



# UNODC

United Nations Office on Drugs and Crime

## IN-DEPTH EVALUATION OF THE PREVENTION OF TRANSMISSION OF HIV AMONG DRUG USERS IN THE SAARC COUNTRIES - PHASE II (RAS/H13)

### BACKGROUND AND CONTEXT

#### Summary of the project purpose

The UNODC Regional Office for South Asia has supported a regional project titled "Prevention of transmission of HIV among Drug Users in SAARC Countries" (RASH13). The project is being implemented in partnership with the governments and civil society partners of the Member States of the SAARC region. Its primary target group was planned to be policy makers, law enforcement officers, and NGOs working in the field of drugs and HIV/AIDS. The project also targets young drug users, who are at risk of HIV infection.

#### The objectives

The overall objective of the project was to "reduce the spread of HIV among drug using populations in SAARC countries".

The project had three main components: Advocacy to support change in policy and practice; Effective Risk Reduction Approaches to reduce HIV transmission among drug users especially Injecting Drug Users (IDU) and their regular sex partners; and Scaled-Up Risk Reduction Interventions to reduce HIV transmission among drug users especially IDU and their regular sex partners.

#### Purpose of the evaluation

The project was in operation for ten years and had not been independently evaluated. The evaluation was undertaken both to assess the progress made by the project so far as well as to draw lessons and chart future directions for the programme and UNODC management.

#### Methodology of evaluation

The evaluation covered the period of July 2007 to November 2016, using a mixed-methods approach with adequate triangulation to arrive at credible, reliable and unbiased findings. Primary sources of information were 59 interviews with stakeholders, a survey completed by 44 respondents (55% response rate), and interviews, focus group discussions and

observation in India, Bhutan & Maldives. Secondary sources included a significant number of project documents and archival data available from partner organizations.

### RESULTS

#### The main findings

Addressing the problem of drug use and the implications thereof is one of the key mandates of UNODC. It is evident from triangulated data that the work of RASH13 is highly relevant to intended project beneficiaries as well as governments in the region.

This work is aligned with numerous mandates, declarations, resolutions and decisions adopted by United Nations General Assembly, Economic and Social Council, Commission on Narcotic Drugs, Commission on Crime Prevention and Criminal Justice, and the UNAIDS Programme Coordinating Board. It also feeds directly into UNODC's strategic objectives and outcomes as outlined in its Strategic Framework for 2016-2017, as well as with the UNAIDS Fast-Track Strategy for 2016-2021.

RASH13 has made an effective contribution to improvement in policy environment and capacity of local governmental and nongovernmental organizations in the region to address the challenge of HIV/AIDS.

Many of the interventions recommended by the project have been incorporated into national laws, which helped build the momentum towards rapid scaling of interventions.

For example, Opioid Substitution Therapy has been established in 5 out of the 6 partner countries during the duration of this project. Needle Syringe Exchange Programme and Opioid Substitution Therapy are enlisted as key services for prevention of HIV among

## INDEPENDENT EVALUATION UNIT BRIEFS

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### QUICK FACTS

#### COUNTRIES:

Bangladesh, Bhutan, India, Maldives, Nepal & Sri Lanka

#### EVALUATION TEAM:

Dr Punit Arora (team leader)  
Dr Yatan Pal Singh Balhara  
Mr Emanuel Lohninger (IEU)

#### PROGRAMME DURATION:

Phase I: 2003- 2007  
Phase II: 2007- 2016

#### PROGRAMME CODES:

RASH13

#### PROGRAMME COORDINATOR:

Kunal Kishore

#### DONORS:

Australia (AusAID), Germany (GIZ), India (National AIDS Control organisation (NACO)), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Tata Institute of Social Sciences (TISS), UNAIDS and UNDP.

#### PROGRAMME BUDGET:

US\$ 13,576,326

#### IMPLEMENTING AGENCIES:

UNODC Regional Office for South Asia

#### EVALUATION REPORT:



For accessing the report, please scan QR-code (above) or click the following link: [goo.gl/LF5PYU](http://goo.gl/LF5PYU)

Injecting Drugs Users in all the partner countries, and are currently being provided in India, Bangladesh, and Nepal. In India, the Methadone Maintenance Treatment, recommended by the project, has now been taken over by Ministry of Health as part of the national drug treatment programme. Further, Training provided by the RASH13 project form the backbone of national capacity-building efforts. A vast majority of the stakeholders consulted found the training to be very useful to their work.

**Chart 1. Progress in the HIV/AIDS policy environment in the SAARC region**

Outcomes	Bangladesh		Bhutan		India		Maldives		Nepal		Sri Lanka	
	2006	2016	2006	2016	2006	2016	2006	2016	2006	2016	2006	2016
Explicit policies on harm reduction	☐	☐	X	X	X	☐	X	☐	☐	☐	X	☐
Needle and syringe programme	☐	☐	X	X	☐	☐	X	X	☐	☐	X	X
OST programme	X	☐	X	☐	☐	☐	X	☐	☐	☐	X	☐
Needle and syringe programme in prisons	X	X	X	X	X	X	X	X	X	X	X	X
OST programme in prisons	X	X	X	X	X	X	X	X	X	X	X	X

Source: Project documents: Global Harm Reduction Reports, 2006, 2016

## Main conclusions

The project has made a significant contribution to tackling the challenge of HIV/AIDS among injecting drug users by deploying right strategies and building strategic partnerships with governmental and nongovernmental organizations. These approaches have helped shift the focus from law enforcement to harm reduction in the region, especially in India and Bhutan. While a significant progress has been achieved, it is too premature to get complacent.

There is a clear need to persist with capacity building among a wide variety of organizations. Given the federal structure of most of the targeted countries in SAARC, there is also a need to pay attention to laws and regulations at the subnational (i.e., states/provinces) level. While most stakeholders commended the project for its “low cost” model, the project needs to continue exploring avenues for increased efficiency.

The project primarily targeted marginalized, at-risk populations. The interventions were mostly gender sensitive and inclusive. Many of these interventions were ‘the first of their kind’ for female drug users, which helped them overcome stigma and barriers specific to them. However, given the low utilization of OST facilities by female drug users in some countries, the challenge of gender equity persists.

However, there is a need to improve project planning, coordination, and monitoring mechanisms. The project has not held a steering committee meeting in over three years, which may have had a bearing on donor satisfaction and fund-raising performance. It also needs to improve results-orientation in all aspects of monitoring, evaluation and reporting.

## Key UNODC accomplishments

While, the complex nature of the intervention, along with multiplicity of players in the field, makes it hard to quantify the impact attributable to the project, however the pivotal role played by the project in bringing out these changes is quite evident. A review of archival data showed a significant progress

in reduction of people who inject drugs in India and Bangladesh. According to a mid-term evaluation of the National AIDS Control program, the adult HIV prevalence in India has declined from 0.38% in 2001-03 to 0.26% in 2015. There was also a 66% decline in new infections in India between 2000 and 2015. While the countries in the region probably deserve most of the credit for their improved environment, stakeholder consultations and documents revealed a deep appreciation for the advocacy and capacity-building work undertaken by the project.

## Main Recommendations

Given its accomplishments to date, UNODC management needs to continue to focus on the critical work undertaken by the RASH13 project. While the project in its current shape is coming to an end, senior management needs to initiate its replacement at the earliest possible.

The project itself, in the next phase, should focus its advocacy efforts at the subnational level. Given the resource constraints, the project may also focus greater attention to countries and states with higher HIV/AIDS prevalence, while those with lower prevalence are best served by other UNODC drugs-related programmes.

Further, interventions for HIV prevention among drug users should be integrated with other related and relevant infections. The project management team must also develop formal mechanisms for coordination at more regular intervals, and monitoring and evaluation systems used for reporting should more systematically collect data on outcomes. Technical material such as manuals developed by the project should be subjected to higher quality control (e.g., peer review). The project needs to continue exploring avenues for increased efficiency (without compromising effectiveness), which could include use of eLearning for basic training.

## LESSONS LEARNED AND BEST PRACTICES

### Main Lessons Learned

RASH13 made a very effective use of pilot projects to demonstrate the potential for recommended interventions to succeed. While pilot projects are inherently risky and sometimes suffer from selection bias, the project team used the right strategies that should be looked at by other similar programmes and projects at the UNODC.

### Main Best Practices

The project was successful in building coalitions with wide variety of stakeholders, which helped it obtain a higher local buy-in and build a greater momentum for rapid scaling up, especially in India. This is once again worth a consideration for other projects that need to break through difficult deep-rooted socio-cultural barriers to change. The project’s advocacy work in India involved extensive stakeholder engagement, and could serve as a model for other projects and programmes.

Independent Evaluation Unit (IEU)  
 United Nations Office on Drugs and Crime  
 Vienna International Centre  
 P.O. Box 500  
 1400 Vienna, Austria  
 E-mail: [ieu@unodc.org](mailto:ieu@unodc.org)