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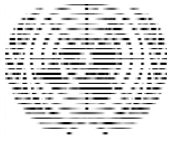
Independent Final Project Evaluation of the

Promoting good practices and networking for reducing demand for and harm from drugs

"Bridging the Gap"

Project XNAJ58

Independent Evaluation Unit
October 2011



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List of abbreviations and acronyms

AIDS	Acquired immune deficiency syndrome
AJEM	Association Justice et Misericorde
CCM	Country Coordinating Mechanism
CMP	Centre Medicale Premier Soin
CND	Commission on Narcotic Drugs
CSO	Civil society organization
CSP	Civil society partner
DIC	Drop-in centre
EC	European Community
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMRO	East Mediterranean Regional Office
EU	European Union
EU-Dap	European Union Drug Abuse Prevention (Faculty)
GAP	Global Assessment Programme on Drug Abuse
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HR	Harm reduction
HRN	Harm Reduction Network
IDPC	International Drug Policy Consortium
IEC	Information, education and communication
IHRA	International Harm Reduction Association
MARPS	Most At-Risk Populations
M&E	Monitoring and evaluation
MENA	Middle East and North Africa
MENAHRA	Middle East and North Africa Harm Reduction Association
MOH	Ministry of Health
MOI	Ministry of Interior
MOU	Memorandum of understanding
NAP	National AIDS Programme
NGO	Non-governmental organization
NIDU	Non-injecting drug use(r)
NSP	Needle and syringe programme
OD	Overdose
OST	Opioid substitution therapy
OW	Outreach work/worker
PID	People who inject drugs
PUD	People who use drugs
ROMENA	Regional Office for Middle East and North Africa
SIDC	Soins Infirmiers Developpement Communautaire
STI	Sexually transmitted infection
TOT	Training of Trainers
UAE	United Arab Emirates
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
USD	United States of America Dollar
VCT	Voluntary and Confidential Counselling and Testing

WHO	World Health Organization
YAPD	Youth Association for Population and Development

Executive summary

Project XNAJ58 "Promoting good practices for reducing demand for and harm from drugs" presents an ambitious, challenging, comprehensive and integrated programme of harm reduction and drug demand reduction interventions covering four sub-regions: West Asia; the Gulf Region; the Middle East and Southern Mediterranean – initially incorporating 22 countries.

Given the wide geographical spread and comprehensive and challenging nature of the project the evaluation was carried out in a collaborative, cooperative and selective manner. The consultant worked in close cooperation with ROMENA staff and key stakeholders thus creating a positive environment for dialogue drawing upon the principles of Appreciative Inquiry. This provided a focus on what is working well, rather than setting out to look for problem areas at the outset, with areas for improvement/recommendations/lessons learned constructed as a vision for future sustainability rather than as problems or gaps.

The aim of the evaluation is to develop lessons learned and best practices as well as recommendations that can serve as the basis for the development of an expanded programme in the region. The evaluation criteria for the project evaluation included relevance, effectiveness, efficiency, sustainability and impact. In addition, attention was paid to the lessons learned, best practices and partnerships. These were connected to the project concept and design, the project implementation and deliverables and operational issues.

The evaluation was based primarily on a desk review of project reports and other documents and face-to-face and telephone interviews with key stakeholders using a semi-structured questionnaire and field visits to pilot projects and related institutions in Egypt, Lebanon and Morocco.

Certainly the immediate objectives of the project have been consistent throughout, namely: sensitise relevant authorities, institutions and agencies on and advocate for the adoption of evidence based sound policy initiatives; develop regional capacities to provide drug prevention programmes; develop regional capacities to provide improved quality and increased access to a range of treatment, rehabilitation and reduction of health and social consequences of drug use, including HIV prevention and care; enhance and facilitate networking between NGOs, resource centres and the EU; improve national capacity to monitor and report on the problem drug use situation.

In particular the project highlighted developing and empowering regional capacities to cover a wide spectrum of activities aimed at reducing demand for and harm from drugs by bridging the knowledge and skills gap between local NGOs/other institutions in the MENA region and good practice centres from the European Community, namely the University of Kent from the UK, Trimbos Institute from the Netherlands, the EU-Dap Faculty based in Belgium and the Global TreatNet project undertaken by UNODC HQ Vienna. Specifically, the following five thematic pillars were covered:

Drug use prevention
Drug treatment and rehabilitation
Community outreach among people who use drugs
Prison based programmes
Opioid substitution treatment

The project was the first one in the MENA region to integrate and mainstream all demand reduction and harm reduction efforts and activities under one umbrella and has consistently

advocated for avoiding the defragmentation of these activities. This has had a significant and positive impact on national level activities as well as advocacy for the scaling up and quality improvement of both harm reduction and demand reduction services.

The project was also seminal in fostering an enabling environment of mutual exchange and networking, through which drug demand reduction and harm reduction policies could be progressively rolled out in countries of the MENA region, for example enabling the adoption of OST for the first time. Apart from piloting innovative approaches in the region, the project adapted good practices for ownership by member states and relevant capacity development for national responses and mutual exchange and learning with similar initiatives in the region and in Europe. National partners across the themes and countries are now highly committed and engaged in harm reduction and drug demand reduction.

Priority for developing and implementing project activities was given to four countries - Egypt, Jordan, Lebanon and Morocco - based on selection criteria that included: a relatively strong infrastructure of service provision aimed at reducing demand for and harm from drugs; institutions (civil society, NGO or government) with expertise to collaborate on development of toolkits and contextualisation of pilot projects; completed assessments by UNODC and UNAIDS for national drug use and related HIV situations. Several other countries have also been provided with support and technical advice during the course of the project.

However, a budget of circa USD $3 million for such a broad-based three year project with wide geographical coverage signified substantial under-funding that prevented some project activities from being initiated or followed through in the optimum manner and resulted in disappointment for some national partners who are seeking further technical assistance and scaling up of interventions.

While there was always a risk that the project would try to cover too many substantive and thematic areas within the umbrella of harm reduction and drug demand reduction in too many countries in a volatile region of the world, pilot projects were intended to provide models of good practice that could be replicated and scaled up in the region.

The project's main objective to promote best practices and networking to reduce demand for and harm from drugs within the region was enabled through strong promotion, advocacy, lobbying and cooperation with a wide range of partners across the region and internationally. In particular the process of "Bridging the Gap" has been an effective, if limited, mechanism of delivering assistance through the transfer of knowledge and skills, sharing of information, developing regional capacities and providing technical support to, between and within Member States.

Such an innovative mechanism provided a greater sense of ownership of the project workplan and developed tools. At the same time, staff shortages, lack of capacity and cultural differences have been major challenges to its implementation and the European good practice centres could have been more involved in providing technical advice and support for national partners throughout the region after completion of training workshops at the regional level.

Generally the project faced several challenges in implementing such a regional project, for example: difficulty in establishing effective communication and networking both between countries within the region and within countries; issues related to staff turnover both within UNODC and national governments; low regional capacity for working with problem drug users; advocacy and sensitisation of appropriate authorities, institutions and agencies needed to gain the

necessary trust, clearance and commitment to undertake evidence based interventions in the areas of drug demand reduction and harm reduction.

Indeed, such challenges signify several "gaps" that needed (and still need) to be bridged, some were bridged more successfully than others, for example: the gap between European good practice centres and regional/national counterparts; between different governmental institutions working in the demand and harm reduction fields; between governmental institutions and NGOs (except in the case of Morocco where there is an excellent synergistic relationship between government and NGOs); in knowledge and capacity of personnel; in exposure to evidence-based good practice; in awareness of the current situation and evidence-based needs; and most importantly of all a funding gap that limited the development and scaling up of quality services in response to a growing regional drug use problem.

In 2011 the regional social unrest, strikes and political uprisings, the so-called "Arab Spring", also negatively impacted on the implementation of project activities, particularly those in prison settings that experienced riots, escapes and hunger strikes. At the same time these changes may provide new windows of opportunity for future activities in demand reduction and harm reduction in the region.

The level of advocacy needed for innovative practices new to the region such as OST, prison programmes and Life skills education and promotion and capacity building of evidence based good practices were very well received and met by project partners, despite the limited budget relative to such an ambitious goal. The limited budget meant that the level of networking where more frequent regional meetings, particularly crucial at the early stages of project development, could not be undertaken as frequently as hoped for.

During the project, cooperative and collaborative partnerships have been established with a wide range of national and regional NGOs, national government institutions and international agencies to build local capacity and expertise to comprehensively and effectively address the emerging drug use situation in the countries concerned. Apart from the European good practice centres, international agencies have included: EMCDDA; MENAHRA; Mentor Arabia; Pompidou Group of the Council of Europe; UNAIDS; WHO. It is noted, however, that the project Steering Committee was only able to meet twice in four years.

Such partnerships helped to establish an early relationship with regional government representatives and facilitated the possible future sustainability of project activities, being based on substantial work with government partners in sensitisation to issues/problems/challenges and advocacy for evidence-based interventions in the fields of demand reduction and harm reduction. Streamlining thematic areas that included drug treatment, community-based outreach work and OST so that services would be integrated in a recovery oriented continuum of care rather than operating as independent activities was an additional challenge.

At the same time no structured comprehensive networking strategy was developed for the project to develop more effective networking and communication between NGOs and the European good practice centres, although networking arrangements, some innovative, have functioned among regional partners in each thematic area of the project.

While the project has generally been very successful in achieving its outputs, there have been several issues, challenges and difficulties experienced by those local partners implementing project activities, particularly at a grassroots level. It should be noted that such limiting factors are, to a greater or lesser extent, experienced by many NGOs and other organisations developing and

implementing demand reduction and harm reduction activities in developing and transitional countries.

Due mainly to a lack of funding, other resources and enough staff at the field level it has not been possible for UNODC to ensure that in a project with such wide geographical coverage sufficient hands-on support, technical advice and monitoring has been available to ensure optimum efficiency of implementation of activities at the pilot project level, something that would need to be improved in any next phase of the project.

The project adopted a flexible process of basing future project activities on stakeholders' needs which is to be commended and is in line with international best practice. For example, while prison programmes and OST were not specified in the original project document, in the report from the Regional Consultation Meeting and in subsequent project revisions they are highlighted as important, innovative and pioneering activities for the project.

The three thematic areas of the project specifically linked to HIV prevention in those countries benefiting from project activities, namely drug use and HIV prevention in prison settings, community outreach for HIV prevention among drug users and OST, were mainstreamed to meet the 5-year National AIDS Strategies of the participating countries and were developed in collaboration with their NAPs.

In terms of delivery and sustainability of planned outputs at the country level, National Task Forces, consisting of governmental counterparts, CSOs and NGOs, were established in Egypt, Lebanon, Morocco and Jordan. Such groups working in a dynamic, cooperative and consensual manner facilitated advocacy, promoted national networking, and provided approval for the development of a protocol for assessment of HIV and drugs in prisons.

The project also consistently promoted and created sustainable institutional capacity through the development of training materials, guidelines and tools that will be endorsed at the national and regional levels, for example the Arabic versions of Unplugged Life Skills workbooks and the draft Treatnet training modules.

In terms of the significant level of capacity building within the project, with the exception of the TreatNet cascade training programme there are few indicators of systematic process or outcome evaluations of activities such as training workshops, study tours, field visits and work exchanges. Such systematic outcome evaluations are particularly important to reliably evaluate how knowledge and skills learned in the training setting have been translated into workplace practice.

The Life Skills Unplugged programme was successfully implemented in schools in Lebanon and Morocco and has been a major achievement as it presented a new and innovative educational model of working in the region – a participatory interactive approach based on enhancing students critical thinking and life skills. The TreatNet programme trained trainers from Morocco, Egypt, Lebanon, UAE, and Jordan that was then cascaded by the trainees to a series of national training workshops.

Workshops by University of Kent and Trimbos Institute provided support for the development of draft workplans for pilot prison based programmes aimed at reducing the risks of drug use and HIV in prison settings and pilot community based outreach programmes aimed at reducing the negative social and health consequences of drug use.

Regional partners from Algeria, Egypt, Jordan, Lebanon, Morocco, Pakistan and South Sudan were trained on peer education programmes and development of IEC materials for use in prisons. Such materials were then utilised to conduct awareness training in four prisons in Lebanon, peer educators were trained in Lebanon, Jordan and Morocco, prison staff were given awareness training and VCT was introduce into Egyptian prisons. This latter activity was suspended due to the social disruptions and political upheavals that to a greater or lesser extent impacted on all regional activities during 2011.

After a very limited period of implementation pilot projects are not yet able to provide a full range of comprehensive outreach harm reduction services and safer injecting and safer sex commodities aimed at the prevention of drug use and HIV. This is to be expected given the complexities of the work, the national legislations in place criminalizing drug use and rendering the possession of sterile needles and syringes a strong motive for suspicion and inspection vis-à-vis law enforcement officials, the short period of funding and the absence of continuing support, technical assistance and close monitoring. Nevertheless DICs are able to provide a wide range of services to attract clients that have been contacted through outreach, for example IEC, legal support, VCT, psychosocial counselling, primary health care, referral for treatment/ rehabilitation/ TB/ STIs and a range of social services like food and bathing facilities.

After much advocacy work, development of protocols and technical assistance the project has been instrumental in the pioneering development of OST in the MENA region. Currently two national pilot projects for OST have been implemented by government counterparts, one in Beirut in Lebanon that started in December 2011 and one in Morocco, operating in sites in Casablanca, Rabat and Tangier that have been operational since 2010 with the technical assistance of WHO, UNODC, EMCDDA, and the Pompidou Group of the Council of Europe.

The project was the first one in the MENA region to integrate and mainstream all demand reduction and harm reduction efforts and activities under one umbrella and has consistently advocated for avoiding the defragmentation of these activities. This has had a significant and positive impact on national level activities as well as advocacy for the scaling up and quality improvement of both harm reduction and demand reduction services.

Ownership of activities was maintained by the beneficiaries through the adaptation of European good practices and approaches to the specific needs and context of member states, and taking the lead in designing, adapting and piloting the interventions in their local context, including their own proposals and work plans in line with national priorities.

The objectives of promoting good practices and networking for reducing demand for and harm from drugs in the MENA region were largely met and much was accomplished by the project staff with limited funding/resources and a shortage of staff to ensure optimum coordination, support and monitoring and evaluation of activities. Delays also took place in the issuance of contracts and grants from UNODC to both the European centres and to several NGOs implementing activities in each country due mainly to contract documentation and clearance processes required from UNDP HQ in New York.

While European good practice centres provided training workshops and advisory services, their involvement in the project was limited and should have been capitalised on given sufficient funding, for example they could have been more involved at the implementation level through regular visits to local sites for technical assistance, support and monitoring purposes.

Overall, the initial motivation and momentum for the project has become somewhat dissipated over the last few years due to the late start of activities, the sheer complexities involved in implementing such a wide range of activities across five thematic areas, the shortage of funding, the social uprisings and unrest that took place in Egypt during the Arab Spring that reverberated through the region and hampered the implementation of activities and the lack of available staff for more collaborative support, monitoring and technical assistance. This would thus require adequate funding for full-time UNODC staffing in any future phases of the project to be based at the regional office in Cairo and field offices where national interventions are implemented.

A common Management Information System (MIS) needs to be developed that would allow UNODC and its partner NGOs, as well as other implementing partners, to effectively monitor the key aspects of service delivery in demand reduction and particularly harm reduction, such as clients reached, activities implemented, commodities delivered and staff trained. A common MIS would also help to harmonise the MIS of different NGOs and other implementing partners, so that nationally and regionally the same standards would be used for monitoring services and standardised reports produced.

Continued promotion, sensitisation, advocacy and lobbying activities are needed at all levels to move perceptions and perspectives on drug dependency and other problem drug use in the region from a criminal model to a disease/medical model and eventually to a more multi-disciplinary public health oriented biopsychosocial disorder model.

An effective and comprehensive networking and communication strategy for all partners and stakeholders in the region and between the region and European and International counterparts should be based on the development of a fully functioning project website and multimedia based networking structure to share best practices and tools, lesson learned and to link key local/regional/international resource centres and NGOs.

A comprehensive regional capacity building strategy that would include knowledge transfer, skills based training workshops with built in outcome evaluations, study visits, conference visits and work exchange/placement programmes between countries and within countries should be developed. This latter component to provide direct work experience, increase technical capacity and promote networking between service providers. Such a strategy should include a multi-staged comprehensive and participatory skills-based training programme for all service providers working directly with problem drug users but particularly for outreach workers in community-based services.

A broad-based continuum of care for problem drug users should continue to be promoted, ensuring that an emphasis on scaling up selected activities of the project such as services targeted at community based drug use and HIV prevention is not at the expense of quality of services. There is also a need to assess and evaluate current drug policies in the region with a view to improve national drug laws so that the human rights of drug users are fully respected and the negative impact of such laws reduced.

To be truly sustainable, such an ambitious and challenging regional project needed a larger implementation window than three years and a larger funding spectrum with a wider range of funders and a much more substantial budget. The securing of a Phase II of this project should have been a core requirement to avoid losing momentum and interruption of activities established by the project and to ensure systematic replication of lessons learned from pilot projects essential for the MENA region.

Summary Matrix of Findings

The key findings and recommendations are summarised in the table below. For more detailed recommendations please see page 43

Summary Matrix of Findings		
Findings: problems and issues	**Supporting evidence**	**Recommendations**
The project has made significant progress in supporting a wide range of existing and new demand reduction and harm reduction services and improving their accessibility at national and regional levels.	Project reports; reports from European best practice centres; interviews with key participants; field observations.	The programme should be considered as a basis for future regional initiatives in demand reduction and harm reduction leading to a Phase II of the programme.
1. Administration and staffing 1.1 For such an ambitious and challenging regional project there has been substantial under-funding and lack of resources that have prevented some project activities from being initiated or followed through in the optimum manner. 1.2 Lack of sufficient staff dedicated to optimum coordination, monitoring and support purposes with implementing partners across such a wide geographical area.	Project reports; field interviews with project staff and implementing NGOs.	1.1 Provide continued funding for the scaling up of quality services and expansion of services to other countries in the region and also within countries. 1.2.1 Develop a common Management Information System (MIS) that would allow UNODC and its partner NGOs, as well as other implementing partners, to effectively monitor the key aspects of service delivery in demand reduction and harm reduction. 1.2.2 For a phase II appoint an M&E Officer at the UNODC Regional Office in Cairo and a National Officer in each country [in addition to a Regional Coordinator(s) at UNODC Regional Office in Cairo] to coordinate project activities in that country and facilitate the development of networking, advocacy, capacity building and M&E of the project at a national

		level 1.3 Ensure regular Steering Committee meetings and initiate a dedicated sub-group for each thematic area of the project in any new Steering Committee that would help to provide direction and advice to ensure adequate support, technical assistance and monitoring is provided for project activities in each thematic area.
1.3 While national taskforces were formed, the project Steering Committee, originally scheduled to meet annually, only met twice during the 4-year period with no thematic sub-groups formed to offer support and assistance, particularly at the start of project activities.		
2. Policy and strategy 2.1 While the project was seminal in fostering and enabling an environment of mutual exchange and networking, there was no formal networking and communication infrastructure developed to facilitate the provision of technical assistance, help and support to implementing partners in such a volatile region.		2.1.1 Develop an effective and comprehensive networking and communication strategy for all partners and stakeholders in the region and between the region and European and International counterparts. 2.1.2 Develop a fully functioning project website and multimedia based networking structure to share best practices and tools, lessons learned and to link key local/ regional/ international resource centres and NGOs.
2.2 While the project was guided by UNODC policy documents on gender and human rights, project documentation does not provide any strategic framework for dealing with these issues.		2.2.1 Incorporate and mainstream gender and human rights into all new policy and strategy documents developed by the project and establish a regional policy forum to promote gender and human rights based drug legislation and policy. 2.2.2 Assess and evaluate current drug policies in the region with a view to improve national drug laws so that the human rights of drug users are fully respected and the negative impact of such laws reduced.
2.3 Need to continue the promotion of a harm reduction approach throughout the region, in particular for the scaling up of		2.3 Provide strong political advocacy and support by both UNODC ROMENA in Cairo and UNODC HQ in Vienna for high

OST in the community and its expansion into prison settings. 2.4 While the project has had considerable success with networking and partnerships it now needs, as far as possible, to capitalise on providing an integrated regional approach		level policy makers. 2.4.1 Provide support to Morocco to become a regional good practice model for an integrated system of primary prevention, drug treatment and harm reduction. 2.4.2 Strengthen cooperation with regional networks such as MENAHRA.
3. Capacity building 3.1 While information from respondents who attended training workshops suggests that the actual training process was positive, few process evaluations and no systematic outcome evaluations of project training activities have been carried out, with the exception of the TreatNet cascade model. (Note: without systematic outcome evaluations and structured follow-ups it is not possible to reliably, evaluate how knowledge and skills learned in the training setting have been translated into workplace practice.) 3.2 Generally in the region there is a lack of experienced, skilled and trained staff to develop evidence-based good practice in each thematic area. 3.3 European good practice centres could have been more involved in providing technical	Information from project reports and reports from training and other capacity building events. Interviews with trainers and workshop participants.	3.1 Ensure that all training events incorporate systematic process and outcome evaluation reports 3.2.1 Develop structured multi-staged comprehensive and participatory skills-based training programmes for all service providers working directly with problem drug users, particularly outreach workers in community-based services. 3.2.2 Provide training to implementing NGOs on M&E and other administrative skills, as well as good practice skills for working with problem drug users. 3.3 Continuing and enhanced involvement of European good practice centres in provision of

advice and support for national partners throughout the region after completion of initial training workshops at the regional level.		technical advice and training, particularly at national level.
4. Service provision		
4.1 Currently there are limited treatment and rehabilitation and harm reduction service options available throughout the region.	Project reports; reports from European best practice centres; interviews with key participants; field observations.	4.1 Promote and advocate for a more broad-based continuum of care for problem drug users that incorporates harm reduction interventions along with a range of treatment/rehabilitation options
4.2 Currently there are no existing national quality standards in any country in the region that would establish minimal requirements of core competencies for each staff position in harm reduction and demand reduction services.		4.2 Treatment and harm reduction protocols/guidelines should be developed at a national/regional level at the earliest opportunity.
4.3 After a limited period of implementation pilot projects are not yet able to provide a full range of comprehensive outreach harm reduction services and safer injecting and safer sex commodities aimed at the prevention of drug use and HIV. (Note: difficulties in obtaining safer injecting commodities is exacerbated due to lack of a legal environment supportive of NSP)		4.3.1 Scaling up and quality enhancement of harm reduction services to PIDs and prisoners is needed to prevent the spread of blood borne diseases such as HIV and HCV 4.3.2 Assess and evaluate current drug policies in the region with a view to improve national drug laws so human rights of drug users are fully respected and negative impact of such laws reduced.
4.4 No funding provided to grassroots/ frontline projects working with problem drug users and people at-risk of drug use for small payments, such as incentives, compensation and remuneration for extra duties and basic social services for clients. (Such payments can make a positive difference: ensure cooperation and high levels of motivation from staff and clients involved).		4.4 Provision made in project budgets for small payments such as incentives and remuneration for extra staff duties and basic social services for clients.

I. Introduction

Background and context

By any criteria the initial project document (2007) for Project XNAJ58, as well as the two project revisions in 2010 and 2011, present an ambitious, challenging and comprehensive programme of harm reduction and drug demand reduction interventions/activities covering a wide geographical area of four sub-regions: West Asia; the Gulf Region; the Middle East and Southern Mediterranean – initially incorporating 22 countries. While UNODC ROMENA covers 19 countries[1] in the MENA region, Afghanistan, Iran and Pakistan were also originally included although very few project activities were implemented in these countries, apart from a study tour to Iran. To an extent this reflected cultural and language differences between Arabic-speaking and non-Arabic speaking countries.

From the outset it should be recognised that the MENA region is a challenging arena in which to develop and implement any effective drug demand reduction intervention, particularly harm reduction services as well as drug treatment and rehabilitation, aftercare and relapse prevention programmes for those receiving detoxification and basic treatment services. Capacity and expertise are generally low and drug users in the region are criminalised, commonly suffering from marginalisation, stigma and social exclusion. Interestingly the provision of OST in Morocco is perceived as a way out of social exclusion, as one respondent noted "methadone gives you dignity."

In 2011 the regional social unrest, strikes and political uprisings, the so-called "Arab Spring", also negatively impacted on the implementation of project activities, particularly those in prison settings that experienced riots, escapes and hunger strikes. At the same time these changes may provide new windows of opportunity for future activities in demand reduction and harm reduction in the region.

In Egypt, lawlessness and the absence of law enforcement officials during the period of civil unrest and political upheavals during most of 2011 also impacted on patterns of drug use as reported by outreach workers, for example: drug consumption increased to cope with the stress and fear generated by the unrest; drug dealing was reportedly less of a risk taking behaviour in the absence of law enforcement officials; drug prices were reduced in an effort to increase demand; reports of increased relapse rates among former drug users; and difficulty in accessing health services with decreased availability of needles and syringes as many pharmacies were closed and community outreach programmes suspended for several months.

There was also no significant comprehensive baseline data on the extent, patterns and nature of drug use across the region that would have facilitated the development and planning of project strategy and implementation of harm reduction and demand reduction interventions. However, activities were mostly undertaken in countries where UNODC had initiated situation assessment studies on drug use and HIV as well as on the available local resources and national responses, (mostly carried out through UNODC Global Assessment Programme 'GLOE69'). During the project some partner NGOs also carried out a local mapping exercise before implementing outreach work interventions for PIDs and PUDs and situational assessments of drug use and HIV risk vulnerability were carried out in several prisons in the region.

[1] Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, the occupied Palestinian Territory, Qatar, Saudi Arabia, Sudan, South Sudan, Syria, Tunisia, United Arab Emirates and Yemen.

From the beginning the project was inclusive, based on identified needs and and streamlined with existing UNODC projects and other initiatives in the region for cost-sharing purposes and subsequently to avoid any duplication of activities, for example the project is in line with UNODC's Strategic Framework 2008-2011 under the theme "Prevention, treatment, reintegration and alternative development" and corresponds to Result Area 3.1. Community-centred prevention. International and regional experts, including UN staff who had technical experience in the MENA region also participated in the development of the project document.

The project acted as a baseline for the objective of the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the Arab States 2011-2015 launched in April 2010 by UNODC ROMENA in conjunction with the League of Arab States. This programme aims to enhance the Member States capacity to reduce problem drug use and related HIV and address the needs of vulnerable groups such as PIDs and prisoners.

Considerable time had to be spent at the beginning of the project in intensive sensitisation, promotion and advocacy work for the adoption of evidence based policy initiatives in the areas of demand reduction and harm reduction. This resulted in the endorsement of such an innovative regional project by the national participants attending the seminal Regional Consultation Meeting held in Sharm el Sheikh, Egypt in July 2008 that clearly enabled the identification and prioritisation of both future themes/activities and the main target countries/areas of the project based on inputs from the regional counterparts.

Such a flexible process of basing future project activities on clients' needs resulted in the inclusion of innovative prison programmes and OST programmes that were not specified in the original project document. At the same time the Consultation Meeting may have set up expectations for some participants that could not be fulfilled due to coverage of such a large geographical target area, scarce funding and concomitantly the need to limit and prioritise activities.

In brief, the Consultation Meeting functioned to provide the necessary platform for promotion, advocacy, consultation and decision-making with regional stakeholders to decide on future activities, as well as facilitating the process of networking, another key objective of the project.

As a result of the project workplan established and approved at the Consultation Meeting, participants initiated the process of developing national action plans that when finalised were incorporated in the development of a project revision/extension in October 2010 that included a more detailed and sophisticated logframe than in the original project document. The project extension was approved by the funding agency (EU) without request of additional funding and incorporated the modification of activities without changing the original outcomes and objectives and reflecting the need to mobilise additional funding sources.

Evaluation methodology

Given the comprehensive and challenging nature of Project XNAJ58 the process and outcome of the evaluation has been both collaborative and cooperative. The consultant has worked in close cooperation with ROMENA staff and key stakeholders creating a positive environment for dialogue, drawing upon the principles of Appreciative Inquiry, a commonly accepted practice in the evaluation of organizational development strategy that attempts to help groups, organizations and communities create new, generative images for themselves based upon an affirmative understanding of their past.

Such an approach affirms that evaluation should begin with appreciation, and should be applicable, provocative, and collaborative. The focus is on what is working well, rather than setting out to look for problem areas at the outset. Areas for improvement/ recommendations/lessons learned are constructed as a vision for the future sustainability of the project, particularly a second phase, rather than as problems or gaps.

Given the limited time-scale to evaluate such a comprehensive regional project operating in several countries throughout the MENA region, the outcomes/impact assessment and evaluation was based primarily on a desk review of project reports and other documents, face-to-face interviews with key stakeholders using a semi-structured questionnaire and field visits to pilot projects and related institutions in Egypt, Lebanon and Morocco. Given the geographical reach involving several countries, telephone interviews were also conducted with a group of selected stakeholders including European good practice centres involved in capacity building, technical assistance and advisory services.

The questionnaire used for face-to-face and conference call interviews with government and civil society partners is included in Annex II. A much longer questionnaire was also sent to key UNODC staff involved in the project and is also included in Annex II. When required, the questions were probed and amended depending on the substantive nature of the interviewee's involvement with the project, for example: project staff; policy makers; trainers; trainees; prison staff; treatment service providers; outreach workers; drug users. The former questionnaire was also translated into Arabic and forwarded to project partners in Jordan for completion.

As far as possible, a purposive sampling strategy was used focusing on conducting interviews with key organisations and individuals involved in the development and implementation of each of the project's five main thematic areas: drug use prevention; treatment and rehabilitation; community outreach; prison based programme; and OST. Personnel involved in pilot projects were specifically targeted for face-to-face interview during the field mission to Egypt, Lebanon and Morocco with visits made to project activities in Cairo, Alexandria, Beirut, Tangier, Rabat and Casablanca. The selection of individuals and organisations for both face-to-face and telephone interviews depended on availability and guidance was sought from UNODC ROMENA staff in this regard.

Interviewing staff from NGOs working on the "frontline" with problem drug users provided a valuable opportunity to learn about the day-to-day challenges, issues and complexities in developing and implementing activities for PIDs, PUDs and prisoners. Many staff from such NGOs, as well as other respondents, took the opportunity to talk not only about the successes of project activities but also the challenges, difficulties and problems in implementation. To an extent this reflects a lack of ongoing communication, support and monitoring structures that would have provided an earlier opportunity for such a critically constructive dialogue and possible resolutions to some of the problems expressed.

Limitations to the Evaluation

The main limitation was the wide geographical coverage of the project. During the field mission it was not possible to visit every country in which project activities have taken place, for example Jordan, UAE, Kuwait or the occupied Palestinian Territory. However, the field mission was able to provide visits to three of the four main countries targeted for project activities, Egypt, Lebanon and Morocco. Field visits were made to several pilot projects in these countries that facilitated assessment of the viability of the projects to serve as good practice models for possible replication and scaling-up. Due to a lack of time and the extensive travel involved it was not possible to visit other project sites or interview some project partners in the countries visited.

Indeed, the time spent in air, train and vehicle travel between and within the three countries visited, more than three days out of twelve, mirrored the challenges that UNODC staff and other personnel have faced in conducting monitoring, support and other field visits to project sites in the four main countries targeted for project activities.

It is incumbent upon the consultant when visiting such projects, particularly NGOs, to, as far as possible, also answer questions that staff may have regarding administrative and service provision issues and challenges that they face. Not to do so would be deemed impolite and culturally insensitive. Such a dialogue however, while supportive of project activities and best practices is also time consuming. In Morocco, most interviews were translated in French by the UNODC ROMENA National HIV Officer who accompanied the consultant on the field mission to that country.

On advice from UNODC, it was not possible to visit any project activity sites situated in the prison environment, although NGOs implementing prevention activities in prisons were visited in Beirut and Rabat.

II. Evaluation findings

Project design

The international project coordinator and the national project officer responsible for the design development and implementation of XNAJ58 then, had already considerable involvement and experience in the region in the project's proposed thematic areas prior to the project, as well as knowledge of existing networks and relevant regional contacts. This greatly facilitated the design of the project and enabled the development of a project document that, as far as possible, was based on identified needs and could be streamlined with other relevant projects. International and regional experts, including UN staff who had technical experience in the MENA region also participated in the development of the project document.

In its design and concept of development and implementation the project highlighted the importance of complementarity and streamlining of harm reduction and demand reduction, both integral elements of a comprehensive health drug response and continuum of care for problem drug users.

The design of the project fully took into account known limiting factors, challenges and constraints within the MENA region such as: the lack of culturally relevant/sensitive evidence-based interventions for problem drug users and those at-risk of drug use; an over-emphasis on supply reduction in regional drug control policies/strategies and the need to address this; limited available data on the nature, patterns and extent of drug use in order to develop relevant and realistic interventions; the lack of networking, professional capacity and comprehensive skills-based training among service providers.

As such, the project design was built on the momentum, political commitment, recommendations, lessons learned and best practices from several UNODC ROMENA projects and initiatives, as well as regional and global networks. These included: the Regional Working Group on Drug Use and HIV/AIDS established by UNODC ROMENA in 2002 and composed of regional UN agencies, NGOs, experts and relevant national counterparts with the purpose of serving as a framework for UNAIDS co-sponsoring agencies and key partners in strategy development and

operational coordination and planning of drug use and related HIV/AIDS programmes and project initiatives in the region, for example: XAM/J07 - Increasing access to prevention and care services for drug use and HIV/AIDS in prison settings (2007-2009) aimed at reducing the negative health, social and economic impacts of drug use and HIV within prisons in Morocco, Egypt, Lebanon and Jordan; projects JOR/F49 and EGY/F53 aimed at strengthening treatment and rehabilitation services for drug users in these countries; UNODC GAP aimed at strengthening the global information base on problem drug use provided technical assistance for situational assessments of problem drug use and HIV in several regional countries; UNODC global TreatNet project aimed at developing the capacity for the provision of diversified and effective drug treatment and rehabilitation services in several regions of the world. This latter project has supported the establishment of an international network of master trainers and drug treatment and rehabilitation resource centers in different regions, used for further capacity building purposes.

As far as possible the project was streamlined with existing UNODC projects and other initiatives in the region for cost-sharing purposes and subsequently to avoid any duplication of activities. Overall the project was built on lessons learned and ongoing communication with national partners developed through the implementation of national and regional drug demand and harm reduction programmes in the occupied Palestinian Territory, Libya, Egypt, Jordan, Lebanon, Bahrain and South Sudan with the support of UNODC ROMENA.

The main recommendations and lessons learned from previous projects that were considered for the development and design of XNAJ58 were: involvement of counterparts in development; complement and streamline workplans of different sub-projects; avoid fragmentation of demand reduction and harm reduction activities; mainstream the activities with ongoing governmental strategies and workplans; rely on existing capacity in the region to replicate successful programmes and provide sustainable tools to be used for further scale up nationally and regionally.

The original project document of 2007 contained five immediate objectives that have remained in the two subsequent project revisions of 2010 and 2011, namely:

- Sensitize appropriate authorities, institutions and agencies on and advocate for the adoption of evidence based and sound policy initiatives
- Develop regional capacities to provide drug prevention programmes
- Develop regional capacities to provide improved quality and increased access to a range of treatment, rehabilitation and reduction of health and social negative consequences of drug use (including HIV/AIDS)
- Enhance and facilitate networking between NGOs, resource centres and the European Community
- Improve the National capacity to monitor and report on the problem drug use situation.

While there were outputs and activities included in the original project document related to these objectives, there were no performance indicators given or comprehensive logframe that could itemise specific activities to be undertaken by NGOs or other project partners in targeted sites in each country. This was understandable given that a consultation meeting with regional stakeholders had not yet taken place to identify, decide and agree on thematic areas within demand reduction and harm reduction resulting in specific activities in each target country and development of national workplans, including pilot projects.

Such a consultation meeting took place in June 2008 when counterparts from the region, including delegations representing Ministries of Health as well as National AIDS programmes, Prisons

Authorities, Anti Narcotic Departments and CSOs, along with European experts, staff from UNODC HQ in Vienna and UNAIDS, were invited to a seminal Regional Consultation Meeting in Sharm el Sheikh, Egypt, to agree on the priorities and concept of operation of the project thus giving it national and regional ownership. In effect this functioned as a necessary and invaluable participatory needs assessment exercise that enabled the identification of national needs and priorities, selection of both future project activities and countries for implementation of these activities and support for the national counterparts in developing their country specific workplans.

Such a flexible process of basing future project activities on stakeholders' needs is to be commended and is in line with international best practice. For example, while prison programmes and OST were not specified in the original project document, in the report from the Regional Consultation Meeting and in subsequent project revisions they are highlighted as important, innovative and pioneering areas of work for the project.

This consultation exercise provided an excellent opportunity for beneficiary countries to indicate the thematic pillars for which they required assistance to strengthen their national response to drug use and HIV. Indeed, countries attending the meeting expressed a very strong sense of willingness for involvement in the project particularly as it relied on the concept of bridging international with local/regional expertise.

Due mainly to a lack of funding for the extensive geographical range and substantive scope of the project, some countries could not directly benefit from the outputs of the project despite expressing a willingness to be included. While this caused a level of disappointment for some countries, the meeting had at least functioned to sensitize them on the importance of the need for such actions decided at the meeting. Realistically, priority had to be given to countries already assessed by UNODC, along with partners such as UNAIDS, on the basis of their drug use and related HIV situations. Countries were selected where there was already some multi-sectoral recommendations for strategy and national action plan response and some infrastructure for service provision aimed at reducing demand for and harm from drugs and institutions, whether civil society or governmental, with some existing expertise in these areas.

As a result of the regional meeting the following recommendations were made for the continuing involvement of counterparts in development of the project to avoid independent programming and fragmentation of demand reduction and harm reduction activities: workplans of different projects/countries should, as far as possible, be streamlined and complement each other and mainstream their activities with ongoing governmental strategies and workplans; regional capacity and expertise should be capitalised on and expanded through networking, particularly with European good practice centres, in order to replicate successful programmes and provide sustainable tools to be used for further scale up nationally and regionally.

In October 2010, over two years after the Consultation Meeting with regional counterparts to modify project activities, a more comprehensive project revision was developed that included performance indicators and means of verification, and also a table of key activities and monitoring milestones by quarter years from 2007 to 2011. This project revision was also necessary to approve a project extension based on existing EU funds and to mobilise additional funds from other sources.

A further project revision was made in October 2011 to extend the project until the end of 2012 to utilize unspent funds and to extend grants for implementation of community outreach and prison initiatives in the MENA region to implement activities that were delayed as a result of the social upheavals and political uprisings of 2011.

While any project developed by UNODC has to include a Results Based Management Logical Framework of operations as a core component for approval prior to its initiation, including quality indicators, a comprehensive logframe could only be developed for the project, especially given the complexity and diversity of outputs and outcomes, after the consultation exercise of the regional meeting and once national workplans had been agreed. Performance indicators, however, need to be more clearly identified particularly at the outcome and impact level. Most indicators used focus on the process level although several proxy measures and indicators were used for outcome level assessment.

However, more focus needs to be given to further support Member States in defining the results to be achieved and to support them in monitoring and evaluating outcomes in addition to outputs. This will create greater harmonization and standardization of indicators across countries within certain thematic areas. For example, with harm reduction programming UNODC will promote the use of a Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Currently there is little evidence of close hands-on monitoring of pilot projects that would aid and support them to work in a more effective manner and meet the many daily challenges and difficulties they face in implementing activities.

Implementing organisations, particularly community-based NGOs, also need to be supported and provided with technical assistance to enable them to self-monitor with a view to improve quality of services and maintain standardised records/data. This would also help such organisations to develop professional applications and grant proposals in order to secure future funding.

It is noted that neither gender nor human rights issues are discussed at any length in any of the three project documents, apart from an acknowledgement that one of the most pressing activities that need to be advocated for in several of the MENA countries is the availability of successful gender sensitive initiatives.. There is little recognition of the need for interventions targeted specifically at female drug users, a typically hidden group, particularly if injecting drugs, although they are a client group targeted for outreach and other harm reduction interventions implemented through the project in Morocco. While the project was guided by UNODC policy documents on gender and human rights, project documentation does not provide any strategic framework for dealing with these issues. Human rights specifically are now internationally recognised as an integral part of a harm reduction approach along with public health and should have been specifically included in the 2010 and 2011 project revisions. Authorities in the region are already acknowledging this, for example the Council for Human Rights in Morocco, in partnership with UNAIDS and other organisations, is currently developing a human rights section in the National AIDS Strategy that will include a complaints protocol.

Relevance

The three thematic areas of the project specifically linked to HIV prevention, and aimed specifically at HIV prevention among MARPS in those countries benefiting from project activities, namely drug use and HIV prevention in prison settings, community outreach for HIV prevention among drug users and OST, were mainstreamed to meet the 5-year National AIDS Strategies of the participating countries and were developed in collaboration with their National AIDS Programmes. Indeed, assistance for the development of OST was based on a direct request from the MOHs of Lebanon and Morocco. The project workplan was also tailored in such a way as to support countries in implementing their National AIDS Strategic Plan.

Many countries in the region still do not have a comprehensive drug demand reduction strategy so the priority with regard to the two demand reduction thematic areas of the project - school based programmes on life skills education for drug use prevention and drug treatment and rehabilitation - was at the level of building up evidence based programmes relying on available national capacities. The project workplan focusing on drug prevention and treatment were structured in direct consultation with national counterparts, policy makers and experts from the field including CSOs.

The project is in line with UNODC's Strategic Framework 2008-2011 under the theme "Prevention, treatment, reintegration and alternative development" and corresponds to Result Area 3.1. Community-centred prevention, as well as with the new 2012-2013 Strategy adopted by the CND specifically as related to Subprogramme 5: Health and livelihoods (combating drugs and HIV) with the objective of reducing the vulnerability to drug use, drug dependence, HIV/AIDS and illicit crop cultivation of individuals in the community, in prison settings and among individuals who might be or have been trafficked.

The project is also aligned with Subprogramme III - Drug Prevention and Health of the framework of the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform for the Arab States 2011-2015 launched in April 2010 in partnership with the League of Arab States.

Generally the project is very relevant to Member States' needs as project objectives are in line with the three UN Drug Conventions to which most beneficiary countries are signatory. In particular project activities aim at assisting Member States in the region to meet the demand reduction activities guided by the Political Declaration and the Declaration on the Guiding Principles of Drug Demand Reduction adopted by the United Nations General Assembly twentieth special session (General Assembly resolution S-20/3), as well as the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the General Assembly in its resolution S-54/132. The Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction outlines three avenues for UNODC assistance: 1) facilitating information sharing on best practices/strategies, 2) providing guidance and assistance for the development of drug demand reduction strategies and programmes in line with the guiding principle of drug demand reduction and 3) providing assistance for the establishment of national information system, including data on regionally and internationally recognized core indicators.

More specifically this is being achieved through the project by involving both government agencies and NGOs, together with European good practice centres, to compile information on demand reduction activities and services available in the region, to share experiences, to provide training and to produce regionally sensitive good practice documents on prevention, treatment and rehabilitation and harm reduction targeted at PIDs and prison populations, as well as data collection and analyses.

The project also supports Member States in the region to reach the goal of universal access to HIV prevention, treatment care and support, a commitment enshrined in the 2006 Political Declaration on HIV/AIDS and the 2011 new Political Declaration. Specifically, the project is aligned with the 2011-2015 Joint United Nations Programme on HIV/AIDS strategy "Getting to zero" which was released to promote zero new infections, zero AIDS-related deaths and zero stigma and discrimination. During the 54th session of the Commission on Narcotic Drugs, held in Vienna in March 2011, Resolution 54/13 was issued supporting UNODC's work in responding to the Zero New Infections among people who use drugs.

Efficiency

Considerable time had to be spent at the beginning of the project in promotional and advocacy work that would result in the endorsement of such a new and innovative regional approach by the countries involved. This endorsement was given by the national participants attending the Regional Consultation Meeting in Sharm el Sheikh in 2008.

Overall institutional and management arrangements for the implementation and delivery of outputs and related activities have been affected by limited funding and other resources and shortage of staff to provide the necessary supervision, support, technical assistance and hands-on monitoring to ensure smooth and optimum development, implementation and deliverance for several of the planned outputs.

While cost-sharing with UNODC Country Offices in Lebanon and Jordan have enabled national coordination and management of the project, in a country like Morocco with no UNODC presence this has not been the case. UNODC Field Offices, including UNODC ROMENA in Egypt, were able to provide a level of support and monitoring for NGOs contracted to implement activities although shortage of dedicated staff has made this difficult to achieve. A dedicated National Officer/Coordinator in each country would have helped with coordination, support and monitoring of project activities, as well as being responsible for the process of harmonising and integrating activities based on the different thematic areas of the project.

The UNODC recruitment process to officially fill the post of the international project coordinator required more than one year. During this period, and to avoid extensive lapse in implementation, the project was backstopped by a UNODC DDR international expert based in Cairo operating on a project whose objectives were complementary to XNAJ58. This UNODC expert was later recruited to the post of international project coordinator through a competitive process following UN rules and regulations. While this was an alternative to save valuable time for operational reasons, the UNODC recruitment process should be taken into account particularly for a project of this magnitude to ensure that full time attention is given to its implementation.

Unfortunately inordinate delays frequently took place for the issuance of contracts and grants from UNODC to both the European centres and to several NGOs implementing activities in each country. As the grants all exceeded USD $30,000 the bidding process required different documentation and clearance processes than contracts amounting to less than USD $30,000, for example clearance required from UNDP HQ in New York. The process took considerable time for completion and required submission of several documents with continuous requests for clarifications until the bidding was finalized and eventually contracts issued. During this period one partner NGO in Morocco had to use funding from another project due to a delay in arrival of funds and UNODC was wrongly blamed by some project partners for this situation.

In terms of delivery and sustainability of planned outputs at the country level, National Task Forces, consisting of governmental counterparts, CSOs and NGOs, were established in Egypt, Lebanon, Morocco and Jordan. Such a group working in a dynamic, cooperative and consensual manner facilitated advocacy, promoted national networking, and provided approval for the development of a protocol for assessment of HIV and drugs in prisons.

Focal points were also selected in each country in order to coordinate project activities and follow up at country level. In Egypt, Lebanon and Jordan these were UNODC staff members, as well as representatives of each of the project's thematic areas. These included NGO staff, trainers,

doctors, prison department staff and other government officials. In Kuwait, Morocco and UAE focal points were appointed in each thematic area. No reports were submitted to UNODC by focal points as coordination took place during the National Taskforce meetings and the two Project Steering Committee meetings. A high turnover of focal points, coupled in some cases with a lack of internet services and limited English language skills made communication with European good practice centres challenging and at times problematic.

Regarding outputs related to the production of training materials, guidelines and tools, to date the Unplugged training modules have been adapted for use in the region and translated into Arabic, specifically educational tools for teachers, students and parent that focus on social influences, life-skills and drug prevention in a set of twelve lessons for youth aged 12-14. While the Life Skills Unplugged modules for teachers, students and parents were adapted and translated into Arabic by Mentor Arabia, regional participants in the programme expressed the need for a guide on how to implement the modules in the region. This was duly developed by the master trainer in conjunction with UNODC staff and distributed to trainers under the supervision of the master trainer.

Development of a peer education manual in Arabic on drug use and HIV prevention in the community and prison settings using a participatory review of good practices has not yet been finalised. TreatNet modules have been translated into Arabic, and will be finalised after a back-translation and review process. Each country was responsible for developing its own guidelines for community based outreach work.

In terms of capacity building, there are few indicators of systematic outcome evaluation of activities such as training workshops, study tours, field visits and work exchanges. It is noted that only a few follow up-workshops to the original training workshops in some thematic areas had been held after one year. It would have been expected that systematic and comprehensive outcome evaluations of all training would have taken place 3-6 months after initial training events. This would have provided valuable information regarding the practical workplace application of training content as well as indicators of supportive factors and constraints influencing applicability of the training. The TreatNet programme of cascade training is one exception where trainees were provided with a comprehensive three week training programme and lessons learned noted before trainees implemented their own national training workshops that included systematic process evaluations.

While the project has generally been very successful in achieving its outputs, there have been several issues, challenges and difficulties experienced by those implementing project activities, particularly at a grassroots level. It should be noted that such limiting factors are, to a greater or lesser extent, experienced by many NGOs and other organisations developing and implementing demand reduction and harm reduction activities in developing and transitional countries. Due mainly to a lack of funding, other resources and staff it has not been possible for UNODC to ensure that in a project with such wide geographical coverage sufficient support, technical advice and monitoring has been available to ensure optimum efficiency of implementation of activities at the pilot project level.

Outcome 1: Sensitise appropriate authorities, institutions and agencies on and advocate for the adoption of evidence based and sound policy initiatives.

Successful advocacy, lobbying and networking activities by the international project coordinator and the national project officer responsible for the implementation of XNAJ58 then culminated in the Regional Coordination Meeting aimed at discussion and adoption of the concept of operation

and workplan that was held in Sharm El Sheikh in June 2008 (see page 10 above). The main issue was the lengthy time gaps between the Coordination Meeting, initial training by European Centres, submission of country workplans/pilot project proposals and start of actual activities. In some instances it was well over two years before project activities began after the Coordination Meeting

While participants at the Coordination Meeting were initially highly motivated there was sometimes little continuing support offered for development of country workplans that in some cases led to a lack of momentum. Various factors caused the delays, including problems in contracting with UNODC and communication between UNODC, European Centres and regional partners, for example: high turnover of country focal points; no independent contact between focal points and European centres, this had to be mediated through UNODC; insufficient follow-up support or training workshops, particularly at country level, to ensure timely submission of country workplans to European Centres for review, eventual approval of pilot project proposals by UNODC and start of activities.

Outcome 2: Develop regional capacities to provide drug prevention programmes targeting in school and out of school youth.

While the Unplugged programme had been successfully implemented and evaluated internationally it had not previously been introduced to the MENA region where several challenges prevailed, for example advocating with government bodies to allow access to schools, adapting and translating Unplugged materials into Arabic and advocating for an innovative life skills approach to drug use prevention for in-school youth. It should be noted that out-of-school youth were not included in the programme although they are likely to constitute a more at-risk group for problem drug use and were included in project documents as a possible target group.

Although the implementation of the Life Skills Unplugged programme in the MENA region presented many such challenges and difficulties, its implementation has been a major achievement as it presented a new and innovative educational model of working in schools in the region – a participatory interactive approach based on enhancing students critical thinking and life skills.

Unplugged has now been successfully implemented in schools in Lebanon and Morocco, but has still to be implemented in schools in Egypt, Jordan, Kuwait and UAE for several reasons, for example: waiting for permission from Ministries of Education; cultural resistance to the Unplugged curriculum; no available co-educational schools to conduct a pilot study.

The EU-Dap faculty was contracted by UNODC for module development, training and piloting of the Unplugged programme and the first Regional Working Group Meeting and Training workshop was held in Beirut in April 2009, where country action plans were developed. A subsequent Regional Training of Trainers workshop was held in Amman in October 2009 where national teams from the six participating countries were formally selected and trained in groups of coordinators, evaluators and trainers to implement a controlled study in schools in each country.

A master trainer was also trained in the Unplugged programme by UNODC in three European countries before facilitating training in the region for other trainers selected by UNODC, several of which came from a medical background rather than an educational background. The varied background of the selected trainers meant that some of them had little experience working in the educational sector, particularly teaching in schools. Some respondents remarked that the period for training the trainers was too brief to make prospective trainers sufficiently confident, knowledgeable and skilled in their work.

After the successful adaptation and translation of the Unplugged curriculum by Mentor Arabia, with inputs from the six participating countries, and training of national teams for piloting the programme in schools during the academic year 2008-09 were completed an unforeseen challenge arose. The effect of the H1N1 virus, so-called Bird Flu, had the effect of delaying the school curriculum to the extent that schools intending to participate in the case-control pilot found it impossible to incorporate the 12 session Unplugged programme during the 2009-2010 academic year. Accordingly the regional workplan that was contracted to be piloted under the supervision of EU-Dap had to be delayed until the next academic year 2010-2011. Given that the deadline for extension of the funding agreement expired on December 20, 2009, communication between UNODC and EC counterparts led to the extension of the agreement to cover the period needed for the revised workplan.

The complexities and challenges of adapting the Unplugged programme for the regional context also led to a business meeting held in Cairo in February 2010 with representatives of EU-Dap Faculty, UNODC ROMENA and Mentor Arabia in order to establish a revised timeframe for the project.

As this was an evaluated pilot study, national teams had to follow a strict protocol, there was no room for flexibility or the possibility to alter questions in the pre-test and post-test questionnaires to fit specific cultural contexts. In Morocco for example, questions concerning parents (particularly the mothers) consumption of drugs like alcohol and nicotine were reportedly embarrassing for many children and not culturally appropriate. At 15 pages in length the pre-test questionnaire was considered difficult for some children to complete and required substantial help, explanation and support from teachers. While the programme relied on motivated and self-selected teachers who had already established a positive relationship with their school students, they implemented Unplugged in their own time without any remuneration or incentives.

Reportedly there was a mixed response from teachers about the programme, for example some never completed implementation, some felt overloaded, had no support from school administration and experienced resistance from parents/children for cultural reasons, while other teachers found it a very rewarding and valuable experience. Educators in Morocco also had to spend a considerable amount of their own time in data entry, again without any incentives or payment.

Outcome 3: Develop regional capacities to provide improved quality and increased access to a range of treatment, rehabilitation and reduction of health and social negative consequences of drug use (including HIV/AIDS) among drug users and in prison settings.

Outputs related to this outcome centre around the training provided by the European Best practice centres selected by EMCDDA and UNODC HQ: The TreatNet programme based at UNODC HQ for treatment and rehabilitation, Trimbos Institute from the Netherlands for community based outreach work and the University of Kent from the UK for prisons programme. The training included workshops on the three TreatNet training modules on drug treatment and rehabilitation, and workshops by Kent University and Trimbos providing support for the development of draft workplans for pilot prison based programmes aimed at reducing the risks of drug use and HIV in prison settings and community based outreach programmes aimed at reducing the negative social and health consequences of drug use, followed by grant proposals for pilot projects in these areas submitted to UNODC for review, approval and funding.

Community based outreach programmes:

The four participating countries of Morocco, Egypt, Jordan and Lebanon were successfully trained by Trimbos Institute on piloting community based outreach programmes at a training workshop held in November 2008. Country delegations were then asked to develop country grant proposals for training and piloting on the implementation of community outreach work integrated in their HIV/AIDS National Strategic Programme plans.

Proposals were then reviewed by Trimbos for technical input, feedback and development of a M&E plan for pilots and by UNODC ROMENA for approval of funding. A further workshop was held in June 2009 to develop M&E plans for the community outreach of the proposals submitted from the four countries. Trimbos assisted national counterparts in adapting their training/manuals at the country level and Lebanon, Morocco and Jordan developed national guidelines.

It should be noted that cross national training within the MENA region also took place. For example, given that different countries were at different stages of openness or experience for community outreach work Egyptian NGO trainers went to Jordan to help with the development of the workplan and the NGO selected from Jordan went on a study tour of community outreach services in Lebanon.

Understandably, there are situational differences both between and within countries that have affected the development and implementation levels of local community based outreach pilot projects, there is no "one size fits all" and pilot projects have had to adapt and be flexible within the limits of their budget and workplan. It should be noted that in all pilot projects related to community based outreach work, UNODC cost-shared with other donors, selecting an established drop-in-centre in Morocco already providing services to IDUs and NIDUs, two in Egypt co-funded with UNAIDS and one in Lebanon that was established in partnership with MENAHRA and WHO in conjunction with an existing NGO that had provided an NSP service since 2005.

After such a limited period of implementation pilot projects are not yet able to provide a full range of comprehensive outreach harm reduction services and safer injecting and safer sex commodities aimed at the prevention of HIV. This is to be expected given the complexities of the work, the national legislations in place criminalizing drug use and rendering the possession of sterile needles a strong motive for suspicion and inspection vis-à-vis law enforcement officials, the short period of funding and the absence of continuing support, technical assistance and close monitoring. In Egypt, for example, the selected NGO has not yet started an NS service to PIDs and PUDs but has provided IEC on safer injecting and HIV prevention. This has been highly successful with a reported increase in safer injecting behaviour among their 192 IDU clients from 28% to 76%.

However, despite the above limitations the DICs are able to provide a range of services to attract clients that have been contacted through outreach, for example IEC, legal support, VCT, psychosocial counselling, primary health care, referral for treatment/rehabilitation/TB/STIs and a range of social services like food, bathing and clothes washing facilities that act as important incentives/motivators for outreach clients, particularly if they are homeless, to attend and benefit from centre-based services. It is noted that some NGOs had no budget for such social services and relied on charitable donations.

All pilot projects emphasised the need for good advocacy to ensure the acceptance of services by local communities and authorities. In Morocco the harm reduction service in Tetouan had to close because insufficient advocacy work had been conducted with relevant authorities, while in Tangier advocacy was successfully used to gain the necessary social and political support.

Low outreach staffing levels have meant low coverage with some outreach workers only employed on a part-time basis and having to find other sources of income. There is a reported need for further training, especially on stress management and prevention of burnout. As models/centres of good practice for future scaling up, there was significant variation in the quality, range, reach and coverage of outreach services provided. For example, none of the pilots visited offered a first aid service through outreach for abscess care, wound care or minor dermatological problems although this service was offered in the DICs (not all clients reached through outreach attend the DIC) and one that provided an otherwise comprehensive service did not include IEC on overdose prevention and management for clients, or training for staff in this area.

In Morocco it is noted that there is a positive synergistic relationship between NGOs and government with outreach services based in government clinics or hospitals. This can provide a model of good practice for the region. NGOs working with community outreach services in Morocco receive almost all their funding from the Ministry of Health and GFATM, the goal of XNAJ58 was to provide minimal direct support to NGOs but to fully support the NAP to enable the development of community-based outreach services targeted at PUDs and HIV prevention.

TreatNet

Activities of this project were streamlined with the training cascade initiated for the Global TreatNet (Treatment Network) project undertaken by UNODC HQ. Regional Master Trainers from Egypt, Lebanon and Iran were trained in May 2009 in Vienna on the three TreatNet modules (clinical assessment, psycho-social support and pharmacological support) as Phase I of the training cascade. The workshop was held with lead trainers from Spain supported by the project and UCLA. The goal of TreatNet is to increase awareness of and commitment for quality drug dependence treatment through the development and dissemination of good practice documents, training materials and an international partnership.

The master trainers then trained 33 trainers in the region from Morocco, Egypt, Lebanon, UAE, and Jordan in a three week two-phased TOT training programme that included field visits to drug treatment centres in Egypt. The first phase was held in Cairo in March 2010 in partnership with the EC, Pompidou group and the MOH of Egypt and the second in Lebanon in May 2010 in partnership with the EC and MOH of Lebanon. Each of the trainers, in conjunction with relevant ministries, then held at least one national training workshop for between 10-15 service providers on the module that they themselves had been trained in. Trainers then had to provide a post-training report that included a process evaluation of the training workshops they had facilitated.

During 2010 trainers in Lebanon and Egypt delivered training on the three TreatNet modules to a total of 45-60 trainees in each country, 15-20 trainees for each module. Trainees represented a wide variety of experience, for example counsellors, social workers, psychologists, doctors, nurses, prison officials and NGO staff trained in each country, 15-20 in each of the modules.

Available evaluation reports of the TreatNet training show that participants were fully involved and encouraged to base their future training work on lessons learned from the initial TOT workshops. At the end of national training workshops participants were asked to complete a training satisfaction survey and provide a report of their training including pre and post-assessments and recommendations for future training. Indicators also suggest that the promotion of the TreatNet training programme had positive outcomes, if unanticipated. For example the registration of an NGO in Lebanon whose objective is to promote TreatNet training materials and the inclusion of TreatNet training materials as part of training of professional curricula of the Arab Medical Union.

Prisons programme

The foundations for the project's successful prison programme were built on activities that originally started under UNODC project XAMJ07 (regional project on HIV prevention in prisons) in 2007. Under this project National Task Forces were established in Morocco, Lebanon, Egypt and Jordan to be responsible for the development of country workplans and for monitoring the implementation of project activities at the national level. Task forces were composed of representatives from prison authorities, NAPs and national drug control departments and a Focal Point nominated in each Task Force to be responsible for the communications with UNODC ROMENA.

In July 2007 in Cairo, Egypt a regional workshop was held for members of the national project task force with the objectives of launching and introducing the regional project to members of the national project task forces, reviewing and discussing strategies to increase access to services for drug use and HIV and AIDS prevention and care in prison settings, based on best practices and lessons learned from other countries, and producing national workplans for the project implementation. National workplans were consolidated at the Regional Consultation Meeting in Sharm el Sheikh in June 2008.

Rapid Situation Assessments of drug use and HIV/AIDS in prison settings were planned and implemented. Prior to this, an Assessment Protocol was developed (funded by XNAJ58) to provide guidance for the methodology of data collection and analysis in each country in order to harmonize the data collection exercise. The assessment protocol has subsequently been published and widely disseminated in the MENA region with both English and Arabic versions available on the UNODC website.

The project facilitated the finalization of the data collection as well as analysis of secondary and primary data, both qualitative and quantitative, with final reports being submitted by the assessment units in the four countries.

Four advocacy workshops were organized to disseminate the results of the assessments targeting policy makers and relevant stakeholders in the ministries of Interior, Justice and Health, with members of NGOs and International organizations also participating. These advocacy workshops resulted in intensifying political commitment to tackle drug use and HIV in prison settings and generated momentum to improve general prison health conditions.

Under the project an initial workshop was held in June 2009 in Cairo, Egypt, facilitated by the University of Kent, to train regional partners on peer education programmes and development of IEC materials for use in prisons. Country delegations that attended were from Algeria, Egypt, Jordan, Lebanon, Morocco, Pakistan and Southern Sudan.

A regional five day training of trainers workshop on provision of drug use and HIV prevention and care services in detention centres was then conducted in October 2009 in Cairo. By the end of this workshop country delegations had finalised their proposals for pilot activities on training for prison staff and HIV and drug use prevention activities within prisons for review and approval by their respective National Task Forces and grant submission to UNODC. Subsequently grants were issued to Egypt, Jordan, Lebanon and Morocco, with the other countries piloting activities in prisons through other funding sources.

The proposed pilots were based on the specific needs of each country, for example in Algeria on alternatives to imprisonment to drug use offences, in Morocco to pilot HIV VCT in prisons, in Egypt and Lebanon to pilot peer educators for drug use and HIV activities and in Lebanon to build the capacity of prison staff to respond to the HIV and drug problems in prisons.

Prior to the above workshop, a regional workshop on "Increasing the knowledge of inmates on drug use, HIV/AIDS and ways to reduce potential risks" was held in Cairo in June 2009 with the participation of country delegates from Ministries of Interior, Justice and Health and CSOs from Morocco, Algeria, Egypt, South Sudan, Jordan, Lebanon, Palestine Authority, Pakistan, UAE and Oman. In July 2008 UNODC also funded a study tour for the Prison National Task Forces of Egypt, Lebanon and Jordan, a total number of 15 delegates, to visit Barcelona, Spain with the aim of achieving experience of evidence-based drug use and HIV/AIDS prevention, care and treatment strategies in prison settings.

In Egypt the peer education project for prevention of drug use and HIV in prisons has not yet started despite receiving the first tranche of funding from UNODC in October 2010. While the destruction of some prisons, riots breakouts, as well as human rights violations in prisons experienced in 2011 have affected implementation, the Prisons Authority of the Ministry of Interior has advised that in view of the above the peer educational approach was no longer appropriate in terms of security or sensitivity and would need to be amended to better suit the situation of inmates who suffered from trauma and unrest.

Most importantly, in 2010 through the support of the project Egypt implemented pioneering prison centres for HIV in several prison settings, although during the prison uprisings in early 2011 several VCTs were looted and burned. Newly appointed prison authorities have subsequently guaranteed renewed commitment to the continuation of all the projects activities in Egyptian prisons.

In countries visited it was noted that a great deal of promotional and advocacy work had been necessary before project activities could start as prisons are, by definition, closed institutions whose primary goal is containment of inmates and security. Indeed NGOs implementing activities are frequently refused entry to prisons by the authorities if there are problems inside like riots, hunger strikes and other disturbances and security issues. In Lebanon after the prison riot, the NGO had difficulty engaging prisoners and gathering them for the awareness sessions as prisoners were not engaged in work apart from cleaning and cooking and reportedly spent much of the night watching television and playing cards, considerable advocacy had also to be undertaken with prisoners as they "were too busy sleeping to engage in training activities".

Apart from the training programme conducted by the University of Kent, UNODC funding under the project was primarily used in the development of IEC materials such as posters, pamphlets and a peer education leaflet. In Lebanon for example such materials were utilised to conduct awareness training on topics such as HIV and HCV, STI, TB and harm reduction. By the end of 2011 over 3,000 inmates and 35 prison administrative and medical staff had been targeted, although around 20 new prisoners arrive every day that also need awareness training. It should be noted that in Lebanon UNODC funded a total of 14 prisons for awareness training although 66% of all prisoners in Lebanon are incarcerated in Roumieh prison in Beirut.

Twenty peer educators in each of four prisons were also trained and in both Lebanon and Morocco, prison staff were given awareness training and prison social workers took responsibility for M&E of peer education programmes. In Lebanon social workers implemented a pre-test and post-test to measure awareness change among prisoners.

In Jordan, the Directorate for Public Security was contracted to undertake peer education in prison settings resulting in the establishment of a multi-sectorial National Prison Taskforce based on an agreed TOR and the development and dissemination of a poster and a brochure on drugs and HIV, a manual for peer educators and guidelines for training of trainers among prison staff. Twenty peer educators among prison staff and 20 peer educators among prison inmates were trained on HIV, TB and hepatitis prevention and care.

Opioid Substitution Treatment

The project has been instrumental in the pioneering development of OST in the MENA region. Currently two national pilot projects for OST have been implemented by government counterparts, one in Beirut in Lebanon that started in December 2011 with 50 clients being enlisted to the programme by mid January 2012 and one in Morocco, operating in sites in Casablanca, Rabat and Tangier that have been operational since 2010, for example the Tangier site started with 48 clients and by the end of 2012 aims to have scaled up to 300 clients. UNODC advocated for the implementation of these pilots and has provided supportive technical advice as well as limited financial resources mostly in the form of training and/or software development to ensure sustainability.

Along with partner organisations, UNODC played a key role in the very lengthy period of lobbying and advocacy necessary to establish an enabling environment for the development of clinical guidelines and operating procedures necessary for launching OST in Morocco and Lebanon. In Lebanon close support and advocacy was provided by the National OST Task Force consisting of the NAP, UNODC, MOH, MOI, NGOs and Psychiatrists Association.

Joint implementation with the Pompidou Group of the Council of Europe of three OST workshops in Lebanon in March and April 2009 targeted psychiatrists, physicians and other health care providers such as pharmacists, nurses, social workers, paramedics and counsellors. In May 2009 another workshop was held that looked at standard operating procedures, stock management, storing, dispensing and monitoring for OST programmes.

In May 2009, UNODC also funded an expert mission from UNODC HQ Vienna, jointly undertaken with WHO EMRO, to facilitate the development of the National Guidelines for OST implementation in Lebanon. These guidelines were finalized and endorsed by the OST Task Force in Lebanon in November 2009.

Consultation meetings with the national counterparts in Morocco and Lebanon were then held to identify appropriate CSOs and other organisations to pilot the OST activities.

The modalities used for implementation of OST in Lebanon and Morocco again signifies that implementing such services for drug users in the MENA region has to take into account national political, cultural, social and economic differences and necessitates tailoring activities to meet local needs and conditions. In each country, for example, the MOH and National Task Force is responsible for the type of substitute drug used in OST and for its procurement.

In Morocco methadone is the substitute drug used in OST programmes and is free for users, funded through GFATM and government, whereas in Lebanon buprenorphine (Subutex) is used and funded by clients themselves ($18 per week for a 8ml dose) in what is essentially a partly privatised service, unless a sponsoring NGO has available funding to support impoverished/homeless drug users. For the first 3 months, the client in Lebanon receives a weekly

prescription from a psychiatrist in order to obtain the Subutex from the hospital pharmacy, then it is intended that such clients can receive a weekly prescription from a psychiatrist, although this would appear a risky strategy leaving clients vulnerable to theft and overdose.

Both countries have regular compulsory urine tests for OST clients, but Morocco stopped these after a year as they wanted to establish their service on a trust basis and Lebanon aims to stop compulsory daily tests after a three month period.

In Lebanon UNODC funds the management implementation of the OST pilot project which includes the development of a software system for monitoring the dispensation of buprenorphine by the Ministry of Health. UNODC has actively supported the Lebanese Ministry of Health, in cooperation with the Pompidou Group of the Council of Europe and WHO, through the development of National OST Guidelines as well as the development of a TreatNet training cascade with master trainers and trainers who trained healthcare service providers on the management of OST in addition to training provided on standard operating procedures, stock management, storing, dispensing and monitoring and evaluation.

In Morocco UNODC has funded advocacy efforts, capacity building and the development of technical guidelines for OST but has not funded any operational costs of the three OST projects as these are funded through GFATM funds provided to government.

Certainly continuing support and technical assistance for the OST pilot projects is needed by both countries, for example there are still security concerns regarding storage of methadone in Casablanca and limited access to OST for some IDUs in Lebanon due to client-borne costs. More political support from UNODC in both Cairo and Vienna HQ for the further development, expansion and scale up of OST, particularly into the prison environment, is needed in response to a request by the Moroccan government.

Outcome 4: Networking between NGOs, resource centres and the European Community.

No structured comprehensive networking strategy was developed for the project to develop effective networking and communication between NGOs and the European good practice centres, although networking arrangements, some innovative, have functioned among regional partners in each thematic area of the project. Both TreatNet and the EU-Dap Faculty worked in MENA on the basis of introducing established evidence-based training packages so had experience of the type of communication and networking modalities required between themselves and regional NGOs.

Nevertheless the European good practice centres[2] all reported issues and difficulties in communication with regional NGOs after the excellent start made at the Regional Consultation Meeting in 2008 and the initial follow up training exercises provided by each centre.

(For a more detailed account of these issues and difficulties related to communication and networking see pages 10-11)

Outcome 5: Improve the National Capacity to monitor and report on the drug abuse situation.

Given that limited resources were available for this outcome as per the conditions set by the EC in the original UNODC/EC grant agreement, only a few activities have been implemented.

[2] TreatNet staff based in Europe were not interviewed during the evaluation process so it is unknown whether this applies to them or not

Technical assistance was provided on assessment of drug use and related HIV in the community and in prison settings, in particular for the development, printing and dissemination of the Protocol on assessing drug use and HIV in prison settings in 2009. This included a regional workshop for stakeholders to jointly develop the Protocol. The activity also included the training of principal investigators in the region to conduct assessments in prison settings in Palestine, Jordan, Egypt, Lebanon, and Morocco and technical assistance provided for the assessment of drug users in the occupied Palestinian Territory in 2010.

Technical assistance and support for data collection was also provided in Lebanon, Morocco, Jordan and other countries taking part in the MedNet workplan of the Pompidou Group in the field of demand for treatment as well as school studies that were supplemented by the GAP toolkit and distributed in training workshops among relevant beneficiaries and principal investigators and used in all subsequent training.

Assistance was also provided in the analysis of major data collection exercises in the region in support of the orientation of national drug control strategies and to reinforce the ARQ (Annual Review Questionnaire) and BRQ (Biennial Review Questionnaire) for the region.

Partnerships and cooperation

Such a regional project with the overall objective of promotion of good practices in demand reduction and harm reduction, in collaboration with European good practice centres, has been based on cooperation and collaboration with a wide range of partners to build local capacity and expertise to comprehensively and effectively address the emerging drug use situation in the countries concerned.

During the project, partnerships have been established with national and regional NGOs, national government institutions, donors and international agencies. Four European Good Practice Centres were selected to provide training and advisory services to regional counterparts, to effectively bridge the gap between European evidence-based expertise in demand reduction and harm reduction and expertise in the region. The EU-Dap Faculty based in Belgium was contracted to train national teams to develop and pilot the Arabic version of the Unplugged school-based life skills education programme. Trimbos Institute was contracted to provide training on community-based OW and the University of Kent provided training for delivering services aimed at prevention and care for HIV and drugs in prison settings. The Global TreatNet project undertaken by UNODC HQ Vienna provided a training cascade model for development of drug treatment and rehabilitation programmes. All of these organisations were contracted to act as resource centres in their respective thematic area for regional participants. Other international agencies and institutions that have partnered and cooperated with UNODC throughout the project have included MENAHRA, Mentor Arabia, Pompidou Group of the Council of Europe, UNAIDS and WHO.

Although it took considerable effort and time by UNODC project staff to establish an early relationship with regional government representatives and stakeholders, this has facilitated the possible future sustainability of project activities as it was based on substantial work with such partners in sensitising them to issues/problems/challenges and the need for advocacy to develop evidence-based interventions in the fields of demand reduction and harm reduction, some of them innovative for the region such as OST and the Unplugged Lifeskills programme in schools.

It should be acknowledged that developing and maintaining such partnerships, particularly the strong link developed between UNODC and UNAIDS, while productive, has necessitated considerable time, effort and administrative work by the two original project officers and their subsequent replacements.

The HIV prevention component of the project was mainstreamed to meet the national AIDS strategies, needs and priorities in the participating countries. National pilots established at the level of community-based outreach work and prison-based HIV prevention were developed in full cooperation with the NAPs of the respective countries. With regard to assistance for the development of OST, this was based on a direct request from the MOHs of Lebanon and Morocco.

Many countries in the region, however, still do not have a comprehensive national drug demand reduction strategy so prioritisation in this area was given to building up evidence based programmes relying on available national capacities, for example by focusing on Life Skills education in schools and evidence based drug treatment capacity building. This was achieved in direct consultation with relevant national counterparts, policy makers and experts from the field including CSOs.

Training carried out under the project relied on cooperation between European good practice centres, UNODC and other regional partners. For example, the first phase of training of trainers for TreatNet in March 2010 in Cairo was held in partnership with the EC, Pompidou Group of the Council of Europe and the General Secretariat for Mental Health of the MOH, Egypt, while the second phase was held in May 2010 in Beirut in partnership with the EC and the MOH, Lebanon.

From available evidence, partnerships established by the project provided inputs that were generally of quality and provided in a timely manner. Cooperation and collaboration between many partners, at international, regional and national levels, was essential for the development, planning and implementation of project activities. However, several factors meant that continuing cooperation with some partners became problematic, for example some of the European Centres would have liked to provide a greater input to the project but poor communication between Europe, UNODC and countries in the region plus a lack of funding made this difficult.

Effectiveness

The project's objective was to promote best practices and networking to reduce demand for and harm from drugs within the MENA region through a process of "Bridging the Gap". The level of advocacy for innovative practices new to the region such as OST, prison programmes and Life skills education and promotion and capacity building of evidence based good practices were very well received and met by project partners, despite the limited budget relative to such an ambitious goal. However, the limited budget meant that the level of networking where more frequent regional meetings, particularly crucial at the early stages of project development, could not be undertaken as frequently as hoped for.

Most importantly, the development of a resource website providing a multimedia infrastructure to share best practices and tools, lessons learned and linking key local/regional/international resource centres and NGOs was never implemented as a regional/national resource that could help to integrate and unify the different thematic areas of the project.

However, with a limited budget, cost effectiveness in mind and having to prioritise the implementation of project activities at the country level, existing electronic infrastructures were utilised as far as possible. For example: regarding primary prevention, the EUDap faculty website developed a weblink aimed particularly for the participants of the Unplugged training where they could also access other countries experiences as well. Another bridge for maintaining networking was with Mentor Arabia, a regional NGO whose objective and mission is to host the knowledge hub of expertise at the level of primary prevention and enhance the exchange of knowledge on best practices. With regard to treatment, a web structure already existed for TreatNet and regional participants were invited to be part of this network of exchange of knowledge, with TreatNet trainees from MENA also opening a facebook page to maintain such knowledge exchange. In order to share knowledge and network outside the scope of the internet world, the TreatNet trainers from MENA also registered an NGO in Lebanon aimed at further sustaining this knowledge regionally.

At the level of activities related to community-based outreach work and in prison settings aimed at prevention of HIV, ongoing existing scientific networks of expertise were capitalised on, for example the MENAHRA and IHRA network and websites.

Despite the relatively limited timeframe and budget, the project has generally achieved its objectives. The project managed to sensitize local authorities in different substantive areas of the project, especially on new and innovative initiatives like OST and prison based programmes and also for non-health personnel such as senior prison management. The project supported the development of regional and national capacities able to strategize, train others and provide services related to drug demand and harm reduction programmes and created an enabling environment for policy development through establishing partnerships and networks at the international, regional and country levels.

IEC provided by community outreach workers and also in prison settings has been most effective in providing non-drug users and current PIDs and PUDs with information that enables them to make informed choice about drugs and methods of use, as well as HIV and other communicable diseases.

A major constraint that has impacted on the effectiveness of the project has been the lack of available funding to enable sufficient monitoring, support and technical advice necessary for optimum implementation and delivery of activities, particularly those implemented by NGOs. This has been the case at the regional level where there has only been two project officers based in UNODC ROMENA in Cairo with split portfolios overseeing the project, the country level where there has been no dedicated national officer/country coordinator to ensure fully effective functioning of project activities[3] and at the local level, particularly for NGOs working within limited budgets.

There has also been limited available funding for incentives, compensation or remuneration necessary at a grassroots level, for example: teachers implementing the Unplugged programme in their spare time (financial reward/time off in lieu); social workers in prisons supervising peer educators (pens/paper); peer educators in prison (food package); prisoners attending IEC sessions (T-shirt/soap/hygiene material); and tea/coffee/biscuits for peer education sessions.

[3] With the notable exception of Jordan where a staff team already existed. Unfortunately this was not sustained throughout the project due to staff transfer but it constitutes a good field example of how such a presence facilitated communication and workplan implementation in the country.

While European best practice centres provided training workshops and advisory services, their involvement in the project was limited and should have been capitalised on given sufficient funding, for example they could have been more involved at the implementation level through regular visits at local sites for technical assistance, support and monitoring purposes. This would have been particularly useful for community-based outreach work projects delivering harm reduction services to PIDs.

It was consistently reported by respondents that generally funds were delayed in reaching NGOs implementing project activities and in Morocco one partner NGO had to use funding from another project due to a delay in arrival of funds from UNODC.

Impact

The project was the first one in the MENA region to integrate and mainstream all demand reduction and harm reduction efforts and activities under one umbrella and has consistently advocated for avoiding the defragmentation of these activities. This has had a significant and positive impact on national level activities as well as advocacy for the scaling up and quality improvement of both harm reduction and demand reduction services. The project also had a positive impact in facilitating the adoption of a regional sub-programme on Drug Prevention and Health (Sub programme III) under the framework of the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform endorsed in the meeting which was organized with the League of Arab States in April 2010.

The project was also seminal in fostering an enabling environment of mutual exchange and networking, through which drug demand reduction and harm reduction policies could be progressively rolled out in countries of the MENA region, for example enabling the adoption of OST for the first time. Apart from piloting innovative approaches in the region, the project adapted good practices for ownership by member states and relevant capacity development for national responses and mutual exchange and learning with similar initiatives in the region and in Europe. National partners across the themes and countries are now highly committed and engaged in harm reduction and drug demand reduction.

Through collaborative work, regional partners were able to attend international conferences and events that helped to sensitise policy and decision makers that the drug-related problems they faced in their own countries were global problems, with existing evidence-based interventions that could be adapted and modified for use in the MENA region.

Regional meetings and training workshops in the thematic areas enabled and supported participants with a wide range of experience and often from different backgrounds to: build capacity in knowledge and technical skills required for implementing project activities; learn about new and innovative methods of working; learn from each other by sharing experiences; develop project plans and establish networking with colleagues. As one respondent said of the workshop he attended, "something wonderful happened at the workshop, there was a quantum leap in our learning and understanding".

One of the major achievements of the project has been the several positive spin-off activities and unanticipated impacts that have made major contributions to the development of policy, strategy and implementation of activities in the demand reduction and harm reduction fields throughout the MENA region. The main ones include:

- Groundwork and advocacy necessary to enable the launch of the first two OST sites in the region in Morocco and Lebanon. As a result of continuing advocacy efforts undertaken through the project, the Sultanate of Oman and the occupied Palestinian Territory have recently requested technical assistance from UNODC for the introduction of OST programmes. In the occupied Palestinian Territory, UNODC has managed through other sources of funding to support the implementation of a feasibility study to explore the mechanism of procurement of controlled medications in addition to the training of health care service providers on the management of OST programmes.
- Groundwork and advocacy necessary to enable Jordan to adopt a community outreach approach for the first time and for Omani National Authorities to request technical support from UNODC to develop their demand reduction, treatment and rehabilitation strategies.
- Launch of a programme of VCT centres for HIV in four prison settings in Egypt. Through the support of the project's prison component, Egypt launched the first VCT in prison settings in 2010, an achievement considered a pioneering effort in prisons in the MENA region.
- Development of a protocol for assessment of HIV and drugs in prisons approved by national task forces from Egypt, Lebanon, Morocco and Jordan.
- Development of a Joint Cooperation Protocol for Drug Treatment and HIV prevention in Egyptian prison settings. As a direct outcome of project activities the Egyptian authorities have requested that a comprehensive drug treatment and rehabilitation programme be integrated in prison settings in addition to scaled up HIV prevention and care services.
- Initiation of national prison intergovernmental task forces in Morocco, Jordan, Egypt and Lebanon used as fora to discuss health rights related issues in prisons in the respective countries.
- Advocacy and lobbying with the National Rehabilitation Center (NRC) of Abu Dhabi to sign up a collaborative project with UNODC to develop a center of excellence for drug demand reduction for Abu Dhabi and the region. This resulted in the development and launching of Project AREK09: Capacity building of NRC as a drug demand resource centre for UAE and the region, a collaborative programme between UNODC and the NRC aimed at establishing the NRC as a regional drug demand reduction resource centre. Currently this project is funded by the UAE for the amount of USD $2 million. Two of the master trainers trained under XNAJ58 have been recruited as fulltime staff at NRC, although this raises the issue of staff trained under the project moving to other fields and being unable to continue direct training work for the project.
- The project paved the way for the development of other UNODC projects such as EGYK08 HIV prevention and care in prison settings in Egypt, funded by Drosos Foundation for three years with a total budget of USD $1 million and LIBI36 developed on HIV prevention and care among drug users and enhancing drug prevention and treatment services in Libya, funded by the Libyan Government for four years with a total budget of almost USD $6 million.
- Following the TreatNet training cascade in the MENA region in which trainers were trained on the three TreatNet modules, the trainers mobilized themselves and decided to form the Arab Society on Addiction Science. This society was registered as an NGO in Lebanon in October 2010. Its aim is to discuss, disseminate and advocate evidence based drug treatment services throughout the Arab world. It held its first meeting in May 2011 in Lebanon under the title: "Addiction: a struggle between will and desire" an event that TreatNet trainers managed to organize by mobilizing resources.
- TreatNet master trainers have requested that UNODC include a clinical training component to provide the sufficient theoretical and clinical training necessary to issue

nationally endorsed and recognized certificates for healthcare service providers to provide drug treatment and rehabilitation services to drug users at the national level.

- Mentor Arabia, which has been a partner with UNODC for the implementation of the Unplugged curriculum for schools in Kuwait has recently received a grant from the OPEC funds for the amount of USD $100,000. With this grant Mentor is seeking to pilot test the Unplugged curriculum in Mauritania, Iraq, the occupied Palestinian Territory and Kuwait and has requested cooperation and partnership with UNODC.
- Respondents reported that over 30 schools in Lebanon are now making use of the Unplugged Lifeskills educational material.

Sustainability

To be truly sustainable, such an ambitious and challenging regional project needed a larger implementation window than three years and a larger funding spectrum with more funders and a much more substantial budget. The securing of a Phase II of this project should have been a core requirement to avoid losing momentum and interruption of activities established by the project and to ensure systematic replication of lessons learned from pilot projects.

Sustainability could also have been improved with the establishment of MOUs with terms of reference delineating roles and responsibilities of each partner of the Regional Steering Committee and the National Taskforces. The recruitment of a UNODC National Officer in each beneficiary country to oversee implementation of project activities, an Monitoring and Evaluation Officer at the Regional Office in Cairo and dedicated sub-groups for each thematic area would have provided a more focused modality for coordination, support and monitoring of activities.

However, given these limitations, the NGOs and governmental counterparts benefited from the training received by European best practice centres and some of the training outcomes are sustainable in the longer term, for example the TreatNet training cascade by having master trainers and trainers to train healthcare service providers. In all the thematic areas of the project the impact of training is likely to be sustainable but mainly at the level of individual work practice rather than at a more structured institutional level.

Ownership of activities was maintained by the beneficiaries through the adaptation of European good practices and approaches to the specific needs and context of member states, as well as local beneficiaries taking the lead in designing, adapting and piloting the interventions in their local context, including their own proposals and work plans in line with national priorities.

The project also consistently promoted and created sustainable institutional capacity through the development of regional guidelines and tools that will be endorsed at the national and regional levels, for example the Arabic versions of Unplugged and Treatnet training modules, although it is not known how these will be adopted by each country.

Capacities developed by the project needed to be sustained through a networking infrastructure using multimedia to facilitate the transfer of developed expertise as well as by advocacy on a policy orientation level, coupled with infrastructural support to provide relevant data for policy orientation purposes. Multimedia based regional networks need to be linked with the Youth Network, TreatNet and treatment resource centres in Europe to provide each other as well as other centres with mutual support and further training.

Perhaps the most sustainable outcome of the project is the one that is most difficult to evaluate, the new and innovative ideas that the project has brought to individuals in the region through

advocacy, lobbying, networking and capacity building. Apart from the activities reviewed and evaluated in this report, such ideas will affect, influence and positively impact on the work practice of many of these individuals in the fields of demand and harm reduction for years to come but outcomes are currently unknown.

Innovation

The harmonisation of demand reduction and harm reduction enabled the project to initiate efficient, effective and innovative models and practices and pilot a wide range of drug use prevention activities across countries in the MENA region, in particular a Lifeskills approach to primary prevention education in schools, OST programmes that were the first in the region and activities in prisons aimed at drug use and HIV prevention.

Such innovations were based on strong advocacy, lobbying and cooperation with a wide range of partners across the region and internationally, in particular an inclusive networking and capacity building model of "Bridging the Gap" between European good practice centres and regional expertise, itself an innovative approach to capacity building and the provision of technical assistance.

III. Conclusions

While the project had many successes, in such an ambitious, challenging and poorly funded regional project of this type, implementing activities in several countries and across five thematic areas of drug use prevention, it is expected that many issues, problems and constraints would arise. This is not to detract from the many undoubted achievements of the project in several areas, most notably promotion, advocacy, coordination and networking for and introduction of new and innovative concepts and methods of working with problem drug users and those at-risk of drug use in a volatile region of the world, for example IEC and VCT in prisons, pioneering OST pilot projects and the Unplugged Lifeskills programme. At the same time it is noted that the project was not able to develop comprehensive strategic frameworks for advocacy, capacity building, M&E and networking and communication.

- The objectives of promoting good practices and networking for reducing demand for and harm from drugs in the MENA region were largely met and much was accomplished with limited funding/resources and a shortage of staff to ensure optimum coordination, support and monitoring and evaluation of activities. That objectives were met is largely due to the dedication and hard work of all project staff in UNODC ROMENA based in Cairo who, despite such challenges and problems, were recognized as competent and trusted partners by all stakeholders and coordinated and managed a regional project of wide geographical coverage incorporating five thematic areas of demand and harm reduction.

- The current HIV National Officer, HIV Project Officer and Assistant Admin Officer in ROMENA have been extremely competent in coordinating and managing the project with technical assistance from the relevant substantive experts at the Drug Prevention and Health Branch in Vienna since the departure of the International Project Coordinator in November 2010, re-assigned to the Prevention and Health Branch in UNODC Vienna, and the National Project Officer re-assigned in April 2011 as HIV Regional Officer for the South Africa office of UNODC. Nevertheless it would be expected that a new International Project Coordinator would now be in place given that the project has been extended to December 2012, although general lack of funding would mean that if this post

were filled little would be left for implementation of activities. Indeed, the organisational policy of UNODC allowing two project officers to be re-assigned during the implementation of such a challenging and complex project needs to be questioned, especially when the project still does not have sufficient staff for optimum coordination, monitoring and support purposes.

- Several respondents noted that the lack of continuity of UNODC staff had contributed to communication difficulties, despite a smooth transition of project staff, a sufficient period for briefing and handover between departing staff and current staff, and the original two project staff members still being employed by UNODC in Vienna and South Africa. It should also be noted that while a list of networked contacts can be left for new staff, these contacts have often been formed on a personal basis, a valuable connection for collaboration and cooperation that is often lost with the changeover of project staff.

- The regional approach is to be commended and has been successful in certain areas, particularly sensitisation, promotional, lobbying and advocacy activities aimed at synergies between demand and harm reduction and presentation for innovative areas of work such as OST, prison programmes and Lifeskills education for primary prevention in schools. However, there is no "one size fits all" approach/model that can be used in putting theory into practice. Differences both between and within countries in the MENA region necessitate that activities at the community/grassroots level need to be tailored to meet local needs, situations and conditions. Cross advocacy between countries has been key for countries to accept new and innovative approaches that can then be adapted to local conditions.

- Correctly the project has focused activities on the four countries that were selected from a larger group of countries present at the Regional Coordination Meeting held at Sharm el Sheikh Meeting in June 2008, namely Egypt, Jordan, Lebanon and Morocco. These countries were selected using several criteria, for example having relatively strong infrastructures of service provision aimed at reducing demand for and harm from drugs and institutions, whether NGO, civil society or government, who could collaborate in the development of toolkits and the contextualisation of pilot projects. At the same time the Regional Meeting may have resulted in expectations being built among some participants from other countries in the region that could not be fulfilled due to a lack of funding, although several countries were provided with support and technical advice during the course of the project.

- The project generally but particularly the seminal 2008 Regional Coordination Meeting and National Task Forces provided the necessary platforms for advocacy, consultation and decision-making with regional stakeholders to decide on future activities, as well as facilitating the process of regional networking.

- Overall it may have been more effective had the project focused on fewer thematic areas and focused the provision of funding into these areas to enable more comprehensive coordination, monitoring, capacity building and support for eventual project activities in each country and across the region. At the same time there were distinct advantages of having a regional and cross thematic approach to avoid a piecemeal response and to encourage the development of a more systematic comprehensive regional structure.

- Several constraints and barriers have affected the implementation of the project, particularly the time involved in developing national action plans, delays in starting activities and latterly in 2011 the events of the so-called Arab Spring that resulted in social upheavals in several countries in the region, public sector strikes and prison riots and destruction, particularly in Egypt.

- Generally throughout the region the lack of experienced, skilled and trained staff to develop evidence-based good practice in the thematic areas has been a limitation (as has the fragmentation of skilled and trained staff), although the project has started a process of capacity building that should now be capitalised on.

- "Bridging the gap" has been an effective, if limited, mechanism of promoting good practices, delivering assistance through the transfer of knowledge and skills, sharing of information, developing regional capacities and providing technical support both to and within Member States. Such a mechanism served to avert any sense of stigma linked with foreign concepts perceived as being "parachuted in" and imposed for implementation in countries of the region and provided a greater sense of ownership of the workplan and developed tools. At the same time, staff shortages, lack of capacity and cultural differences have all been major challenges to its implementation.

- Indeed several "gaps" have needed to be bridged, some more successfully than others, for example: the gap between European centres of good practice and regional/national counterparts; between different governmental institutions working in the demand and harm reduction fields; between governmental institutions and NGOs (except in the case of Morocco where there is an excellent synergistic relationship); in knowledge and capacity of personnel; in exposure to evidence based good practice; in awareness of the current situation and evidence-based needs; and most importantly of all a funding gap limiting the development and scaling up of quality services in response to a growing regional drug use problem.

- The initial motivation and momentum for the project has become somewhat dissipated over the last few years due to the late start of activities, the sheer complexities involved in implementing such a wide range of activities across five thematic areas, particularly those targeted at PIDs and HIV prevention, the shortage of funding, and the lack of available ongoing collaborative support, monitoring and technical assistance, particularly from the European good practice centres.

- Published reports from the project to date are varied in nature and quality. For example, the substantive content of the report from the 2008 4-day Regional Working Group Meeting in Amman, Jordan is less than two pages in length. While the report contains some useful information regarding conclusions and follow-up, there is a missed opportunity to record and highlight the risks and opportunities in each country for the development and implementation of community based harm reduction services. As such, the Report could have functioned as a valuable learning tool for future work in this area. The comprehensive UNODC/University of Kent Report on Training of Trainers within the Prison System provides a more positive and comprehensive example.

- The project has not developed a formal networking and communication infrastructure in order to further enable, capitalise on and sustain centres in Europe to help, support and develop existing expertise in MENA region to adapt good practices in the fields of demand

reduction and harm reduction. There was a reported lack of effective structured communication between UNODC, project partners implementing pilot projects in the four countries and the European good practice centres. There were also some language barriers that needed to be addressed with some national focal points not conversant in the English language and being unable to communicate directly with European centres except through mediation with UNODC.

- While it was undoubtedly challenging to develop effective communication and networking at all levels throughout the project, and throughout all thematic areas, the development of a dedicated project website would have greatly facilitated this. Output 4 of the original project document aimed at the development of a resource website providing an infrastructure to share best practices and tools, lesson learned and linking key local/regional/international resource centres and NGOs, but this was never achieved although it is currently being developed through the website of the UNODC Regional Office in Cairo.

- Due to bureaucratic rules and regulations the financial administration of the project through UNDP caused long delays in transmitting funds to project recipients, resulting in delays in activities, shortage of funds to pay staff, credibility problems for UNODC and interruption of services to clients where UNODC was the sole funder.

- Due to a lack of general capacity in the region, there has been an over-reliance on members of the medical profession, particularly psychiatrists as the local technical experts used to develop several aspects of the project, including in one case as trainers for the Unplugged programme which is educational in nature focusing on critical thinking and life skills development for school children. While the use of medical personnel may reflect a welcome move away from a criminal model of drug use to a medical model, there now needs to be a move to a more public health oriented biospsychosocial model that incorporates a more multi-disciplinary approach including psychologists, social workers, youth and community workers where these are available, as well as other members of civil society. At the same time it is recognised that within the region generally there may be a dearth of professionally recognised, educated and trained workers in these non-medical professions.

- Given the recent development in the region of community based outreach harm reduction services targeted at PIDs and HIV prevention, it is not surprising that the full range of commodities necessary for safer injecting and safer sexual behaviour aimed at HIV prevention are not always available or provided to clients by the pilot projects. One project, for example, does not provide needles and syringes while another only has 1ml and 0.5ml syringes available when clients request 2ml syringes. Filters and elasticated tourniquets are typically not provided at all. There are also several reported issues around the distribution of condoms as part of harm reduction activities aimed at HIV prevention, for example condoms can be difficult to obtain, are sometimes only distributed on a demand basis or service providers are reluctant to distribute them due to external pressures from the community.

- While training can always have a positive spin-off for participants, for example an opportunity to learn from and network with colleagues, some of those trained at a regional level experienced problems and difficulties in implementing the knowledge and skills they have learned on returning to their country signifying the need for adequate support and further technical assistance, as well as policy and organisational back-up.

- It is difficult to evaluate the outcome of the many training workshops that have taken place under the project as, with the exception of the TreatNet cascade model, there has been no systematic outcome evaluation of the training. The few process evaluations available plus information from respondents who attended training programmes suggest that the actual training process was positive, except in one notable case where respondents questioned the motivation and skill level of the trainers. Without systematic outcome evaluations and structured follow-ups it is not possible to reliably evaluate how knowledge and skills learned in the training setting have been translated into workplace practice.

- The Project Steering Committee has only met twice during the 4-year period of the project, first in July 2008 after the launch of the project workplan at the Regional Consultation Meeting in Sharm El Sheikh, and second in Paris in June 2009 with 29 members in attendance. To date no working sub-groups have been formed by the Committee in any of the thematic areas. The Committee itself has not met since 2009, although another meeting is scheduled for the second quarter of 2012. Given the challenges and issues facing such a comprehensive regional project it would have been expected that the Steering Committee which was originally scheduled to meet annually would have met more than twice and working sub-groups formed to offer support and assistance, particularly at the start of project activities. At the same time it is recognised that European good practice centres fulfilled this function to a certain extent and within tight budget constraints.

- A general financial problem for the project was that between 2007 and 2008 the value of the dollar against the Euro fell from $1.67 to $1.30, effectively reducing available funds for activities by around 13%, almost USD $250,000.

- The project started with limited reliable and comprehensive baseline data on the extent, patterns and nature of drug use in the region that would have facilitated the development and planning of strategy and interventions, although activities were mostly undertaken in countries where UNODC had initiated situation assessment studies of drug use and available resources. Several partner NGOs also carried out a local mapping exercise before implementing OW interventions for IDUs and NIDUs and situational assessments took place in prison settings.

- There has been a lack of hands-on M&E in the field resulting in a lack of information sharing for improvement of services and adaptation of new models. Focus needs to be given to support Member States in defining the results to be achieved and to support them in monitoring and evaluating outcomes in addition to outputs. This will create greater harmonization and standardization of indicators across countries within certain thematic areas.

IV. Recommendations

a. The following recommendations are closely interrelated and targeted primarily at a collaborative Phase II of the project and/or other regional and national demand reduction and harm reduction programmes in the MENA region to ensure their sustainable development by enhancing capacities and quality of service development. It would be a serious loss to the region if the momentum gained by existing project activities and the innovative ideas, models and work practices in the fields of demand reduction and harm reduction initiated by the project were to dissipate or even disappear into the desert sands.

What is needed is a scaling up of quality services and expansion of services geographically to other countries in the region and also within countries. The feasibility for such a second phase was discussed and agreed at the Second Steering Group Meeting in Paris in June 2009 but to date no funding has been secured. In the time available for the evaluation it has not been possible to assess the feasibility of these recommendations or cost implications.

Administration and staffing

- Include a dedicated sub-group for each thematic area of the project in any new Steering Committee that would help to provide direction and advice to ensure that adequate support, technical assistance and monitoring is provided for project activities in that thematic area. The sub-group would act as a bridge to ensure effective communication between European good practice centres and regional partners.

- Appoint a dedicated full-time international coordinator if the project continues to a Phase II. Depending on an expansion of project activities within present countries and to new countries and with a concomitant increase in available funding, a Monitoring and Evaluation Officer at the Regional Office in Cairo, a National Officer should also be appointed in each country to coordinate project activities in that country, facilitate the development of networking, advocacy, capacity building and M&E of the project at a national level and ensure synergy between demand reduction and harm reduction.

- Develop a common Management Information System (MIS) that would allow UNODC and its partner NGOs, as well as other implementing partners, to effectively monitor the key aspects of service delivery in demand reduction and particularly harm reduction, such as clients reached, activities implemented, commodities delivered and staff trained. A common MIS would also allow unifying and harmonising the MIS of different NGOs and other implementing partners, so that nationally and regionally the same standards would be used for monitoring services and standardised reports produced.

- Establish MOUs to strengthen existing National Task Forces in each country and ensure they are included at an early stage in the development of any new Task Force.

Policy and strategy

- Continue sensitisation, advocacy and lobbying activities at all levels to move perceptions and perspectives on drug dependency and other problem drug use from a criminal model to a disease/medical model and eventually to a more multi-disciplinary public health oriented biopsychosocial disorder model.

- Incorporate and mainstream gender and human rights into all new policy and strategy documents developed by the project. In the MENA region women are a hidden subpopulation among people who use drugs, as well as prisoners. Increased efforts are necessary to outreach to women who use drugs, particularly if they inject, as well as female prisoners, with gender sensitive approaches to provide them with a chance for a healthier lifestyle. In particular strategies should ensure: equitable access to demand reduction and harm reduction services; improved quality of care by identifying and integrating gender-sensitive indicators; introduction of comprehensive interventions to address gender-based violence and the gender dimensions of stigma and discrimination.

- Establish a regional policy forum to promote gender and human rights based policy and continue an inter-regional dialogue so that more countries in the region can be encouraged to reform their drug legislation and policy. Sensitisation and advocacy is necessary to improve knowledge of high level policy makers, judges and prosecutors on the implementation of informed gender sensitive, human rights based and evidence based drug policy as well as alternatives to imprisonment for drug offenders.

- Encourage member states to allocate governmental funds to sustain project activities and national ownership of evidence-based interventions in the fields of demand reduction and harm reduction.

- Develop an effective and comprehensive networking and communication strategy for all partners and stakeholders in the region and between the region and European and International counterparts. The development of a fully functioning project website and multimedia based networking structure to share best practices and tools, lesson learned and to link key local/regional/international resource centres and NGOs would greatly facilitate this process and enable better communication between partners.

- Develop a strategic framework for training on advocacy including at regional, national and local levels but particularly for NGOs and other relevant partners engaged in promoting harm reduction activities that might challenge the status quo.

- Develop strategic options for service delivery and an M&E plan for the services to be provided, including support and training for NGOs to self-monitor with a view to improving quality of service provision and record keeping and increasing opportunities for future funding.

- Provide even stronger political advocacy and support by both UNODC ROMENA in Cairo and UNODC HQ in Vienna for high level policy makers necessary to promote a harm reduction approach throughout the region, in particular for the scaling up of OST in the community and its expansion into prison settings. Key to this will be the availability of lessons learned from comprehensive evaluation reports from Government and/or GFATM of the two OST pilot projects already established in Morocco and Lebanon.

- Provide support to Morocco to become a regional good practice model for an integrated system of primary prevention, drug treatment and harm reduction. This would be facilitated by the favourable current social, economic and political environment in the country including a growing economy, relative political stability, move to rights-based social justice policies endorsed by the King and established close links and synergistic partnerships between government and the NGO sector.

- Strengthen cooperation with regional networks such as MENAHRA to further support the Knowledge Hubs in community outreach among people who use drugs.

Capacity Building

- Develop a comprehensive regional training strategy that would include knowledge transfer, skills based training workshops, study visits, conference visits and work exchange programmes between countries and within countries. This latter component would provide

direct work experience, increase technical capacity and promote networking between service providers. For example it is very cost effective to take one or two OWs in a new community based harm reduction project and place them for one or two weeks in a similar but more experienced organisation in the same country (or even in another country) for direct on-the-job work practice and training.

- Build in comprehensive process and outcome evaluations to all training programmes. Ideally, outcome evaluation should take place at a follow up workshop where participants can share and compare information regarding supportive factors that enabled them to utilise knowledge/skills learned in the original training in the workplace, as well as those factors that acted as a constraint/barrier. Outcome evaluation workshops should also be used to provide necessary top-up training based on training needs assessments of participants after basic training.

- Develop structured multi-staged comprehensive and participatory skills-based training programmes for all service providers working directly with problem drug users but particularly for outreach workers in community-based services. After provision of a basic training workshop the second stage 3-4 months later should be an outcome evaluation workshop that includes top-up training. This process should be repeated at least twice to provide a one year to eighteen month training programme consisting of at least four stages/modules. It is recommended that participants in multi-staged training programmes should have to commit themselves to attend all stages of the training and be accountable for this.

- Provide a basic skills-based training programme to all outreach workerss, as well as other workers in harm reduction service organisations working with PIDs and PUDs and aimed at drug use and HIV prevention. The programme should include the following topics: basic communication skills; drugs and their effects; drug dependency; HIV and AIDS; methods of safer injecting; overdose prevention and management; basic first aid; HCB and HCV; safer sex.

- Provide outreach workers with adequate supervision and support and training on stress management skills and burnout prevention. This will help to prevent the high turnover of outreach workers and alleviate the pressures of working with a challenging and often chaotic client group like IDUs.

- Select trainers, particularly master trainers who play a key role in implementing a cascade model of training, in a transparent manner based on clear selection criteria including good interpersonal and communication skills and experience in the relevant substantive area for training. There are often assumptions made that anybody can become a trainer and trained to become an effective trainer within a matter of weeks, if not days. Neither of these assumptions is correct.

- Establish a balance between training carried out at a regional level and at a national level where it is more cost effective, can establish in-country networks and present the opportunity for future study tours and work exchanges with colleagues in-country.

- Hold a regional workshop for staff of NGOs and other institutions that implement pilot activities in each thematic area. This will provide a forum to exchange lessons learned at

each country level and will produce valuable material for the development of regional protocols and guidelines for good practice in each thematic area.

- Support and train NGOs at the administrative level to develop proposals, fund raise, manage and supervise staff, collect and report data and administer a grant.

- Support and train NGOs and the relevant government institutions to develop M&E systems, in particular a national M&E system in each country, data from which can be used to establish a common regional data bank.

- Include religious leaders in the development of policy and strategy for demand reduction and harm reduction and for implementation of services at the community level through a series of targeted seminars/workshops.

- Capitalise more on Iran as a model for the MENA region for harm reduction policies and practices. Despite cultural and language differences, lessons learned from Iran can be utilised to more effect through increased study visits and work exchange programmes.

Service provision

- Promote and advocate for a more broad-based continuum of care for problem drug users that incorporates harm reduction interventions and a range of treatment and rehabilitation options such as residential and community/home-based detoxification, comprehensive aftercare and follow up services in the community and relapse prevention. Currently there are limited treatment and rehabilitation and harm reduction service options available throughout the region.

- Ensure that an emphasis on scaling up selected activities of the project such as services targeted at community based drug use and HIV prevention is not at the expense of quality of services. To this end treatment and harm reduction protocols/guidelines should be developed at a regional/national level at the earliest opportunity. Currently there are no existing national quality standards in any country in the region that would establish minimal requirements of core competencies for each staff position in harm reduction and demand reduction services.

- Seek more resources needed to help governments in the region to develop national strategies for organizing, planning, supervising, monitoring and evaluating implementation of demand reduction and harm reduction services.

- Ensure that an emphasis on scaling up selected activities of the project such as community-based outreach services targeted at PIDs and HIV prevention is not at the expense of quality of services.. Global evidence shows that outreach work is the most effective method for contacting PIDs and other MARPS at risk of HIV and other blood borne infections and bringing them into services.

- Assess and evaluate current drug policies in the region with a view to improve national drug laws so that the human rights of drug users are fully respected and the negative impact of such laws reduced. Policies based on criminal law and its enforcement criminalise and stigmatise drug users and lead to a high risk of induced fear associated with

criminalisation, compulsory drug treatment and imprisonment where they may be vulnerable to abusive law enforcement practices and have reduced access to healthcare.

V. Lessons learned

- Projects working at the grassroots/frontline level with problem drug users and people at-risk of drug use are more effective if recognition is given and sufficient funding provided for small payments, frequently neglected in budgets, such as incentives, compensation and remuneration for extra duties and basic social services for clients that can make a positive difference by ensuring cooperation and high levels of motivation from both staff and clients involved (see page 35 for specific examples).

- In both regional and national programmes a common MIS is necessary to effectively monitor and evaluate key aspects of service delivery in demand reduction and harm reduction that would unify and harmonise the MIS of different NGOs and other implementing partners so that nationally and regionally the same standards can be used for monitoring services and recording information and standardised reports produced.

- A regional project requires an effective communication and networking strategy, preferably including a dedicated website, to enable sharing of information and maintenance of active links for coordination, support, and technical assistance purposes between a wide range of international, regional and national partners and stakeholders

- In order to develop effective, realistic and achievable harm reduction programmes, especially outreach services aimed at drug and HIV prevention, it is important for client groups like PIDs to be involved in planning, influencing and delivering services. Outreach services should utilise current or former drug users to make contact with out-of-treatment PIDs living where no services are available, or are available but not accessible, or who choose not to use (or are not able to use) available services.

- It should be recognised that training staff to work with PIDs and PUDs is an ongoing and continuous process necessary to meet new challenges and issues and to provide relevant knowledge and skills to improve quality of services. One example is the need to develop a set of specialist skills for face-to-face work with clients so that staff can progress from basic counselling and people skills to more advanced skills such as motivational interviewing and cognitive behavioural therapy. Ideally, all staff working in the demand and harm reduction fields should have their own individual training programme mapped out for a period of at least one year.

Annexes

Annex I: Terms of reference of the evaluation

UNODC
United Nations Office on Drugs and Crime

TERMS OF REFERENCE

1. BACKGROUND INFORMATION

Project number:	XNAJ58
Project title:	Promoting good practices and networking for reducing demand for and harm from drugs.
Duration:	27 August 2007 - 31 December 2012
Location:	West Asia, the Gulf Region, the Middle East and Southern Mediterranean
Linkages to regional programme:	Subprogramme III - Drug Prevention and Health under the framework of the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform for the Arab States 2011-2015.
Linkages to thematic programme:	Theme: 3. Prevention, treatment and reintegration, and alternative development Result Area: 3.1. Community-centred prevention Result: 3.1.4. Enhancing national capacity to prevent drug abuse
Executing agency:	UNODC ROMENA
Total approved budget:	USD 2,825,000
Donors:	European Commission, Sweden
Project manager/coordinator:	Karine Shalaby, National HIV Officer Yasmine Refaat, HIV Project Officer
Type of evaluation:	Final project evaluation
Time period covered by the evaluation:	27 August 2007 - 30 November 2011
Geographical coverage of the evaluation:	Countries in the Middle East and North Africa
Core Learning Partners	Yasmine Refaat, HIV Project Officer, UNODC ROMENA Karine Shalaby, National HIV Officer, UNODC ROMENA Leif Villadsen, Deputy Regional Representative Programme Coordinator - Head of Programme Coordination and Analysis Unit, UNODC ROMENA Wadih Maalouf, Project Coordinator, Prevention, Treatment and Rehabilitation Section, Drug Prevention and Health Branch, UNODC Vienna

	Fabienne Hariga, Dr Fabienne Hariga, MD, MPH Senior Expert, HIV/AIDS Section, UNODC Vienna

a) Project overview and historical context in which the project is implemented

The paucity of data on drug use and HIV risk behaviors in the Middle East and North Africa is quite problematic in the region. The available evidence portrays a growing problem requiring prompt and concerted national responses. Some government agencies dealing with reducing demand for and harm from drugs in the region have put up strategies and programmes of response. However these initiatives are not always translated into actual programmes of operation. Despite the presence of local expertise in some countries, local initiatives do not have sufficient resources and professional capacity to reach the desired impact, national coverage and sustainability. Moreover, the links among these local institutions with expertise are weak, which deprives them from the advantage of learning from each other's efforts. This highlights the need of providing these institutions with much needed technical assistance as well as improving their networking structure with national, regional as well as with international good practice centres.
To address this problem a project entitled "Promoting good practices and networking for reducing demand for and harm from drugs" was developed in 2007 with the aim of capacity and expertise building to effectively address emerging drug use and related HIV problems in the region on the basis of international good practices (particularly those stemming from the European experience) coupled with locally learned experiences. This project is funded by the European Commission and Swedish International Development Cooperation Agency to be implemented by the United Nations Office on Drugs and Crime (UNODC).

b) Justification of the project and main experiences / challenges during implementation
The project aims at empowering regional capacities to cover a wide spectrum of initiatives aimed at reducing demand for as well as harm from drugs. This has been done through expanding and adapting successful international best practice models to a regional level. Efforts have been undertaken to bridge local NGO/resource institutions with best practice centers within the European Community. Policy/decision makers have been actively involved in the development of tools and training which resulted in greater advocacy as well as national endorsement of capacity development.

The project operates on five thematic pillars of technical assistance (based on the concept of operation agreed with beneficiary Member States from the Middle East and North Africa region who participated at the launching of the project in June 2008 at the Sharm el Sheikh resort in Egypt). The thematic pillars include:

- Drug abuse prevention
- Drug treatment and rehabilitation
- Community outreach
- Prison based program
- Opiates substitution therapy

Given that the project would be giving priority to countries which have demonstrated political will at the highest level to solve their drug problem the focus has been based on the

following list of countries: Morocco, Algeria, Libya, Egypt, Lebanon, Jordan, UAE, occupied Palestinian Territory, Pakistan, Afghanistan and Oman.

Depending on the local context and the level of drug demand activity involved, different target groups have been identified in close collaboration of the concerned governmental bodies (namely the Departments of Drug Demand Reduction, the National AIDS Programmes and the Drug Control Authorities). Policy makers have also been a target group for advocacy on the adoption of evidence based best practices for the prevention and management of drug use and related HIV transmission. The main beneficiaries of the project have been drug users and people at risk of drug abuse, as well as populations at higher risk of HIV transmission and those who face difficulties in accessing services.

The project was expected to produce the following objectives:

1. Sensitize appropriate authorities, institutions and agencies on and advocate for the adoption of evidence based and sound policy initiatives
2. Develop regional capacities to provide drug prevention programmes targeting youth
3. Develop regional capacities to provide improved quality and increased access to a range of treatment, rehabilitation and reduction of health and social negative consequences of drug use (including HIV/AIDS)
4. Networking between NGOs, resource centres and the European Community
5. Improve the National capacity to monitor and report on the drug abuse situation

List of European counterparts involved in capacity building:

Country	Centre	Area of Capacity Building
Netherlands	Trimbos Institute Netherlands Institute of Mental Health and Addiction http://www.trimbos.nl/	Outreach approaches used in the area of drug demand reduction (DDR) and Harm Reduction (HR)
United Kingdom	University of Kent	Prison Based Programmes For HIV and Drug use prevention and care services
Belgium, Italy and Switzerland	Hoofd preventie Intervention Planning Group, EU-DAP http://www.desleutel.be/	Life Skills Drug Prevention in schools (UNPLUGGED model –EUDAP) http://www.eudap.net/
France	Observatoire Français De Drogue et Toxicomanie	Opioid Substitution Treatment
	Pompidou Group of the Council of Europe	Complement workplan
Mentor	Mentor Arabia	Scaling up prevention

International		
	EMCDDA	Data and programme evaluation

The current political unrest in the region, with incidents of prison breaks and/or unrest in Egypt, Lebanon and Morocco, has in fact delayed the implementation of HIV prevention activities in prison settings. In Egypt several prisons were destroyed, looted and burned during the revolution of January-February 2011 and prison inmates had to be transferred to unaffected prisons. In Lebanon, a major prison uprising took place in Roumieh Central Prison in April 2011 leading to diverse casualties among inmates and prison staff. In Morocco, activities have been implemented as per work plan yet clashes between security forces and prisoners occurred in Sale prison in May leading national counterparts to focus their efforts on ensuring security within the prison settings during that period. There have been no reported incidents of security issues In Jordan, yet activities initiated later than what was originally scheduled as a new national focal point within the Centers for Reform and Rehabilitation has been nominated to head the National Task Force to support the implementation of activities.

Currently, ROMENA is following up with the grantees undertaking community outreach among drug users and the prison based programmes to ensure the continuation of activities as per the grant agreements. In fact in most countries activities have already resumed. Grant agreements with implementing institutions were extended in duration till November 2011 in accordance with national stakeholders to allow them more time to finalize their activities.

In view of the political situation which led to delays in the implementation of the project activities in the region, the final Project Steering Committee meeting will be postponed to early 2012. This will allow sufficient time to finalize all the project outcomes to showcase the impacts of the regional project with national, regional counterparts, European best practice centers and major donors.

c) Project documents and revisions of the original project document.

The project document was submitted and approved on 12 July 2007 and two project revisions were submitted. The first project revision approved on 31 October 2010 reflected a project extension in duration to implement activities funded by the European Commission as well as to receive the additional funding source (USD 270,000) from Sweden. The second project revision submitted on June 2011 (still to be approved) reflects the following changes to the project:

- Extension of project duration till 31 December 2012 to utilize unspent funds from Sweden;
- Extension of grants to institutions for implementation of community outreach and prison initiatives in the MENA region (budget neutral and without changing outcomes and objectives) to allow them to implement activities that were delayed as a result of the recent uprisings in the region;
- Change in composition of the project team at UNODC ROMENA

The composition of the project team has changed in view that the Project Coordinator based at UNODC ROMENA was assigned to the Prevention, Treatment and Rehabilitation Section, Drug Prevention and Health Branch in Vienna as of November 7, 2010. Additionally, the

National Project Office has been res-assigned as HIV Regional Officer for the South Africa office of UNODC. Currently day-to-day implementation of activities is being undertaken by the HIV National Officer and the HIV Project Officer based at UNODC ROMENA with technical assistance from the relevant substantive experts at the Drug Prevention and Health Branch in Vienna.

d) UNODC strategy context, including project's main objectives and outcomes and project's contribution to UNODC country, regional or thematic programme,

Given the area of coverage, the regional strategic frameworks for the Middle East and North Africa outline the focus areas for demand reduction activities in this region. The project follows the objective of the Subprogramme III - Drug Prevention and Health under the framework of the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform for the Arab States 2011-2015.

In particular the strategic frameworks for drug demand reduction activities aim at assisting member states countries in the region to meet the demand reduction activities guided by the Political Declaration and the Declaration on the Guiding Principles of Drug Demand Reduction adopted by the United Nations General Assembly twentieth special session (General Assembly resolution S-20/3). As well as the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the General Assembly in its resolution S-54/132, calling for balanced national and international drug control strategies. The Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction outlines three avenues for UNODC assistance: 1) facilitating information sharing on best practices/strategies, 2) providing guidance and assistance for the development of drug demand reduction strategies and programmes in line with the guiding principle of drug demand reduction and 3) providing assistance for the establishment of national information system, including data on regionally and internationally recognized core indicators.

More specifically this is being achieved by involving both government agencies and NGOs together with international good practice centres to compile information on demand reduction activities and services available in the region, to share experiences, to provide training and to produce regionally sensitive best practice documents on prevention, treatment and rehabilitation (including HIV/AIDS, IDU and prisons) as well data collection and analyses.

The respective counterparts were offered training on best practices after which they were eligible to receive a grant to pilot test their training. The training workshops provided an opportunity for NGOs to network among themselves (regionally and internationally) as well as with other established networks (such as the Global Youth Network, Treatnet, etc) and other international agencies operating in the drug demand reduction field. Later, counterparts are requested to participate in the production of a best practice document on each of these issues applicable for the region and shared by all participants.

The capacities developed will be sustained through a networking infrastructure facilitating the transfer of developed expertise as well as by advocacy on a policy orientation level, coupled with infrastructural support to provide relevant data for policy orientation purposes. The regional networks will be linked with the Youth Network, Treatnet and the treatment

resource centres in Europe to provide each other as well as other centres mutual support and further training. The possibility for cross-fertilization between countries and technical cooperation is expected to be good due to the similarities in the drug abuse problems, substances abused, patterns of abuse and in the conservative environment, while the experiences gained in Iran and Pakistan could be used as guidance to further develop drug demand reduction approaches, interventions and to shape policies in the region.

Linking the project achievements to the wider drug control objective in the region was ensured through integrating its activities in the broader development activities of the governments of the region and by streamlining them with other UNODC and international organization activities in the region.

Project Objective: Promoting good practices and networking to reduce demand for and harm from drugs in West Asia, the Gulf Region, the Middle East and Southern Mediterranean.
Outcome 1: Sensitize appropriate authorities, institutions and agencies on and advocate for the adoption of evidence based and sound policy initiatives
Outcome 2: Develop regional capacities to provide drug prevention programmes targeting in school and out of school youth
Outcome 3: Develop regional capacities to provide improved quality and increased access to a range of treatment, rehabilitation and reduction of health and social negative consequences of drug use (including HIV/AIDS) among drug users and in prison settings.
Outcome 4: Networking between NGOs, resource centres and the European Community
Outcome 5: Improve the National capacity to monitor and report on the drug abuse situation
Outcome 6: Support to legislative and institutional reform for public health and evidence based drug and harm reduction policies in the region.

e) For further information, please refer to the background information list (Annex 1), which encompasses materials to be used for the desk review.

2- DISBURSEMENT HISTORY

Overall budget (27 Aug 2007 – 31 December 2011)	Total approved budget (27 Aug 2007 – 31 December 2011)	Expenditure (27 Aug 2007 – 31 December 2010)
3,006,000	2,825,000	1,903,814

3- PURPOSE OF THE EVALUATION

During the initial project drafting and development process, an outcome was included for the provision of a final independent project evaluation to measure achievements, sustainability and the overall impact of the project. The current project served as a forum for Member States in the region to pilot test harm reduction and drug demand reduction interventions. The aim of the evaluation is to develop lessons learned and best practices as well as recommendations that can serve as the basis for the development of an expanded programme in the region.
The project is currently in its final implementation plan. UNODC Regional Office in Cairo is thus seeking a consultant to undertake the planned independent evaluation before the expected project termination. The report should be submitted to the UNODC Regional Office

for the Middle-East and North Africa (ROMENA) in Cairo. UNODC will be responsible for distributing the final report to the relevant project counterparts and relevant donors and stakeholders.

4- SCOPE OF THE EVALUATION

The evaluation seeks to assess the implementation of the project in terms of the achievement of its objectives and outcomes in addition to assess how this project contributed to achieve the indicators under Subprogramme III - Drug Prevention and Health of the framework of the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform for the Arab States 2011-2015.
Specifically the evaluation will cover the project design, and implementation from its development in 2007 till its implementation at the end of 2011. The geographical area of courage will include all beneficiary countries who have been actively engaged in the project in the Middle East and North Africa region.

5- EVALUATION CRITERIA AND KEY EVALUATION QUESTIONS
The evaluation criteria for the project evaluation will include relevance, effectiveness, efficiency, sustainability and impact. In addition, attention will be paid to the lessons learned, best practices and partnerships. These will be connected to the project concept and design, the project implementation and deliverables and operational issues. Key evaluation questions will cover the following:

Project relevance, concept and design

- How relevant is the project to Member States' needs and priorities?
- To what extent were the project objectives, outcomes and activities appropriate to address these issues?
- To what extent is the project aligned with Subprogramme III - Drug Prevention and Health of the framework of the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform for the Arab States 2011-2015?
- To what extent is the project aligned with the harm reduction and drug demand reduction mandates and strategies of UNODC?
- Through the project, technical assistance was provided to Member States on comprehensive harm reduction and drug demand reduction programming, to what extent did the project design harmonize and streamline these two thematic areas?
- To what extent was the project designed to ensure national and regional ownership?
- To what extent was the project designed based on the lessons learned from existing global and regional networks for the provision of drug demand reduction and harm reduction programmes?
- Were recommendations, lessons learned and best practices from similar projects considered when planning the project?

- To what extent was the project designed to include monitoring and evaluation indicators according to UNODC's strategies on harm reduction and drug demand reduction?

Effectiveness

- Has the project achieved its objectives and outcomes, as per the project document? If not, has some progress been made towards the achievement of outcomes?

- Have other achievements, which were not explicitly mentioned in the project document been achieved in the project?

- What were the most important achievements and impacts of the project according to Member States?

- Is "bridging the gap" an effective mechanism of delivering assistance through the transfer of skills, sharing of information, developing regional capacities and providing technical support to Member States?

- Were there any external factors (political, social, economic) that could have impacted the progress of the project either negatively or positively? What were these factors?

- To what extent did external factors affect the projects' activities? To what extend was UNODC capable of responding effectively to these challenges to ensure the continuation of the implementation of activities? How can this be addressed in the future?

- To what extent did the project harmonize and streamline the implementation of other ongoing harm reduction and drug demand reduction projects in the region?

- To what extent did the project succeed in harmonizing and streamlining harm reduction and drug demand reduction at the policy and programmatic levels in Member States?

- To what extent did the project cooperate with and involve other regional networks in the region such as Mentor Arabia and MENAHRA?

- To what extent has the project advocated for legislative and institutional reform for public health and evidence based drug and harm reduction policies in the region?

Efficiency

- Has the project budget been allocated and spent as planned?

- Were the project activities streamlined with other projects in the region in order to reduce costs while meeting the overall delivery objectives? And if so, how?

- To what extent did the project spend resources adequately to ensure appropriate advocacy of its achievements and to undertake resource mobilization efforts?

Impact

- What has been the impact of the project in the following indicators:
  a) Improved capacity of local NGO/resource centres on providing programs aiming at reducing demand for and harm from drugs
  b) Commitment to best practice prevention/ treatment / rehabilitation and harm reduction services
  c) Improved networking between local NGO/resource centres and between them and best practices centres

- What difference has the project made to Member States, key stakeholders, and beneficiaries at the local level?

- What are the effects of the project's networking structure on the local NGO capacities in specific countries?

- What impact has the project in initiating harm reduction and drug demand reduction in other countries not initially involved in the project?

- To what extent did the project result in changes at the policy level on harm reduction and drug demand reduction?

Sustainability

- Did the project's networking structures between local NGO/resource centres and best practices centres enable Member States to have ownership on harm reduction and drug demand reduction programmes in the region?

- To what extent has the project created the institutional and human capacity at the national level to continue providing harm reduction and drug demand reduction programmes?

- What could have strengthened the sustainability of the project? What would be the possible funding options to ensure long-term planning and meeting its core functions?

- Have stakeholders and beneficiaries in the project taken ownership of the objectives and achievements in the project?

Lessons Learned

- What lessons can be learned from the project's implementation modality in order to improve performance, results and effectiveness in the future?

- What best practices emerged from the project's implementation in terms of networking and collaboration with partner organizations?

- What lessons can be drawn from the project?

- What actions need to be taken to ensure continuation and/or scaling up of health service delivery as needed and what technical assistance is required to Member States.

- What recommendations can be made to improve the project's governance initiatives in order to increase ownership, relevance, effectiveness, efficiency, impact and sustainability?

Partnerships

- Has the project effectively leveraged joint initiative opportunities with other United Nations entities (UN Cosponsors) and global, regional and national networking structures on harm reduction and drug demand reduction programmes throughout the world?

- Did the project's collaboration with partner organizations create a value-added synergy which avoided duplication of efforts?

6- EVALUATION METHODOLOGY

The evaluation will be based on the review of documents as well as conducting interviews with key persons involved with the project. These include: representatives from the national counterparts (the Ministry of Interior, Ministry of Justice, Ministry of Health, Prisons Service, Civil Society Organizations, National AIDS Programmes, Drug Treatment Facilities, Anti-Narcotics General Administration and Academia); relevant UNODC staff and consultants (HQ, the Regional Office for the Middle-East and North Africa (ROMENA). Although the evaluator should take the views expressed into account, they should use their independent judgment in preparing the final report.

7- TIMEFRAME AND DELIVERABLES

The Lead Evaluator will have the overall responsibility for the quality and timely submission of all deliverables, as specified below:
- Inception Report and workplan, containing a refined work plan, methodology and evaluation tools.
- Draft Evaluation Report in line with UNODC evaluation policy and guidelines.
- Final Evaluation Report

The assignment shall initiate upon the signing of the contract and end after two months and will consist of 21 working days as below:

No of working days (Tentative dates)	**What tasks**	**Where (location)**

3	Desk review	Home based
4	Briefing by UNODC staff	UNODC ROMENA in Cairo
3	Field mission/visit	Country /location A
3	Field mission/visit	Country /location B
5	Preparation of the draft report	Home based
3	Finalization of the report after round of comments among relevant stakeholders	Home based
Total working days: 21		

8- EVALUATION TEAM COMPOSITION

The evaluation will be carried out by one external consultant having experience in project management/administration as well as extensive knowledge of evaluation systems (procedures and methodologies), partnership building, institution and capacity building and results-based management. The evaluator should have sufficient knowledge of drug demand and harm reduction approaches and programming, particularly in the context of the political, economic and social problems of the region.

The evaluator will not act as representative of any party, but should use his/her independent judgment and should not have been directly involved in the design, appraisal or implementation of the project.

The evaluator will work in close cooperation and report to ROMENA, who will provide all necessary substantive and administrative support for the evaluation. The evaluator will consult with project staff, national counterparts, implementing partners, and will visit appropriate project beneficiaries. The evaluator is not authorized to make any commitments on behalf of UNODC or any other parties to the project.

The Consultant will work under the overall guidance and supervision of the National HIV Officer and HIV Project Officer based at UNODC Regional Office in Cairo. Although the evaluator should take the views expressed into account, they should use their independent judgment in preparing the final report.

9 – MANAGMENET OF EVALUATION PROCESS

Logistical support

The evaluator is expected to undertake missions to Egypt, Lebanon and Morocco to undertake necessary visits and meetings to support him/her in drafting the final report. UNODC will support the evaluator in booking necessary tickets and hotel accommodation. UNODC shall assist the evaluator in issuing Visa and necessary travel documents. All duty travel cannot exceed the cost of full-fare economy regardless of travel time.

The evaluator will be provided with all relevant documentation related to the project, including the project documents, work plans, and project progress reports. Moreover, UNODC will provide the consultant with UNODC standard format and guidelines for project evaluations.

Management Arrangements

The independent evaluation will be carried out following UNODC's evaluation policy and UNEG Norms and Standards. The evaluation team will work closely with UNODC's Independent Evaluation Unit.

The Independent Evaluation Unit
The Independent Evaluation Unit (IEU) guides the process of this evaluation; endorses the TOR, approves the selection of the proposed Evaluation Team and liaises closely with evaluators throughout the entire evaluation process. IEU comments on and approves the selection of evaluation consultants and the evaluation methodology and provides methodological support throughout the evaluation; IEU will comment on the draft report, endorse the quality of the final report, supports the process of issuing a management response, if needed, and participates in disseminating the final report to stakeholders within and outside of UNODC.

Project Managers
Management is responsible for the provision of desk review materials to the evaluation team, reviewing the evaluation methodology, liaising with the Core Learning Partners, as well as reviewing the draft report and developing an implementation plan for the evaluation recommendations. Management will be in charge of providing logistical support to the evaluation team including arranging the field missions of the evaluation team. For the field missions, the evaluation team liaises with the UNODC Regional/Field Offices and mentors as appropriate.

Core Learning Partners
Members of the Core Learning Partnership (CLP) are selected by the project managers in consultation with IEU. Members of the CLP are selected from the key stakeholder groups, including UNODC management, mentors, beneficiaries, partner organizations and donor Member States. The CLPs are asked to comment on key steps of the evaluation and act as facilitators with respect to the dissemination and application of the results and other follow-up action.

Roles and Responsibilities of the Evaluator
- carry out the desk review;
- develop the inception report and workplan;
- draft the inception report and finalize evaluation methodology incorporating relevant comments;
- implement quantitative and/or qualitative tools and analyze data
- triangulate date
- ensure that all aspects of the terms of reference are fulfilled;
- draft an evaluation report in line with UNODC evaluation policy;
- finalize the evaluation report on the basis of comments received;

More details will be provided in the respective job descriptions in Annex 1.

The assignment will initiate upon the signing of the contract and will terminate after two months and will consist of 21 working days. A suggested itinerary is as follows:
Preparation: Review all necessary documentation including the project document, work plan and progress reports. Liaise as needed with ROMENA project staff in Cairo.
Meeting with UNODC ROMENA staff in Cairo: Briefing by UNODC Cairo, and meeting national counterparts.
Travel to Morocco and Lebanon: Briefing by UNODC project staff and meetings with counterparts, implementing partners. Project staff will be responsible for organizing and preparing a detailed meeting schedule.
Project evaluation: Drafting, editing, and finalizing a comprehensive project evaluation.

DELIVERABLE	Dates
Submission of updated workplan and inception report	12 October 2011
Submission of first draft of report	17 November 2011
Submission of the final draft to be approved by UNODC	30 November 2011
DSA	19 October 2011
Terminal Expenses	19 October 2011
Total	

Annex II: List of persons contacted during the evaluation

Organisation		**Name**	**Designation**
Centre for Health Science Studies, University of Kent	1	Dr Axel Klein	Professor
Trimbos Institute	2	Bart Uitterhaegen	Project Manager International Affairs
	3	John Peter-Kools	Trainer
EU-Dap Faculty	4	Peer Van der Kreeft	Coordinator
	5	Johan Jongbloet	Trainer
	6	Federica Vignataglianti	M&E Trainer
UNODC ROMENA, Cairo	9	Ms Yasmine Adel Refaat	HIV Project Officer
	10	Ms Karine Shalaby	National HIV Officer
	11	Ms Samaa Mohamed	Project Assistant
	12	Mr Leif Villadsen	Deputy Regional Representative
UNODC Vienna	13	Dr Wadih Malouf	Project Coordinator Prevention, Treatment and Rehabilitation
UNODC Regional Office for Southern Africa	14	Dr Ehab Salah	Regional Project Coordinator
UNODC Beirut	15	Ms Renee Sabbagh	Programme Officer
	16	Ms Elvire Merheb	Project Assistant
UNAIDS Cairo	17	Dr Wessam El Beih	Country Officer
UNAIDS Rabat	18	Dr Kamal Alami	Country Officer
Ministry of Health, Cairo	19	Dr Ihab Abdel Rahman	NAP Manager
Ministry of Health, Beirut	20	Dr Mostafa El Nakib	NAP Manager
The Friends of Life, Alexandria	21	Dr Sany Kozman	Head of Board of Directors
YAPD, Alexandria	22	Dina Hussien	Coordinator
	23	Sherihan Hassan	Counsellor
	24	Ahmed el Sakka	VCT Counsellor
	25	Salley Magdey	Outreach worker
	26	Hamedi Abdel Meneim	Outreach worker
	27	Ayman Shohdi	Outreach worker
	28	Sameh George	Outreach worker
	29	Five anonymous IDUs	
SIDC, Beirut	30	Ms Rana Haddat	Interim Director
	31	Ms Nadia Badran	HIV/AIDS Programme Coordinator
L'escale Community Outreach Project, Beirut	32	Mr Chabel Sara	Nurse
	33	Ms Pascale Tannouly	Psychologist
	34	Mr Elie Daou	Outreach Coordinator
	35	Mr Rang Abou Doher	Psychologist
Om el Nour, Beirut Rehabilitation and Drug Control	36	Mrs Daniele Karam	Manager
	37	Ms Veronique Salameh	Social Animator
Skoun: Lebanese Addiction Center, Beirut	38	Ms Chantal Chedid	Prevention Coordinator
AJEM, Beirut	39	Father Hadi Aya	President
	40	Dr Ghada Abou Mrad	Medical Coordinator
	41	Dr Charbel Mattar	Administration Board
	42	Mr Charbel Zgheib	Social worker

	43	Mrs Joelle Saad	Nurse
	44	Mrs Rita Zablit	Nurse
MENAHRA, Beirut	45	Mr Elie Aaraj	Executive Director
Independent Consultant	46	Mr Nadi Sfeir	Master Trainer
Association de soutien au CMP Hasnouna, Tangier	47	Dr Essalhi Mohammed	Psychiatrist
	48	Ms Faoizia Bouzzitoun	Harm Reduction Coordinator
	49	Mr Souhail Mustafa	Psychosocial Coordinator
	50	Mr Mohamed Bentaouite	Prevention Coordinator
	51	Dr Fatima Serghini	Medical Coordinator
Ligue Marocaine de Lutte Contre les Maladies Sexuellement Transmissibles, Rabat	52	Dr Mohamed Belekbir	Secretary General
	53	Dr Suadia Chagtub	Treasurer
	54	Dr A Sekkat	President
Ministry of Public Health, Rabat	55	Dr Fatima Asquab	Head, Mental Health & Drug Abuse
	56	Dr Aziza Bennani	NAP Manager
Reunion au siege de l'association NASSIM, Casablanca	57	Dr Zineb Haimeur	Treasurer (Psychiatrist)
	58	Dr Seddiki Soundous	Secretary General
	59	Dr Bousfiha Nadia	
	60	Mrs Lahmar Rokia	Coordinator
	61	Mr Abdelkhalek Tchafar	Prevention Educator
	62	Mr Rabii Hinani	Prevention Educator
	63	Ms Salia Labsir	Prevention Educator
	64	Mrs Amal Damir	Prevention Educator
Department of Correction and Rehabilitation Centers, Amman, Jordan	65	Lieutenant Colonel Mahmoud Al-Shboul	Associate Member of the Jordanian National Executive Committee

Annex III: Evaluation tools

Interview/Postal Questionnaire Checklist

Time: Date: Location:
Name: Designation:

Please spend some time considering and answering the following questions. Your responses are confidential and will not be attributed to you in any written report.

1. Please outline the type of working relationship that you and/or your organization has/had with Project XNAJ58 (the Project).

2. When did you first start working with the Project and has the relationship changed over time?

3. What have been the strengths and weaknesses of your working relationship with the Project? Identify factors that have supported this relationship and any factors that have acted as a barrier.

4. Do you have any suggestions for changes in improving this relationship which would be of mutual benefit in any future work?

5. What has been the impact of the Project on your personal work, please specify?

6. What has been the impact of the Project on the work of your organization, please specify?

7. What in your view has been the Project's impact on and contribution to the Drug Demand Reduction sector in your country? Please consider whether and in which way the Project has made any particular contribution, and provide examples.

8. What in your view has been the Project's impact on and contribution to the Harm Reduction sector in your country? Please consider whether and in which way the Project has made any particular contributions, and provide examples.

9. How well does the Project promote and advocate for Demand Reduction policies and interventions at a country and regional level?

10. How well does the Project promote and advocate for Harm Reduction policies and interventions at a country and regional level

11. To what extent has the Project promoted good practice in demand reduction?

12. To what extent has the Project promoted good practice in harm reduction?

13. To what extent has the Project helped/supported you and your organization to engage and network with key stakeholders and institutions at national, regional and international levels? Please give examples.

14. To what extent has the Project provided capacity building to your organization (for example: staff training; study tours; work exchange)? Please describe the outcome of this capacity building.

15. Do you have any suggestions for improving the quality and quantity of the Project's work in your country and also in the region?

16. What are the main lessons learned that you would take from your work with the Project?

17. Are there any specific areas of Demand Reduction and/or Harm Reduction on which you think the Project should focus on over the next two years in your country and also in the region? If so, which areas and why?

18. Is there the potential for interventions/activities from the Project to be scaled up or replicated? Please describe

19. How sustainable are the activities of the Project that you are involved with?

20. Do you have any other comments or suggestions regarding the Project and any recommendations for its future development?

Thank you for taking the time to answer the questions.

Key Evaluation Questions

Project relevance, concept and design

- How relevant is the project to Member States' needs and priorities?
- To what extent were the project objectives, outcomes and activities appropriate to address these issues?
- To what extent is the project aligned with Subprogramme III - Drug Prevention and Health of the framework of the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform for the Arab States 2011-2015?
- To what extent is the project aligned with the harm reduction and drug demand reduction mandates and strategies of UNODC?
- Through the project, technical assistance was provided to Member States on comprehensive harm reduction and drug demand reduction programming, to what extent did the project design harmonize and streamline these two thematic areas?
- To what extent was the project designed to ensure national and regional ownership?
- To what extent was the project designed based on the lessons learned from existing global and regional networks for the provision of drug demand reduction and harm reduction programmes?
- Were recommendations, lessons learned and best practices from similar projects considered when planning the project?
- To what extent was the project designed to include monitoring and evaluation indicators according to UNODC's strategies on harm reduction and drug demand reduction?

Effectiveness

- Has the project achieved its objectives and outcomes, as per the project document? If not, has some progress been made towards the achievement of outcomes?
- Have other achievements, which were not explicitly mentioned in the project document been achieved in the project?
- What were the most important achievements and impacts of the project according to Member States?
- Is "bridging the gap" an effective mechanism of delivering assistance through the transfer of skills, sharing of information, developing regional capacities and providing technical support to Member States?
- Were there any external factors (political, social, economic) that could have impacted the progress of the project either negatively or positively? What were these factors?
- To what extent did external factors affect the projects' activities? To what extent was UNODC capable of responding effectively to these challenges to ensure the continuation of the implementation of activities? How can this be addressed in the future?
- To what extent did the project harmonize and streamline the implementation of other ongoing harm reduction and drug demand reduction projects in the region?
- To what extent did the project succeed in harmonizing and streamlining harm reduction and drug demand reduction at the policy and programmatic levels in Member States?
- To what extent did the project cooperate with and involve other regional networks in the region such as Mentor Arabia and MENAHRA?
- To what extent has the project advocated for legislative and institutional reform for public health and evidence based drug and harm reduction policies in the region?

Efficiency

- Has the project budget been allocated and spent as planned?
- Were the project activities streamlined with other projects in the region in order to reduce costs while meeting the overall delivery objectives? And if so, how?
- To what extent did the project spend resources adequately to ensure appropriate advocacy of its achievements and to undertake resource mobilization efforts?

Impact

- What has been the impact of the project in the following indicators:
- Improved capacity of local NGO/resource centres on providing programs aiming at reducing demand for and harm from drugs
- Commitment to best practice prevention/ treatment / rehabilitation and harm reduction services
- Improved networking between local NGO/resource centres and between them and best practices centres
- What difference has the project made to Member States, key stakeholders, and beneficiaries at the local level?
- What are the effects of the project's networking structure on the local NGO capacities in specific countries?
- What impact has the project in initiating harm reduction and drug demand reduction in other countries not initially involved in the project?
- To what extent did the project result in changes at the policy level on harm reduction and drug demand reduction?

Sustainability

- Did the project's networking structures between local NGO/resource centres and best practices centres enable Member States to have ownership on harm reduction and drug demand reduction programmes in the region?
- To what extent has the project created the institutional and human capacity at the national level to continue providing harm reduction and drug demand reduction programmes?
- What could have strengthened the sustainability of the project? What would be the possible funding options to ensure long-term planning and meeting its core functions?
- Have stakeholders and beneficiaries in the project taken ownership of the objectives and achievements in the project?

Lessons Learned

- What lessons can be learned from the project's implementation modality in order to improve performance, results and effectiveness in the future?
- What best practices emerged from the project's implementation in terms of networking and collaboration with partner organizations?
- What lessons can be drawn from the project?
- What actions need to be taken to ensure continuation and/or scaling up of health service delivery as needed and what technical assistance is required to Member States.
- What recommendations can be made to improve the project's governance initiatives in order to increase ownership, relevance, effectiveness, efficiency, impact and sustainability?

Partnerships

- Has the project effectively leveraged joint initiative opportunities with other United Nations entities (UN Cosponsors) and global, regional and national networking structures on harm reduction and drug demand reduction programmes throughout the world?
- Did the project's collaboration with partner organizations create a value-added synergy which avoided duplication of efforts?

Annex IV: Desk review list

- First Interim Narrative Project Report to the European Commission
- Second Interim Narrative Project Report to the European Commission
- UNODC, Promoting good practices and networking for reducing demand for and harm from drugs, project document, undated (2007)
- UNODC and UNAIDS, "Bridging the Gap", Report of Regional Consultation Meeting, Sharm El Sheikh, Egypt, June 28 – July 1 2008
- UNODC and UNAIDS, "Bridging the Gap", Report of Steering Committee Meeting, Sharm El Sheikh, Egypt, July 2-3 2008
- UNODC and UNAIDS, "Bridging the Gap", Report of Steering Committee Meeting, Paris, France, June 9 2009
- UNODC and UNAIDS, Protocol on Assessing Drug Use and HIV in the Prison Settings, Undated
- UNODC, "Providing Community Based Services to Reduce HIV and Other Drug Related Health Risks Among Vulnerable Populations", Meeting Report of Regional Working Group Meeting, Amman, Jordan, November 2-6 2008
- UNODC, "Training and Piloting of School-Based Education Programmes for Drug Abuse Prevention" (Training of Trainers for EU Drug Abuse Prevention [EU-DAP Faculty] UNPLUGGED programme), Meeting Report of Regional Working Group Meeting Beirut, Lebanon, April 8-10 2009
- UNODC, Project XNAJ58 – Promoting good practices and networking for reducing demand for and harm from drugs, first project revision, July 2010
- UNODC, Project XNAJ58 – Promoting good practices and networking for reducing demand for and harm from drugs, second project revision, July 2011
- UNODC Project Annual Progress Report 2007
- UNODC Project Annual Progress Report 2008
- UNODC Project Annual Progress Report 2009
- UNODC Project Annual Progress Report 2010
- UNODC Draft Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the Arab States 2011-2015 (undated)
- UNODC Working on HIV and AIDS in the Middle East and North Africa (undated)
- Detailed TreatNet Training Report Middle east and North Africa : Training of trainers (undated)
- Report from the UNODC/University of Kent Training Workshop, October 2009
- Report from Trimbos Institute for Regional Training Session on Monitoring & Evaluation, June 2009
- Report from EU-DAP Faculty UNPLUGGED Programme for Regional Training of Trainers Workshop, October 2009
- EU-DAP Faculty final activities Report, December 2011
- Trimbos Final Evaluation Report of XNAJ58, December 2011
- IDPC report - First IDPC seminar on drug policy in the Middle East and North Africa, March 2011