PROJECT FINAL EVALUATION

(F 75 – Diversification of services in Central Asia)

PROJECT NUMBER:

AD/RER/03/F75

PROJECT TITLE:

Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan

THEMATIC AREA:

Prevention and reduction of drug abuse

COUNTRIES:

Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan

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for

UNITED NATIONS OFFICE ON DRUGS AND CRIME

Aknowledgement

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CONTENTS

LIST OF ACRONYMS

AIDS – Acquired Immunodeficiency Syndrome

HIV – Human Immunodeficiency Virus

IDU – Injecting drug users

ROCA – Regional Office for Central Asia of UNODC

STI – Sexually transmitted infections

TOR – Terms of reference

UNDP – United Nations Development Programme

UNICEF – United Nations Children's Fund

UNODC – United Nations Office on Drugs and Crime

WHO – World Health Organization

EXECUTIVE SUMMARY

1. Summary table

Issues and findings:	***Supporting evidence/ examples***	***Recommendations / comments***
1. Project design and strategy have overall been effective, planned activities appropriate to needs and well geared to existing ground situation. Attention in the planning phase, to subtle underlying determinants of impact is commendable. Drug control objective is not addressed well enough in proposed outputs, and probably not due to oversight.	- need demonstrated in document - clear purpose and direction - few activities address 'drug control' objective - structural determinants noticed	The sensitivity to underlying determinants in project planning and design is commendable and is worth trying to apply to other projects. Cosmetic inclusion of overall demand reduction objectives should be avoided.
2. Implementation has been good, at the activity level. Budget is well used and outputs and activities mostly completed. Ongoing evaluation and eliciting and disseminating lessons has not been completed.	- budget summary sheet [UNODC 2007] - annual project review reports - verbal reports and responses to questions	The range of outputs and activities is wide and not easy to complete. ROCA regional coordinators have clearly been efficient.
3. Effectiveness in meeting problems identified initially is high.	Matching list of problems and needs with reported results.	The level of effectiveness is impressive.
4. Efficiency could have been increased by including less intensive and low cost treatment options and more effective primary prevention interventions, especially those aimed at populations and groups. More focus on content and strategic issues was needed.	- Respondents at all levels lack insight into evidence based preventive interventions - all treatment options preferred are high intensity, long term, professional intensive and expensive. - training and manuals too had same focus as above.	- ROCA needs to examine all interventions, especially those in prevention, to see how well they are based on evidence of effectiveness. - Attempts can be made to include lower cost treatment options.
5. The level of coordination and cooperation achieved among regional, national and local stakeholders is higher than could be anticipated –	Reports from all sectors, individually and in shared discussions.	Sites where this progress is greatest (e.g., Khoujand City and related oblast in Tajikistan) can serve as

Issues and findings:	***Supporting evidence/ examples***	***Recommendations / comments***
especially between state and NGO sectors. Services and society are less hostile to users and a purely punitive or enforcement approach is no longer used.	Reports from UNODC officials concerned.	examples of 'good practice' to others.
6. Services for drug users have become more accepting and attractive and demand for services has increased significantly. Treatment service results have improved much with regard to HIV prevention and marginally with regard to sustained abstinence from drug use.	- reports and figures from treatment services - reports from users - documentation at UNODC and officials outside of treatment service facilities.	Sites where this progress is greatest (e.g., Tashkent City Narcological Centre in Uzbekistan) can serve as examples of 'good practice' to others.
7. There is a change in culture among all drug users in the community, at the project sites, towards lower sharing of equipment. Drug injecting and use is unchanged or increased in most of the sites.	- the evidence is consistent across settings of safer injecting behaviour by drug users. - UNODC and local records and reports - lower rates of HIV in surveillance among drug users and injectors, in many settings	Impact on ground situation in HIV prevalence rates is very likely a positive project impact. This is commendable.
8. The immediate objective of reducing risk of HIV transmission among drug injectors is achieved. The overall objective of reducing illicit demand for drugs has not been touched.	- examination of content and thrust of activities - evidence of real or likely expected impact - determinants recognised and addressed	The harm reduction objective being undoubtedly achieved is commendable. Relative neglect of drug control objective must stop in future. More attention by UNODC is needed on what works in demand reduction.
9. Inputs from resource persons from the principal training centre and the project consultant have been a significant contributor to success. This project was fortunate that the resource persons were competent and committed.	- rating of training by all participants who were questioned. - clear evidence of impacts of training extending to participant attitudes too - direct questioning and discussions with resource persons and responses	Competence and attitude of resource persons strongly determine project success. We should have set criteria for selecting resource persons and agencies rather than relying on good fortune.

Issues and findings:	*Supporting evidence/ examples*	*Recommendations / comments*
	to queries on content of materials.	
10. Sustained benefits up to this point suggest that certain gains will persist. Although some things will atrophy, the wider coverage, capacities built and the change of environment among service providers and wider society will be important sustained benefits.	- no significant drop in quality or treatment demand despite loss of several of the persons trained - institutionalization of standards and practices will ensure sustained benefit	Natural decline and atrophy can be reduced at low cost by having occasional 'refresher' review, training and exchange of experiences at regional level. National review meetings should similarly be held, and will ensure clearly greater sustained benefit.

a). Summary description of the project evaluated

The original plan envisaged creating activities to improve and diversify HIV prevention and drug treatment services for drug users, including injecting drug users (IDU's), in five countries through a period of two years (2003-2004), on a total budget of US $ 500,000. Following a revision in 2004 the timeframe was extended to 2006, and the budget was increased to $1,260.000. A further revision in March 2006 extended the project to February 2007 and increased the budget to $ 1,301,800.

By the end of the project (as amended in the 2004 revision document) it was expected that there would be: 1) needs-based diversified services functioning in 4 or 5 selected localities in each Central Asian country and referral mechanisms to other health and social services, 2) 50 – 70% of estimated injecting drug users will be covered by various services related to primary, secondary and tertiary prevention, 3) relevant professionals and other staff members will be trained in state-of-the-art methods, 4) a more favourable and conducive environment for undertaking effective HIV prevention and drug treatment services in the selected localities, 5) availability of a set of specified documents, 6) coordination groups on drug abuse and HIV/AIDS established and functional in each target locality as a strategic advisory body, 7) experiences acquired systematized and lessons learned disseminated through UNODC publications, web site and networking.

The second project revision operative for the final year amended these to focus on structural changes in the service provision sector, by systematising and institutionalizing the practices adopted in various projects. In this extra year it was expected that the drug abuse treatment system

would acquire a set of normative documents on professional standards and service protocols and the lead agencies would be able to train others nationally. A scheme for interaction of AIDS-servicing centres and drug treatment institutions was to be established and national lead drug abuse treatment institutions were to be developed into resource centres.

b) Major findings of the evaluation

* Project design and outputs and activities proposed are appropriate for the needs identified and relate well to achieving the immediate objective. The project document is weak in activities and outputs designed to address the overall objective of drug demand reduction.

* The apparent weakness in the project document (and in subsequent activities and outcomes) to address the overall demand reduction objective does not need to be judged harshly. It does not appear to be a design failure. Given the context it looks more as if the overall objective was simply cosmetic, with the thrust being on putting in place several urgently needed interventions on HIV prevention.

* Implementation has been satisfactory and the budget has been used well. More attention should have been paid during monitoring to the use of sensitive indicators as a means of providing ongoing evaluation-related inputs.

* The project has been impressively effective in meeting the needs initially identified. Efficiency would have been far greater if lower-cost 'treatment' options were considered alongside the 'high-intensity' services that have now been generated. The immediate objective of reducing adverse health consequences of drug injecting is clearly achieved, while the overall objective of reducing the illicit demand for drugs is hardly touched.

* Many activities and outputs covering a wide range, and modified twice in project revisions, have still been delivered well enough – despite the associated changes in strategy mid-stream. These strategic changes are justified and served to enhance benefits.

* Services for drug users, including IDUs, have become more accepting, attractive, diverse and wide-ranging, more psychologically oriented and geared to recipients' needs. Access for women users is far easier now in nearly all settings, and is on par with that for men in a few settings. Access for younger users however does not appear to have become any easier. The number of professionals in the field has increased and their attitudes and capabilities have clearly improved. Physical facilities at centres are better and contribute to making them more attractive. These changes have spread beyond initial sites and been institutionalised through changes in prescribed standards for services that apply throughout 'the system'.

* The project has contributed greatly towards making the efforts of NGOs and government sector services to cooperate. Links between drug and HIV related services too are better. These changes are consolidated through institutional changes that have been brought about in the last year of the project's activities.

* Treatment results for drug use *per se* have improved marginally while demand has grown significantly. HIV risk behaviour among service recipients is undoubtedly lowered. The percentage of injectors has come down among service recipients in some of the locations but there is no consistent trend.

* Changes have reached the wider drug using culture at the project sites and very probably resulted in overall reduction in sharing of injecting equipment among all drug users there. But the rates of injecting drug use among the wider population of drug users are now mostly higher.

* Changes in general society too have occurred in the project areas. A less punitive approach to drug users has most probably occurred. HIV infected persons are definitely more accepted as well now, but this is more likely the result of parallel interventions from HIV-related services. Police treat drug users in a less hostile way but there is still far to go in this regard.

* Inputs from the resource persons at the principal training institute, and the project consultant, have been overall of high standard in the sphere of improving client interventions. A useful set of resource materials has been produced but it is hardly used, except for those produced in the final phase. Content of training and materials is relatively weak in population based approaches and in primary prevention as well as in brief and other low-cost interventions for drug users.

* Internal and ongoing evaluation has been weak, as in most projects, and lessons learnt for wider dissemination have not been identified, although required.

* Attrition and turnover in trained staff has not yet led to a significant drop in service demand or results and the gains during the project are likely to be sustained because of the perceptive shift of strategy in the last year – to institutionalise the practices initiated in a few settings.

c) Lessons learned and best practices

* The sensitivity, during project planning and design, to more subtle underlying determinants contributed strongly to the fairly rapid achievement of impacts. (An example was the suspicion and possibly mutual hostility between state and NGO players, which was deliberately targeted for intervention). Recognising and addressing similar systemic determinants is rare in project

thinking and design. Including such underlying factors among those that a project should address is a lesson worth applying to future projects.

* It would be useful to see whether we can specify the qualities to consider in selecting resource persons, consultants and training institutions, on the basis of this project's experience. The choice of resource has been remarkably fortunate here. But correct choice of resource people to guide project work cannot be left purely to good fortune and we may do well now to set out the criteria to look for in consultants and resource persons.

* A 'good practice' lesson is to be found in the Tashkent City 'Narcological' service, which has moved far in being accepting, non-stigmatising and 'normalising' drug users. An impressively healthy atmosphere and approach to clients persists despite several members of staff who contributed to this change, after training through the project, having now left.

* A similarly secure and persistent effect that is worth trying to emulate is the degree of cooperation and joint effort among state and NGO drug services, HIV services, enforcement agencies and the local administration and civil society in general, in Khoujand, Tajikistan.

d) Recommendations, conclusions and implications of the evaluation.

* The most important of *recommendations* is that action is taken to sustain and build on the gains from this project, through all feasible means. If not, the potential gains in qualitatively improved services for drug users risk being unduly diminished. These gains are still vulnerable, as seen from the slight reversal in one of the countries. An annual regional review and refresher training, and facilitation of mutual learning and exchange of experiences, can enhance continued gains from this project. Such a two or three day meeting once a year, and then less often, will cost very little too. To fail to do this would be a sad waste of opportunity to further enhance and sustain benefits from a highly useful project.

* National UNODC offices should have a periodic follow up review of activities and results from this project. This can happen as an extension of the coordination committees that assisted implementation of this project in the country or in conjunction with one of the meetings of the coordination committee on HIV matters – to encourage continued integration with HIV activities as well. The chance for key players in this project from each country to meet and exchange opinions and experiences can alone generate significant continued benefit. And there will be no significant cost.

* Adequate attention should be paid to drug demand reduction too, in projects that address both drug and HIV issues. This project achieved significant improvements in services for drug users. Despite this, the demand reduction objective was not met – primarily because the emphasis

was weighted almost exclusively towards HIV prevention. Having a demand reduction overall objective requires that a project takes the demand reduction objective seriously, and that an honest attempt to reduce demand should be visible.

* Low-intensity and low-cost treatment options should be included in the repertoire that is now in use.

* A critical review should be undertaken within the Regional Office about what is done in the name of demand reduction, how strongly these approaches are supported by evidence and the models or strategies that guide these actions. Necessary amendments to existing thinking and understanding will probably result.

Conclusions relate primarily to the 'major findings' listed above.

* There are some *implications for UNODC* from this evaluation. Firstly to examine how well demand reduction work in projects like this is based on evidence, especially with regard to primary prevention interventions. The reiteration of relatively less effective methods for primary prevention, at all levels in this project, was worrying. It would be useful to check whether this is a tendency that prevails beyond this particular region.

* Strategies and models for prevention have to be clear in all projects. This allows the development of sensitive intermediate indicators of progress in terms of impact and not just activities. Monitoring of projects must include progress on indicators of determinants of the final desired goal – or of 'intermediate changes'. An accurate logical framework based on a tested or testable model is an essential in developing the relevant indicators. A weakness of most demand reduction activities is that the model or log frame is unclear or non-existent.

1. INTRODUCTION

1.1 Background and Context

1. The background and justification is well set out in the project documents [UNODC 2002] and the paragraphs in this section are extracts from these and from the mid-term evaluation report.

2. Recognition of injecting drug use (IDU) as the primary mode of HIV transmission in Central Asia, and its contribution to the spread of HIV called for a response. Up to 80% of HIV positive people were estimated to have acquired it through drug injection. Prevalence of HIV infection among IDUs was from 0.3% to 15%, while prevalence of drug use was estimated to be high and growing [UNODC 2002].

3. Some outreach programmes by NGO's had been established in response, with external financial and technical support, in four of the countries. The coverage of IDU's was low. Substitution maintenance had been piloted in Kyrgyzstan. Most IDUs who visited 'Trust Points' set up under these initiatives were said to have desired counselling to assist them to stop their drug use, which was not available or only at a very high price [UNODC 2002].

4. The present project was envisaged to go beyond usual 'harm reduction' interventions and improve the range, quality and coverage of services to drug users in general, including IDUs. A weakness seen in existing services for drug users was their focus only on medication for physical withdrawal symptoms, or 'detoxification'.

5. The plan was to pilot the diversified and qualitatively improved services in seven selected localities in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan based on availability of reliable data on the HIV and drug use situation, high prevalence of HIV/AIDS and drug use or injecting drug use, the current status of the response to the spread of HIV, and government commitment. The original plan was further extended, expanded and modified, with greater resource allocation, in a project revision [UNODC 2004]. A change of strategy was incorporated in a second revision which applied to activities to be completed in an extension year [UNODC 2006].

1.2 Purpose of the Evaluation

6. This is the external final evaluation and the purpose and objective are set out in the attached terms of reference. (Annex 1)

1.3 Executing Modality/Management Arrangements

7. The execution of the project is by UNODC (ROCA) through a Regional Project Coordinator in collaboration with National Focal Points (senior management officials of the Ministry of Health or State Commissions/Agencies on Drug Control) and local counterparts (mostly heads of drug use treatment services, government and non-government, and AIDS centres). Regional Coordinators changed during the life of the project. Coordinators likely had a considerable workload of purely logistical matters, given the need to coordinate work in 5 countries with the attendant bureaucratic issues. Examples of such difficulties were demonstrated even during the evaluation mission, when pre-arranged schedules had to be changed due to no fault of the UNODC officers, creating a need for much unscheduled work to sort things out again. Both coordinators seem to

have dealt successfully with the workload.

1.4 Scope of the Evaluation

8. The evaluation was designed to cover the scope set out in the attached terms of reference (annex 1) and go beyond these when necessary.

1.5 Evaluation Methodology

9. The planned methodology used as the starting point the guidelines spelt out in the TOR (annex 1). A search was made in the UNODC website for background information to supplement the various documents and reports related to this project. The overall evaluation strategy was designed to provide more than a simple checklist or report card of what was done and not done – an exercise that could readily be done by examining all the documentation and reports and then verifying their accuracy. The plan was to supplement the reported results with an examination of the process and content of training and interventions, levels of understanding and capability of staff, impressions of service users and likely impact on the wider social and national situation, if any. Planned discussion with users would not be through a strict 'focus group' methodology as it would not lead to useful results when conducted through an interpreter.

10. A set of initial exploratory questions was prepared, beyond which further enquiry would proceed depending on responses. Issues to explore with the project management at regional level and at national level were worked out, along with matters to explore with service providers and recipients. The intent was to examine the results country by country and to draw general conclusions about the project as a whole based on this.

11. Field information gathering took place from 2nd to 21st August 2007. Original plans were modified according to ground realities. Many constraints had to be overcome. The most daunting was the failure to get clearance to visit Kyrgyzstan due to borders being more or less closed because of a concurrent international event. Information on Kyrgyzstan had to be limited to that gathered from the Regional Project Coordinator and his findings recorded from mission reports as well as an extended telephone interview with the National Project Officer of UNODC in Kyrgyzstan. Within countries visited, there was difficulty in going beyond the limited set of interviews pre-arranged. This was not a shortcoming of the Regional Coordinator and other organizers, but a result of practical

difficulties encountered locally, in going beyond the pre-arranged schedule, including the difficulty of finding independent interpreters, for example for interviews with service users. The problem of having to operate entirely in English also arose in relation to examining manuals, progress review documents and mission reports, as most of these weren't available in English, as the summarised Annual Project Progress Reports were.

12. The approach to the evaluation was continually modified according to the limitations that could not be overcome. Data gathering had to be adjusted to the fewer sources of information accessible. Since independent verification through different sources was limited, interviews had to be sensitive to filter out and cross question, in order to reduce bias and interpret reports critically. The planned format for presentation of findings and conclusions too was changed, to classify findings under different issues rather than country by country, given the lack of first hand access to sites in Kyrgyzstan, which resulted in reliance having to be placed on 'remote' sources.

13. There were many difficulties in practical arrangements and logistics that curtailed the range of settings and individuals reached. But the findings that are consistent from among the wide range of sources that were accessed make the conclusions of this report valid enough to present with confidence.

2. ANALYSIS AND MAJOR FINDINGS

2.1 Overall Performance Assessment

14. Performance begins with the project document. There are many strong points and positive elements in this document – such as its analysis of the current situation and needs of the region and the opportunity to develop plans on the basis of findings from a comprehensive needs-assessment carried out in an inception phase, with wide participation of stakeholders. Key individuals involved in the planning had shown good insight into the more subtle underlying structural determinants that needed to be addressed. A major weakness is the relative inattention to the content of training and other interventions and how the quality of the services delivered could be assured. The project addressed an

important need in the region and was undoubtedly appropriate and the activities proposed were on the whole relevant.

15. The thinking behind the project was to address identified fundamentals beyond simply building services and capacity, according to the previous Regional Coordinator who was also a key figure in the planning. An example of such issues was the mistrust between state services, which are often rather harsh and punitive but see themselves as more qualified, and the NGOs that are more 'client-centred' but perceived as trying to make money from external donors. Another example was to reduce the general social hostility to drug users, as well as the intimate linkage between drug treatment services and the police. To elicit and address such less-often-recognised underlying factors in project planning is a sign of good insight and understanding of structural factors or determinants. Such perceptions are rare in project design or planning. This feature was attributed to the thorough needs assessment carried out with all stakeholders, but it probably reflects also some insightful individual inputs in the planning and design phase. Technical advice was also readily available from UNODC headquarters, whenever it was sought.

16. A matter of concern though is the simple assumption in the original project document that the provision of 'diversified services' will necessarily lead to a reduction of adverse health and social consequences of drug injecting, including a reduction of transmission of blood-borne infections. This assumption leads to relative inattention to content and quality of what is delivered. Newly diversified services can provide as poor results as the pre-existing less diversified services, if they deliver ineffective interventions. Fortunately, the hope that the trainings would lead to effective actions was realised to a fair extent. But there was not enough attention to the real possibility that the trainings could have been useless – and if so, how to notice it early and take remedial measures before it was too late.

17. Relative neglect of the overall objective is evident. This may not be so much a design failure as a consequence of needs and priorities identified at the time. The weakness in dealing with the demand reduction or overall objective in this context does not appear too great a failure. The decision probably was to get the urgent services in place for the prevention of the rapid spread of HIV through injecting drug users. Institutional practice may require pride of place to the demand reduction objective. Given the urgent ground realities in the background such a cosmetic inclusion, if this was indeed the case, may be understandable – but it is certainly not a practice to be encouraged.

18. Sensitivity to findings along the way is visible. The warning in the mid-term evaluation about a lack of an exit strategy has been considered and addressed seriously by moving

away quickly from a primarily 'grant disbursing' mode. A major departure from the original thrust of activities was made in the second project revision document [UNODC 2006]. Emphasis changed from training and capacity building of services and service providers to institutionalization of the measures applied in a few settings and to the development and adoption of standards for all services nationally. Equally strong justification could have been made for continuing the direction of the first three years, so as to consolidate and spread gains made. A significant success of this project is the improvement of services through the addition of new skills to service providers and attitude changes among them. These are at an early stage and are still vulnerable (as has been demonstrated in Kyrgyzstan now). Progress achieved at the intervention sites deserved further nurturing and guidance through continued monitoring and feedback. Fortunately, the outcome of the new strategy [UNODC 2006] turned out to be good.

19. The project has been clearly effective in addressing most of the original problems identified in the project document. Outreach programmes are now institutionalised. Drug users have definitely 'come out of hiding' as a direct result of the project's activities and thrust. Treatment services are more attractive and accessible and this applies also to women drug users – although not so much to young users. Treatment facilities offer far more than simple detoxification and the links and coordination between drug treatment services and HIV prevention centres and those between state and NGO sectors have improved. It appears that these benefits have spread well beyond the original more or less 'pilot' intervention sites. An impressive performance indeed.
20. Efficiency could have been best improved by further attention to content of training and services. But the project has been quite cost-effective in terms of results already achieved, viewed in relation to the modest investment made. And it compares well, in efficiency, with other initiatives and projects of this nature.
21. It is always easy for evaluators to provide ideas on how efficiency may have been improved, after a project has ended, by showing less costly alternatives to the activities and strategies that were adopted. I am not keen to make too many suggestions for this reason. But one serious suggestion on greater efficiency would have been to go beyond the chosen 'expertise-intensive' and 'individual-oriented' approaches exclusively used here. The chosen model for demand reduction was 'services for drug users' while some partners took on a small component of 'primarily prevention'. Population, community or group focussed interventions are inadequate. And among services too, the ideal was seen to be long-term 'rehabilitation' which was expected to include residential care,

reintegration, much 'psychological' work and after care, developing skills and characteristics for employment and so on. This is a hugely expensive exercise on an individual basis. To keep expanding such services as the principal way to reduce demand is not even feasible, even if it were highly effective. Population-based, group oriented and brief intervention strategies are hardly on anybody's agenda, and would have likely led to far more impact.

2.2. Attainment of objectives

22. The immediate objective, of minimizing "the adverse health and social consequences of drug injecting … among injecting drug users of selected project target areas through diversification of HIV prevention and drug treatment services", has broadly been achieved to an adequate level. The evidence is convincing enough, although not set out as quantitative data collected through methods of high scientific standards, that there has indeed been a reduction of HIV transmission risk, and very likely of transmission, as a direct result of activities of this project. To produce changes impacting on the ground situation within a relatively short project life is a significant achievement. Because some fundamental structural changes underlie this impact, the results are likely to persist

23. Thus the project has been effective in achieving its immediate objective, which was to provide better services to drug users and minimize adverse health and social consequences of drug injecting – including the risk of transmission of HIV infection. In a few settings (e.g., in Pavlodar) there was also evidence of this extending as far as a reduction of HIV prevalence rates among the wider drug using population. The timing of this was related to the inception of F 75 project activities. It is fair to assume that the project contributed to this change. Reports of reduced prevalence of drug injecting among existing drug users in Tashkent also appeared credible.

24. We should note here that the stated immediate objective is the reduction in transmission of infections *among injecting drug users*. Success in this does **not** imply that the project contributed to the overall objective of "achieving significant and measurable results in reducing demand for illicit drugs". If we consider a hypothetical situation where drug use and injecting had *increased* as an unintended consequence of this project, it would still have been possible for the immediate objective to be concurrently achieved.

25. In terms of achieving the overall objective, that of achieving a reduction in demand for illicit drugs, the project has not really been effective. A small positive impact may have

occurred through better reach and improved rates of treatment results after the project began. When all locations are considered the size of impact on demand reduction is not impressive, although there were the occasional locations where treatment coverage and results improved significantly.

26. This is not the place for arguing the merits of population-based interventions as a means for improving efficiency. But this project has clearly not paid enough attention to the very real gains in demand reduction that can be achieved through such an approach. This applies to both helping users quit and to the few 'primary prevention' efforts that some collaborators undertook. Population prevention approaches need not be an offshoot of treatment services. The heavy emphasis on services for drug users may be one reason for the relative inattention to population, group or setting based prevention methods.

27. Lack of effectiveness in reducing the demand for drugs, as expected in the overall objective, is not really a weakness of this project. The range of planned outputs and activities were not even intended to touch primary prevention of drug use, although it is an essential if the overall objective was meant to be taken seriously. The work was designed to be with drug users, for drug users. The problem is not so much a failure to achieve the overall objective but having an inappropriate overall objective, which the project never intended even to attempt to achieve. The thrust was clearly to put in place an urgently needed set of responses to prevent the spread of HIV, and it appears that the overall objective was more or less an obligatory institutional necessity than one meant to be taken seriously. Too harsh a judgement as a design error may be unwarranted for this reason.

2.3 Achievement of results and outputs

28. The list of outputs is long, and kept getting longer and more complicated with added activities and shifts in direction at two project revisions. That most outputs have been satisfactorily addressed is a surprise.

29. There has been a definite improvement in the range and quality of services available to drug users. Harm, in the form of HIV transmission risk has been reduced while there has been qualitative improvement of services and results of drug treatment too. This project provides an example of services for drug users being enhanced, rather than distracted, through funding for HIV-related work. It also shows that enhanced services to drug users intended to wean them off drugs, going well beyond exchange of injecting equipment and

condom distribution, was associated with reduced prevalence of HIV infection (in Pavlodar and Chimkent). This is an important lesson for all projects.

30. Greater cooperation and linkages between state HIV services, drug treatment services and NGOs is evident, with all its attendant benefits. This was quite visible in Kazakhstan (in Pavlodar and Chimkent). Tajikistan provides examples of both remarkable success in collaboration (Khoujand) and minimal progress (Dushanbe). Other locations also show some success in this regard. There was no plan to integrate police or other enforcement agencies but there is evidence of spin-off benefits on how the police approach drug users, which makes it easier now for users to access services, with less fear of enforcement authorities noticing or persecuting them.
31. The move towards becoming client-oriented, non-punitive and comprehensive in the wider range of services is significant and laudable. This is clearly evident in Uzbekistan, Kazakhstan and Tajikistan and is reported even in Turkmenistan where there was a delay in inception of this project. Implementation has slowed in Kyrgyzstan after changes in personnel. The move to becoming client-centred was said to be especially significant in comparison to the much more 'official' and rather 'harder' approach during the previous Soviet era. Clients at the experimental substitution program at the Tashkent City Narcological Centre were emphatic that the service was sensitive to their needs and supportive. Professionals trained in this project were clearly impressed with the training that they had got through the project, which led to these changes, and were keen for more.
32. Significant improvements in the wider milieu, going well beyond the impact on just the drug users who attended services, are reported from several centres (e.g. Tashkent, Bukhara, Khoujant, Dushanbe, Pavlodar and Chimkent). The City Narcological Centre and officials of the National Centre for Drug Control in Uzbekistan, for example, were convinced that social attitudes to drug users too have become less hostile, while users are ready to access services voluntarily, treatment is recognized as involving far more than just help to overcome physical withdrawal effects and there is less stigmatization of HIV infected persons and drug users. Similar observations were made in other settings. These remain as benefits although the project has ended, along with the obvious benefit of increased quality of services and greater competence and sensitivity of service providers.
33. The drug use situation in wider society, including those not reached by services, is mixed. Nearly all officials ask for better surveys and situation assessments ('We need accurate data'. 'We don't have reliable baseline information'). At the same time they question the accuracy of assessments that are already there ('We don't believe the UNODC figures'. 'I

don't know how they have made these assessments but if you go out to the street you will see the real picture').

34. Drug users met in Tashkent were unanimous that the prevalence of drug injecting in the wider drug using population was now less than a few years ago, probably as a result of ideas disseminated from this service. Those in Dushanbe were unanimous too – but about an increase in prevalence of drug injecting. But sharing of injecting equipment was clearly reported to be lower in all sites.
35. In nearly all locations there was general agreement that overall drug use had increased over the last three years or so, other than in Chimkent and Khoujand. The total number of individuals in the city or oblast who were injecting drugs was reported to have increased over the last few years in Bukhara, Dushanbe and Pavlodar.
36. Client attendance to services was reported to have increased significantly [for example in Tashkent (by over seven-fold), Pavlodar, Ashkhabad, Khoujant, Chimkent and Dushanbe) because of this project. This is consonant with the formal findings from the UNODC study, other than in the case of Pavlodar where a decline is showed for just 2004 to 2005 [UNODC 2006C]. The proportion of individuals who attend services and maintain abstinence for six months or more is said to be significantly better in Pavlodar, while claims for modest improvement were made in Dushanbe, Bukhara, Chimkent and Tashkent Narcological Service Centres. There was no access to official figures but, overall, the numbers who maintain abstinence are said not to have declined after the project funding stopped. There was some anxiety about several of the trained staff having left, after the project ended, and a possible decline in numbers seeking help from the centres (e.g. Dushanbe and Tashkent Narcological Centre).
37. Changes in the wider drug using culture are reported (for example in Tashkent, Khoujand, Pavlodar, Chimkent), leading to non-sharing of injection equipment, more condom use, lower injecting rates and a feeling of greater acceptance by society. The extent of safer practices appears clearly more than that reported in the UNODC survey covering the period 2003 - 2005 [UNODC, 2006C].
38. Groups of drug users met in the different sites are unanimous in reporting an increased acceptance of their needs, greater sensitivity and quality of services and more positive perceptions of services by drug users generally.
39. Accessibility of services to female drug users differs between countries. (For example, the staff at Pavlodar and Chimkent centres believed that is was just as easy for women as for men to access services, unlike what officials believed to be the case in Turkmenistan. In

Uzbekistan (Tashkent), women drug users present said that women and men had equally easy access, while in Tajikistan (Dushanbe) the few women among the users (at 'Polytechnic' drop-in centre) said that females had a harder time accessing services. There weren't many young users seen at any of the services, and the older users there said that young people probably found it very threatening to present themselves at drug treatment services.

40. In some centres, an undercurrent of anxiety was expressed, rather diffidently, about the possible increase of drug injecting as an outcome of HIV harm reduction activities – especially needle exchange. In Dushanbe, for instance, injecting use among clients was less than 20% of users in 2000, while it had gone up to 59% by 2006, according to the narcological centre. (Reports from the NGO "RAN" put the figure higher and drug users at the 'Polytechnic' drop in centre claimed that over 80% of users were now injecting.) Suggestions for how to prevent people taking up drug injecting elicits no real answer – the only response being that we should have better standards at needle exchange services and greater coverage. But a rise in injecting drug use is reported in all but one of the settings, and corresponds with the formal UNODC study [UNODC, 2006C].
41. Internal evaluation is weak. The level of understanding about evaluation methods and appropriate indicators is insufficient and there is very little attention to this subject. Indicators of achievement are not based on understanding of determinants that contribute to the eventual desired impact. It is as if evaluation is a matter left for UNODC and other project implementers. An extension of this is the lack of appreciation of relevant quantitative or qualitative data about relevant intermediate indicators. Coverage is about the only factor reported, as the way to assess improvement of services.
42. Effort to elicit lessons learnt and dissemination of 'good practices' is almost non-existent, although several documents and standards were distributed. The understanding of the Regional Coordinator and officials at country level is that the dissemination exercise will follow the final evaluation meeting to be held later this year (i.e., September 2007). It is evident that some of the commendable results or good practices to be found in this project are not recognised by the parties who have actually created them.
43. The trainings provided by the National Clinical Research Centre of Medical Social Problems of Drug Dependence, Pavlodar, and later at regional and country level were rated highly positively by nearly all informants. There was widespread agreement that attitudes, not just knowledge and skills, were significantly improved through the trainings. This applies to attitudes towards drug users as well as to mutual understanding among different

agencies such as state sector and NGO representatives.

44. The several training manuals, measurement tools and other supportive materials that went with the technical training, developed primarily by the resource centre, National Clinical–Research Centre of Medical-Social Problems of Drug Dependence in Pavlodar, were described as highly useful. But hardly any of those met, including those who had participated in trainings in Pavlodar, were able to report something they had read from the documents after returning from the training, to improve their practice. On the other hand, the documents for institutionalising standards and so on, from the last year of the project, have been referred to in all of the countries.

45. The content of training manuals and documents were not available in English. Reports indicate that recognition of wider issues that determine recurrent drug use, beyond physical withdrawal discomfort, appears to have been well covered. But the content appears to have focused rather too little on addressing social or milieu determinants of behaviour, concentrating instead on factors within individual drug users and on services and service providers. Treatment options seem to emphasise comprehensive, intensive interventions that require highly trained professional inputs over long periods, of which a significant part is residential. These are very expensive to deliver.

46. Content in the manuals about primary prevention measures, as far as could be gathered across the barriers of translation, appears weak. The expectation appears to have been that organization outside the government sector would handle prevention. The measures mentioned for primary prevention of drug use (and those said to be included in the standards) are approaches that have repeatedly failed to show evidence of preventive impact, where they have been more rigorously tested. There are no models for understanding initiation into use or any evident strategy on which prevention interventions are based. Nor are there strategies to prevent users adopting or switching to drug injecting. Reliance is placed, in this regard, on reducing the pool of existing users and thereby reducing the numbers that they will recruit anew.

47. The documents developed after the final project revision provide guidance on taking a new direction, of setting standards and guidelines for practice and interaction with HIV services and the like. These have been used in decrees and formal directives issues in the countries. Plans to institutionalize standards of practice have already moved well in Tajikistan and Kazakhstan and to a lesser extent in Uzbekistan, while they are still on track in Turkmenistan. Some reversal seems to have happened in implementation in Kyrgyzstan. Overall, the benefits from the project have thus become widely disseminated, beyond the

original few locations. This major jump in scope, which may have appeared unrealistically ambitious, has led to useful outcomes.

48. The improvement in physical state of premises, furniture and provision of other equipment has contributed significantly to making the services more attractive and pleasant. The infrastructure benefits are still visible. Funding provided by the project for medicines and food allowed services to run smoothly and the termination of the fund has led to difficulties in a few centres (especially in Dushanbe). Staff who were trained and active in the project activities moving out after the project ended is a problem but has not led to a collapse of the improved services. Exact numbers who left are not easy to extract, but the majority appears still to be available and delivering services.

49. 'Drug demand reduction' is understood in a very narrow sense. In nearly all settings the spontaneous responses to questions about demand reduction work referred only to improved service provision for drug users. And the service provision suggested was needle exchange and other safety practices. When pressed, informants respond that 'creating awareness' and education is schools are important to prevent the spread of drug use. Occasionally there is mention of giving materials, posters and pamphlets. Other strategies for prevention are poorly recognised. There is an air of inevitability about drug use, as something that happens due to external forces, while the only response to make is seen as providing services to users. In some places, the attitude is rather pessimistic even about the ability of services to wean people off use. Making them use drugs safely is seen as the only useful intervention. At the same time, many respondents call for more and more comprehensive rehabilitation services to be set up.

50. Some state facilities are still delivering more or less the same level of service as during the operation of the project (for example, in Tashkent, Pavlodar, Chimkent), while others have shown a decline (for example, in Dushanbe) after the project ended. The shift away from 'grant aid' seems to have had little impact on NGO operations. Part of the reason for successful continuation, with no grant income from this project, may have been the concurrent support that came for NGO harm reduction activities from other donors. Sustained benefit is overall satisfactory.

51. Suggestions for the future are unexciting. Most informants simply wanted more training in 'psychological approaches' and 'counselling', to better motivate drug users to change. The other principal suggestion was to spread the activities generated by the project to more locations, to increase coverage.

National experiences

52. Kazakstan has a special place in this project because the National Clinical-Research Centre on Medical-Social Problems of Drug Dependence in Pavlodar, which was the national coordination centre for the project, also served as the resource base for much of the project's training and material inputs. A thrust of the project was in creating collaboration between state and NGO sectors and between HIV and drug services. On both counts there is a good state reached in the two locations visited – Pavlodar and Chimkent. The figures provided for Pavlodar city and Chimkent show a reduction in the percentage of HIV positive individuals concurrently with the operation of this project (from 13.2 to 7.1% of IDUs in Pavlodar and 85% to 65% in Chimkent). Since large numbers of HIV positive persons have not died, the conclusion that new IDUs recruited have been kept off risky use is compelling. This suggests that the harm reduction work has reached the IDU population as a whole. Attrition of those trained is put at about 20% for the country, but all trained members of the Chimkent Narcological Clinic were still in service. The adoption of standards of practice on services, monitoring and education are adopted nationally and implemented. Those for collaboration between HIV and drug treatment services are being used in Chimkent. A positive change in attitude among treatment providers is reported while there seems to be less discrimination and marginalization of people who have drug problems. Quite understandably perhaps, the Pavlodar Centre is fulfilling the role expected of a National Resource Centre. Not only is it continually a source for training and building capacity within the country, its resources are used outside the country too.

53. Information about Kyrgyzstan had to be obtained from the project consultant and observations from missions made by the Regional Project Coordinator and through an extended telephone interview with the National Project Officer of UNODC, as the visit was rendered impossible due to its borders being more or less closed at the relevant time. The Regional Coordinator reported that there had been several changes of personnel at the drug treatment centre during this time. Overall, it appears that progress in Kyrgyzstan was very good at the beginning of the project but has slowed of late, possibly associated with changes in personnel. UNODC estimates show a reduction in the drug using population from abut 80,000 in 2002 to as low as 26,000 in 2006. Injecting users have declined from about 60,000 to 26,000 although in percentage terms this is a move up from 76% to about 95% of injecting users. There was good progress in getting recommended service standards adopted, but the application of these has slowed in the last years. The same

initial progress and later decline appears to hold for the relationship between state and NGO parties. Quite a few of the staff members trained in this project have now left for other posts. A Resource Centre is not actively operational.

54. Tajikistan provides extremes of success and failure in creating collaboration between NGO and state sectors (in Khoujand and Dusahnbe). Shining success in collaboration in Khoujand provides little suggestions to others on how to replicate it elsewhere. The documents on legislative bases and standards for services received through F 75 project have been used in National programmes – to give ideas for inclusion in National Programme for prevention of drug use (for 2005 – 2010) and to produce a detailed decree on the standards required of narcological services. 'Trust points' for syringe exchange are set up through HIV networks, not drug services. A clear decline in services, and the loss of people trained in this project, is reported after it terminated. Persistent benefits to drug users, changes in social milieu or changes among drug users are not evident in Dushanbe but have clearly happened in Khoujand. A small but definite anxiety is evident in Dushanbe that drug services are not developing and drug injecting may be increasing, perhaps even as a result of the project. Lack of state financial allocations makes it difficult to sustain service improvements, while the law enforcement authorities may still be somewhat hostile to drug users in some parts of the country. Injecting, and drug use overall is increasing in Dushanbe.
55. Turkmenistan had a slower start but things have moved better in the later phase. 'Penetration' to level of service recipients and change of social milieu is still not significant. The gains are in establishing an institutional framework for coordination of drug treatment services and collaboration with HIV related services. HIV infection is said not to exist at any significant level and injecting to be rare. The main gain therefore is in broadening services for drug users, including the provision of anonymous treatment.
56. Uzbekistan has made significant and impressive gains in change of service culture, widened range of services, low-threshold access, HIV-harm reduction, attitude improvement and improved collaboration between HIV and drug services. 'Trust points' for needle and syringe exchange and anonymous service provision are persisting well even after the cessation of the project. Progress in collaboration between state and NGO services is modest. Change in attitude of enforcement agencies is visible. Adoption of 'standards' from the documents seems slow. There was no convincing evidence that people had examined the standards or the many other documents from the project.

Outputs

57. A brief overview of outputs follows. These are dealt with in more detail in various project reports and additional comments arising from the evaluation are presented in the paragraphs that follow.

Output 1: Analysis of situation and mapping of existing services

58. This has been completed well. In fact it is a prerequisite for the flow of the rest of the project. The mid-term evaluation gives a good description of the achievement of this mapping exercise and detailed analysis of this output is not warranted now.
59. There was a constraint faced in the evaluation that the material produced to guide activities was not accessible in English. The strategy or model on which interventions were based was therefore difficult to determine, and had to be pieced together from questioning several sources. The emphasis seems to be on harm reduction interventions for HIV, and there was some concern expressed by a few informants that the content distracted from narcological services. One respondent was unhappy that tertiary prevention in drug dependence was seen only as the reduction of the risk of transmission of HIV infection.

Output 2: Functional local coordination groups on drug abuse and HIV/AIDS

60. Establishment of local coordination groups has overall been a success. At its best there is a joint consideration of HIV and drug related matters (as in Khoujand, Pavlodar and ?Chimkent) while in other localities too there is some activity at least, even though nominal. Mechanisms for harmonization of HIV and drug related work as well as for state and NGO services have been established to different degrees. Functional coordination mechanisms generally persist even after the project has ended.
61. The importance of national coordination groups depends on the level of political support and has in some instances high level attention. Once again, there is persistence of activities of some of these committees beyond the life of this project and serves as a forum for review of drug related matters and national responses to these. The actions and outputs are likely to persist because of the later addition of activities under output 7, in the second project revision.

Output 3: A critical mass of expertise anchored in practice in each of the targeted service delivery centres

62. This is the crucial output for achievement of the project's objectives, as originally targeted. And it can confidently be concluded that this output has been delivered. A chosen set of

skills has been generated among a substantial number of service personnel, even if not at equally high level in the 500 or so said to be adequately trained now. Along with this there has been a salutary improvement in attitudes too, among this cadre, towards treating drug users non-judgementally. Emphasis changed from this output to the last, in the second project revision.

63. There was inadequate attention on how to assess the new knowledge and skills imparted, monitor their use or improve or increase their depth, after return from the designated training programmes.

64. Some experts who have been trained through this project are, in an encouraging number of instances, engaging in training others through formal and informal means.

65. There exists a collection of resource material related to drug treatment training, legislative frameworks and standards for narcological services, to provide back-up to the training that has been imparted. However these materials seem rarely to be used or referred to.

66. Further activities added under this output in the 2006 revision have been completed, with quite an extensive set of toolkits, instruments, manuals and guidelines being produced.

Output 4: Diversified HIV prevention and drug treatment services in project target areas

67. This output too is undoubtedly delivered.

68. Although there was no 'quality assurance' component to ensure that the diversified services were having the desired impact, there are indicators that positive impact was achieved. A clear increase in demand for services indicates that the services are probably delivering interventions that the client population finds more meaningful and relevant than before. The quality of services is also attested by reported modest improvements in outcomes among clients who attend. The integration of harm reduction approaches among HIV and drug treatment services has clearly improved.

69. Despite undoubted increases in clients reached or attending services, the numbers who attend still appear overall to be low, in terms of clients per day dealt with by members of staff.

70. Physical infrastructure at the various centres is quite satisfactory now and this too probably contributes to staff motivation as well as client satisfaction and attractiveness of the facilities.

71. Problems with the police having negative attitudes to drug users and paying undue

attention to those attending these services has abated considerably from the time of the mid-term evaluation. No centre reported significant hindrances as a result of unwelcome police attention. Questions were raised about lack of confidentiality of information (for example about whether an individual had ever been registered for treatment of a drug problem) in some settings.

72. The reduction of resources following the termination of the project has had a negative impact on some centres (especially in Dushanbe). This is mostly the result of staff moving to other jobs. But there is an impressive level of enthusiasm and morale among those who remain working with relatively low remuneration. The interest of governments or other agencies in expanding these services, even though they have demonstrated a fair degree of evidence of improved effectiveness, is minimal.
73. Experimental substitution treatment seems appreciated and beneficial (as reported by clients at the centre in Tashkent). The focus has moved from primarily in-patient based interventions to include outreach and out-patient services. Ease of access for women was reportedly good in Uzbekistan and Kazakstan. Access of services to young users was considered likely difficult in all settings. Low proportions of women and adolescents among clients may reflect a lower prevalence among them or a failure of services to attract them. At the centre in Tashkent the women had clearly as much ease of accessing the service as men. Overall, the project has clearly led to a quantum jump in the quality of services available to drug users. Increased coverage may be hampered by the lack of resources for governments to expand the services established in the intervention sites, despite clear evidence of effectiveness.
74. The added activities following the 2006 revision too have mostly been completed.

Output 5: Experiences acquired systematized and lessons learned disseminated through UNDCP publication, its web site and expert networking

75. This output is hardly achieved. Project documents and routine annual reports are all that there is to demonstrate successes. It appears that national counterparts as well as the Regional implementers expect to deal with this output as a consequence of the final evaluation meeting to be held later this year (2007). Internal evaluation is not a strong point of this project.

Output 6: A social and legal environment that is conducive to the effective delivery of HIV prevention and drug treatment services *(Added at first project revision and activities*

further amended at second revision)

76. All those asked specifically about this particular output, from the regional to the local level, felt that 'social environment' here was meant to be that resulting from a changed legal environment. Based on this narrow conception, it is possible to say that the activities have been conducted.

77. There clearly is a failure to appreciate exactly the sense of this output. This is probably related to the fact that the output itself is worded more like an outcome or impact. And assessing outcomes or impacts is not a skill that has been developed through this project.

78. Perhaps the most relevant activity under this output should be 'advocacy'. The activity in the first revised project document – the conduct of training workshops – is not the most appropriate strategy for this output.

Output 7: Successful approaches identified and lessons learned incorporated into policies formulated and new services developed. *(Added at first project revision and activities further amended at second revision)*

79. This was first almost an evaluation and post-evaluation exercise. And it was therefore weak in delivery. 'Internal evaluation' and the use of appropriate indicators to monitor progress along the way have been quite weak in this project, as is the case in most projects.

80. The second Project Revision Document (of 2006) called for a significant amount of work to be added under this output – relating to a wide ranging set of documents on a normative framework for services and submission to national authorities to adopt. This has been successfully completed. The national level implementers too have been stimulated to convert these into decrees and other instruments in order to make them operative. This too has shown good progress (e.g., in Kazakhstan and Tajikistan) in the relatively short time that these revised actions were conducted.

2.4 Implementation

81. Performance in near complete utilization of the budget is commendable [UNODC 2007], especially given the procedural difficulties and constraints in dealing with activities across five countries, in which bureaucratic procedures seem complicated. The regional coordinators have clearly been efficient. Success in utilization is partly due to unspent monies being carried over for an extra year's activities, with a small additional 'top-up', through the second project revision [UNODC 2006]. But here too, money was unspent

due to deliberate suspension of grant aid to many projects in order to improve benefits from the funds available, rather than due to a failure to complete planned activities. The carry-over was efficiently spent in the last year.

82. The institutional arrangements to coordinate activities in five countries have succeeded, despite the daunting bureaucratic hurdles that would have been present along the way. Coordination with the national focal points seems to have functioned well.

83. Content of reports available in English and responses to questions in discussion indicate a need for more sensitive indicators of early impact. Attention to the underlying theme of creating a *process* of change, based on the whole philosophy initially underlying this project, was worth emphasising. The spread of technical ability is undoubted but efforts to continually improve the initial abilities and create greater depth of interventions that were launched is not adequate.

84. The strategy has changed over the short duration of the project. Part of this is in response to the concern raised in the mid-term evaluation report. The suspension of most sub-project grants and shift to policy advice and support did not lead to a major disruption of activities of NGOs. (This was partly because they had access to other sources of funds that came around the same time).

85. Creation of local steering groups or coordination committees in several of the localities has led to good monitoring and improved collaboration among different players at national level. Constraints included the inadequacy of state funding for this sector generally, the relative lack of experience and expertise and initial resistance to the more client-centred approach. The system of consultations and collaboration within countries as well as with the regional project administration has led to constraints being generally overcome with relative ease.

2.5 Institutional and Management Arrangements

86. Administration of the project by the UNODC Regional Office for Central Asia (ROCA) through a Regional Project Coordinator and a Project Assistant as administrative support was supplemented by an expert who served as Project Consultant. There has been a supplementation of the technical content through guidance from UNODC headquarters in Vienna and from Advisors at UNODC ROCA office. The National Focal Points and Local Project Coordinators, UNODC Project Coordinator and the Project Consultant were the overall executive group. This was backed up by UNODC ROCA country offices.

87. The mid-term evaluation pointed out the inadequacy of collaboration with other international development aid organizations. Linkages with agencies and committees dealing with HIV issues seems to have been strengthened as a result.

3. OUTCOMES, IMPACTS AND SUSTAINABILITY

3.1. Outcomes

88. Some of the outputs listed in the project document are more like outcomes. Indeed, the overall thrust of this project – that of creating better services for injecting drug users – is itself a step towards reducing risk of HIV transmission and helping drug users overcome their dependence.
89. There is good understanding among service providers about the contributors to increased transmission of HIV infection and effective attempts have been made in this project to address them. There is less satisfactory understanding of the contributors to prevention and treatment of drug dependence. Thus drug-related outcomes are obviously less well achieved. Understanding is poor among service providers about what contributes to better treatment outcome for drug dependence itself (beyond comprehensive and client-centred services) and what determinants to address in reducing substance use generally and injecting use, in the population at large.
90. Nearly all respondents say that the strategy to reduce the risk of HIV among IDUs is to change current habits towards safer use. A few mention the need to generate an interest among users to stop drug use and be rehabilitated. These have been attempted by this project. There is no appreciation of how current levels of effectiveness of services can be further increased.
91. Many of the officials and service providers believe that the way to decide whether relevant outcomes are achieved is by checking population rates of HIV, or rates of HIV infection among all injecting users. There is no understanding of more sensitive indicators for assessing the success of outcomes in this project. Project based indicators of process and outcomes are not appreciated, and population figures are suggested as the appropriated measures of success. As a result, the likely positive outcomes achieved by this project are not recognised.
92. Outcomes relevant to drug demand reduction are weakly achieved. Lack of even the recognition of many of the relevant outcome indicators for drug demand reduction is a great worry. Those in drug services seem happy to take cover under the HIV harm

reduction indicators, and thus fail to examine carefully the relevant outcomes for demand reduction. Their proposed indicators for demand reduction are mostly service attractiveness and accessibility, diversity of interventions and coverage. (On these, the project has showed fair success). How results from services can be further improved is not well appreciated, and is equated with simply getting 'more training' in counselling and psychotherapeutic methods. How quality of interventions can be judged is not well recognised.

3.2. Impacts

Material relevant to impacts overlaps with the section on attainment of objectives. What has been recorded there, under section 2.2, is not mentioned here to avoid repetition.

93. There are intended impacts that are not spelt out in the project document and unintended ones that are unnoticed.

94. Creating harmony, cooperation and coordination of efforts among different agencies such as state drug treatment services, HIV services and NGO services is an example of an intended impact that was not stated. Deliberate attention was paid to achieving this, during planning and training. But it was not quite spelt out as an expected benefit. This is an impact of fundamental importance that the planners intended to achieve although they did not spell it out in the document. And they have achieved it quite well. Another significant benefit is the relaxation of the punitive attitude of the police and other enforcement agencies. These are achieved as intended but not spelt out as intentions.

95. Among unintended outcomes is a likely positive 'culture shift' in wider society. Reaching and treating drug users and trying to get them back into society and to prevent secondary consequences of drug use among them is now apparently more accepted among the public. A possible negative outcome may have been a different culture shift – that among the drug using population. A move towards increasing drug injecting, as the 'normal' route of taking drugs, may happen inadvertently due to the prominence given to needle exchange and a shift of perceived norms. Although this was mentioned rather tentatively as a possible unintended negative outcome, the respondents who said this weren't ready to defend their opinion.

3.3 What will be sustained?

96. Much is still sustained, especially the benefits from having a better equipped cadre of service providers, although the project has ended several months ago. Improved physical infrastructure is maintained and adds greatly to how services are seen. Coordination and cooperation between various parties is progressing well in several places. HIV transmission risk continues to be lower due to the persistent effects of this project. And the institutionalisation of gains from project experiences will be a major long-term benefit.

4. LESSONS LEARNED AND BEST PRACTICES

4.1. Lessons

97. An important lesson to learn here is the methodology adopted during planning and project design. A project must be designed to fit the existing circumstances and to meet the most pressing needs. This has admirably been done in this project. Given the phase in services for drug users that this project addressed, the lack of hard baseline data is not a weakness. Not giving undue prominence to this reflects a sensitive understanding of the current priorities. To focus too heavily at the start on quantified baseline data and indicators may have distracted stakeholders and served to dampen enthusiasm and engagement, which are crucial at inception of a new approach. Scope being allowed for the development of plans in each location according to its own needs assessment probably led to activities being genuinely felt to be locally owned. The lesson is for projects to keep their menu of activities (and perhaps even immediate objectives) open in the early phase of implementation. The process of finalising immediate objectives and activities can then be made more relevant, real and locally owned because they are developed in partnership with the actual implementers and 'target groups'.
98. The capability of resource persons and agencies is a major determinant of success or failure of a project. The implementers of F 75 have shown acumen in selecting resource persons, including its consultant, and a training agency that has demonstrably succeeded in imparting the necessary skills and attitudes needed in this important formative phase. All informants reported positive changes in their previous attitudes. What is the lesson here?

Probably the need to first work out the characteristics to look for in the principal planning and training resource or consultant. These characteristics should go beyond theoretical competence and qualifications – and include commitment, demonstrated track record, especially in training, relationship skills and probably sensitivity to human beings and their feelings.

4.2. Best Practices

(Examples of good practice, from which to learn, include those mentioned in the preceding two paragraphs under 'lessons'. Others follow.)

99. The centre for 'narcological services' in Tashkent provides an example of how service delivery can be moulded to be highly client-friendly. Users walked in and out with great ease and comfort and the community around the centre seemed to be very well adjusted to its presence. The fact that people could walk in directly through an open door for anonymous counselling and that the facility concurrently offered drug testing to the general population, such as people about to get married, further enhanced its non-stigmatizing and accepting atmosphere. All drug users on an experimental maintenance program emphatically said that the service was extremely easy to access and there was no problem of getting their supplies even on holidays. The 'best practice' lesson here is on how staff attitude has been maintained, despite attrition and turnover. Most importantly, many of the key staff members had lost the extra payment for services previously provided by the project but maintained interest and commitment.

100. Actions in Khoujand, stimulated through involvement of the NGO "DINA", have addressed one of the fundamentals for successful service delivery. This is the creation of a comfortable collaboration or partnership between the state and NGO sectors. The partnership flourishes to date and appears set to continue without difficulty. The sort of 'model' cooperation achieved here is probably not accidental or purely the result of personalities involved. Part of the project's ambitions was to achieve precisely this partnership. And the feedback from the representative from "DINA" was unequivocal that the training was specially geared to and successful in exposing and addressing genuine interpersonal and interagency issues

101. Project planning and design is everything. The needs assessment and actions proposed in the initial document have, in this project, been strongly vindicated. What is the secret of this success? A fortuitous set of circumstances or the insights of one or two highly perceptive individuals may have led to the *accuracy* of the needs assessment. How can we learn from this experience to ensure the correct prioritization and vision in future projects? My initial suggestion is that there should be an active inclusion of inputs from people with a demonstrated capacity to see the wider picture, the broader issues underlying the superficialities that often are touted as results of 'needs assessment'.

5. RECOMMENDATIONS

5.1. Actions/decisions recommended

102. Regional 'booster' review and follow up meetings (or at least one meeting) should be conducted, to enhance the further gains potentially to be made from this project.

(A major benefit from this particular project was in improving spread and capacity of services for drug users. The undoubted gains that a large number of professionals made will gradually atrophy without further stimulation or a system to sustain benefits. This is not a defect of implementation but in institutional design of nearly all projects. Capacities grow incrementally and there should be a component of 'booster' inputs (for example annual review and refresher training inputs) built into projects to ensure that technical capabilities improved during the project are further nurtured. All projects that intend to build capacity should have a system of brief 'booster' reviews and trainings, *after* project termination, to prevent natural atrophy and to ensure continued sharpening of technical abilities. This can be a short review and training, for example one year after termination and less frequently after that. Such a component for, say, an annual three day regional review and refresher training and facilitation of mutual learning and exchange of experiences, can enhance continued gains from this project at a very modest cost. The modest costs for an annual follow-up activity must be found. To fail to do this would be a sad waste of opportunity to further enhance and sustain benefits from a highly successful project.)

103. UNODC country offices should pursue all feasible means for repeated review and further training with project participants of each country, including through possible collaborations with national or provincial governments.

(Although the project has ended, it is quite feasible for each national office of UNODC to summon a periodic review and planning meeting with all parties in the country who participated in this project. Such a meeting of decision makers, service providers including NGOs and service recipients can be called with no real cost, to review progress and evaluate impact, discuss ways of ensuring that gains are sustained and built upon, create mechanisms to exchange ideas and suggestions with other countries of the region and to make plans to improve and spread services to reach all drug users. There is enough interest, commitment and goodwill generated by this project to obtain good participation with no payment involved, and the benefits of such a periodic review, say every six months or so, are potentially large. It will particularly enhance the continued influence of the coordination committees set up to monitor the drug use situation and demand reduction activities. An invitation for key members of the coordination committee on HIV matters will allow continued integration with their activities as well. Opportunities for 'in-service' training and other inputs to continue improvement of technical capabilities may also be identified during such reviews, while the chance to talk to each other and exchange opinions and experiences can alone generate significant benefits.)

104. Project reports of demand reduction activities must include progress on addressing determinants of the final desired goal, or 'intermediate changes'.

(An accurate 'logical framework' based on a tested or testable model is an essential in developing the relevant indicators. A weakness of most demand reduction activities is that the model or log frame is unclear. Monitoring and ongoing evaluation is then limited to numbers reached and has very little on the changes that have happened among those who are reached. There are many positive outcomes achieved through this project that are not reported or recognised. The parties who achieved them aren't conscious of all the positive outcomes they have generated because they do not have a good enough idea of the appropriate and sensitive indicators.)

105. Appropriate attention should be paid to drug demand reduction too, in projects that straddle drug and HIV issues.

(This project achieved significant improvements in services for drug users but not in demand reduction – because the emphasis was weighted almost exclusively towards HIV prevention. A little more thought would have allowed significant drug demand reduction to have been achieved, concurrently. Having a demand reduction overall objective requires that a project takes the demand reduction objective seriously and an honest

attempt to reduce demand should then be visible in planned activities and content. 'Cosmetic' inclusion of a demand reduction objective should not happen.)

106. Less expertise-intensive and therefore lower cost treatment interventions should be added to the current repertoire.

(In primary prevention activities there should be a move away from methods that have demonstrably failed to produce results in well researched interventions. When people in treatment services are used to deliver prevention interventions, they do things within their capabilities. Few of their preferred methods are effective in primary prevention. Reluctance of funding agencies to provide money for primary prevention may mostly be the result of ineffective strategies being proposed. A critical review should be undertaken within the Regional Office about what is done in the name of demand reduction, how strongly these approaches are supported by evidence and the models or strategies that guide these actions. Necessary amendments to existing thinking and understanding will probably result.)

6. OVERALL CONCLUSIONS

107. This was a well thought out project to address effectively some pressing needs in the sectors of drug treatment and HIV prevention, in the countries of Central Asia.

108. Project planning had included rare insight into more subtle determinants of impact. Recognition during the design phase, of the complex interplay between state drug treatment services, HIV services and NGO inputs, has led to improved convergence of their different contributions, less suspicion and conflict and greater harmony in nearly all settings. Had the planning vision extended to actively engaging the enforcement agencies too as partners, the already remarkable cooperation could have been even further enhanced.

109. The range and extent of outputs and results expected were ambitious in relation to the money provided, but still have been adequately achieved. Budget has been well utilised, outputs mostly delivered and implementation efficient despite local procedural hurdles. Implementation was complicated by two project revisions that made major alterations to the original direction and plans. But the revisions were sensible and undertaken for good reason. They helped maximize and disseminate further in 'the system' the benefits

achieved in a few experimental locations. The achievement of intended results from the original plan and later revisions is high, and commendable.

110. The project has undoubtedly been effective in addressing the problems and needs identified at the start. It has achieved adequately the immediate objective of minimising the adverse consequences of drug injecting but has failed in the overall drug demand reduction objective. There was in fact no real attempt envisaged to achieve a significant reduction in demand for drugs, although this is the stated overall objective. The weakness here is not in the failure to reduce demand, but in stating the overall objective in this way.

111. The major weakness is in relative inattention to primary prevention and the use of known inefficient strategies in it. Prevention of drug injecting too is not well addressed, other than through the expectation, or hope, that new recruitment will decline when current injectors are effectively treated. There was a slight increase in treatment service 'successes' and a significant increase in demand for services. But the services for drug users spawned by this project are those at the high end, in cost terms. Low cost options needed more attention.

112. A less noticed and less measured gain from the project has been its influence on the overall milieu, which goes well beyond benefits to people reached directly through the various services generated. An example is the more humane perception of drug users and the tendency to treat them less punitively. This applies to the general public and even to service providers such as those in drug treatment services. Another example is the probable shift in several settings towards a lower prevalence of unsafe drug injecting in the whole drug using population, not just among those in contact with the services.

113. The sustained benefit so far, from improved services at initial project sites is good, and probably more than could have been anticipated. A change of strategic direction at a final project revision, close to the end, enabled gains from a few localities to be applied to treatment services widely by converting them into standards of practice and guidelines for cooperation between HIV and drug treatment services. But the gains are still vulnerable. It would be a huge waste of opportunity if changes initiated through this successful project weren't further nurtured and sustained using simple additional measures that can be implemented with little budgetary outlay.

References

1. Terms of Reference, Project Final Evaluation, AD/RER/03/F75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan (annex 1)
2. UNODC, 2002. Project Document AD/RER/02/F75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
3. UNODC, 2003. Annual Project Progress Report, AD/RER/F75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
4. UNODC, 2004. Project Revision Document, AD/RER/F75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
5. UNODC, 2004b. Annual Project Progress Report, AD/RER/02/F75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
6. UNODC, 2005. Annual Project Progress Report, AD/RER/02/F75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
7. UNODC, 2006. Project Revision Document II, AD/RER/F75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
8. UNODC, 2006b. Annual Project Progress Report, AD/RER/02/F75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
9. UNODC, 2006c. 'Drug Abuse in Central Asia: Trends in Treatment Demand 2003 – 2005', UNODC, Tashkent.
10. UNODC, 2007. Project Summary Ledger, RERF75, Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, UNODC, ROCA

Annex 1

TERMS OF REFERENCE FOR THE PROJECT FINAL EVALUATION

PROJECT TITLE: Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan

PROJECT NUMBER: AD/RER/03/F75

BACKGROUND

In the last few years drug abuse problem in Central Asia has been acquiring worrying dimensions, particularly as far as the intravenous use of heroin is concerned as this directly links to the potential spread of HIV/AIDS and other blood borne infections. Opiates, particularly heroin, account for 80% of drugs consumed, and 50-75% of drug user are youth below the age of 25. UNODC studies show that approximately 1,1% of the population over 15 consumes opiates, which is three times as high as the ratio for the corresponding demographic group in Western Europe.

Although Central Asia is considered as a region with low HIV/AIDS prevalence, the rate of HIV/AIDS incidents is rapidly increasing, mainly among IDU communities. The registered cases have grown exponentially from less that 100 in 1995 to more than 9,000 in 2006. The Centre for Disease Control and Prevention (CDC) estimates the number of people living with HIV/AIDS in Central Asia at some 90,000. The HIV/AIDS epidemic in the region currently is characterized as concentrated with prevalence rate exceeding 5 percent among IDUs but remaining below 1 percent in the general population. About 60 – 80 % of all HIV new incidents are attributed to IDU. According to estimations there may be about 500,000 problem drug users in Central Asia, most of whom inject drugs and share needles, placing them at high risk of contracting HIV/AIDS.

Facing the threat of further spread of HIV/AIDS, the governmental and non-governmental organizations in all Central Asian countries have responded to the early HIV epidemic with various interventions. With the technical support from UN and other international programmes targeted interventions have been piloted in the areas of HIV epidemic outbreak, such as Temirtau City of Kazakhstan, Yangi-Yul City of Uzbekistan, Osh City of Kyrgyzstan. Harm reduction interventions have been widely accepted by the society and governments in the region as a concept, and officially introduced into the practice of public health systems. A network of Trust Points is set up in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan to provide various HIV prevention services to vulnerable population including IDUs.

The governments have developed national strategic plans on HIV/AIDS prevention and control with multi-sectoral approaches involving the health sector, penitentiary, interior, educational, military and other sectors. Each has developed strategic plans and allocated limited resources. In Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, functional bodies that promote interaction among the government and civil society - Country Coordination Mechanisms (CCMs) - have been established. The CCMs played a crucial role in successfully seeking financial resources through the Global Fund to Fight AIDS, TB and Malaria, which has approved applications from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, which will be receiving $22, $17, $2,5 and $24 million, respectively, over the next five years for their HIV/AIDS prevention and control programmes.

One of the core mandates of UNODC tasks it with assisting Member States to prevent the abuse of drugs and to

address the negative health and social consequences of drug abuse. UNODC advocates comprehensive approach in addressing HIV prevention among IDUs that covers a range of strategies, from preventing the initiation of drug use to addressing issues of risk minimization to providing treatment and rehabilitation to lead to a drug free life.

With the purpose of assisting the Governments of the Central Asian countries in developing comprehensive response models to address HIV/AIDS prevention among IDUs, UNODC launched regional project AD/RER/F75 "Diversification of HIV/AIDS prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan". It is a unique project that promotes evidence-based strategic development of the conceptual model of the future narcological services system, which operates in close coordination with the legal, social and health sectors including HIV/AIDS services, ensures provision of quality and attractive services to clients, and contributes to effective and efficient achievement of reduction in demand for illicit drugs and containing and reversing HIV/AIDS spread among and from IDUs. The project was developed on the basis of findings of the UNODC-supported two assessment projects (Drug abuse situation assessment project and Needs assessment on drug demand reduction in Central Asia, 2001-2002) and recommendations of the *"Central Asian Regional Conference on Drug Abuse: Situation Assessment and Responses"* held on 26-28 June, 2002 in Tashkent, Uzbekistan.

The project addresses the needs to improve and further develop range of HIV prevention and drug treatment services for injecting drug users in selected localities in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. This includes outreach and low-threshold services including HIV/AIDS prevention education, access to condoms and clean injecting equipment and counselling as well as outpatient and inpatient detoxification, treatment and rehabilitation. Emphasis is to be placed on the replication of existing successful initiatives in the region, in-service training through exchanges among organisations in the region and training seminars organised at the regional and national levels.

The original project design envisaged 2-year duration with the total aggregated budget of US$ 500,000 (including 13% of project support costs). Funding for the project was secured through partly UNAIDS 2002-2003 Unified Budget and Workplan mechanism (US$ 300,000) and German Government contribution (US$ 200,000). The project implementation started in February 2003 with issuance of the first allotment of US$ 243,280. In May 2004-2005 the project was revised in order to scale up the project interventions in the selected target regions, expand activities to the additional localities and widen successful pilot services to the national level, providing technical assistance in policy formulation and planning activities. The project was extended until February 2006 and accommodated additional funds with total amount of USD 760,000 (USD 300,000 secured from UNAIDS UBW 2004-2005, US$ 150,000 from Ireland, US$ 310,000 from Sweden) for the expanded interventions to address HIV/AIDS and drug abuse in Central Asian countries.

In April 2005 the project underwent the mid-term evaluation by an independent evaluation expert. General conclusion of the mid-term evaluation was positive; however some shortcomings were highlighted related to general project design, achievable objectives and available resources including financial means for achieving the targeted results. The evaluation report particularly mentioned the obvious need to continue project activities for the further development of prevention and treatment models, to be piloted under the project. It stressed the importance of achieving sustainable results in the field of reforms of drug treatment systems in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

At the regional expert group meeting held in June 2005 in Almaty (Kazakhstan) the mid-term evaluation results

were shared with the key national counterparts and further project strategy was discussed. Based on the recommendations made at the Almaty meeting, the 2nd phase of the grant sub-projects in Dushanbe (Tajikistan), Bishkek (Kyrgyzstan) and Pavlodar (Kazakhstan) and Bukhara (Uzbekistan) have been launched in November 2005 in order not to risk further the sustainability of achieved progress (losing the momentum for reforms, man-power drain, losing the overall capacity of the projects, etc).

Mid-term external evaluation conducted in mid-2005 stressed positively the achievements of the project with regard to increased availability and accessibility of diversified services in selected localities and initiation of system reforms in narcological services sectors. One of the key findings and recommendations of the evaluation has been that new structures, services and models piloted under the project were still fragile and needed longer support both financially and technically to ensure their sustainability and continuity. Governments are not ready to immediately take up the ownership and funding of the new models as this requires elaboration and introduction of various normative and legal regulations. At the same time attracting additional funds from other international donor organisations was not possible as most of the international stakeholders were exclusively covering harm reduction services without adequate focus to service comprehensiveness.

In such circumstances and taking into account budget limitations, the project management team agreed with the national counterparts that the further project implementation strategy would need to focus on supporting the governments in the development and introduction of specific reform instruments, such as draft resolutions, normative documents, services delivery regulations, protocols and standards. The updated project strategy also includes support to the lead national drug abuse treatment centres to upgrade the diversified service provision systems and set up appropriate mechanisms at national level for adaptation and dissemination of new experiences, expertise and practices.

The main objective of the project is to minimise the adverse health and social consequences of drug injecting, including the prevention of transmission of HIV and other blood-borne infections among injecting drug users of selected project target areas through diversification of HIV prevention and drug treatment services. Through implementing various strategies and inter-related activities the project targets to create a precedent of achieving an effective control of HIV and drug abuse at local level and disseminate the successful experience and effective model to other localities across the Central Asia.

The immediate operational objectives have been made:

- Situation assessment and mapping of existing services for drug users in the selected target localities was conduct;
- Needs assessment for diversification of services including training needs analysis among professionals involved in service delivery was conducted
- Capacity building with the identified service providers through trainings and developing knowledge, skills, know how and technical expertise among key professionals and staff involved in diversified service delivery process;
- Technical, methodological, advisory and financial assistance to the selected state-run and NGO-based service providers in the development and implementation of integrated sub-projects aimed at diversification of services for drug users at selected localities level were provided
- Strengthen coordination of local responses to HIV/AIDS and drug abuse issues at local levels, including consolidation of existing resources around the general strategy of the project;

- Systematize acquired experience and disseminate lessons learned, update legal and normative framework for modernisation of comprehensive narcological services system in Central Asian countries.

The main components of the project implementation strategy include:

- Development and implementation of range of attractive HIV prevention and drug treatment services;
- Increase as much as possible the coverage of drug users population with these services;
- Regular monitoring of the project activities and services covered by the project;
- Modification of the narcological services system in Central Asian countries in accordance with the gained and systematized experience of the project pilots.

To date, the following project achievements have been made:

- Analysis of problem drug use and related HIV/AIDS situation, mapping and assessment of availability and accessibility of the existing services and gaps, assessment of training needs, priority needs-based service development plans have been accomplished in each of the 7 selected cities;
- 7 sub-projects addressing diversification of services at localities have been developed and launched jointly with the selected local implementing partners in Pavlodar and Shymkent (Kazakhstan), Bishkek and Osh (Kyrgyzstan), Dushanbe and Sogd (Tajikistan) and Tashkent, Bukhara (Uzbekistan) ;
- Series of needs-based training seminars for personnel involved in HIV prevention and drug treatment services have been developed and delivered;
- Series of technical guidelines, standards, methodological manuals and other recommending information materials on service organisation and implementation policy and practices have been developed and disseminated among policy makers and experts;
- Assessment of problems and needs, mapping of existing services have been conducted in additionally identified localities have been chosen
- Institutional reforms in drug treatment centres was initiated under sub-grants component and delivery, service, monitoring, organizational standards were elaborated and disseminated.

Based on experience gained and lessons learned since the beginning of the project and following the recommendations of the mid-term external evaluation and outcomes of the consultations with the key national partners, the further project implementation strategy focuses on supporting institutional reforms in the drug abuse treatment system (including treatment, rehabilitation, and social re-integration of IDUs) and HIV/AIDS prevention among IDUs in Central Asian countries. The following main actors in the field of drug abuse and HIV/AIDS prevention among IDUs will be closely involved in the project implementation:

- Drug abuse treatment services system with emphasis on primary drug treatment services delivered within the harm reduction sites, as well as on out-patient and in-patient rehabilitation programmes;
- AIDS Centres with regard to their interaction with NGOs, drug abuse treatment facilities and coordination committees;
- AIDS-servicing NGOs with regard to ensuring substantial increase in coverage of IDUs with comprehensive and integrated services;

- Centres for training the profiled personnel (cathedras, courses and etc.)

Main areas of the project implementation included:

- Legal and normative support was provided to develop national Draft Laws on "Narcological services and guarantees of citizen's rights in utilising these services" for all countries of the Central Asian region. One of the main chapters of this Draft Law will describe the coordination of narcological institutions with AIDS Centres and NGOs in the field of effective HIV/AIDS prevention. Moreover, the project was developed the missing parts of professional standards for the system of narcological assistance in each participating country (organizational standards, standards for monitoring the narcological situation), as well as full package of normative documents required for reforming the narcological system (state programmes, action plans, normative decrees, supplements, instructions etc.);
- Provision of technical and financial support to the national lead drug abuse treatment centres in developing their capacities and facilities for diversified service provision, setting up resource bases for accumulation, adaptation and dissemination of new approaches, methodologies in service provision;
- Provision of technical and financial support in establishing the resource and training centres within the lead national drug abuse treatment institutions for organisation of regular training and capacity building workshops/seminars, country-wide dissemination of new experiences and approaches;
- Support in delivery of comprehensive services on HIV prevention among IDUs in target regions. Project was covered the costs of additional personnel engaged in Trust Points (as indicated in the developed organizational standards) until the time when the staff is funded from the state budget. Special emphasis was given to coverage of injecting drug users with primary services and their motivation to undergo full-fledged rehabilitation programmes);
- Targeted support was provided to enhance the local coordination committees on HIV/AIDS and drug abuse in line with "Three Ones" principles.

By the end of the project, it is expected that:

- Needs-based diversified services will be functional in 1 or 2 selected localities in each Central Asian country. Emphasis will be placed on outreach and low-threshold services including HIV/AIDS prevention education, access to condoms and clean injecting equipment and counselling as well as outpatient and inpatient detoxification, treatment and rehabilitation as well as development of referral mechanisms to other health and social services.
- Coordination groups on drug abuse and HIV/AIDS will be established and functional in each project target localities as a strategic advisory body for addressing drug and HIV issues;
- Relevant professionals and other staff members of the service providers will be trained in state-of –the-art methods of providing various services for target groups.
- Experiences acquired systematized & lessons learned disseminated through UNDCP publication, web site & networking.

PURPOSE OF EVALUATION

In compliance with the project document the external final evaluation is initiated by UNODC to reach conclusions regarding intervention's relevance, design and progress towards achieving its stated objectives. The evaluation should provide information on findings, lessons learned and recommendations with regard to efficiency, effectiveness, appropriateness, relevance, impact and sustainability of the project. This includes any gaps or unintended outcomes, the effectiveness of the mode of implementation, and the appropriateness and application of guidelines and policies. The final evaluation findings should also contribute to strengthening the monitoring and evaluation system to support results-based management of the project. Findings of the evaluation will be used to adjust the project strategy to maximize the impact from the project inputs.

The main stakeholders with whom the evaluation report will be shared include relevant units of UNODC, government counterparts (National Focal Points), donors (UNAIDS, Germany, Ireland, Sweden).

EVALUATION SCOPE

The final evaluation covers the activities of the project implemented from February 2003 (start of the project) up to the end of 2006 in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

This ToR guiding the evaluation define the major parameters and core questions which the evaluation seeks to answer in its final report. These questions remain generic, but are consistent with standard approaches to project evaluation (summative evaluation).

The specific issues of evaluation (process and outcome) should cover the following:

1. The **effectiveness of the project design**, strategy, approach and activities in response to the needs; and taking into account the country strategic plans for HIV and AIDS prevention, care and support.
2. The **progress of the project implementation**: are the activities planned under the objectives moving on track?,
3. The **outcome of project interventions**, in particular,
    a. Nature and extent of diversification of services in the sub project areas
    b. Accessibility and utilization of these services by the target group (DU/IDU)
    c. Delivery of training programmes and their appropriateness in response to the training needs of the target groups (service providers)
    d. Development of competencies/skills among the various service providers in response to their needs
    e. Utilization and use of competencies/skills by the service providers in improved service delivery at the target sites
    f. Development of guidelines, methodologies, instructional manuals, and other instruments developed / adopted for various training programmes and service delivery.
4. **Factors contributing to or impeding** achievement of the results/outcomes;
5. The process of **coordination and cooperation** between different stakeholders at the local, national and regional levels for project and sub projects' implementation.

6. The **effectiveness of programme management** including
    a. Process of local assessments, identification of sub project sites, grant applications and their awards
    b. Process of reporting monitoring and evaluation in terms of their relevance, quality and timeliness, by all parties concerned.
    c. Technical backstopping and inputs to the sub projects and service providers as one of project's target group
7. **Efficiency of the project**: Were alternative less costly intervention modalities considered when designing the project? Do they exist? Are there less costly methods which could achieve the same outcome/impact at the beneficiary level?
8. The **extent to which the project has contributed to the overall improvement of institutional and technical capacities** to address HIV/AIDS and drug abuse problems in specific sites in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan;
9. The **sustainability of project results** after the project's completion in terms of continuity of the project activities either by the government or by implementing partners after withdrawal of funding, continuity of results after the project funding.
10. **Anticipated impact of the project** in prevention and treatment of drug abuse and HIV/AIDS among IDU in terms of social, economic, technical and other effects.
11. Based on the above, identify **areas of best practices for replication** in other UNODC projects at other locations and within the region.

In conducting evaluation, the evaluator needs to take account of relevant international standards, including "Guiding principles for evaluation at UNODC", Standards of evaluation in the UN system", and "Norms for evaluations in the UN system.

EVALUATION METHODS

Suggested evaluation methodology includes the following:

1. The study of relevant documents (project document, project revision document, mid-term evaluation report, semi-annual and annual project progress reports; sub-project grant documents and reports; mission reports, materials developed under the project etc.);
2. Initial briefing by responsible UNODC staff in the Regional Office for Central Asia (ROCA) and in the UNODC Sub-Offices in Kazakhstan, Kyrgyzstan, Turkmenistan and Tajikistan;
3. Individual and group interviews with national focal points, officials from the Ministries of Health, Drug Control Coordinating bodies, local governments, departments of health, social welfare, interior at local levels, experts and other knowledgeable parties in the region, local implementing partners;
4. Focus group discussions, semi-structured/structured interview both with beneficiaries and other people directly or indirectly affected by the project

5. Meetings with the members of the UN Theme Group on HIV/AIDS;

Following the completion of the fact-finding and analysis phase, a draft evaluation report (in English) will be prepared. The draft should be circulated to the parties for comments. The evaluator may choose to take the comments into account in producing the final report, for which he/she will be individually responsible.

COMPOSITION OF THE EVALUATION MISSION

The final evaluation of the project will be carried out by an independent expert appointed by the UNODC. Each assisted country government and interested donors to the project may provide experts to participate in the evaluation as observers. Costs associated with the UNODC and national experts will be borne by the project. All costs for experts appointed by donors will be borne by the donor government directly. The experts shall act independently in their individual capacities, and not as representatives of the government or organization which appointed them. The report will be prepared by the independent expert appointed by the UNODC. This expert should have the following qualifications:

- International drug demand reduction experience at a senior level;
- Experience in conducting independent evaluations;
- Familiarity with the drug abuse and HIV/AIDS situation in the Central Asian region;
- Knowledge of bilateral/multilateral technical cooperation, particularly in demand reduction;
- Fluency in English with working knowledge of Russian language.

PLANNING AND IMPLEMENTATION ARRANGEMENTS

The final evaluation expert may be briefed and debriefed on the project by UNODC HQs and the field office in Tashkent (ROCA). ROCA shall elaborate and make available to the evaluation team an up-to-date status of the project. The UNODC Representative for Central Asia and his staff will also provide necessary substantive and administrative support.

Although the evaluation expert should be free to discuss all matters relevant to its assignment with the authorities concerned, it is not authorized to make any commitment on behalf of UNODC or the Government.

The evaluation expert will submit its report to UNODC Headquarters and to ROCA. The report will contain the findings, conclusions and recommendations of the evaluation team as well as a recording of the lessons learned during project implementation.

The draft evaluation report should be discussed with the Governments of Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, Turkmenistan, the donors of the project and, to the extent possible, with other parties to the project. The evaluation expert, while considering the comments provided on the draft, would use its independent judgment in preparing the final report.

The final report should be submitted to UNODC no later than one week upon completion of the mission. The report should be not longer than 25 pages, excluding annexes and the executive summary. The report will be distributed by UNODC as required to the governmental authorities and respective donors, and will be discussed at

a Tripartite Meeting by the parties to the project.

The timetable of evaluation mission as follows:

- 15 working days in the field (excluding travels inside the region); Total working days is 21
- 1 week for writing final evaluation report.
- Suggested date for the evaluation field mission: August 1, 2007

The field mission will include visits to the following localities:

- Uzbekistan – 3 days
- Kazakhstan – 3 days
- Kyrgyzstan – 3 days
- Tajikistan – 3 days
- Turkmenistan -3 day

PERFORMANCE INDICATORS

- Timely and accurate submission of the documents.
- Substantive and linguistic quality of the documents prepared.
- Conformity of the project evaluation report with the standard format and guidelines for the preparation of project evaluation reports and technical guidance received.
- Report should contain recommendations for future course of action.

Annex 2

Organizations and places visited and persons met

KAZAKHSTAN

	Name	Title/position
	Dr. Marat Shayikenov	Chief Physician, Narcological Dispensary, Shimkent
	Dr. Pernehan	Narcological Dispensary, Shimkent
	Dr. Alexander Katkov, MD., PhD.	Director, National Centre on Drug Dependence, Pavlodar
	Dr. Yuriy Rossivskiy	Deputy Director, National Centre, Pavlodar
	Dr. Vladimir Danevich	National Centre on Drug Dependence, Pavlodar
	Dr. Elena Bredikhina	National Centre on Drug Dependence, Pavlodar
	Oleg Yussopov	National Centre on Drug Dependence, Pavlodar
	Natalia Uiroshnichenko	National Centre on Drug Dependence, Pavlodar
	Natalie Konkasa	National Centre on Drug Dependence, Pavlodar
	Sabir Zhanarigia	National Centre on Drug Dependence, Pavlodar
	Tatyana Pak	National Centre on Drug Dependence, Pavlodar
	Valeriy Kravzova	National Centre on Drug Dependence, Pavlodar
	Dr. Feodor Fesenko	Director, NGO "Turan"
	N/A	Members of staff, Narcology Clinic, Pavlodar

KYRGYZSTAN

(Not visited but information provided by the following:)		
	Ms. Ainura Bekoenova	National Project Officer, UNODC
	Mr. Alisher Makhkamov	Regional Project Coordinator, UNODC, ROCA

TAJIKISTAN

	Mr. Azamjon Mirzoev	Deputy-Minister of Health
	Dr. Amanullo Gaibov	Secretary, Nat. Coord. Comm., Prevention of HIV/AIDS
	Mr. Mohammed Rahiminabovich	Director, Narcological Centre, Dushanbe
	N/A	Staff, Narcological Centre, Dushanbe
	Dr. Khidirof Murtazokul	Director, NGO "RAN" (Harm Reduction Association)
	N/A	Social worker, 'Trust point' Dushanbe – NGO "RAN"
	N/A	Staff , Drop-in centre 'Polytechnic', NGO "RAN"
	N/A	Resident clients, Drop-in centre 'Polytechnic', NGO "RAN"
	Ms. Muratabara Vohidova	National Project Officer, UNODC
	Dr. Maria Botlaeva	UNAIDS Country Officer, Tajikistan
	Mr. Dilshod Pulotov (met in Dushanbe)	Head (during time of F 75 project), NGO "DINA"

TURKMENISTAN

	Mr. Ercan Saka	Project coordinator, UNODC
	Ms. Jennet Yazhanova	Senior Specialist, Head, Treatment and Prevention Dept.
	Dr. Bike Gayirova	Executive Head, Treatment and Prevention Dept.
	Dr. Rejep Nuryev	Director, Narcology Dispensary
	Dr. Yusuf Aliyev	Narcologist, Narcology Dispensary

UZBEKISTAN

	Mr. Alexander Arteomov	Expert, National Centre on Drug Control
	Mr. Mokiy Andrey	Expert, National Centre on Drug Control
	Dr. Djamshid Pulatov	Drug Treatment Specialist, Narcological Centre, Tashkent
	N/A	Other staff, Republican Narcological Centre, Tashkent
	N/A	Clients / Service recipients
	Ms. Zafar Atabaev	Drug Treatment Specialist, Bukhara Obl. Narc. Dispensary
	Ms. Alfiya Arslanova	Drug Treatment Specialist, Bukhara Obl. Narc. Dispensary
	Mr. Azizbek Boltaev	HIV Advisor, Bukhara Oblast Narcological Dispensary
	Mr. James Callahan	Regional Representative, UNODC ROCA
	Mr. Kamran Nyaz	Regional Advisor on Assessment, UNODC ROCA
	Mr. Mirzakhid Sultanov	Regional Advisor on HIV/AIDS, UNODC ROCA
	Ms. Zhuldyz Akisheva	Programme Management Officer, UNODC ROCA
	Mr. Marks Khalmuratov	UNODC ROCA Programme Associate
	Ms. Galina Fomaidi	Regional Project Coordinator, UNODC ROCA
	Mr. Juma Rakhmatov	Chief Doctor, Bukhara Oblast Narcological Dispensary

Annex 3

EVALUATION ASSESSMENT QUESTIONNAIRE

Project Title: **Diversification of HIV prevention and drug treatment services for injecting and other drug users in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan**

Project Number: **AD/RER/03/F75**

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 fulfilment by Government		X			
5.	Adherence to Project Duration				X	
6.	Adherence to Budget				X	

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 timelineness of Third Party inputs	-	-	N/A	-	-
10.	UNODC HQ Support (administration, management, backstopping)[1]		X			
11.	UNODC FO Support (administration, management, backstopping)				X	
12.	Executing Agency Support	-	-	N/A	-	-

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[2]				X	
17.	Sustainability of results/benefits			X		

D.	**Recommendations***	Ratings				
		1	2	3	4	5
18.	Continue/extend no modifications[3]	-	-	N/A	-	-
19.	Continue with modifications (extensive)	-	-	N/A	-	-
20.	Complete Project Revision	-	-	N/A	-	-
21.	Terminate	-	-	N/A	-	-

1. 'Headquarters' support was reportedly available if requested. No serious input was requested, as it turned out.

2. I have based the rating on the premise, as explained in the text, that the overall objective was really cosmetic.

3. Choosing between options 18 – 21 given here is not really relevant to project final evaluation,
but I have made some suggestions for follow up activity under 'Recommendations' in the text.