter
- It has been a good exercise in bringing about awareness and changing the mind set of the officials concerned to the requirement of intervention and increasing awareness
- Transfer of ownership has brought about institutionalization within prisons and also the systematic involvement of the prison management in implementing and monitoring the program
- Linkage with community and social networking to follow up the prisoners being released and follow up their roles in the larger society

as well as whether the environment is facilitating sustenance of the change

- Segmentation of prisoner category and linkage with intervention and duration of prisoner stay- strategy needs to be evolved and critical-remand awareness and knowledge and convicted to work towards behaviour change
- Pilot successful- need to move from project to program mode for impact
- Peer guides and prison modules need to graduate from awareness to behaviour change with facilitators guide and roles and responsibilities of different stakeholders
- Applicability of existing module needs to be reviewed and if found necessary upgraded and modified
- Time is ripe for generalization of approach, strategy and module for regional application
- Documentation of approaches and processes essential- need to be carried out

7.10 Lessons from Street Children Intervention

- Mapping and identification of locations where the drug using street children is necessary and essential in order to intervene with a hidden population of this nature
- A situational assessment that provides the typical profile of the target group, their knowledge, attitude, practices, myths and misconceptions, beliefs, risk perception and typical behaviour and activities are essential to design an effective intervention
- Responsive strategies that are oriented towards the needs of the target group and harnessing the potential of group dynamics and peer involvement need to be evolved and disseminated in order to enable potential implementing partners to design interventions
- Appropriate and strategic communication messages and materials been designed taking into account the current level of behaviour patterns and also identifying the desired behaviour changes that the interventions intend to bring about within a specified time frame but has not been still put to use
- The communication strategy needs to be supported by availability of children friendly services and be able to meet the requirements of the target population. Stigma free environment would be necessary for the target group to access and use services
- Solvents and pharmaceutical formulations have been identified as the first stage of addiction that the children get into. The availability of such formulations is governed by the implementation of drugs and pharmaceuticals rules. A policy orientation in the region needs to be brought about by involving the pharmaceutical-trade associations in order that the procurement can be restricted to sale only on production

of prescription by regular registered medical practitioners. Further, the pharmacists themselves can be used as counsellors

7.11 IDU Interventions

- Injecting drug users are high-risk groups and the interventions dealing with the IDU as part of the project seems out of place
- Provision of interventions piecemeal through projects dilutes the effectiveness because of the dependence on other projects being implemented
- It would be necessary to develop a comprehensive package of interventions for IDU and provide them as a single comprehensive project rather than mixing it up with different portfolio of projects

8. Constraints that impacted program delivery

8.1 Uncertainty in the overall resource envelope

The overall resource availability could not be ensured prior to the commencement of the implementation. The implementation commenced with the limitation of the availability but expanded with the progressive flow of resources. The scale at which the project could be fixed has varied over the implementation and hence, has impacted the project delivery.

8.2 Strategy and Vision

The project document has been too generic in terms of the situation analysis and has been macro in its approach. The strategy and vision for the entire scheme of things have been limited to short-term implementation orientation. The non-availability of evidence and a deeper understanding of the different population groups envisaged to be covered at the time of design of the project has hampered the strategic approach being developed. The limited vision and strategic approach has hampered the project delivery

8.3 Continuity of leadership and availability of team

The design and conception of the project was carried out by a team and the initial leadership that was spearheading the implementation was lost due to sudden quirk of fate. After the death of the initial project coordinator, the project had a gap in leadership for a considerable period. This gap and break in leadership has impacted on the project delivery. Further, the full team envisaged for the project itself was not in place at a single point of time. The team was available almost after 8-10 months after the implementation commenced. This has also hampered the effective delivery.

The absence of certain expertise such as for street children and monitoring and evaluation within the project team has been significant gaps. The capacity of the team itself has not been built in the areas of project planning and management.

8.4 Evolving Nature of the project

The project and the implementation have been evolving over the course of last 18-20 months. This has been mainly due to the time taken for understanding the nature of the different vulnerable populations and the different agencies that need to be brought in for initiating the interventions. The absence of a clear definition of street children (defining the target group) for example has also caused this. The needs and requirements of the target group have also been identified in stages causing changes mid way.

8.5 Political Issues and uncertainty

The political change in Bangladesh and the religious beliefs has made the progress of the implementation slow in that country especially among the prisoners. Further, the time taken for the buy-in by the counterpart ministries was not taken into account in the project design. The coordination problems among the different ministries have made the project a virtual non-starter in Maldives.

9. Recommendations

9.1 Project management arrangements

The focal points within the ministries are managing the implementation of the intervention along with the other responsibilities that they handle within the ministry/department. In order to provide full time focus and at the same time not dilute the involvement of the focal point staff the following is suggested:

- Establish a technical support unit within the ministry consisting of 3-4 full time professionals to handle the overall project management and monitor the implementation. This unit will report on the progress periodically to the ministry.
- This unit will be accountable for periodic monitoring and reviewing the progress of the implementation by the partners
- The capacity building of the partner organizations will also be the responsibility of this unit

9.2 Mode of Implementation

The implementing partners recommended by the ministry will be assessed jointly by the counterpart staff and the UNODC staff to assess the strengths and weaknesses of the organization, quality of the systems available within the organizations and the quantum and sources of funding. After this assessment the partner organizations will be invited to submit proposal for the interventions that they envisage to carry out after carrying out an assessment on the ground. It would be necessary to prepare a protocol for needs assessment and also a format for preparation and submission of proposal.

The contracting and funding will be based on the proposal submitted by the organization. The organization in its proposal will provide the reach and coverage and level of service indicators and these indicators will form the basis for assessing performance.

9.3 Shift from a project to a programme mode

In the case of pilot interventions it would have been alright to work on a project mode without a long term orientation. However, while scaling up a strategic orientation focused on outcomes will be necessary. Therefore, the programme needs to be designed with long term goals and outcomes, while the different projects within the programme need to contribute to achieving the outcome and goal (impact). The resource requirements also need to be carefully estimated and sources identified prior to the commencement of the programme. Implementation also needs to have at least a five year horizon.

9.4 Utilize the current climate to scale up

The buy-in from the counterpart staff has been extremely good and this opportunity needs to be utilized for scaling up without any interruption. Any break in the project would entail that the whole process needs to be commenced once again. Further, using the lessons learned during this process of implementation work with other countries in the region such as Pakistan and Bhutan as well.

9.5 Strengthen Project management capacity

It is necessary that the entire project team at the UNODC and the counterpart ministry be provided capacity in project management aspects. This can strengthen the orientation of the team to result orientation and be able to bring about an overall result orientation up to the partner level. Further, at the level of UNODC it is suggested that the team is strengthened with infusion of expertise in the area of street children and Monitoring and evaluation.

9.6 Linkages with the National prevention programmes

It is essential to develop an advocacy package using the achievements in the pilot phase and the necessity to scale up interventions with the vulnerable population. The findings need to be shared with the National programme. The project needs to work towards positioning the intervention with the vulnerable population as part of the mainstreaming effort of the ministries other than the ministry of health. The implementation needs to be aligned to the national strategy.

In the formulation of the next phase it is essential to involve the programme planners of the National Project. It is suggested that these personnel be co-opted into the Project advisory Committee.

9.7 Prison Interventions

- Current situation favourable and without loss of time needs to be scaled up
- India- Linkage with NACO and the State authorities and SACS
- Nepal- Linkages with National AIDS Program
- Sri Lanka- Needs to include in the five year strategy being developed
- Materials needs to be upgraded and modules reviewed for applicability at this stage needs to be carried out
- Training curriculum needs to be reviewed and revised as found necessary and facilitators guide needs to be developed
- Post-release social networking strategy for linkage with the community for prisoners go out as providing enabling environment for change sustenance
- Communication strategy needs to be developed
- The program needs to be scaled up and commenced in Male and strengthened in Bangladesh as well as extended to Bhutan

9.8 Street Children Interventions

- Carry out a comprehensive study of the situation through mapping and needs assessments of the street children in general and the drug using street children in particular.
- Map out the existing interventions with street children especially in India and examine how these approaches can be adopted/adapted to deal with the drug and HIV issues with street children
- Evolve a strategy document for working with street children
- Developed implementation modules and guides for working with street children need to be used to provide capacity building to the implementation partners
- Develop appropriate messaging that is need based and based on targeted behaviour change. BCC messages and materials need to be evolved for use among the target population.

- Appropriate user friendly services also needs to be provided as part of the project or at least cause to effect the availability of services through the project. The linkages with the National Prevention Programmes can facilitate this

9.9 IDU and Peer led Interventions

As has been observed under the lessons learned it is essential that all IDU related interventions be consolidated under one large intervention rather than being spread across the different portfolio of projects being implemented.

10. Overall Conclusions

The project in its short tenure has been able to bring to focus the issues that it set out to address and also managed considerable buy-in from the counterpart staff. The level of buy-in has been good because it has been able to transform the mindset of the key stakeholders from denial to acceptance of the existence of the problem and also realizing the necessity to scale up.

The project has enabled the implementation of the interventions where nothing was available prior to the project. It has served to increase the knowledge and awareness among the stakeholders and the target population.

Though the project has had several constraints, it has been able to overcome these and demonstrate that it is possible to achieve results with tenacity and purpose. The implementation teams at all levels need to be complemented for being able to achieve the results that they have achieved thus far.

It is essential to quickly put together the next phase without much loss of time in order to be able to cash in on the favourable environment that has been built.

The Prison interventions need to be scaled up with requisite funding arrangements and transfer the ownership to the prison management structure.

In the case of the street children carry out considerable ground work to develop the strategies prior to scaling up the interventions.

The IDU and the Peer led interventions need to be transferred and consolidated under a single IDU intervention.

Annex 1. Terms of reference



UNITED NATIONS OFFICE ON DRUGS AND CRIME
TERMS OF REFERENCE FOR THE PROJECT EVALUATION

Project Title:	Prevention of spread of HIV amongst vulnerable groups in South Asia
Project Number:	TDRASH71
Duration	January 2005- December 2007
Drug Control Sector	Drug Demand Reduction
Government Counterpart	National Counterparts in Bangladesh, India, Maldives, Nepal and Sri Lanka dealing with the problem of Drug Use and HIV/AIDS
Executing Agency	UNODC ROSA
Project Budget	US \$ 1,470,000 (including 13 per cent PSC)
Donors	UBW (UNAIDS), DFID, and Sweden.

I. BACKGROUND

South Asia is battling the twin problems of substance use and HIV/AIDS. The governments and civil societies have responded through various interventions aimed at prevention of substance use and its consequences such as vulnerability to HIV. However, certain population groups often get left out of these responses. Street Children and prison populations are such groups. The quality and the quantum of information available from South Asian countries on the issue of drug abuse and HIV/AIDS vulnerabilities and responses vary considerably from country to country and also among various regions inside each country. Since a large number of the prison population (both under trial and convicts) is incarcerated for drug or drug-related crimes, it is critical that the information base to capture the profile is developed and appropriate drug and HIV risk reduction strategy and interventions are developed.

Interventions, even when available, are often not directed specifically at vulnerable population groups such as prison inmates, young people and street children. There is a lack of cohesive, coordinated response from drug demand reduction and HIV/AIDS prevention agencies in some countries. The region lacks a comprehensive intervention toolkit that primarily focuses on community management for risk-reduction amongst these high-risk groups.

The project aims to intensify efforts to reduce drug-related HIV/AIDS amongst vulnerable high-risk groups in South Asia. By strengthening the capacities of existing governmental and non-governmental organisations engaged in the prevention of substance abuse related HIV/AIDS on the one hand, and targeting vulnerable high-risk populations on the other hand, it aims to address existing gaps identified through a participatory process. Intervention programmes for certain vulnerable high-risk groups (incarcerated substance users, young people - especially street children - and those affected and afflicted by drug abuse and HIV/AIDS) will be developed and scaled up for an expanded response to prevent drug use related HIV/AIDS in the region.

The immediate objective of the project therefore is to:

To enhance institutional and technical capacities of relevant ministries and civil society partners to mount effective intervention programmes to reduce the risk of substance-related transmission of HIV among selected high-risk groups.

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The project started in January 2005 with a total approved budget of US\$ 970,000. At the time of operationalising of the project, only US\$ 485,000 was available from UNAIDS UBW and the project staff was hired by March 2005. Therefore efforts were made by both UNODC HQ as well as UNODC ROSA to mobilize additional funds for the project. As a result of these efforts DFID contributed US\$ 524,095 for the India component only. Subsequently, funds to the tune of 280,000 was received (in two instalments) by SIDA. In May and July 2007, SIDA contributed US\$ 200,000. The current total budget of the project is US\$ 1,470,000.

II. PURPOSE OF THE EVALUATION

This external evaluation initiated by the UNODC is part of the end of project evaluation. The purpose of this evaluation is to measure achievements, outcomes and impacts both positive and negative. The overall purpose of the evaluation of this project is to learn from the project implementation so that lessons can be drawn that form the basis for instituting improvements to future project planning, design and management.

The main stakeholders are the national counterparts in drug demand reduction primarily (the line ministries of UNODC) and drug related HIV/AIDS prevention, and prisons. The stakeholders include NGOs and service providers in the field of drug demand reduction, Prisons and drug related HIV prevention.

III. SCOPE OF THE EVALUATION

The evaluation is proposed to be conducted at representative sites in the region during the first week of September 2007 for a period of 28 days. It falls under HIV and drug demand reduction theme.

The evaluator should focus on crucial and strategic issues during project design and implementation. While the major emphasis shall be to on measuring outcomes, impact and sustainability the evaluation will also analyse project concept and design, and project implementation.

The evaluator also shall assess whether the desired results have been achieved, and if not, whether there has been some progress made towards their achievement, whether the programme addresses the identified needs/problem (relevance), whether the programme/project contributes to a priority area or comparative advantage for UNODC in the region or country.

The evaluator will ensure that lessons learned from the project will be recorded and recommendations on possible follow-up activities will be made as appropriate.

Project concept and design:

The evaluator shall assess project strategy, approaches, design and fund flow mechanisms with special reference to:

- a. The adequacy of the analysis and identification of the problem to be addressed;
- b. The relevance of the long-term objective to the prevention of drug abuse and HIV/AIDS amongst vulnerable groups in South Asia;
- c. The clarity, logic, and coherence of the original project design including the revised project documents;
- d. The manner in which the project addressed the problem and the strategy in terms of appropriateness and obtain ability of objectives (both immediate

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and long-term) and attainability of planned outputs and activities within the time frame/appointment of personnel and inputs provided in the original project document.

- e. The executing modality and managerial arrangements, and the agreed prerequisites by the project partners and government counterparts;
- f. The appropriateness of the immediate objectives to achieve the long-term objective of the project; (as compared to alternate approaches to accomplishing the same objectives) and
- g. The relevance of the outputs to achieving the objectives.

Project Implementation:

The evaluator shall assess:

- a. Whether the project strategy has been implemented as planned in the project document or it has been revised (and for what reason) during the course of the project implementation;
- b. The executing and implementing modalities and managerial arrangements and its impact on program delivery issues;
- c. The inputs, outputs, implementation methodologies and therefore the appropriateness of agreed prerequisites for project implementation;
- d. The terms of reference, efficiency and effectiveness of project management in carrying out the activities to achieve each of the outputs;
- e. The annual work plans and planned duration of the project and the agreement reached in the Project Advisory Committee meeting, the work plans proposed therein;
- f. The adequacy of inputs in the documents cited in (a) above in relation to the planned and outputs and activities and the adequacy of the inputs in relation to the work plan.
- g. The administrative monitoring and backstopping of the project by UNODC Headquarters, UNODC ROSA and the Government counterparts;
- h. The efficiency and effectiveness of other partner agencies;
- i. The planned duration of the project as well as the ability of the project to meet with the emerging needs / changing trends of the problem;
- j. The obstacles encountered and measures taken to overcome them;
- k. The fulfilment of agreed prerequisites by the project parties and its impact on the project deliverables; and
- l. Indicators utilized to verify achievements of objectives.

Project Outputs, Outcome, Impact and Sustainability:

The evaluator shall assess the quality and quantity of outputs produced and of outputs likely to be produced, outcomes and impact achieved or expected to be achieved by the project. This should encompass an assessment of the achievement of the immediate objectives and the contribution to attaining the drug control objective. If objectives other than drug control objectives are stated in the project document, the evaluation should also assess the achievement of these, but care should be taken to prevent the evaluation from diverting if the project has had significant unexpected effect, whether of beneficial or detrimental character. The evaluator should, in particular, assess:

- a. The ability of the project to provide an assessment of the situation in relation to drug abuse and HIV/AIDS related vulnerabilities among street children, incarcerated populations and young drug users as conceived of in the original project document and subsequent revisions; and the ability of the project to capacitate agencies to mount evidence-based responses to reduce such vulnerabilities.
- b. The ability of the project to address the gaps assessed and the ability of the project to produce standardize interventions in risk-reduction amongst

- young drug users through the development and use of peer-led intervention toolkit to capacitate agencies to mount responses;
- c. The ability of the project to build capacities to mount evidence-based interventions in the field of drug abuse and HIV prevention and other tools.
 - d. The ability of the project to reach the immediate objectives towards attaining the long-term objective of the project;
 - e. The likely impact in terms of drug control; and
 - f. The likely sustainability of project results.

Findings, Lessons learned and Recommendations

As Project RAS/H71 is one of the first regional projects on matters relating to prisons and street children, the evaluator shall make recommendations, as appropriate. Recommendations may also be made in respect of issues related to the execution and implementation of the project. They should constitute proposals for concrete action, which could be taken in future to improve and rectify undesired outcomes and could be included in the design of future regional projects.

The evaluator should record lessons learned from the project, which are valid beyond the project itself. The evaluation shall also record the difference this project has made to the beneficiaries and their willingness to sustain the activities.

IV. EVALUATION METHODS

The evaluator shall follow the guiding principles for evaluations at UNODC (attached).

The original project document and revision documents, agreements reached with national counterparts and donor agencies, financing agreements, and reports submitted to review meetings and minutes of review meetings shall be the basic documents for review. The semi-annual and annual reports, mission reports, reports of trainings and workshops and drafts of reports, toolkits and publications produced by the project shall also be taken into consideration.

The evaluator will study the relevant documents and publications by the project. These documents will be sent to the evaluator prior to the commencement of the mission. In addition, any other documents that may be requested by the evaluator will be made available during a briefing in Delhi by UNODC. The evaluation should include participation of partners and stakeholders. The evaluator will interview the representatives from the competent authorities of as many of the project countries as feasible, visit at least three countries where training programmes were conducted, interview some of the participants of the training programmes especially those who underwent training of trainers programmes, and visit at least three sites in at least two countries where interventions were undertaken. Effort should be made to interview beneficiaries of this project. The evaluator may use questionnaires, observation and other participatory techniques such as focus groups, etc.

The evaluator should not have been involved directly in the design, appraisal or implementation of the project. Furthermore, (s)he will not act as representative of any party, but should use an independent judgement.

V. EVALUATION TEAM

One evaluator will be selected for the evaluation. The evaluator is to be appointed on the basis of extensive experience in drug demand reduction and working for HIV with the high risk groups, project implementation, monitoring and evaluation. It is preferable that the evaluator be recruited from South Asia and is familiar with work done in South Asia.

VI. PLANNING AND IMPLEMENTATION ARRANGEMENTS

The Project Coordinator and the project team will brief the evaluator. The evaluator will also consult the Representative of UNODC, Regional Office for South Asia, New Delhi and the Competent National Authorities of as many beneficiary project countries and any others persons/agencies as (s)he deems appropriate. The Project Coordinator will prepare the mission programme for the evaluators and provide necessary technical and administrative support. The project team will also support travel arrangements and logistic support for the evaluation mission. The evaluation mission shall take place for ten working days starting 3rd September to 20th September 2007. The evaluator will present the findings during the PAC meeting scheduled for the September/October 2007.

The timetable of the mission shall be decided as soon as the evaluator is appointed and UNODC headquarters fixes dates for evaluation.

VII. EVALUATION REPORT AND FOLLOW-UP

The evaluator should submit the evaluation report in the standard format. Copies of the UNODC standard format and guidelines for project evaluation report, evaluation assessment questionnaire and guiding principles for evaluations at UNODC are attached. Evaluator should follow these prescribed formats while preparing his report. The evaluation draft report should contain the findings, lessons learned, results, briefing minutes or presentations and workshops. Before the submission of the final evaluation report to UNODC, the evaluator will prepare and discuss the draft evaluation report with the staff of UNODC.

Evaluation Report outline:

1. Executive 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 programme delivery
9. Recommendations
10. Overall conclusions

Annexes:

1. Terms of Reference
2. Organisations and places visited and persons met
3. Summary assessment questionnaire (if any)
4. Relevant Materials

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Although the evaluator should take the views expressed by the concerned parties into account, (s)he should use her/his independent judgment in preparing the evaluation report. The evaluator will also complete the summary assessment questionnaire. Within two weeks of the completion of the evaluation mission, the evaluator will send to Regional Office for South Asia and Independent Evaluation Unit, UNODC electronically (in Word and PDF format) the Evaluation report, the Evaluation Summary and the Questionnaire. UNODC will forward the evaluation report to national counterparts and donor agencies. The evaluator would be available to answer any further queries from UNODC with regard to the evaluation

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 = 15.

Annex 2 Organizations and Places Visited and Persons Met

Organization	Places Visited	Persons Met
UNODC	Delhi	H 71 Project team
Tihar Jail	Tihar prison	DIG Prison Legal Officer Jail Superintendent Jail warden India Vision foundation, Project coordinator Peer Volunteers Prison Inmates
Salam Balak Trust	Mumbai	Project Coordinator Project Outreach workers Peer Volunteers and Peer leaders of street Children Street Children
Arthur Road Prison	Mumbai	IG Prisons, Maharashtra DIG Prisons, Maharashtra Jail Superintendent Jail Wardens NGO Coordinator Peer leaders Prison Inmates
Ministry of Home	Kathmandu, Nepal	Under secretary Focal Point Staff Director, drug control programme
Knight Chess Club	Khakarbitta	President Secretary Project Coordinator Outreach Staff Recovering addicts Staff at DIC IDU and Drug Peddlers
CIF	Banepa, Nepal	President Secretary Project Coordinator Outreach Staff Recovering addicts Peer Volunteers
Richmond fellowship	Kathmandu, Nepal	President

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		Secretary Project Coordinator Outreach Staff Recovering addicts Peer Volunteers IDU
Kandy, Prison	Kandy, Sri Lanka	Jail Superintendent Master trainer Peer leaders Peer Volunteers Jail Officers NGO staff
ECIDC,	Ratnapura, Sri Lanka	President Secretary Project Coordinator Outreach Staff Recovering addicts Peer Volunteers Other department Officials in the District
Sarvodaya Suwasetha	Colombo, Sri Lanka	President Secretary Project Coordinator Outreach Staff Peer Volunteers Street children Community Leaders
CARE	Dhaka, Banladesh	Team Leader Project Coordinator
APON	Rajyasahi, Bangladesh	President Secretary Project Coordinator Outreach Staff Recovering addicts Peer Volunteers IDU
Dhaka Akshanya Mission	Dhaka, Banladesh	President Project Coordinator Women Prison Project Coordinator
APOSH	Dhaka, Banladesh	President Project coordinator Outreach workers

Annex 3 Documents referred

1. Project document
2. Project amendments
3. Prison Module
4. Prison Peer Guide
5. Street Children Peer Guide
6. Vulnerability Base line-Prisons
7. Vulnerability Baseline-Street Children
8. Mission reports of project staff
9. Project progress Report shared with PAC
10. Project Progress Reports of Partners
11. IEC Materials Used by partners