UNITED NATIONS
Office on Drugs and Crime

MID TERM EVALUATION REPORT

Project Number	AD/KEN/04/I08
Project title	**Prevention of drug abuse and HIV/AIDS among drug users, injecting drug users and vulnerable populations in Kenya.**
Thematic area	Drug prevention and HIV/AIDS
Country	Kenya

Report of the Evaluator

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Vienna

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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CPGH	Cost Province General Hospital
CSW	Commercial Sex Worker
DU	Drug User
GJLOS	Governance, Justice, Law and Order Sector
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
IDU	Injection Drug Use
MARPS	Most At Risk Populations
MSC	Mombasa Site Committee
MSP	Mombasa Service Providers
NACC	National AIDS Control Council
NATSC	National Steering Committee
NGO	Non Governmental Organization
NSC	Nairobi Site Committee
NSP	Nairobi Service Providers
NTSC	Nairobi Technical Sub Committee
ORW	Out-reach Worker
ROEA	Regional Office for East Africa
ToR	Terms of Reference
UNDP	United Nations Development Program
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counseling and Testing (Centre)

EXECUTIVE SUMMARY

1. Summary table of findings, supporting evidence and recommendations

Findings: identified problems/issues	*Supporting evidence/examples*	*Recommendations*
1. Base-line data are in some cases insufficient and/ or questionable.	"A study on the Linkages between Drug Abuse, Injecting Drug Use and HIV/AIDS in Kenya" contain data that does not tally with information received during the evaluation.	New and independent studies to be done to validate the existing data.
2. Insufficient use of IT data base software, especially Access, to facilitate common and standardized data compilation and analyses.	Access database not sufficiently used for project data management and analyses.	Training in access database application and its use in project data management and analyses.
3. Lack of data regarding the purity and components of the abused drugs.	This information is only collected in discussions with the drug users.	To conduct periodic forensic analysis of the heroin used.
4. Insufficient work therapy facilities / programs for clients in the rehabilitation centers.	No rehabilitation workshops / programs found in the rehabilitation centers.	Establishment of work therapy workshops / programs for rehabilitation and sustainability of centers.
5. The capacity of outreach workers is excessive in relation to the current focus on IDU and HIV/AIDS.	The interviewed outreach workers felt they could play a more significant role in the general area of drug abuse prevention and control.	The focus and mandate of the out-reach workers and other project participants to be discussed and broadened.
6. Insufficient intermediate infrastructure to strengthen rehabilitation and re entry for clients.	No intermediate support center for rehabilitated clients to facilitate their re-entry into society.	Establishment of a half way house in Nairobi.
7. Absence of appropriate policies and legal environment to facilitate optimal drug treatment /rehabilitation and HIV prevention and care.	No appropriate policies or legal frameworks regarding drug abuse treatment / rehabilitation and HIV prevention and care.	Review of legal and regulatory frameworks regarding drugs and HIV prevention and care.
8. Under utilization of the prison VCT center by female prisoners due to, inter alia, fear of stigma.	Female prisoners not using the prison VCT centers to the same degree as male prisoners are.	To use mobile VCT units, together with prison VCT centers for maximal uptake of female prisoners to access HIV prevention and care services.
9. A complex and multi facetted project like KEN/I08 needs a start up phase.	The management team was not in place until several months after the start of the project.	When similar projects are designed a period of two to three months should precede the actual project to allow UNODC sufficient time to prepare for the implementation of project activities or the project should better plan the inception phase.

Findings: identified problems/issues	*Supporting evidence/examples*	*Recommendations*
10. Risks, as defined in UNODC guidelines for project design, needs to be more carefully analyzed and anticipated.	Several problems arose from the fact that four management and organizational cultures had to cooperate within the framework of this project and these problems were neither foreseen nor had any precursory measures been established.	More time and efforts need to be spent on analyzing possible risks and how to avoid and/ or solve related problems.
11. The sustainability of some project components is questionable.	Participating NGOs expressed serious concerns regarding their ability to continue and maintain the work of the out-reach workers.	Discussions to start regarding possible income generating activities to be included in the work of the NGOs as well as how to ascertain funds from other sources within and out-side Kenya.

2. Summary description of the project evaluated including project objectives

The overall objective of the project is to enhance the capacity of government institutions and NGOs to prevent HIV/AIDS among injecting drug users and other vulnerable groups. To do this, the project is designed to a) create a national network of drug and HIV/AIDS prevention and care providers; b) enhance the capacity of government and NGO staff to design and implement HIV/AIDS prevention programs and c) establish outreach programs to reduce HIV infections and provide care to intravenous drug users as well as drug using sex workers. The project is designed to achieve these objectives during a three-year period and at a total cost of approximately USD 2.2 million.

b) Major Finding of the Evaluation

The overall drug abuse situation in Kenya, like in most other so-called developing countries, is still not comprehensively analyzed. There are many reasons for this, one being the relatively recent emergence of the problem, another the many other issues and priorities the government has. A severe lack of data makes the situation even more difficult since reliable and comprehensive data is one of the requirements for thorough analyses. It was mentioned several times by those interviewed that further assessments and studies regarding the drug abuse situation in general and IDU and HIV/AIDS in particular are needed and this opinion is fully shared by the evaluator.

Closely related to the issue of more information and analysis of the drug abuse situation, the clients and the quantitative targets that have been established, is the use of a common and uniform system for compiling and analyzing of data.

The NGOs are already using standardized forms and Microsoft Access for the compilation of data but there is scope for considerable improvements in the latter area by a more extensive use of the software. Currently hardly any of its ability to make fixed reports is used and similarly, no analyses with cross-referencing are made.

The project is considered by the participants as well as the evaluator to be appropriate, relevant and effective in contributing to solve the problems related to IDU, HIV/AIDS, including in relation to vulnerable groups such as commercial sex workers and prison inmates. Heroin is far from the most abused drug in Kenya but it is the only one that has the potential to directly exacerbate the already very serious HIV / AIDS situation and this makes the evaluated project particularly important.

Some of the stakeholders, as well as the evaluator do, however, feel that the project has developed capacities that are excessive in relation to the problem of IDU and HIV/AIDS while other drug abuse problems have been somewhat neglected. The most obvious is the capacity of the out-reach workers, which could be used for much broader anti-drug abuse and awareness creating activities.

The prison component of the project, which was supposed to start in phase two of the project, has not yet been fully executed and it is therefore too early to evaluate or comment on it.

c) Lessons Learned and Best Practices

The project has had a somewhat tumultuous implementation due to the withdrawal of one of the main donors. Several reasons have been mentioned in this regard and the lessons learned, according to the evaluator are that it is important not to be too optimistic regarding the speed at which outputs can be reached and the management capacity of a project must be sufficient in relation to its planned activities.

It is also very important that baseline data with a high validity are available when a project is elaborated and quantitative targets are set. This has not been the case in all areas of this project.

Furthermore, it is important that there is a balanced ownership of a project between UNODC, the beneficiaries and the donor/-s.

In view of the scarce resources available to UNODC it seems that the design and proposed outputs were influenced too much by one of the initial main donors and that, as a result, the donor was disappointed when the implementation of the project did not progress as fast and efficient as was anticipated.

Although difficult, it is important that these kind of possible problems are carefully analyzed in the section of the project document that deals with project risks and that contingencies are put in place to deal with them.

The project has also highlighted the difficulties that can emerge when several different managerial and organizational cultures are to work together towards a common goal and within the framework of one project. In this particular case, the cultures of the UN, the Government of Kenya, the NGOs and that of a strong donor had to meet and work together as smoothly as possible, a serious challenge to all involved and UNODC ROEA in particular.

Although the site- and national- committees work well, it is recommended that small and more informal committees are included in possible future projects of this nature. These forums should provide a forum for expressing concerns and grievances that need to be discussed and solved / arbitrated expediently and in between the meetings of the larger committees.

d) Recommendations, Conclusions and Implications to UNODC of the evaluation

A. New and more independent surveys of the drug control situation including IDU

The data regarding the drug abuse situation in Kenya, including IDU is still not sufficient in terms of reliability and quantity to form the basis for neither government policies and strategies, nor UNODC project elaborations and implementations.

B. Enhanced use of Access database software

Project staff is struggling to compile and analyze the data that is generated as part of the project while at the same time the software used for these exercises is not fully utilized.

C. Forensic analyses of the drugs being used

To be able to comprehensively understand and analyze the drug abuse situation more needs to be known about the drugs being abused.

D. Introduction of work therapy

Relapses are common among the clients who have gone through treatment and rehabilitation services and new methods and strategies should be considered including the introduction of work therapy. This would also contribute to the sustainability of the institutions.

E. Extended and improved use of the outreach workers

The work of the outreach workers is one of the most successful components of the project and their personal as well as collective impact should be maintained and broadened even further by the facilitation of internal as well as external networking, further training and new and broadened mandates.

F. Establishment of a "Half- Way- House"

In order to complement the work of the rehabilitation centers, a discussion should be initiated within the framework of the project regarding the establishment of a so-called Half Way House in Nairobi.

G. Review of the legal and regulatory frameworks regarding issues related to treatment, rehabilitation and drug abuse control

Several of the interviewed expressed concerns regarding the legal and regulatory frameworks that govern their work. A review of these is therefore needed as part of this project and in view of the general mandate of UNODC.

H. Special attention to female inmates in prisons for both men and women

Female inmates have a higher prevalence of HIV/AIDS than the male and it is therefore recommended that special notice is taken of this fact in the envisaged interventions during the remaining part of the project.

1. INTRODUCTION

1.1 Background and Context

The overall objective of the project is to enhance the capacity of government institutions and NGOs to prevent HIV/AIDS among injecting drug users and other vulnerable groups. To do this, the project is designed to a) create a national network of drug and HIV/AIDS prevention and care providers; b) enhance the capacity of government and NGO staff to design and implement HIV/AIDS prevention programs and c) establish outreach programs to reduce HIV infections and provide care to intravenous drug users as well as drug using sex workers.

The project is designed to achieve these objectives during a three-year period and at a total cost of approximately USD 2.2 million.

The project document follows the UNODC guidelines and its strategy is well conceived considering the national circumstances in terms of the scope of the problems and the limited resources and capabilities available at the start of the project.

Furthermore, the project document is coherent and logic and describes the proposed activities in a satisfactory way although the clarity of the document would have benefited if some of the activities and objectives had been described in a more elaborate way with better defined indicators.

The stated geographical scope i.e. “a national network of …”, is somewhat misleading since project activities are primarily focusing on only two regions; Nairobi and the Coast Province.

The duration of the project is too short considering the complexity of the project and the large number of interventions.

The reference to “Nairobi Central Prison” and “Mombasa Central Prison” is misleading since there are no such prisons. No prison in Nairobi is currently directly involved in the project and the one in the Coast Province is Shimo la Tewa.

In hindsight, a more elaborate analysis of project risks might have minimized or even eliminated some of the initial problems the project faced.

1.2 Purpose and Objective of the Evaluation

The purpose of this mid-term evaluation is to analyze the project concept and design, project implementation, the outputs, outcomes and impact of the project, as well as the project's relevance, effectiveness and sustainability to the extent possible at this stage. Furthermore it should ensure that lessons learned from the project so far are recorded and provide recommendations regarding the future course of it including possible follow-up activities.

The evaluator, as well as the project management team, considers the latter to be the most important aspect of this mid-term evaluation and considerable time and efforts have gone into discussing issues and problems concerning the sustainability of the project, possible amendments and addition that would enhance its outputs and general success even further.

1.3. Executing Modality/Management Arrangements

The project is designed to primarily be managed by a National Project Manager and a Program Assistant. ToRs for both these posts are attached to the project document. Furthermore, a US Crisis Corps Volunteer initially assisted in the implementation at the Coast Region., and an international consultant worked on outreach and database development for 6 months. The overall responsibility of the execution of the project rests with UNODC Regional Office for Eastern Africa in Nairobi with technical backstopping provided by UNODC HQ in Vienna and administrative support from UNDP Kenya.

Due to delays in the recruitment of a project manager, the project was initially managed by an acting National Program Manager at UNODC ROEA. Due to other duties, this person could not dedicate sufficient time to KEN/I08, which negatively affected the implementation during the first months. In fact, it is clear that the workload of the National Project Manager has been and still is very large and has sometimes been almost impossible.

It is clear that general start up problems in the form of delayed recruitment of the National Project Manager, funding problems and the large amount of reports to be produced (the section in the project document envisages no less than 62 reports during

the life span of the project) have limited the amount of time and efforts the Project Manager has been able to use on direct project implementation and management.

The main, initial, donor withdrew all funding of the project due to several reasons, one being the slow initial implementation of the project and other complaints regarding UNODC's reporting. A separate UNODC mission has reported about this in detail in April 2006.

1.4. Scope of the Evaluation

The evaluation has covered project activities in Nairobi, Mombasa and Malindi through visits to project sites and in-depth interviews with a large number of key persons as well as a group meeting with out-reach workers in Nairobi. Staff at UNODC HQ and UNODC Regional Office for Eastern Africa have also been interviewed (See attached Annex A: List of People Interviewed). Since this is a mid-term evaluation, emphasis has been put on possible amendments and additions during the remaining life of the project.

1.5. Evaluation Methodology

The evaluation has made use of interview forms that were individually designed to ensure that all issues listed in the ToR were raised while at the same time specific issues related to the interviewed were not left out. (See annex B) In addition, several reports, information booklets and brochures were provided to the evaluator and have been used as background material. The interviews were mainly conducted in the offices of respective individual and were always preceded by a detailed explanation of the scope, purpose and confidentiality of the evaluation.

In addition to the interviews, the mission was almost always provided with thorough tours of the organizations' and institutions' premises.

2. ANALYSIS AND MAJOR FINDINGS

2.1 Overall Performance Assessment

The project is considered by the participants as well as the evaluator to be appropriate, relevant and effective in contributing to solve the problems related to IDU, HIV/AIDS particularly in relation to vulnerable groups such as commercial sex workers and prison inmates. Heroin is far from the most abused drug in Kenya but it is the only one that has the potential to directly exacerbate the already very serious HIV / AIDS situation and this makes the evaluated project particularly important.

Some of the stakeholders as well as the evaluator do, however, feel that the project has developed capacities that are excessive in relation to the problem of IDU and HIV/AIDS while other drug abuse problems have been somewhat neglected. Specifically, the out-reach workers could be used for much broader anti-drug abuse and awareness raising activities while one problem that needs more attention during the second part of the project is treatment and rehabilitation.

The prison component of the project has not yet been fully executed and it is therefore too early to evaluate or comment on it. The activities that have already taken place have mainly been in relation to the Anti-drug Abuse Day on the 26th of June and to provide general support the Prison HQ HIV/ AIDS Section. A project revision, including an increased budget of USD 100,000 has been accepted to enhance the project in this regard. As mentioned earlier, prison activities were planned for phase two of the project.

2.2. Attainment of Objectives

Since this is a mid-term evaluation, it is not at this point in time possible to accurately assess whether the objectives will be achieved or not. The experience so far has been that the quantitative targets regarding number of client referrals, HIV tested persons, etc. have accelerated quickly after the initial delays and will most likely be met or even surpassed, while the quality of the services provided and their sustainability are more difficult to assess.

The project's achievement indicators, as listed in the project document, are:

a) Improved drug treatment services offered by two hospitals and five NGOs.

This objective has already been achieved although further improvements are both foreseen and necessary.

The project goal was to upgrade the treatment services, both governmental and non governmental, providing both in patient and outpatient treatment to drug users. Two drug dependence treatment wards were upgraded and equipped at Mathari hospital in Nairobi and a third outpatient facility was set up at the Coast provincial General Hospital in Mombasa. Five NGOs were assisted to set up drop-in /outpatient facilities including VCT centers and three of them to establish drug dependence treatment centers. Equipment was provided, capacity building of treatment providers in drug and HIV counseling, drug dependence treatment including advance courses on opiate substitution therapy and motivational interviewing techniques and study tours, were undertaken.

It has not been difficult to enhance the services since they were previously very limited. This is, however, still an area of concern to the evaluator and some of those interviewed, since treatment and rehabilitation services are project components that have suffered the most due to the withdrawal of the initial main donor and the subsequent change in priorities by one of the new donors which demanded a greater focus on only HIV and AIDS related activities and less on drug demand reduction and treatment and rehabilitation.

Furthermore, and in relation to the issue of sustainability as well as effectiveness of the treatment and rehabilitation services, the methods used by the institutions might need to be further analyzed and complemented by new elements. The concern is the lack of work and training possibilities the clients have in the treatment and rehabilitation centers. In sharp contrast to the prisons, the clients in the treatment and rehabilitation centers are seemingly idle during long periods and lack opportunities to be productive in one way or the other. The rehabilitation seems, in other words, to be focusing mainly on the medical, mental and psychological aspects of the clients and not so much on the social and physical.

Although individual and group counseling sessions are necessary and critical parts of all treatment and rehabilitation efforts, equally important are the possibility to carry out meaningful and “real” jobs. As has been recognized in the prison system, this leads to the development of skills and knowledge that enable the inmates/clients to more easily re-integrate into life outside the prison / rehab center, give them badly needed self-esteem, and sometimes possibly even a salary. Finally, and similar to the prison system, the sale

of the produced goods/ items would provide small but welcome incomes to the NGOs / centres and contribute to their running and sustainability.

b) Prisons providing VCT

The visited prisons have well functioning VCT services although the women's' section of the *Shimo la Tewa* did not utilize it due to administrative problems. Lack of staff to escort them to the VCT and fear of being stigmatized prevented most of the female inmates from visiting it. This problem needs to be resolved since statistics show that the female inmates are more likely to be HIV positive than the male ones due to the relative high number of commercial sex workers among the women. At the prison in Mombasa 120 men out of a total of 2300 were HIV positive and 20 out of 150 women. Almost all were said to be infected on arrival to the prison. The VCT at Langata Women Prison showed statistics indicating that women, if given the opportunity, are as interested and willing to be tested as men.

The experience of mobile VCTs, as carried out by one of the supported NGOs in Mombasa, is positive and should therefore be utilized even more in the future.

The prison stationary VCTs are established without assistance from the project and are part of the prisons' general health services. The project has, however, facilitated the establishment of the network of service providers of which the prisons' VCTs are part.

c) Outreach programs by four NGOs

The work of the NGOs and their out-reach workers are cornerstones of this project and vital to many other project activities. It is the out-reach workers that contact and bring the IDUs and DUs to VCTs and other services as well as provide them with a "listening ear" and empathy. The outreach workers received extensive training in the principles and practice of outreach work with "Most at Risk Populations" (MARPS) including drug users. They were also trained in drug and HIV counseling and a few were provided training in Voluntary Counseling and Testing. Furthermore, it is the out-reach workers and the NGOs that provide both UNODC and government institutions with information regarding changing drug abuse patterns and trends. The out-reach program has also provided many former addicts with a purpose in life and an income that they would otherwise not have by giving them a job and a salary. The evaluator had the opportunity

to talk to many of them both in larger groups as well as individually and was very impressed by their openness, knowledge and dedication.

From March 2005 to August 2007, a total of 21,978 contacts had been made by the out-reach workers of which 14,593 were new and 7,385 repeated contacts.

The project has, in this regard, played a key role in supporting the participating NGOs with funds for equipment and infrastructures, training its administrative staff and the out-reach workers. According to the beneficiaries, the training in outreach work provided them with the necessary skills to successfully perform their tasks. However, they felt more training was needed in the area of drug and HIV counseling. It is difficult to give a good assessment of the training programs per se and the long impact can only be evaluated some time after the project has ended. For more information regarding the training please note Annex F.

The evaluator is concerned about the involvement of outreach workers in assessing the problem of IDU, as they obviously have an interest in the outcome of such assessments since the larger number of users they find, the more secure their jobs are. They themselves also complained about the focus on quantitative data and less on the quality of their work. Project management has tried to shift focus to quality service provision and provided training to that effect to outreach teams in March 2007. New induction courses on outreach work were provided to freshly recruited workers. In the case of the experienced outreach workers, refresher courses were provided to them and sharing of experience between the Nairobi team and the Coast team allowed for identification of problems encountered in the field and ways to address them. Two of the experienced outreach workers acted as trainers for the new batch under the technical supervision of project staff.

The work of the out-reach workers is registered on specific, standardized forms. These forms are used by all out-reach workers and are compiled by each NGO before they are sent to the UNODC Project Office. In most cases, the NGOs are using the same software (Microsoft Access) but the abilities of this relational database program are not utilized in an optimal way. The Project Office at ROEA does also not take full advantage of the software, a state of affairs that need to be addressed to enable far more elaborate and reliable reports that can be used by the Project Manager / ROEA, UNODC HQ and other

interested to monitor and analyze, inter alia, the IDU and HIV/AIDS situation at the project sites.

The reports from the NGOs to the Project Manager are not provided in a format that enables automatic compilation of them.

The out-reach centers visited by the mission all had well functioning premises and seemed to be well accepted by the surrounding communities.

d) Referral to other HIV prevention programs as available and appropriate in the local context

The project has, as one of its main achievements, created well functioning and appreciated co-operation mechanisms and agreements between NGOs and government institutions as well as within those groups. In particular, the agreements between the CPGH and several NGOs can serve as examples/best practices to other government institutions. From March 2005 to August 2007 12,278 were referred to VCTs of which 7,324 were actually tested.

e) Quality drug and HIV care provided

The Kenyan Government has gradually built up a considerable capacity to meet the demands of the many that are HIV positive or have started to develop AIDS and opportunistic problems. This project has further strengthened these efforts and provided injecting and other drug users with new and effective ways of accessing ARVs and the facilities and care that are available. During 2005 to 2007, 356 participants from the participating NGOs and other collaborating service providers received training in "Out-reach for HIV Prevention among MARPS". During that period, collaborating partners (government hospitals, Comprehensive Care Centers and NGOs within the project sites) provided HIV care to 324 and ARVs to 162 clients. The training modules were adapted from the WHO/Center for Disease Control (CDC) training manual on "Core skills in outreach for injecting drug users".

f) Increased number of IDU accessing VCT and care

The number of IDUs accessing VCT has most probably increased but it is difficult to evaluate to what degree since reliable data about the pre-project situation is not available.

The project does, however, provide information about the current situation as well as the trends to the benefit of authorities in both the area of drug abuse and HIV /AIDS. This information should be used even more to provide policy makers with data for in-depth analysis of the drug abuse situation. A breakdown of client contacts shows that 1,150 IDUs were contacted between March 2005 and August 2007. No outreach service for drug users or IDUs existed prior to this project.

2.3. Achievement of Programme/Project Results and Outputs

After a slow start, the achievement of results has accelerated and is now on par or even higher than anticipated in many areas. As could be assumed, the work of the outreach workers needed some time to take off while other, such as the rehabilitation of treatment and rehabilitation facilities were completed as scheduled as soon as administrative and logistic problems hurdles had been overcome.

1. 120 Government and NGO staff in Kenya trained annually to design and implement HIV/AIDS prevention programs, including outreach, among IDU and other vulnerable populations (including outreach), manage and run treatment and rehabilitation centres, and provide care and referral for drug abusers and those HIV positive.

The project had already at the end of 2005 trained 570 i.e. 210 more than the total target of 360. The number of trained had risen to 700 at the end of 2007. The total number of training events during 2005 to 2007 was 38. This is a truly impressive capacity building effort and unique to Kenya. (Please refer to annex F). All the people currently working in the different services under the project have all benefited from the training provided as part of this project. However, some trained in outreach work have left either to secure better paid jobs or because they could not get a position with one of the service providers. The final impact of this efforts needs to be followed up at the end of project evaluation but those interviewed during this evaluation were in general very positive regarding the quality of the training they had participated in as well as the improved skills they had acquired.

2. A national network of drug and HIV/AIDS prevention and care-providers created with a satellite system in each site.

The full network system comprises five different networks / committees:

- National Steering Committee (NATSC), chaired by the Director of Mental Health, Ministry of Health
- Nairobi Site Committee (NSC), chaired by the Chairman of the board, Mathari hospital
- Mombasa Site Committee (MSC), chaired the hospital Superintendent Coast Province General Hospital
- Nairobi Technical Sub Committee (NTSC), chaired by the Representative, University of Nairobi
- Mombasa Service Providers (MSP), chaired on a rotational basis by all the service providers

Initial efforts to start a network in Nakuru (one of the larger towns in the central parts of Kenya) are under way but initiatives to include other parts of the country are not known to the evaluator. The core partners in the networks are the Ministry of Health, two government hospitals, five NGOs and two prisons.

Those interviewed were enthusiastic regarding the work of the networks and even surprised how smoothly government and non-government institutions and organisations are cooperating. Minutes and records of meetings are kept. Discussions centre on service delivery, achievements and constraints and steps to be taken to address the latter as well as information sharing. UNODC has an advisory role to the different committees.

3. Outreach programs in project sites running to reduce HIV infection between IDU and CSW and provide care for them, with condom distribution and medical management.

The outreach programs are functioning well, as indicated by the number of contacted IDUs, referrals, as reflected in the increasing numbers in the monthly monitoring reports and considered by many, including the evaluator, as one the most successful components of the project.

4. Information educational and advocacy materials developed and distributed in all project sites.

The evaluator received information, education, and advocacy materials but this output needs to receive more attention during the remaining time of the project. The materials were designed by the service providers and distributed all project sites.

5. A baseline and end of project serological and behavioral survey report on prevalence of HIV/AIDS risk behaviors among IDUs in project sites.

The baseline serological and behavioral survey report contain some data that are both confusing and probably incorrect and it is important that these are further analyzed before the end of project survey is carried out since this is the ultimate and most important evaluation of the project. The project management team is aware of the questionable data presented in the baseline study and will highlight them before the end of project study is done. Among the questionable data presented in the survey report (A Study on the Linkages between Drug Abuse, Injecting Drug Use and HIV/AIDS in Kenya, A Rapid Situation Assessment 2004) are:

- Table 1: Most Frequently Used Drug by Region (%): Malindi: 3.3% Cannabis and 0.0% *Catha Edulis*. According to the NGO working in this town, Cannabis is the most abused illicit drug and *Catha Edulis* is also a serious problem.

- Table 8: Sexual Practice, Preferred sexual orientation: Man to man, Kisumu 31.8%, Malindi 18% and Nairobi 18.4%. Woman to woman, 24.6% in Malindi and 25.3% in Kisumu.

These are just a few examples showing data that are very questionable and create doubts regarding the validity of the rest of the study.

In order to get more reliable data, UNODC has in collaboration with its partners, conducted a mapping exercise in Nairobi and the Coast province. UNODC is also collaborating with an independent researcher recruited by the National AIDS Control Council (NACC) to get a more insightful view of the nature and scale of the problem .

6. A good practices document on IDU outreach interventions among prison populations and other vulnerable populations in Eastern Africa produced and disseminated.

To be produced during the second half of the project.

7. Enhanced management and capacity to deal with drug abuse and HIV/AIDS in the prison setting.

Although some interventions have been done, efforts in this area ought to be increased, particularly in the women prisons since the HIV / AIDS problem is significantly higher in these compared to the male institutions. Special attention is also needed regarding the HIV / AIDS situation of the staff which, according to some surveys, seems to be even more alarming than among the inmates. (Final Report, Study on Socio-Economic Impact of HIV / AIDS on Service Delivery in GJLOS Institutions)

A project revision has been made and approved to include activities that will, inter alia, focus on the prison systems in both Kenya as well as in neighboring countries (curriculum development for prison training schools, workshops, training of staff etc.) for a total cost of USD 100,000.

2.4. Implementation

The project had considerable problems initially due to a delayed recruitment of the National Programme Manager as well as the withdrawal of a major donor, which had also been instrumental in the conceptualization and preparation of some of the components of the project.

Problems related to this specific incidence have been thoroughly analyzed and documented in previous reports and will not be analyzed in detail in this evaluation.

Although donor interest in the elaboration, development and implementation of projects are usually highly desirable, this particular project seems, however, to show that it can also cause considerable problems. This was particularly noticeable when the initial main donor wanted to introduce activities that were not included in the project document (in this case the use of methadone) and has special reporting requirements that UNODC was prepared to try to satisfy but failed initially due to a lack of man power and administrative problems.

The use of methadone and the heated discussion it created, particularly within the government and between the government and the main donor at that time, was seen by many of the government officials as the main reason for the main donor's withdrawal, a view that is not shared by the ROEA office. Different management cultures and expectations did also play a big role in the reporting and other problems the project experienced initially.

The project would have benefited enormously and many problems might have been avoided if a preparatory phase or inception phase had been added to enable both UNODC and other stakeholders to build the internal capacity needed to implement the project. The preparatory phase would have enabled UNODC to put the National Program Manager in place before the start of other project activities, which would have enabled her to, inter alia, be fully involved in and responsible for project activities from the start of the project. A preparatory phase would also have allowed UNODC to prepare the procurement of the proposed vehicles that, due to internal delays and withdrawal of funds were never bought. This has, however, not significantly hampered the implementation of the project.

Furthermore, it might have been useful to include in the design of the project some form of a problem-solving forum, to facilitate a smoother, less status loaded and simpler form of discussions than what the established committees and tri-partite meetings can do.

It is also of concern that even funding coming from UNODC (HIV/AIDS section) has been provided with a form of "earmarking" that has made it necessary to somewhat revise the activities to focus even more, than what was initially planned, on HIV prevention among IDUs and prisons only.

After these initial problems the project has progressed well and the beneficiaries are, overall, satisfied by the support and backstopping they have received. In some cases they were even more than satisfied and expressed their deeply felt appreciation of the work of the project staff as well as other staff at UNODC ROEA.

The area where some disappointment could be noticed were regarding the foreseen activities related to treatment and rehabilitation, where some interventions had to be postponed or cancelled due to the shift of donors and / or their priorities. This has the potential to jeopardize the long-term positive effects of other activities such as the drug treatment and counseling. It has to be taken into consideration that the initial project was revised to have a larger focus on HIV prevention and care activities as the source of funding namely, UNAIDS, required it.

2.5. Institutional and Management Arrangements

The UNODC Regional Office did initially not have the envisaged capacity to implement the project since the National Programme Manager was not recruited until several months after the start of it. Furthermore, the Regional Drug Demand Reduction Expert, who drafted the project document, is responsible for a large number of other initiatives, project and programs and has therefore neither the time nor the capacity to be involved in the day-to-day implementation of the project as it initially was envisaged by one of the donors.

The project has two main geographical focuses, Nairobi and the Coast Province. In both these areas Site Committees have been established in which both non-governmental as well as governmental institutions and organizations are members. There is also a National Committee overseeing the work at the two project sites. This arrangement has proved to work very well and brought together the NGOs and government institutions in a way that has not been the case before.

Initially a number of complaints regarding the work of UNODC, or lack thereof, did not come from the beneficiaries but from the main donor, which thought that UNODC could neither deliver the expected and agreed results nor the anticipated activities and interventions. The discussion about this became rather acrimonious and severely damaged the relationship between the donor and UNODC and eventually lead to the former withdrawing all funds from the project as has been reported in UNODC's special report from April 2006.

Unfortunately, it was not possible for the evaluator to meet any representative from the initial main donor and it is, at this stage of project implementation, also not necessary or desirable to elaborate further on this matter. The focus must now be on the remaining part of the implementation and the sustainability of the project's results.

3. OUTCOMES, IMPACTS AND SUSTAINABILITY

3.1. Outcomes

The activities and interventions of this project have, without any doubts, made a huge difference to many of those working in the project, namely the outreach workers, as well as the many drug addicts and HIV / AIDS sufferers that have received counseling, treatment and rehabilitation services and medicines.

The enhancements of the government hospitals in Nairobi and Mombasa are impressive and, in combination with the training of the responsible medical doctors, this project has created a capacity that was not at all available before within the government. It is not possible to quantify the benefits, but it is very possible that the project has extended the lives of many and in some cases actually, directly and indirectly, saved the lives of several individuals.

3.2. Impacts

The project has had a real and measurable impact on the drug control situation related to IDU and HIV/AIDS through the awareness it has created among all involved about the problem, its geographical spread and possible ways of reducing the adverse effects of it.

A good example of this was provided to the evaluator in Malindi where the number of IDUs previously were estimated to be between 70 to 80 but has now gone down to not more than approximately four to five and in Watamu where there used to be around 20 but the number currently was also only around five. The reason for this drop was given as an increased awareness about the dangers of IDU created by the out-reach workers.

The project has also facilitated the establishment of new, comprehensive and efficient ways of reaching out to drug abusers in general and IDU and other vulnerable groups in particular.

Furthermore, an important and not foreseen positive impact has been the creation of several new jobs for recovering drug addicts through the out-reach programs. This will probably turn out to be one of the most positive, not expected out-comes, since those, mostly, young men and women have been elevated from drug addicts, with all the stigma that it carries, to useful community workers who are wanted and respected in their respective communities.

3.3. Sustainability

The issue of sustainability was raised as a matter of great concern by several of the interviewed. Many of the project outputs are sustainable, such as the enhanced capacity of those who have received training, the awareness the project has created among both decision makers as well as the general public, the infrastructure enhancements and, most importantly, the lives that have been saved or enhanced by project activities.

The worry is, however, that many activities such as the work of the out-reach workers and the work of the NGOs might suffer or even stop completely, when funds are not available from the project any longer. It is critically important that UNODC, as the lead agency in the area of drug control and regardless of this particular project, continue to provide general support, encouragement and advisory services also in the future (including fundraising for the NGOs) and that a plan for this is elaborated as early as possible or that a follow up project is designed and discussed in-house as well as with potential donors well in advance of the projected end of KEN I08.

In this regard, it is recommended that the involved NGOs be encouraged to start investigating possible income generating activities as part of their operations.

4. LESSONS LEARNED AND BEST PRACTICES

4.1. Lessons Learned

The project has had a somewhat tumultuous implementation due to the withdrawal of one of the main donors. Several reasons have been mentioned in this regard and the lessons learned, according to the evaluator are that it is important not to be too optimistic regarding the speed at which outputs can be reached and that the management capacity of a project must be sufficient in relation to its planned activities.

It is also very important that baseline data with a high validity are available when a project is elaborated and quantitative targets are set. This has not been the case in all areas of this project.

Furthermore, it is important that there is a balanced ownership of a project between UNODC, the beneficiaries and the donor/-s. All stakeholders must realize their specific role and not try to impose themselves in areas where they do not have a role to play i.e. donors should not try to interfere in the management of a project, but should be regularly

updated on project progress. Beneficiaries and donors must not start to interact without the involvement and knowledge of the implementing agency.

In view of the scarce resources available to UNODC it seems that the design and proposed outputs were influenced too much by one of the initial main donors and that, as a result, the donor was disappointed when the implementation of the project did not progress as fast and efficient as it anticipated. The blame for this falls mainly on UNODC for accepting certain conditions without carefully analyzing whether or not the organization had the capacity to execute them.

Although difficult, it is important that these kind of possible problems are carefully analyzed in the section of the project document that deals with project risks and that contingencies are put in place to deal with them.

The project has also highlighted the difficulties that can emerge when several different managerial and organizational cultures are to work together towards a common goal and within the framework of one project. In this particular case, the cultures of the UN, the Government of Kenya, the NGOs and that of a strong donor had to meet and work together as smoothly as possible, a serious challenge to all involved and UNODC ROEA in particular.

Although the well functioning site- and national- committees work well, a lesson to be learned is that small and more informal committees are to be included in possible future projects of this nature to provide a forum for expressing concerns and grievances that needs to be discussed and solved / arbitrated expediently and in between the meetings of the larger committees.

4.2. Best Practices

This project has shown, through the well working committees, the high number of referrals from NGOs to Government institutions etc. the tremendous potential a well-designed cooperation between governmental and non-governmental organizations and institutions has.

The project has highlighted the important role UNODC can play as a catalyst by providing encouragement, expertise and support to well established and functioning as well as weaker partners in a nation wide, complex cooperation.

The project's combination of capacity building (training on several levels), infrastructure enhancements, policy developments and establishment of coordination and cooperation mechanisms has proven to be a model that must be considered when similar projects are designed in other countries and regions.

4.3. Constraints

In addition to the usual constraints that limited financial and other resources create, this project has highlighted a limitation that is specifically related to smaller organizations and institutions. In this project, the NGO component is built on the capacity, enthusiasm, and charismatic leadership of a relative few individuals. This has proved to be both strength and a constraint when one of those individuals suddenly and unexpectedly passed away. Although the organization is fully committed to continue in the spirit of the former leader, the future is currently somewhat unclear and uncertain.

5. RECOMMENDATIONS

5.1. Issues resolved during the evaluation

Not applicable to this evaluation.

5.2. Actions/decisions recommended

General recommendations

I. In view of the unique and massive capacity of the mechanisms established by the project, the scope of its interventions should be made broader to include more general drug abuse prevention aspects and not focus on only IDU, HIV / AIDS and prisons.

II. Data collection about number of contacted, treated, tested, IDUs, DUs, HIV+, etc. and about abused drugs (purity, prices, types, etc.) needs to be improved and streamlined to facilitate a better monitoring of the drug abuse situation, project results and possible future interventions.

III. The part of the project that deals with treatment and rehabilitation needs to be further analyzed and possible new methods introduced.

Specific recommendations

A. New and more independent surveys of IDU

In this context, it is important that those carrying out the studies are as independent as possible and have no interest in the out-come of the studies. Unfortunately, this partly excludes both the participating NGOs and the out-reach workers since their own existence are based on the assumption that a considerable drug injecting problem exists. They can, however, play a role as so called "path finders" that point the researchers in the direction of areas where drugs are being abused. There are, according to some of those interviewed, plans to conduct a study in this area and UNODC should take advantage of this and provide as much advisory services and support as possible.

Recommendation: New and independent studies need to be done to validate the existing data.

B. Enhanced use of Access database software

A short term consultant should be able to both train the responsible officers in the NGOs as well as in the project management team and the government institutions and to discuss, assess and design uniform reports that the system could produce in the future. This would greatly enhance the understanding of the drug abuse situation in general and in the focal areas of IDU and HIV / AIDS in particular.

If the necessary expertise is not available from any of the stakeholders, special efforts should be made to raise additional funds for this activity.

Recommendation: Training in the use of Microsoft Access database software should be provided to all responsible for collecting and analyzing data related to project activities.

C. Forensic analyses of the drugs being used

In many of the discussions regarding IDU and heroin, the quality and availability of the drug was mentioned as critical factors regarding the frequencies of injections, side effects and mode of use. The linkage is very simple; the more heroin of high quality that is available, the less it will be "cut" or mixed with other substances and the less number of injections the addicts will use per day. The price of heroin on the street is also worth following since it indicates the availability of the drug and can serve as a trend indicator. Finally, the issue of substances that are used to dilute the heroin is also of concern and needs to be analysed. In view of the above, UNODC, in close cooperation with the already existing forensic laboratories used by the police and with the help of the other project partners, should regularly sample heroin from the street, have it analysed and continuously monitor its quality and price in the main geographical project sites. The exact modalities of this should be thoroughly discussed in the NATSC.

Recommendation: To conduct regular forensic analysis of the street level heroin to facilitate in-dept analyses as well as to monitor the drug control situation.

D. Introduction of work therapy

The two prisons visited by the evaluator had surprisingly well functioning and equipped workshops where a number of products were produced. The inmates at the same time learned valuable skills, got self-esteem when they could be productive and useful as well as contributed to the economy of the institutions. Similarly, the rehab centers should endeavor to establish work therapy programs that would be of tremendous benefit to their clients and at the same time contribute to the sustainability of the institutions. Much more can be said about this issue and UNODC has both the knowledge and expertise needed to assess the situation together with the stakeholders and suggest possible ways forward.

The evaluator considers this to be of high importance since both the success of the project in the area of treatment and rehabilitation (minimizing the risk of relapses) and the sustainability of the infrastructure improvements done might otherwise be at risk.

Recommendation: Establishment of work therapy programs and workshops for enhanced rehabilitation interventions and strengthened sustainability of centers.

E. Extended and improved use of the outreach workers

In view of the commendable and dedicated work carried out by the ORWs as well as their unique access to the Kenyan drug scene, it is recommended that their skills and knowledge are utilized to an even higher degree than what is currently the case. In particular, their skills in awareness creation and sensitization about drug abuse should be further enhanced and developed.

The evaluator got a strong impression that they are eager and willing to do this kind of additional tasks and consider it to be very important to the sustainability of their efforts to reduce drug abuse including IDU. Some compared it to the massive campaigns that have been carried out in the area of HIV / AIDS and felt that it is now equally important and urgent that similar actions are taken in the general area of drug abuse control.

In this, as well as in all other discussions about substance abuse, alcohol was mentioned as the, by far, most dangerous and damaging drug / substance. Some flexibility and common sense should be used to facilitate the work of the outreach workers and the NGOs to address other substances of abuse. No extra training or resources are needed for this since both the NGOs and the government institutions already have the necessary knowledge and skills and what is needed is a general and official acceptance of substance abuse in general as an extended target of the project.

Furthermore and to enhance the abilities and commitment of the ORWs even more as well as strengthen and confirm their importance, the project might consider facilitating a link-up / create networks of the Kenyan ORWs and their respective NGOs with similar workers and groups in other parts of the world. The general objective would be to establish new networks of friendship, exchange of information regarding strategies, methods, problems and the solution to them.

UNODC, through its database of NGOs, can easily facilitate this kind of contacts.

Recommendation: The focus and mandate of the out-reach workers and other project participants to be discussed and broadened.

F. Establishment of a Half Way House in Nairobi

The treatment and rehabilitation component of the project has so far and for various reasons not been as successful as many other parts. One possible intervention, mentioned by government and non-governmental officials, that would considerable strengthen the work of the treatment and rehab centers, is the establishment of a so called "half-way-house". It would serve as a support centre for those who have gone through an intensive rehabilitation period and are on their way of going back to living normal, drug free lives.

Possible services and functions would be to assist the clients to get jobs, deal with authorities and families, a temporary sleeping quarter and lock-ups for storing valuables such as medicines including ARVs. This can be a critical problem since many are denied ARV if they cannot provide an address. Half way houses exist already in Mombasa but not in Nairobi.

The management, financing, ownership and all other practical as well as ideological aspects need to be very thoroughly discussed and agreed upon within UNODC and the NATSC before contacts are made with potential donors.

Recommendation: Establishment of a half way house in Nairobi

G. Review of the legal and regulatory frameworks regarding issues related to treatment, rehabilitation and drug abuse control

Both government and NGOs officials, met by the mission, mentioned that there is an urgent need to screen the legal and regulatory frameworks that govern activities in the area of treatment and rehabilitation, harm reduction, VCT, etc. Unclear and sometimes conflicting rules and regulations have created and continue to create unnecessary friction between the stakeholders that can ultimately jeopardize the success of the project. The discussion regarding the introduction of Opiate Substitution Treatment using Methadone was mentioned as one example but there are several more, according to the interviewed, that needs to be analyzed.

The UNODC has the necessary expertise, preparedness and obligation to assist member states in this area. Initial discussions should be held within the frameworks of the site and national committees to identify problem areas.

Recommendation: Review of legal and regulatory frameworks regarding issues related to treatment and rehabilitation of drug abusers as well as in relation to HIV / AIDS.

H. Special attention to female inmates in prisons for both men and women

The experience from the Shimo la Tewa prisons is that the female inmates do not utilize the common VCT centre to the same degree as the male inmates due to fear of being stigmatized by both the wardens as well as other inmates. The use of mobile VCT units, has, however, proved to be successful and it is recommended that this kind of arrangement be also used in other prisons where there is a mixture of female and male inmates.

Recommendation: To use mobile VCT units, together with prison VCT centers for maximal uptake of female prisoners to access HIV prevention and care services

6. OVERALL CONCLUSIONS

AD/KEN/04/I08 has been successful in bringing together and mobilizing all-important actors to combat the growing threat of IDU and HIV / AIDS in Kenya. It has shown that UNODC has a unique position and ability to facilitate cooperation among and coordination of as different organizations as large government institutions and small community based organizations and make them work jointly towards a common goal. The focus of the project is, however and in relation to its capability, too narrow and needs to be broadened to encompass more of what is the stated thematic area on the first page of the project document i.e. prevention and reduction of drug abuse.

Annex A

List of visited institutions and persons met

Institution	Contact
Mathari Mental Hospital (Nairobi)	Dr. Nelly Kitazi and Dr. Pacifica K. Onyancha
UNODC ROEA (Nairobi)	Mr. Carsten. Hyttel, Dr. R. Abdool, Ms. Jane-Marie Ongolo, Mr. John Gathecha
Ministry of Health (Nairobi)	Dr. David Kiima
Maisha House (Outreach) (Nairobi)	Mr. Caleb. Angira and Dr. Fred Owiti
Kenya Prisons HIV/AIDS Unit (Nairobi)	Ms. Mary Chepkonga
Asumbi Treatment Centre (Nairobi)	Mr. Antony. Kangethe
Costal Province General Hospital (Mombasa)	Dr. Francisca Ongecha-Owuor
Shimo la Tewa Prison (Mombasa)	Mr. P. Omondi Ochola
MEWA Rehab and Detox Centre (Mombasa)	Mr. Abdalla Ahmed
Tounane Outreach (Mombasa)	Mr.Taib Abdulrahman
Omari Outreach and Rehab (Malindi and Watamu)	Mr. Dilimua Mohammed, Mr. Mohamed.H. Shosi
Langata Women Prison	Ms. Grace J. Odhiambo
Swedish Embassy (Nairobi)	Ms. A. Nordin Jaywardena and Mr. N. Imbugwa
Nairobi Place (Treatment and Rehabilitation) (Nairobi)	Ms. C. Munyao
Independent psychiatrist (Nairobi)	Ms. K. Odindo
UNAIDS (Nairobi)	Ms. Mira Ihalainen
UNODC (Vienna)	Mr. C. van der Burgh, Mr. S. Polacco, Ms. C. Rahmy, Ms. F. Hariga

Annex B

Interviewee:	Date:
Project document? Clarity? Logic?	
Project content a. Scope b. Relevance c. Effectiveness	
Cooperation with other Partners/stakeholders NGOs UNODC GoK Donors	

Implementation a. Unsuspected successes? b. Problems? c. Surprises?	
Future Amendments? Additions?	
Other comments	

UNITED NATIONS
Office on Drugs and Crime

Annex C

MID-TERM EVALUATION

TERMS OF REFERENCE

Project Title: Prevention of drug abuse and HIV/AIDS among drug users, injecting drug users and vulnerable populations in Kenya.

Project Number: AD/KEN/04/I08

1. BACKGROUND INFORMATION

A UNODC Rapid Situation Assessment conducted in 2004 in Kenya to investigate the relationship between drug abuses IDU and HIV revealed that the prevalence of HIV/AIDS among IDUs in Kenya is between 68 and 88% on a limited sample. Moreover, the study showed disturbing evidence of needle-sharing practice as well as risky sexual behaviour among the IDUs.

As part of the response to these findings, the project, a joint programme between the Government (Ministry of Health) and UNODC started implementation in March 2005, with a total budget of US$ 2,197,100 including support costs.

The project aims at enhancing the capacity of government institutions and NGOs to prevent HIV/AIDS among injecting drug users and other vulnerable populations; and to reduce the HIV infection risk in these populations.

The main elements of the project strategy include: (i) The creation of a national network of drug and HIV/AIDS prevention and care-providers created, with a satellite system in each site; (ii) enhancing the technical skills of govt. and NGO staff to design and implement HIV/AIDS prevention programmes (including outreach) of HIV/AIDS among injecting drug users (IDUs) and other vulnerable populations, manage and run treatment and rehabilitation centres to, and provide care and referral for drug users and those HIV positive; and (iii) establishing outreach programmes to reduce HIV infection among IDUs and drug using sex workers and to provide care for them.

2. EVALUATION PURPOSE

The evaluation has been initiated by UNODC in line with the programme document.

The Evaluation will analyse: a) project concept and design; b) project implementation; c) the outputs, outcomes and impact of the project, and d) Relevance, Efficiency, Effectiveness, and Sustainability. It should also ensure that lessons learnt from the project will be recorded and recommendations for the future course of the project or other follow-up activities will be made, as appropriate.

The main stakeholders include the Government of Kenya represented by the Ministry of Health, UNAIDS, National Agency for the Campaign Against Drug Abuse (NACADA), National AIDS Control COUNCIL (NACC), National Steering Committee, implementing partners and the donors.

3. EVALUATION SCOPE

The evaluation will cover the project in its entirety e.g. project concept and design, implementation and management arrangements including monitoring and evaluation, outputs, outcomes and impact, Relevance, Efficiency, Effectiveness, and Sustainability since inception in March 2005 to August 2007. The evaluation will also give recommendations and document lessons learnt. The evaluation is designed to allow for any changes to ensure successful implementation and to increase the impact of the project activities in Kenya.

The two project sites, namely Nairobi and the Coast will be visited.

Project concept and design.

The project mid-term evaluation will undertake to establish whether the project design and concept is in line with UNODC Programme and Project Document Standard Format and Guidelines and is in line with the country's priorities and expectations. It will review the clarity, logic and coherence of the project document, the problem addressed by the project and the strategy adopted to address immediate objectives, planned outputs and the level of activities and whether inputs were appropriate and achievable. This will encompass an assessment of the appropriateness of objectives, as compared to cost-effective alternatives.

Implementation

An evaluation of the executing modality and managerial arrangements including project monitoring will be included.

Project Outcomes and indicators

An assessment will be made of progress towards achievement of project outcome and indicators stated below.

The government institutions and NGOs in Kenya are capable to prevent HIV/AIDS among injecting drug users (IDUs) and other vulnerable populations; and capable to reduce HIV infection risk in those populations.

Indicators:

- Improved drug treatment services offered by 2 hospitals and 5 NGOs
- Prisons providing VCT
- Outreach programmes by 4 NGOs
- Referral to other HIV prevention programmes as available and appropriate in the local context
- Quality drug and HIV care provided.
- Increased no. of IDUs accessing VCT and care

Project Outputs

It will also assess whether the stated outputs have been produced, and how they contribute to the outcome above.

- 120 Government and NGOs staff in Kenya trained annually to design and implement HIV/AIDS prevention programmes, including outreach, among IDUs and other vulnerable populations (including outreach), manage and run treatment and rehabilitation centres, and provide care and referral for drug abusers and those HIV positive.
- A national network of drug and HIV/AIDS prevention and care-providers created, with a satellite system in each site.
- Outreach programmes in project sites running to reduce HIV infection among IDUs and SWs and provide care for them, with condom distribution and medical management.
- Information, educational and advocacy materials developed and distributed in all project sites
- A baseline and end-of-project serological and behavioural survey report on prevalence of HIV/AIDS risk behaviours among IDUs in project sites.
- A good practices document on IDU outreach interventions among prison populations and other vulnerable populations in Eastern Africa produced and disseminated.
- Enhanced management and capacity to deal with drug abuse and HIV/AIDS in the prison setting.

Relevance, Efficiency, Effectiveness and Sustainability.

The evaluation will review whether the effects are being achieved at an acceptable cost compared with alternative approaches to accomplish the same objective, whether there satisfactory progress towards achieving stated

objectives, whether the project is relevant to the identified problem, if the objectives are still relevant, and whether the activity is likely to continue after donor funding, especially whether the government is developing the capacity and motivation to administer the programme beyond the project funding.

Recommendations

The specific findings and conclusions of the project's mid-term evaluation are to be recorded and, based on these, recommendations made to enable UNODC to determine whether to continue the project activities as initially planned in their current form or whether to revise/redesign the project outputs so as to respond effectively to the countries' needs.

In this context, the recommendations made should be specific, and concrete action should be proposed that could be taken in the future to improve or rectify undesired project outcomes. They may also refer to the implementation or management of the project.

Lessons learned and best practices

Lessons learned from this project mid-term evaluation will be utilized during the remaining period of the project, and if they are beyond the project's scope itself, they should be recorded and taken into account in the redesign/revision of the project activities and/or the design of any future programmes of similar nature.

4. EVALUATION METHODS

The mid-term evaluation will be conducted by means of:

(a) Examination of documents and reports associated with the project.

The documents will include the following:

i. Project document

ii. Training programmes and reports

iii. Project Performance Evaluation Report (PPER)

iv. Tripartite Review (TPR) report

v. Quarterly progress reports

vi. Semi-annual and annual project progress reports

vii. Project achievement reports

viii. Budget and statements of expenditure detailing how funds have been utilized

ix. Any documents and materials related to the project which the

Evaluator may request

(b) Interviews with National Project Manager, Government counterpart, relevant government officials (Mathari and Coast provincial General Hospital-CPGH) and NGOs in the two project sites. These will include meeting and interviews with some beneficiaries of the projects on both sites. The Evaluator will have to do a brainstorming each day in order to write up his/her notes for the report, and sufficient time will be provided for that.

The selected evaluation consultant will be required to present an in depth evaluation plan.

5. EVALUTION TEAM COMPOSITION

The evaluation calls for one independent expert. The expert should not have been involved in the design, appraisal and implementation of this project, and will not act as representative of any party.

Required qualifications:

University degree in medical or social sciences. Minimum of 10 years experience in HIV prevention among drug users and other at risk populations, with at least 5 years at international level. Extensive knowledge and experience in evaluation. Excellent communication skills and experience working with governments and NGOs. Excellent command of written and spoken English. Experience of working in Africa is an advantage.

UNODC ROEA following consultations with the Independent Evaluation Unit based in Vienna will appoint the project evaluator.

The project mid-term evaluation will be conducted in conformity with these terms of reference.

6. PLANNING AND IMPLEMENTAION ARRANGEMENT

Documentation

Prior to undertaking the mid-term evaluation mission and for ease of reference, the project management at ROEA will provide the Evaluator with relevant documentation pertaining to the project. These include the project document, project revision document, semi-annual and annual project progress reports, project-related mission reports, project meeting reports, Project Performance Evaluation Report (PPER), minutes of the Tripartite Review (TPR) meeting, samples of evaluation questionnaires, and other relevant correspondence deemed necessary for the overall assessment of the current project status.

Briefings, consultations and administrative support

Prior to the start of the mission, the Evaluator will visit UNODC ROEA in Nairobi (5 November 2007) for a briefing by the National Project Manager on

the project management and the status of the project execution. The Evaluator will visit all the project sites having received assistance under the project so far. While in Nairobi, the evaluator may also, at his/her discretion, visit the donors, namely USAID, UNAIDS and Swedish Embassy.

The project management will provide all required documentation to the Evaluator, and any assistance as required, including travel arrangements to project sites. It is understood that whilst taking any views/suggestions expressed by the project management or any parties involved in the implementation of the project, the Evaluator will not act as the representative of any party throughout the evaluation.

The Evaluator does not have the authority to make any commitment on behalf of the project parties, i.e. UNODC, the government and donors.

Evaluation report and follow-up

There will be a debriefing meeting, which will be held at UNODC ROEA, on 16 November 2007, during which the Evaluator will present a summary of the mission's findings and recommendations. Any observations and comments received from UNODC and the national counterparts during the mission may be taken into account by the Evaluator and reflected in the final report as appropriate. The Evaluator will keep his/her independence and freedom of judgment in finalizing the report and in their conclusions and recommendations.

Within one week after the end of the mission (26 November 2007) the Evaluator will then produce a draft report in English not exceeding 25 pages, excluding annexes. This will be circulated for comments to UNODC ROEA and the Independent Evaluation Unit. The Evaluator will then incorporate any comments in the final evaluation report that should follow UNODC format and guidelines for evaluation reports. The evaluator will adhere to the UNODC format and guidelines for the evaluation report, the summary and the summary assessment questionnaire, a copy of which will be provided during the introductory briefing, which will be held at UNODC ROEA, prior to the commencement of the mission. The Evaluator will submit the final report to UNODC ROEA 3 weeks after the end of the mission (10 December 2007). An electronic copy of the mid-term evaluation report, the evaluation summary and the summary assessment questionnaire will be made available and forwarded to carsten.hyttel@unodc.org.

At the Tripartite Review (TPR) Meeting scheduled for December 2007, UNODC ROEA will make a presentation of the findings and recommendations of the evaluation mission to the participants. The Evaluator's report will be the basis of the discussions.

The evaluation will be conducted within a contracted period of twenty (20) non-consecutive days starting on 1 November 2007 to the 10 December 2007. The Project Manager, and the Evaluator will develop and finalize the evaluation agenda. The final agenda could be revised by the Evaluator following prior consultations with UNODC ROEA.

PROPOSED TIME TABLE

Day 1-2	1-2 Nov. 2007	Literature Review
Day 3	5/11	Arrival in Nairobi. Briefing at ROEA.
D 4,5	6-7/11	Nairobi
Day 6,7,8	8-10/11	Mombasa
Day 9,10,11	12-14/11	Malindi
Day 12	15/11	Processing data in Nairobi
Day 13	16/11	Debriefing at ROEA in Nairobi
Day 14-16	19-21 /11	Donors (e.g. Swedish meeting) and final consultation in Nairobi. Leaves Nairobi 21/11(evening)
Day 17-19		Data analysis and report writing
	26/11	Submission of draft report
Day 20		Finalisation of report
	10/12	Submission of final report

Travel.

The Consultant will be provided with an economy return air travel to Nairobi, Kenya. He/she will be provided with a DSA at applicable rate at the time of the mission for the duration of his/her stay in Kenya.

Annex D

General philosophy of the Evaluator regarding designing projects to solve social problems

To solve a complex problem it is useful to think of it as an African cooking pot (sufuria) over an open fire; it must rest on a stable foundation of three stones, not more and not less. If you use more than three stones, the sufuria will not be stable and the fire will not get enough air. This is particularly true if the ground is uneven!

The three stones, in the problems solving situation, are:

1. **Solid and comprehensive data**. To solve a problem it is necessary to know as much as possible about its size (numbers and more numbers), history, implications, and so on. No aspect should be neglected in this regard or the sufuria might later on start to slide!

2. Comprehensive and accepted **legal frameworks and judicial systems**. Written laws and regulations govern everything in a modern society and any project aimed at solving a collective problem must rest on appropriate laws, regulations and agreements.

3. **Political will and capacity** that will ensure that sufficient resources, whether financial, staff or other forms of resources, will be made available by those who have the power to take decisions about the allocation of what is available.

Similar to a cooking pot over an open fire, it is not enough to have one or even two of the above requirements in place but all three must be equally solid and stable or any attempt to solve a problem in a sustainable way will fail. It is, however, possible to incorporate both the issue of solid and comprehensive data and elaboration of legal frameworks into a possible project to solve a problem but it is almost impossible to have the broad issue of political will and capacity as a component of a project due to the complex and unpredictable nature of politics in general and political will and priorities in particular.

Annex E

EVALUATION ASSESSMENT QUESTIONNAIRE

Programme/Project Title: Prevention of drug abuse and HIV/AIDS among drug users, injecting drug users and vulnerable populations in Kenya

Programme/ Project Number: AD/KEN/04/I08

Introduction:

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

Ratings:

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

Excellent = 90% + (5)

Very good = 75 – 89 % (4)

Good = 61 – 74 % (3)

Fair = 50 – 60 % (2)

Unsatisfactory = - 49 % (1)

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

A.	**Quality Performance Items**	Ratings				
		1	2	3	4	5
1.	Project Design (clarity, logic, coherence)			x		
2.	Appropriateness of overall strategy				x	
3.	Achievement of objectives				x	
4.	Prerequisites fulfillment by Government				x	

5.	Adherence to Project Duration					
6.	Adherence to Budget					

B.	**Implementation**	Ratings				
		1	2	3	4	5
7.	Quality and timeliness of UNODC inputs			x		
8.	Quality and timeliness of Government inputs			x		
9.	Quality and timeliness of Third Party inputs				x	
10.	UNODC HQ Support (administration, management, backstopping)				x	
11.	UNODC FO Support (administration, management, backstopping)			x		
12.	Executing Agency Support					

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

D.	**Recommendations**	Ratings				
		1	2	3	4	5
18.	Continue/extend no modifications					

19.	Continue with minor modifications (minor, extensive)				x	
20.	Complete Project Revision					
21.	Terminate					

E.	**Comments** This is a mid-term evaluation.(A5, A6)

Annex F

Capacity Building for NGO and Government staff

Table 1: Training conducted and no. of participants attending

Training topic	**2005**		**2006**		**2007**	
	Training events	**Participants**	**Training events**	**Participants**	**Training events**	**Participants**
Outreach for HIV prevention	19	331			1	25
Drug counseling	6	107	2	45	2	60
Detoxification and treatment	3	67	(2)	(45)	(2)	(60)
VCT counseling	3	4				
Other *)	2	61				
Total	**33**	**570**	**2**	**45**	**3**	**85**

Table 2: Sample of trainings conducted and participants attending. Please note that in most cases one person participated in more than 1 training event.

REACHOUT CENTRE
OUTREACH WORKERS TRAINING
1ST GROUP – NRB: Dec 2004
TAIB ABDULRAHMAN
SAID BURAN
TSUMO KHALFAN
ALI BWANAKHEIR
ABDALLA SWALEH
LUDOVICK NASIB
KHALID SHEE
FUAD AHMED
SAHRA MOHAMED
SAIDI JEFFAH
TWALIB BREIK
SWALEH NASSIR
YUNUS SAID
SWALEH ABDALLA
FADYA ABEID
WARDA AWADH
MWANAMISI ZIRO
MOHAMMED ALI
BADI ALI
FAHMI SWALEH
HUSSEIN ALI
ABDALAH ALI

2ND GROUP: April 2005
TAIB ABDULRAHMAN
ALI BWANAKHEIR
KHALID SHEE
TSUMO KHALFAN
TWALIB BREIK
ABDALLA SWALEH
SWALEH ABDALLAH
SAID JEFFA
LUDOVICK NASIB
SAHRA MOHAMED
SAID BURAN
FUAD AHMED
YUNUS SAID
MWANAMISI ZIRO
FAIZA HAMID
SAIDA HUSSEIN
RUWEIDAH LAABID

2ND GROUP: April 2005, Volunteers training

MARGRET NGENEA	VOLUNTEER
BAI ATHMAN	VOLUNTEER

RIZIKI ABDULRAHMAN	VOLUNTEER
MARIA NDUTA	VOLUNTEER
JANE WAITHERA	VOLUNTEER
PHONICE MOMANYI	VOLUNTEER
RUKIYA ABDALLA	VOLUNTEER
ZAITUN JUMA	VOLUNTEER
SHIMRON MWACHUGU	VOLUNTEER

3RD GROUP: Nov 2005

MWANASITI BOY
DENIS KOMBO
DENIS CHRISTOPHER
SALIM ODHIAMBO
ANWAR ISMAIL
MWINYI SALIM
ABBAS MAHMUD
ZUBEDA SALIM
ABUBAKAR ALI
SWALEH MOHAMMED

4TH GROUP – OTHER TRAININGS March 2007
Heroin ORW's Refresher group– MLD

MURAD SAAD
TAIB ABDULRAHMAN
TSUMO KHALFAN
KHALID SHEE
FAIZA HAMID
ZAITUN JUMA
NGWARUTO ABDULRAHMAN

DRUG DEPENDENCE TREATMENT
MOTIVATIONAL INTERVIEWING

MURAD SAAD
FARID ALI
ALI BWANAHERI
ALFRED KARISA
ALI MAJID
TAIB ABDULRAHMAN

ASUMBI – MAISHA HOUSE
Staff Training since January 2005

STAFF UNDER UNODC

Outreach	**CURRENT POSTING**
DANIEL TINGA	Outreach staff
ESTHER GITAU	Outreach staff
STANLEY MUCHUGIA	Outreach staff
SUSAN WANGUI	Outreach staff
HENRY KARIUKI	Outreach staff
JACKSON KINYANJUI	Outreach staff
PETER MWAURA	Outreach staff

ABBAS ABDUL AZIZ	Outreach staff	
BERNARD MWANGI	Outreach staff	
KEVIN ODHIAMBO	Outreach staff	
JOSEPH GATHECHA	Outreach staff	
SIMON PITKIN	Outreach staff	
HUSEIN OWINO	Outreach staff	
MARTIN EDALIA	Outreach staff	
NICHOLAS NGUGI	Outreach staff	
SILAS MUBEA	Outreach staff	
JONES CHURCHILL	Outreach staff	
ERIC GITAU	Outreach staff	
DAVID GITURU	Data	

STAFF NOT UNDER UNODC who were employed

Outreach	**CURRENT POSTING**	
ANTHONY KARIUKI	Nakuru rehab for treatment	
JUDY MUMBI MUNGAI	current position not known	
ERIC OMONDI	current position not known	
ISAAC LIZANDA	current position not known	VOLUNTEER
ASHLEY MUTHUE	current position not known	VOLUNTEER
ALEX MBITHI	current position not known	VOLUNTEER
EVANS DIETO	current position not known	VOLUNTEER
ALVIN SMITH	current position not known	VOLUNTEER
RUTH NGEI	current position not known	
FAUZA ABDI	current position not known	
ROBERT KARIUKI	current position not known	
ANTHONY NJOROGE	current position not known	
ROBERT KUNGU	current position not known	
GEORGE IRUNGU	current position not known	
FRED OTHIAMBO AWITI	current position not known	
ANTHONY NJERU	current position not known	
ALICE MAMBO LEO	current position not known	VOLUNTEER
SALIM AMAN SALIM	current position not known	VOLUNTEER
ROBINSON KINUTHIA	current position not known	VOLUNTEER

VCT

WILLIAM OTIENO	Catholic seminary(priest vocation)	VOLUNTEER

ADDICTION COUNSELORS

	CURRENT POSTING
SAMUEL NJOROGE	Redhill place
ANN WACUKA	AED component
BECKY MUSAU	Nairobi Place
GIDEON NDINGURI	Asumbi Karen
ANDERSON MUTHURI	
MERCY MUSISI	Asumbi Karen
JAMES	Asumbi Ridgeways
PAUL NDUNGU	Asumbi Karen
ANN NJERI	Asumbi Karen
DAVID OGOT	Maisha house
ANTHONY KANGETHE	Asumbi Karen
TERESA	Asumbi Karen

VCT

JULIA NJERI	vct vounselor
LILIAN MUNJI	St Vincents.

MUSLIM EDUCATION & WELFARE ASSOCIATION (MEWA)

2005

Outreach

ABDALLA AHMED

2007

ABDALLA HASSAN

MOHAMMED ALI

AMINA WALEGHWA

DRUG TREATMENT/COUNSELLING

2005

ABDALLA AHMED

HUSSEIN TAIB

HUSSEIN TAIB

ADVANCE TRAING IN REHAB AND TREATMENT

2005

HUSSEIN TAIB

ABDALLA AHMED

TRAINING IN MI

2007

FATMA JENEBY

ZAHRA MOHAMED

MDUDU BAKARI

HUSSEIN MOHAMED

BIHALMA ABDULKARIM

THE OMARI PROJECT

Outreach:

AHMED IDARUS

ALI OMAR
LUDOVICK TENGIA
MOHAMMED SALIM

DRUG TREATMENT/COUNSELLING
MOHAMMED SHOSHI
GRACE MWARINGA
NASSIR LALLI
OMAR ABOUD

GOVERNMNET: LIST OF DOCTORS AND NURSES TRAINED

MI TRAINING 2007

PATRICK KIMANI	Mathari
PETER MBUGUA	"
JESCA PAI	"
MATILDA OMOLLO	"
BEATRIC NJAGI	"
SARAH WAMUNYU	"
HARISON KIHARA	"
JACKTON KISIVULI	"
PACIFICA ONYANCHA	"
NELLY KITAZI	"
DARLINNE KIDIAVAI	"
EUNICE ODINO	"
EVANS MUNUVE	"
LOISE BOKOLA	
JAMES MUMBA	CPGH
FRANCISCA ONGECHA	"
THOMAS NYARIKI	"
EDWARD CHARO	"
MARGARET LUBALO	"
KASSIM MWAMKWARI	"
AHMED BUNU	"
MARGARET IMANYARA	"
CHARLES M. MWANGOME	"
BERNARD MUTHOKA	"
AGGREY NGONGA	"
ANTHONY MUGAKO	"
KEAH M. BALTAZAH	"
BIJUMA MITWAN	Lamu
FATMA BUNU	"
MAIMUNA RIUNGU	Malindi
CYPRIAN KIAMBO	"

ASI TRAINING

FATMA BUNU	Lamu
MOHAMMMED(Nurse)	
ZAHRA SAID ABDALLAH (Nurse)	"
AHMED BUNU HAJJ (C.O)	"
EDWARD CHARO (Nurse)	CPGH
MARGARET LUBALO (Nurse)	CPGH

MARGARET IMANYARA (Nurse)	CPGH
ROSE MUREITHI (Nurse)	CPGH
NANCY NGANGA (Matron)	PRDH
KASSIM MWAMKWARI (Therapist)	CPGH
THOMAS NYAKIRI (S. Worker)	CPGH
POLYCAP ALUFANI (Records)	CPGH
ALI ABDULKADIR BABU (Therapist)	CPGH
ELIZABETH MUTHONDU (Medical Officer)	CPGH
BEATRICE SHABAKI (Nurse) CPGH	CPGH
MOSES OCHOLLA (Clinical Officer)	CPGH
BENARD MUTHOKA (Nursing Manager)	CPGH

COUNSELLING AND MANAGEMENT OF DRUG ABUSE TRAINING - 2006 - NAIROBI

DR. PHOEBE KIGUNDU	Mathari
DR. NGUGI GATERE	"
DR. STEPHEN ONGAGA	"
EVANS MUNIVE	"
N. MICHIRE	"
MRS. R. NJUE	"
MRS. A. WALONGOA	"
MRS. KABORI	"
MRS. J. WAHOME	"
MRS. EUNICE ODINO	"
MRS. ODONGO	"

COUNSELLING AND MANAGEMENT OF DRUG ABUSE TRAINING - 2006 - MOMBASA

BENARD MUTHOKA (Nursing Manager)	Nurse - psychiatry -CPGH
FAITH CHIGUBA	Nurse- psychiatry - CPGH
EDWARD CHARO (Nurse)	Nurse - psychiatry- CPGH
MARGARET LUBALO (Nurse)	Nurse - psychiatry -CPGH
MARGARET IMANYARA (Nurse)	Nurse- psychiatry - CPGH
JANE GITAU	Nurse- psychiatry - CPGH
THOMAS NYAKIRI (S. Worker)	Social/Worker-CPGH
MARGARET MAGINA	Nurse-CCC-CPGH
JANE MKONGOLO	Nurse-CCC-CPGH
DR. F.P. OTIENO	M.O-CCC-CPGH
HALIMA ABDI	RCO-CCC-CPGH
DR. OMAR ALI SHERMAN	M.O-CPGH
DORRIS DZOMBO	RCO-CPGH
ARNOLD JANA SAID	Laboratory

	Technician-CPGH
POLYCAP ALUFANI (Records)	Records dept-CPGH
NANCY NGANGA (Matron)	Nurse-PRDH
NELLY MAGOR	Nurse-PRDH
KASSIM MWAMKWARI (Therapist) JOHN MULIRO	Occupational Therapist-PRDH
ALI ABDULKADIR BABU (Therapist)	CPGH
DR. MWANGOME	CPGH
ISABELL MULEVU	CPGH - Nurse-CCC

Similar one in Nairobi with about 22 participants

TRAINING FOR 4 KENYAN DOCTORS IN THE USA - ON OPIATE-AGONIST MEDICATION - 25TH MARCH TO 24TH APRIL 2005

DR. JACKTON KISIVUL	Mathari Hospital
DR. FRANCISCA OWUOR	CPGH
DR. PACIFICA ONYANCHA	Mathari Hospital
DR. JAMES MUMBA	CPGH

ADDICTION COUNSELING TRAINING
Seventh Day Adventist Center, Nairobi
March 29-31, 2005

LUCY KARIUKI	S.T.C. Casino Health Centre (MOH)
FLORENCE OPIYO	S.T.C. Casino Health Centre (MOH)
JANE WANGUI NJUGUNA	S.T.C. Casino Health Centre (MOH)
HELLEN KARANJA	NCC (MOH)
CAROLYN BOCHERE NYAGENA	Riruta (MOH)
ENID KANUA	Kariobangi Health Centre (MOH)
ROSE NGIMA KAMWARO	Kariobangi Health Centre (MOH)
BENRDINE JEMUGE KOMBECH	Riruta Health Centre (MOH)
LILIAN MWIHAKI KAGORI	Riruta Health Centre (MOH)
SARAH WAMUNYU	Mathari Hospital
FRANCIS W. KABUGUA	Mathari Hospital
ALICE AKINYI OTIENO	Mathari Hospital
ANASTASIA C.W. WALONGOA	Mathari Hospital
MIRIAM NGUTA MWITI	Mathari Hospital
LORNA A. OSENDI	Mathari Hospital
AGNES WANJIRU NJOROGE	Mathari Hospital
MARGARET K. WAMBUA	Mathari Hospital
NAOMI GITHIA	Mathari Hospital
MARGARET NAMIREMBE	SARAH
LAWRENCE CHISAKA	SARAH

Addiction Workshop in Mombasa
DR. PACIFICA ONYANCHA

DR. FRANCISCA OWUOR
DR. JACKTON KISIVULI

Addictions Counselor Training
Mombasa, March 22-24

JAMES AMAYO	CPGH
ADAM HAMID	CPGH
SARAH MBUS	CPGH
KASSIM H. MWOMKWARI	Port Reitz Hospital
LAWRENCE NZUMBU	CPGH
FRANCISCA OWUOR	MOH/MDH
OMYAMURA PACIFICA	MOH - Mashari Hosp
KASSIYURI AZENGA JACKTON	MOH/Katamiha PGH
DR. JAMES MUMBA	CPGH
MARY M. MWAMBARU	CPGH
AMINA KAMBU	CPGH
MARGARET MAGINE	CPGH
HANNAH MOURIN	CPGH
HENRY JIMBI	CPGH
MARYARET LUOALO	CPGH
NELLY NAUOR	Port Reitz Hosp
ADAM HAMID	CPGH
AMINA KAMBU	CPGH
DR. JAMES MUMBA	CPGH
HANNAH MOURIN	CPGH
HENERY JIMBI	CPGH
JAMES AMAYO	CPGH
LAWRENCE NZUMBU	CPGH
MARGARVEL MAGINE	CPGH
MARY M. MWAMBARU	CPGH
MARYARET LUALO	CPGH
SARAH MBUS	CPGH
OMYAMURA PACIFICA	MOH - Mashari Hosp
KISSIYURI AZENGA JACKTON	MOH/Katamiha PGH
FRANCISCA OWUOR	MOH/MDH

VCT Partners Meeting/Joint Training
Saturday 6 August 2005
(1/2 Day)

HALIMA ABDI	Clinical Officer: CCC @ CPGH
AMINA OMAR	VCT Counselor Mvita Clinic
AMINA MOHAMMED	Lab Technician/VCT Counselor Mvita Clinic
DENNIS KOMBO	VCT Counselor Bomu Medical Center
EDWIN M. JUMA	Outreach Worker Bomu Medical Center
DR. SHIKELEY	Chief Administrator Coast Provincial General Hospital

DR. MUMBA	CPGH Doctor Addictions Unit CPGH