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Independent project evaluation of the
**Prevention of spread of HIV amongst
vulnerable groups in South Asia**

RASH71
South Asia

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LIST OF ACRONYMS

AHRN	Asia Harm Reduction Network
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CEU, AIIMS	Clinical Epidemiology Unit, All India Institute of Medical Sciences
CNS Act	Control of Narcotic Substances Act
DAMS	Drug Abuse Monitoring System
DNC	Department of Narcotics Control
GO	Government Organization
HIV	Human Immunodeficiency Virus
ICT	Inter-Country Team
IDU	Injecting Drug Use(r)
MSJE	Ministry of Social Justice and Empowerment
NACC	National AIDS Coordination Committee
NACO	National AIDS Control Organization
NAPCP	National AIDS Prevention and Control Programme
NCB	Narcotics Control Bureau
NCD	Narcotics Control Division
NCDAP	National Centre for Drug Abuse Prevention
NDDCB	National Dangerous Drugs Control Board
NDPS	Narcotic Drugs and Psychotropic Substances
NGO	Non Government Organization
NNCB	National Narcotics Control Board
NSEP	Needle Syringe Exchange Program
PAC	Project Advisory Committee
PLWHA	People Living with HIV/AIDS
SAARC	South Asian Association for Regional Cooperation
STI	Sexually Transmitted Infection
TOR	Terms of Reference
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Funds
UNIFEM	United Nations Fund for Women
UNODC ROSA	United Nations Office on Drugs and Crime Regional Office for South Asia

EXECUTIVE SUMMARY

It has been established that at any given time, there are over 10 million people held in detention centres worldwide, and more than half are in pre-trial detention. Considering the high turnover in prisons, over 30 million people are imprisoned annually¹. The rate of HIV infection in prisons is significantly higher than those in the general population. The groups most vulnerable to HIV are those at increased risk of incarceration. Many of the same factors, social and economic conditions, and human rights violations, which increase vulnerability to HIV, also increase susceptibility to imprisonment. As a result, the populations with the highest rates of HIV infection are also disproportionately more in prisons.

In collaboration with the governments of South Asia, the project RAS H71, titled, “Prevention of spread of HIV amongst vulnerable groups in South Asia” aimed at establishing linkages for various HIV prevention services including opioid substitution therapy (OST) and intensifying efforts to reduce drug-related HIV/AIDS amongst vulnerable high-risk groups in South Asia through strengthening the capacities of existing governmental and non-governmental organisations engaged in the prevention of substance abuse related HIV and AIDS. The project also advocated for the inclusion of prisons under the National AIDS Control programme in respective partner countries. These are some of the pertinent activities identified and carried out through the government and civil society participation in the region. The project has been implemented from January 2005 till December 2013 with an overall budget of US \$ 3,164,100. This regional project underwent an independent mid-term evaluation in November 2007.

The overall objective of the project RAS H71 is to build capacities of relevant ministries and civil society partners in order to mount effective intervention programs to prevent the transmission of HIV in prison settings, within a continuum of care approach focusing on evidence-based drug dependence treatment and rehabilitation. The evaluation was conducted to understand the efficacy of the approaches and the achievement of the project and also identify the lessons learnt and way forward to sustain the intervention beyond current funding. The evaluation was conducted by a single independent evaluator hired for this purpose and was carried out during October-November 2013. The evaluation methodology involved desk review, quantitative assessment of results against indicators, check-list based interviews with national program staff, government stakeholders, implementing partners, prison staff and peer leaders among the prison staff and prisoners.

The evaluation reveals that in order to achieve the overall objective of the project, UNODC identified capacity building of counterpart agencies, prison officials and selected civil society organizations as an important strategy for effective implementation of project activities, coordination among stakeholders and other mechanisms. Through this process UNODC aimed to integrate the prison intervention well into the context of overall National HIV and AIDS prevention and control programs to ensure sustainability of such interventions. This has been a well-conceived strategy and has worked well in the program context considering the ability to scale up the interventions within prisons in the different countries of the region. It was also identified that initially the project aimed at reducing HIV among vulnerable groups such as prisons, injecting drug users and street children. However, based on the recommendations of the mid-term evaluation conducted in 2007, the project began focusing on the prison component and extending a host of services including provision of Opioid Substitution Therapy within the prisons to reduce the vulnerability of prisoners to drug abuse and link them up with services available in the community after release from prisons.

¹ Kings College. 2008. World Prison Population List (seventh edition).
<http://www.kcl.ac.uk/depostal/law/research/icps/downloads/world-prison-pop-seventh.pdf>

Focussing only on prison component has been observed as a major shift in the project by narrowing its focus to maximize results with minimum resources. This shift has been a logical step forward and has enabled the project to achieve its objectives in making operational 21 prison interventions within the region during this project period (2008 to 2013). The project objective of building the capacities of counterpart ministries to implement interventions and establish the need for implementing drug dependence treatment within the prisons and reducing the risk of HIV are relevant and appreciated by the counterpart ministries.

The capacity building initiatives have resulted in maximizing resource pool at the national level in the region. The capacities built have been reinforced with periodic refresher training at the national level and high level exposure visits to successful prison intervention sites such as Iran and India. It needs to be commended that the project design has evolved over the progression of the project and the evidences it has generated. The project has been efficient in utilization of its resources and it was observed that it has spent an average investment of US\$ 35,211 per year to sustain HIV prevention activities in 21 prison sites in the region. The strategy of involving counterpart ministries and mobilizing resources and utilization of the institutional arrangement within prisons has paid dividends. This institutional mechanism has been successful in building partnerships with counterpart ministry and other agencies including prison management and also with the national HIV/AIDS prevention program managers and has been able to successfully mobilize them to provide services to prisoners.

The project has been effective in terms of advocating for comprehensive HIV prevention, care and treatment services for prisons in the respective countries and has also been successful in bringing about an environment to introduce some of the elements of the comprehensive package of HIV services such as VCTC, ART, diagnosis and treatment services for STI and TB within the prison settings in the region. The project has been able to provide technical assistance to the prison medical systems to successfully implement the OST services in Tihar prisons in India which has helped the project to develop the Standard Operating Procedures to be followed for OST within prison settings. The project has obtained verbal approval in Bangladesh for introduction of OST in prisons. In Sri Lanka, the government is yet to formally acknowledge the drug use practice among prisoners and hence introduction of OST in prisons was not considered as an immediate requirement. In Maldives, the government has been positive about rolling out OST services; however, it is waiting to rebuild the prisons.

National AIDS Control programmes in respective countries in the region included prison HIV component in the national HIV prevention programs as a result of UNODC's effective partnership with national governments and consistent advocacy efforts. UNODC's recommendation for the inclusion of prison component into National AIDS strategy was well endorsed by Governments in their national HIV strategic plan documents. The project has considered social reintegration of released prisoners as an important measure to reduce recidivism and it has taken effort in collaboration with Tihar prisons in India for providing gainful employment for prisoners. Towards this end, the project has also attempted certain innovative approaches of partnership with the public and private sector to leverage resources for supporting rehabilitation of prisoners. However, this has not taken any definite shape and would have to be evolved by the respective countries in future.

It can be concluded that the regional project has been effective in terms of bringing about impact, especially at a time when no models were available and in a situation where the issue of drug use and HIV were not recognized as a "problem" among prisons across the region. The model of building capacity of the counterpart ministry officials has brought about an enabling environment to advocate for a comprehensive package of interventions for prevention of HIV in prisons.

This project has demonstrated that large funding commitments may not be required for implementing prison HIV interventions and provides evidence of utilising existing infrastructure within the prison settings. It has clearly exhibited that with limited resources the project can bring about substantial impact. The inclusion of appropriate expertise into the project management team, bringing the relevant ministries on a common platform and generating strategic information especially in India and Sri Lanka are some of the key steps needed to be taken to strengthen and scale-up prison HIV interventions in the region.

A strong social reintegration package would be required for making the project effective and this requires serious development effort on the part of the governments through poverty alleviation measures to create this environment. The project has attempted certain innovative measures which need to be continued with and explored further by the respective governments in the country.

The evaluation reveals that it is important to work on a program mode instead of a project mode in order to achieve desired sustainability. The prison department needs to advocate through the Ministry of Home with the Ministry of Health and Family Welfare for the necessity of comprehensive package of HIV services within the prisons where the drug/crime related under trials and convicts form a large proportion of the prison population. This can drive the National HIV and AIDS prevention projects to recognize prisoners as a high-risk group and include them as targeted interventions.

SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

Findings ²	Evidence (sources that substantiate findings)	Recommendations ³
Key recommendations		
<p>Social re-integration of prisoners after release need an effective model</p>	<p>This is clear from the relapse rates and prisoners being re-arrested for drug related crimes. This has been highlighted by the scientific evaluation report of the OST program in Tihar prisons by AIIMS which needs to be looked upon by the Government (of India in this case) as part of larger poverty alleviation program to not only address the issue of reintegration of prisoners after release but also tackle the problem of drug addiction as a development issue.</p>	<p>Advocate with the donors and respective governments for effective development initiatives to counter drug addiction and social re-integration of prisoners and also work with other UN co-sponsors such as UNDP to discuss with the government to develop strong initiatives in this regard. The national government and the National HIV/AIDS program needs to act on this.</p>
Important recommendations		
<p>Appropriate technical expertise needs to be available within the project management team for effectiveness of building the right contacts and advocacy approaches in prisons</p>	<p>This is evident from the ability of the project to launch interventions in the prisons of South Asia because of the presence of the Prison Expert in the Project Management Team.</p>	<p>Since UNODC has a larger mandate to work for prison population, it is important to have a Prison Expert within the system to provide technical assistance to member countries for initiating and strengthening prison HIV intervention in the region as also responding to the larger criminal justice aspects.</p>
<p>Generating strategic information in India and Sri Lanka is necessary to advocate for evidence-informed prison related HIV interventions.</p>	<p>The KABP study conducted by the project across 21 prison sites in the region helped the project to design and implement effective HIV intervention.</p>	<p>Advocate with relevant Ministries for the need to conduct Nationwide drug survey in India and Sri Lanka covering prison populations.</p>

² A finding uses evidence from data collection to allow for a factual statement.

³ Recommendations are proposals aimed at enhancing the effectiveness, quality, or efficiency of a project/programme; at redesigning the objectives; and/or at the reallocation of resources. For accuracy and credibility, recommendations should be the logical implications of the findings and conclusions.

	The national study conducted in Bangladesh on drugs and HIV reiterates the need to focus on prisons	Advocate with National AIDS Control Programme to cover prisons in the HIV sentinel surveillance assessment.
Training, capacity building and exposure visits, including advocacy efforts need to be continued in order to strengthen and scale-up prison HIV interventions in the region.	This has been effectively demonstrated by the project for the inclusion of prison HIV component into the National AIDS strategy.	National AIDS Control programme in respective partner countries needs to have training, capacity building and exposure visits as part of the overall programme design to ensure effective implementation and sustainability.

I. INTRODUCTION

Background and context

The regional project RAS H71, titled, “prevention of spread of HIV amongst vulnerable groups in South Asia” was implemented from 2005 to 2013 in collaboration with the governments of South Asia⁴. This was the time when no models were available and in a situation where the issue of drug use and HIV were not recognized in prisons across the region. The regional project aimed at establishing linkages for various HIV prevention services including opioid substitution therapy (OST) and intensifying efforts to reduce drug-related HIV/AIDS amongst vulnerable high-risk groups in South Asia through strengthening the capacities of existing governmental and non-governmental organisations engaged in the prevention of substance abuse related HIV/AIDS. The project advocated for the inclusion of prison HIV component under National AIDS Control programme in respective countries. The project has been implemented over the period January 2005- December 2013 with an overall budget of US \$ 3,164,100. Since 2005-2007, this regional project covered vulnerable groups including prisons, street children and injecting drug users. However, the project was evaluated (mid-term) in 2007 and based on the recommendations, it was downsized to address prisons only.

The overall objective of project RAS H71 was to build capacity of counterpart agencies, prison officials and select civil society organizations to enable initiation of HIV interventions within prison settings in an effective manner; to mainstream prison issues into the context of overall national HIV/AIDS prevention programs and to ensure sustainability of such interventions. Initially (2005-2007), the project aimed at reducing HIV among vulnerable groups such as incarcerated persons, injecting drug users (IDU) and street children. However, based on the recommendations of the mid-term evaluation conducted in 2007, the project started focusing exclusively on prisons and extending a host of services including provision of Opioid Substitution Therapy within the prisons to reduce the vulnerability of prisoners to drug abuse. This has been observed as a major shift in the project; by narrowing its focus to maximize results with minimum resources. This has been a logical step forward and enabled the project to achieve its objectives in making operational 21 prison interventions within the region during the period 2005 to 2013. Interviews with government counterparts revealed appreciation of the project’s capacity building efforts and advocacy for inclusion of drug dependence treatment in prisons. The strategies were well conceived, based on macro analysis rather than country specific situation analysis.

This final independent project evaluation initiated by UNODC is an end of project (final) evaluation as per the project document, which was planned at the project design phase. The purpose of this evaluation was to measure achievements of project objectives, outcomes and impact. The overall expectation of the evaluation was to draw lessons from project implementation that form the basis for instituting improvements to the existing and future project planning, design and management. It will also help UNODC and other stakeholders to take stock of the project, learn from its implementation process and results, and identify gaps. The evaluation team consisted of a single independent evaluator hired for this purpose and the evaluation was carried out during the period October-November, 2013.

⁴ The Regional Office for South Asia covers Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka. This project was operational in all the countries stated above but post 2008, the focus of interventions was on select prison sites of Bangladesh, India and Sri Lanka.

Evaluation Methodology

The Terms of Reference (Annex I) has set out a detailed list of Evaluation questions to be answered by the evaluation and the methodology was developed in order for these questions to be addressed in detail. The evaluation questions are provided in Annex II. The evaluation addresses each of the evaluation questions in detail as per the suggested methodology and associated data collection instruments set out in this section. The evaluation questions have been grouped into Relevance, Efficiency, Effectiveness, Impact, Sustainability, Project Design and Monitoring, Partnerships and cooperation, Project outputs, Outcomes, Impact and Sustainability and documentation of Best practices and Lessons learnt.

The methodology involved one- on- one interviews with key stakeholders based on check lists and direct observation to triangulate the data with other reports such as original project document, project progress reports, mission reports, and study reports produced by the project. The interview guides are provided in Annex II.

The entire evaluation methodology involved the following:

- (i) Desk review of reports such as original project document, project progress reports, mission reports, study reports produced by the project etc - Annex III
- (ii) Quantitative assessment of results against indicators was gathered from the project progress reports and other study reports produced by the project.
- (iii) Check list based on interviews (one-on-one and telephonic) with national program staff, government stakeholders, implementing partners, prison staff and peer leaders among the prison staff and available prisoners. In addition, field visits were made to Tihar prisons in New Delhi and Sajiwa prison in Manipur in India; and Mahara prison in Colombo, Sri Lanka. Due to security disturbances in Bangladesh, the field visits could not take place and telephonic interviews were held.

Limitations to the Evaluation

The time available for completing the entire evaluation was very short and in spite of this, the evaluation comprised an exhaustive exercise through meetings with different key stakeholders including the beneficiaries in the select locations chosen for the evaluation. In the case of Bangladesh, it was not possible to undertake field missions due to security constraints and hence interviews were carried out telephonically with key stakeholders.

Map 1. Key prison interventions in South Asia



SOURCE: THE DEPARTMENT OF PUBLIC INFORMATION, CARTOGRAPHIC SECTION, UNITED NATIONS ([HTTP://WWW.UN.ORG/DEPTS/CARTOGRAPHIC/MAP/PROFILE/SOUTEAST-ASIA.PDF](http://www.un.org/depts/cartographic/map/profile/southeast-asia.pdf))

II. EVALUATION FINDINGS

Design

The initial design of the project strategy during 2005-2007 was developed based on the situational analysis at the regional level and country levels. UNODC, through macro analysis had identified the issues of drug abuse, incarcerated persons, street children and young persons involved in drug addiction. There was no strategic information generated in each country through a country level situational analysis at the initial design phase of project roll-out.

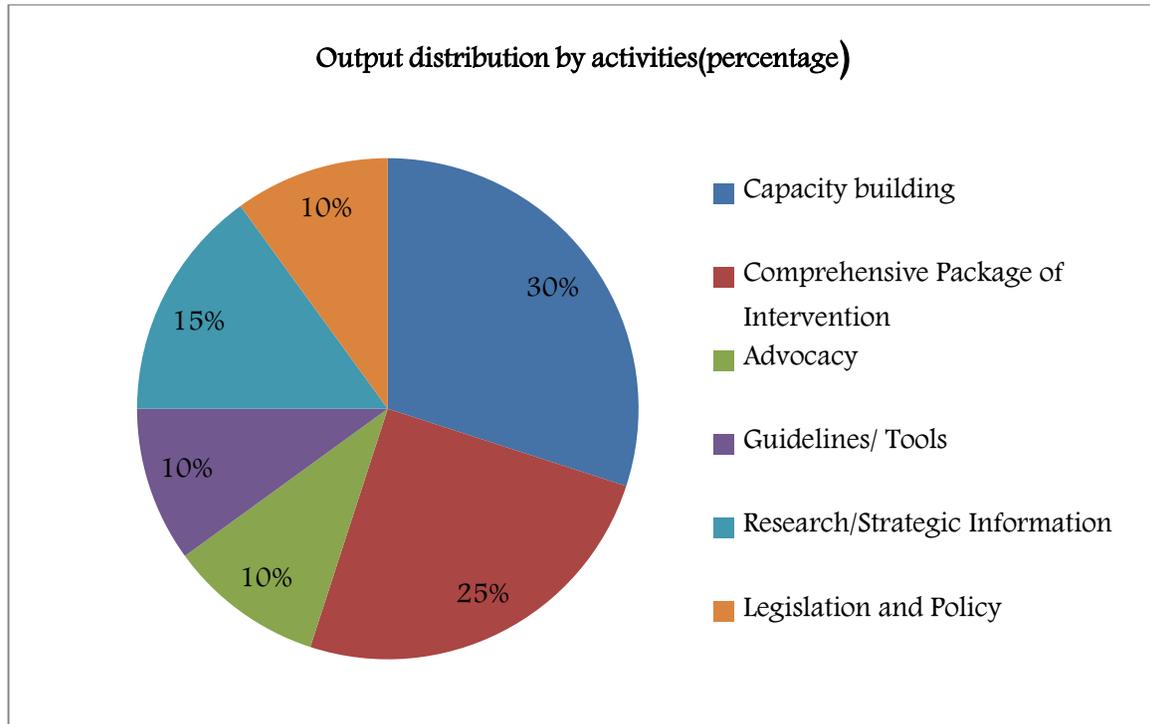
The initial design of the project strategy during 2005-2007 has been mainly revolving around the following: (i) Enabling effective implementation through the government counterparts, (ii) building national capacities of countries to carry out situational analysis and mount effective evidence- informed project activities.

The implementation of the project activities initially was too generic in terms of the situation analysis and has been macro in its approach. The strategy and vision for the entire scheme of things have been limited to short-term implementation orientation. The non-availability of evidence and a deeper understanding of the different vulnerable groups envisaged to be covered at the time of design of the project have had very little impact than what was envisaged by the project. Subsequently, the limited vision and strategic approach has hampered the project delivery. Hence, the project rolled out strategic pilot interventions across select prison sites in South Asia with a view to evolve evidence-informed strategies to help respective National AIDS Control programmes for scale up. There was no adequate data even to design the pilot interventions during this project period.

The strategy of conducting a series of national level capacity building trainings for prison officials (including medical professionals) on the importance of HIV prevention, care and treatment for prisoners seems quite appropriate considering that there were no models evolved at that point in time. It was observed that the beginning of this project was co-terminus with the conclusion of project designated G-23 and in order to support the IDU interventions and peer led interventions for some more time seemed to have been the compelling reasons for including these target groups as part of the new project H-71 rather than for any strategic reasons.

Recommendations made from the mid-term evaluation conducted in 2007 changed the course of action resulting in revised project design focusing intensively only on prisons. The design at that stage included initiating and establishing linkages for a comprehensive package of HIV interventions including provision of Opioid Substitution Therapy, capacity building of government counterparts and NGOs, advocacy for the inclusion of prison HIV component into National AIDS Strategy and to bring in normative policy changes, producing standard operating guidelines and generating strategic evidence to help develop evidence-informed strategies. The output distribution by activities is reflected in figure 1 below.

Figure 1: Output distribution by activities (percentage)



The evaluation reveals that during the period 2008-2013 the project was able to evolve and adopt a definite strategy for working in prison settings. The project realised quite early on the need to involve prison officials in the intervention basically to build ownership and adopting the peer led approach as a model to work with the prisoners was most appropriate from a programmatic perspective. The initial roll out of project activities witnessed significant constrain from prison management and they were on a denial mode stating that there are no issues regarding drugs and HIV in prison settings. However, the change and acceptance was quite rapid and the project achieved greater involvement of prison officials across the region. The KABP (knowledge, attitude, behaviour, practice) study conducted across the prisons where UNODC implemented the HIV intervention generated evidence to develop evidence-informed strategies.

Relevance

At the outset, the project responded directly to several key elements contained in the Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the 20th Special Session of the General Assembly of the United Nations on the World Drug Problem in June 1998. Resolution A/RES/S-20/3 on Declaration on the Guiding Principles of Drug Demand Reduction states, among others, that

“programmes to reduce the demand for drugs should be part of a comprehensive strategy to reduce the demand for all substances of abuse. Such programmes should be integrated to promote co-operation among all concerned, should include a wide variety of appropriate interventions, should promote health and social well-being among individuals, families and communities and should reduce the adverse consequences of drug abuse for the individual and for society as a whole”.

UNODC is a co-sponsor of UNAIDS and plays the lead role in HIV vulnerability arising not only from injecting drug use but also drug use in general and is therefore committed to reduce the consequences of drug use and especially IDU as expressed in UNGASS on HIV/AIDS 2001. The UN system together with the Inter-Country Team (ICT) of UNAIDS in the region initiated a regional planning process to prevent

the spread of HIV/AIDS among vulnerable groups in the region. Four areas - young people, political advocacy, migration and injecting drug use - have been identified in meetings in Kathmandu (1999), Delhi (2000) and Colombo (2001) as crucial for interventions in the region. UNODC, ROSA has been mandated to lead on reducing injecting drug use and its consequences including HIV in the region. Hence, it can be concluded that the regional project was more relevant in working with prison population especially at a time when no models were available and in a situation where the issue of drug use and HIV were not recognized among the prison population across the region.

During the interview with stakeholders it was pointed out that since the incarcerated/ prison populations were never recognized as “at-risk” populations, the overcrowding in prisons and a good majority of the under- trials being arrested for drug related crimes, UNODC’s initiative to implement HIV prevention programme for prisoners was found to be relevant in each country context.

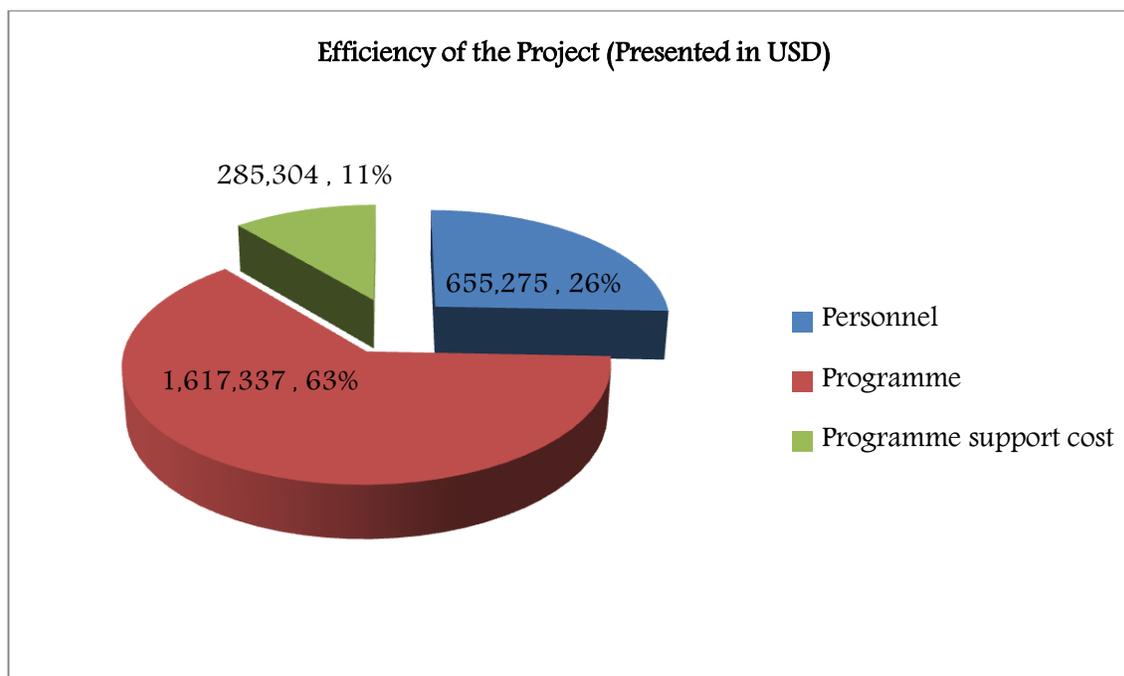
Based on the outcome of the H71 regional project, member countries have started considering prisoners as one of the high risk groups in the region. Discussion with stakeholders including government counterpart reveals that based on the recommendations provided by UNODC, prison population were included in the National AIDS strategy.

Efficiency

This has been looked at as a measure of how resources/inputs (funds, expertise, time, etc.) have been converted into outputs. This regional project had an overall budget of US\$ 3,164,100 for a nine-year implementation period which works out to an average of US\$ 352,111 per annum, covering 6 countries. The budget for each year was analyzed to assess the heads of expenditure against which it was utilized. It was found that a significant part of the expenditure was incurred on training, meetings, exposure visits, grants to institutions for research and grants to NGO/CBO for carrying out interventions. The major thrust was on capacity building of national government counterparts which clearly establishes that the project was efficient in utilizing the budget to achieve its outputs. The implementation of the interventions within prisons were taking place with the participation and involvement of the prison management which helped in leveraging resources in terms of utilizing existing infrastructure and reduction in human resources costs.

The project has established a mechanism where the prison management provided human resources and the National AIDS control programme supported through its project partners in establishing linkages for HIV prevention, care and treatment services for prisoners. The resources provided to NGOs/CBOs to work for prisoners in the region was found to be used for carrying out more catalytic activities in respective country platforms. Further, the analysis of the budget over the years from 2008-2012 reveals that the project has invested about 12% to 22% of its funds on training, meetings, exchange visits and to build the capacities of national Government counterpart and civil society organizations. Though the initial period had witnessed the maximum spend on project personnel (project management team); over the years this has been minimised by utilising the existing infrastructure. The sub-contract costs and grants to institutions have also been considerable because these covered the contracts for civil society organizations to carry out interventions within the prisons and grants to institutions to carry out research to generate evidences required for advocacy. In the case of contract costs for NGOs/CBOs the project has adopted a phased withdrawal approach. In the case of prison interventions in India the project provided 100% cost to project partners to carry out project activities in Manipur (northeast India) and Mizoram (northeast India) whereas in the subsequent years, UNODC only provided 50% of the costs; the remaining 50% were provided by the State AIDS control Society. Eventually the project activities were incorporated as regular activities under government supported target interventions. In general, the implementation has been carried out directly by prison officials through the peer led intervention approach. Therefore, it can be concluded that the project has been efficient in utilising resources to achieve the desired outputs, which has been reinforced during discussions with counterpart government officials.

Figure 2: Efficiency of the Project



Partnerships and cooperation

The approach of the project was primarily to build partnerships with government counterparts and relevant ministries to enhance effective implementation of project activities in the region. In order to achieve this, the project organized a series of capacity building trainings to sensitise them on the importance of HIV interventions in prisons and take lead in implementing the same. Through this effort sustained interest is generated at country level and it was found that the project's advocacy efforts continued throughout the project cycle, especially with National AIDS Control Program to incorporate Prison based HIV interventions into the national AIDS strategic plan.

The review of project progress documents, interviews with stakeholders and prisoners and also direct observations through field missions reveals the following, as part of partnership and cooperation:

In India, partnerships with the Prison Department officials' were established right from the beginning; this helped in increased involvement and ownership by the prison department. This in turn, has facilitated the roll-out of Opioid Substitution Therapy (OST) in Tihar prisons in India (the first OST programme in any prison of South Asia). UNODC has established a strategic partnership with the All India Institute for Medical Sciences (AIIMS) to provide technical support in rolling out OST services inside the prison facility. The technical support provided by AIIMS has established a system for screening and developing appropriate inclusion criteria for providing the services for prisoners. The national policy on Narcotic Drugs and Psychotropic Substances (NDPS) which was released in India in February 2012 was not in favour of Oral substitution treatment in prisons. However, UNODC along with the management of Tihar prisons advocated with the relevant Ministry regarding the benefits of substitution treatment and was successful in getting an approval for the continuation of OST in prisons. This was a significant achievement and also set the precedence for India to initiate and scale up OST services in other prisons in the country. UNODC has also advocated with Tihar prison administration in line with the amended NDPS policy and mainstreamed OST services as part of the prison medical facility including the procurement of buprenorphine which has ensured the sustainability of OST services beyond the project period at Tihar prisons.

Through effective advocacy with the National AIDS control program in the region prisoners are considered as 'high risk' group. UNODC was able to accomplish this pertinent achievement through effective partnership and coordination with National AIDS Control programme in some countries. Sensitization of prison officials and partnerships with them was found to be an effective approach for successfully implementing interventions within prison settings.

In Sri Lanka, UNODC established a working partnership with the National Dangerous Drug Control Board (NDDCB) which was instrumental in managing and scaling up of prison HIV intervention in 10 prisons across the country. In order to implement the prison intervention programs through the NDDCB, a Project Management Unit was established within the NDDCB to implement, monitor and evaluate the interventions and provide technical backstopping and capacity building support. This resulted in effective delivery of activities in prisons and development of a cadre of trained peer volunteers. The partnership was initiated by sensitising the board members through high level inter-ministerial meetings and also working with them on the amendments required in the law being drafted to be placed before the parliament for approval. The government was willing to fund the interventions and implement it directly through the prison officials and required only technical assistance from UNODC. Further, the National AIDS and STD Control Program was also included as partner and taking the evidence from the UNODC program has included this prison HIV intervention strategy in the national program and obtained the grant from GFATM to implement interventions within the prisons. This has ensured the sustainability of the program beyond the current funding arrangements. UNODC in partnership with UNAIDS and other UN agencies advocated for repealing mandatory testing of all prisoners and stated that it is a violation of human rights in their advocacy campaign. This clearly indicates that UNODC had developed the right partnerships with key UN agencies in Sri Lanka.

The strategic partnership built with the Office of the Inspector /Director General of prisons in the region cleared the way for involvement of prison officials in the program. This facilitated the effective implementation of various national level sensitization programs for prison officials including participation of senior officials from the Ministry of Home, the Inspector General of prisons and the National AIDS and STD control program (NASP). This partnership and working arrangement paved the way for allowing NGO partners to successfully implement HIV prevention activities within prisons through a peer led approach. The partnership with the NASP in Bangladesh resulted in the inclusion of certain critical elements of the comprehensive HIV prevention package into the health sector program in Bangladesh. This is a milestone achievement for the regional prison project and an evidence of effective partnerships. Based on this achievement demonstrated by the project in Bangladesh UNODC was supported by UNAIDS in Bangladesh to carry out a national prison study on drugs and HIV which was a first of its kind to provide strategic information for planning evidence based programming for prison settings in the country.

Effectiveness

This is a measure of how strategic information generated has been utilized in achieving the outputs and outcomes. The monitoring systems were developed at different levels wherein project implementing partners shared the project progress reports periodically with government counterparts and NASP to significantly review and make evidence based decisions. The periodic missions undertaken by the project team at UNODC to respective project sites⁵ in the region have also enabled the project to review the progress made by the project partners and to orient them on the project priorities. Further, it was found that strategic information generated through various research studies were utilized for advocacy and mid-course correction during the project cycle.

⁵ Select prisons in Bangladesh, India and Sri Lanka

The mid-term evaluation carried out in 2007 pointed out that working with diverse vulnerable groups (street children, injecting drug users, prisoners) in the different countries would require deeper research and country level mapping and data generation to design interventions. Hence, the next phase of the project focused only on prisons especially with the aim of expanding interventions in prisons. The project also scaled up its interventions to 21 prison sites in the region with more intensity covering large number of prisoners. The project also introduced and advocated for the implementation of comprehensive HIV prevention program for prison population in the region.

During the initial start-up phase, the project faced a situation of total denial of the issue of drugs and vulnerability towards HIV, especially in Nepal, Sri Lanka and Bangladesh. The project had adopted a strategy of bringing about a change in the mind-set of policy makers/ senior Ministry officials through orientation and training at the regional and national levels. In order to carry out a situational needs assessment study, a Knowledge, Attitude and Practice (KAP) questionnaire was designed and administered among the prison inmates. The response to the questions especially on drug availability/ use and sexual behaviour among inmates clearly revealed and established the problem of vulnerability and risk among the prison population. The turn-over of the prisoners from remand detention and from short term sentenced convicts into the society is very high. This not only establishes leads to vulnerability of prisoners to drugs and HIV, but also the vulnerability of sexual partners of the released prisoners.

The experiences of the implementation in select prison settings and the success rate of involvement of the prison management and the prison staff also enthused the government counterparts in realizing that it is possible to work on the issues of drug related HIV within the prisons. Further, the first-hand experience gained through implementation of the program and the results of the KAP study made them recognize this issue as an important one and therefore convinced them to strengthen and support such initiatives. This led to a change in mind-set from 'denial' to 'acceptance' of the problem, which in turn, facilitated scale up of interventions. The other important underlying factor is that the change process has been self-triggered and hence is significant from the point of view of sustainability. The evidence generated by the studies conducted as part of the project implementation provided proof of drug availability within prisons and the vulnerability of prisoners to sexual activities within the prisons. The officials who were denying the existence of such behaviour within the prisons recognized the evidences and were self-motivated to implement the interventions within the prisons and also contributed to implementing and expanding the interventions within a number of prisons.

The effectiveness demonstrated by the project resulted in scaling up of prison HIV interventions in 14 prisons by the Sri Lankan government and the government required only technical guidance from UNODC. The Nepal government has also requested for scaling up and expansion of the program to new prison sites. In Bangladesh, there was initial resistance for implementing HIV interventions within the prisons, but over the years, prison authorities have realized and accepted the existence of the problem of drug use and sex within prisons. Further, the national prison study conducted in Bangladesh reinforced the existence of the issues in prisons across Bangladesh.

Impact

The project has made an impact in terms of establishing programs for HIV prevention in select prisons of Bangladesh, Bhutan, India, Nepal and Sri Lanka when the requirements and necessity for such programs were not in the anvil in such countries. The project progress reports reveal that the project has been able to make an impact in terms of changing the mind-set of the relevant Governments/Ministry officials from denial of drug/HIV issues to acceptance and requirement of scale up for such interventions. This is clear from the experiences of Bangladesh and Sri Lanka where there was initial denial of such problems. However, with the generation of evidences (in the form of a national prison study in Bangladesh and KABP study in Sri Lanka and India), the acceptance was quick and set the ground for implementing activities. In Sri Lanka the

government was willing to fund the interventions while they required only technical support from UNODC.

In Bangladesh it resulted in the prison department allowing NGOs to work within prisons and the involvement of prison management in the interventions. The national program had accepted in principle to make OST available in prisons, once the availability of OST is well established in the community.

The other notable impact is the engagement with the National AIDS control programs in the different countries and the involvement of the national program in provision of services such as STI diagnosis and treatment, VCTC⁶ and acceptance to roll-out OST within the prisons⁷. The recognition of the prison population as a high risk group to be included as part of Targeted Interventions in the National program is another notable achievement in terms of impact.

The capacity has been adequately built of the prison officials in Sri Lanka and as were observed from the discussions with the prison officials in India at Tihar prison (New Delhi, India) and Sajiwa Prison in Manipur (Northeast India). Their attitudes are positive and empathetic towards drug dependent prisoners. They are prepared to provide OST services within the prisons and the top management also seem to be convinced of the needs/ requirements. The prisoners were also consulted and have expressed their need to continue such services as most of them expressed their willingness to quit drugs and lead a new life. Sajiwa prison in Manipur, India has been providing facilities to the prisoners in terms of a gymnasium and also encouragement to prisoners especially for harnessing their painting and basket-weaving skills.

The availability of OST in prisons would necessitate mechanisms for the prisoners to effectively re-integrate with the society, which would mean development of vocational skills in prisoners with an aim to seek gainful employment after release. Towards this end, the project has been innovative in terms of trying to develop partnerships with the private sector not only for generation of funds to carry out the interventions but also to identify skill development of prisoners to ensure income opportunities/ employment upon their release.

In Sri Lanka, the capacities of peer leaders and peer volunteers have been built and they possess excellent communication skills to be peer educators. This was evident through their demonstration of communication skills at the Mahara prison in Sri Lanka. They have expressed their desire to be recognized through a certificate acknowledging their capabilities and their work as peer educators. This was observed in Mahara prison in Colombo. The model for effective prisoner re-integration into society would include skill development, which in turn would make drug de-addiction more successful and reduce relapse because of enhanced self-esteem among prisoners.

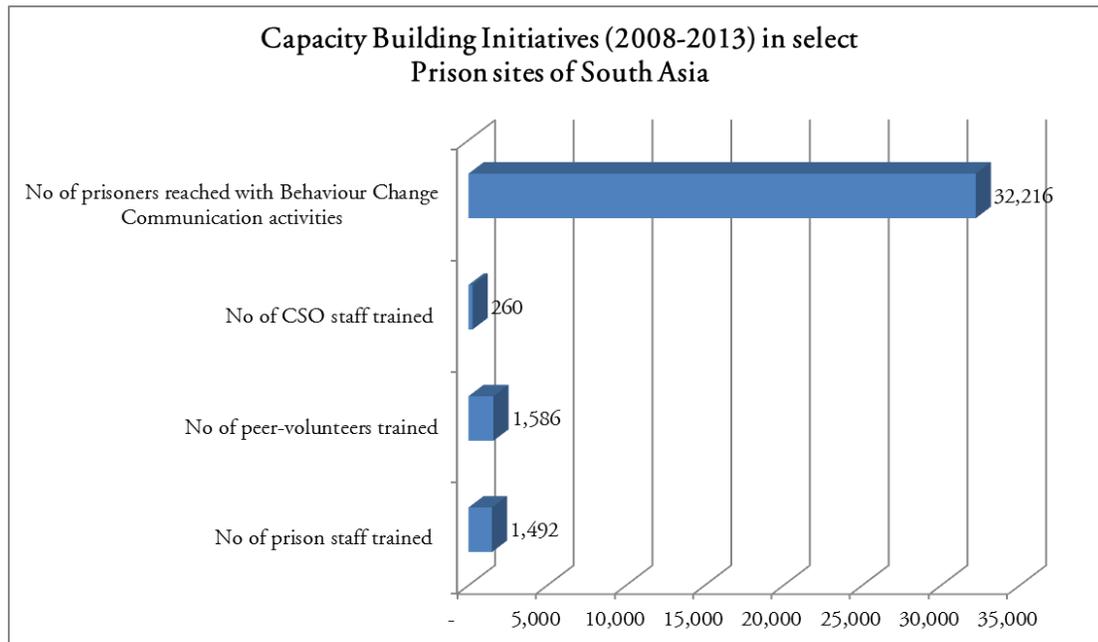
One of the direct effects of quitting drug use will be demand for employment in order to be gainfully employed and be economically independent within the family and the government's need to think holistically about this aspect and develop institutional mechanisms for making this operational.

Advocacy of the project has been able to reverse a recommendation of the Drug policy which stated discontinuation of OST in prison settings. The project and the prison management took up the issue with the Joint Secretary in the Ministry of Home Affairs in India and were able to obtain the necessary go-ahead to continue OST interventions in Tihar prisons in India.

⁶ India, Bangladesh and Sri Lanka

⁷ India and Bangladesh

Figure 3: Capacity building initiatives in select prison sites of South Asia



Sustainability

Sustainability has been analysed from the point of view of the HIV prevention intervention in prisons being continued beyond the current project period. The effects of the interventions carried out are sustainable from the financial and technical point of view because the National HIV prevention programs have accorded in principle, approval to continue the interventions based on its recognition of importance of such interventions and also due to the requirements expressed by the counterpart ministries in the respective countries. The capacity of the prison management and the civil society organizations has also been adequately built to carry on the interventions.

In Sri Lanka the national program learning from the implementation of the UNODC program included the prison interventions as part of their proposal to GFATM for funding and is implementing the intervention in all the prisons in Sri Lanka. This is a significant achievement of the project. It is noteworthy to point out that after release; some of the prisoners have joined this project as behaviour change agents.

In Bangladesh, the national program has accorded in principle, approval to fund the prison projects and also enable the prison authorities to launch OST programs within the prisons. This has been confirmed by the Line Director of the national program during interaction with him. The willingness of the top management of the prisons to initiate such interventions have been confirmed in a joint meeting held in Dhaka and some of the aspects of the prison intervention have been adopted by the Ministry of Health. Thus it is clear that the program and its benefits will be sustainable beyond the current project because these have been mainstreamed into the national initiatives and will be implemented through the home ministry in India and through the other relevant ministries in Sri Lanka and Bangladesh.

Innovation

The project has been innovative in bringing about partnership with the private sector and substantial efforts have been made in this direction. So far there was no effort taken from relevant ministries or National AIDS control programmes of respective countries to bring in private players to initiate and

sustain HIV interventions in prison settings. UNODC together with project partners have organized a series of meetings with representatives of the private sector in Bangladesh at Khulna, Dhaka and Comila. Similar efforts were made in India as well.

The project undertook various initiatives with the private sector with an aim to engage and sensitize them on prison needs and concerns. To this end, a PPP model for sustainable development was identified as an approach to address Prison Health (through the combined efforts of public, private and development organizations) in the region. UNODC brought in private players through various sensitization and training programs to ensure increased involvement in development activities in the changing global scenario where sustainable development is given the prime focus. UNODC with the support of its implementing partners in Bangladesh carried out national level sensitization meetings. The project sensitized 80 small, medium and large companies in Bangladesh. The project provided inputs in the round table conference organized by Federation of Indian Chamber of Commerce and Industry (FICCI - Aditya Birla Corporate Social Responsibility centre for Excellence) in partnership with stakeholders.

UNODC has also attempted to establish critical contacts with leading corporate entities in India. UNODC advocated with corporate bodies to play a greater role with regard to prisoner reform, rehabilitation and reintegration programs in the country and shared the challenges of the regional project RAS/H71 and best practices to improvise post-release social reintegration of prisoners.

In order to help prisoners build skills and get gainfully employed upon release from prisons, UNODC established partnership with National Skill Development Corporation of India, an organization which aims to promote skill development as required by large, quality for-profit organizations. The project is also considering exploring possibilities of signing agreements between UNODC and central and state governments to carry out this initiative across the country for ensuring larger impact and sustainability.

III. CONCLUSIONS

The project has been effective and has brought about considerable impact in terms of building the capacity of Member States, civil society organizations and generated strategic information related to drug use and HIV vulnerabilities within prisons. The involvement of the national program has enabled the project to mainstream the prison HIV interventions/activities into the national program. The project has achieved this at a time when no previous models were available and baseline data was available to carry out effective advocacy with the counterpart ministry officials.

The engagement of a Prison Expert at the initial stages in the project team facilitated the project to gain knowledge of the key prison practices and also enabled the project to build the right contacts with the prison management. This facilitated “access” into prisons in India and other countries in the region. The initial KABP study facilitated increased advocacy with the prison management and also encouraged training to them. This study carried out in Sri Lanka also facilitated the establishment of the “problem” per se and paved the way for scale up of prison interventions within the country. The effective involvement of the national program led to this model being used to develop a proposal for funding by GFATM and continue the intervention beyond the project life. In Bangladesh, though there was initial resistance, evidence generation led to better and rapid acceptance and scaling up of interventions.

Though the design in the initial phase of the project envisaged working with diverse vulnerable groups, the project realised the complexity of working with the diverse groups and the efforts involved (including resource outlay) and pursuant to the mid-term evaluation recommendations, focussed only on prisons. This important decision to work only in/with prisons enabled the project to achieve what it has achieved. The approach of sensitising and building a “rapport” with the top management of the prison sectors has facilitated scale-up of activities in select prisons of Bangladesh, India, Sri Lanka and Nepal.

In order to ensure sustainability, the project has ensured continuity of HIV prevention, care and treatment services initiated by UNODC beyond the project period through effective advocacy efforts with member countries in the region. Based on the evidence produced by UNODC, National AIDS Control Programs included the prison population as a high-risk population in targeted interventions. In India, the technical assistance sought by NACO from UNODC points to this. In Bangladesh this has been formally included in the National AIDS Strategy and the district AIDS committees have been informed about this. In Sri Lanka, this has been made formal by the national program including the prison population for interventions in the proposal awarded from GFATM. The model in the proposal was the model evolved for prison interventions in Sri Lankan prisons through UNODC interventions.

The project has organized exposure visits for prison officials in order to understand best practices in HIV prevention within prison settings. The exposure visit to Iran during the initial phase of the project has helped Government representatives to understand the need for HIV prevention services in prisons and hence led to increased involvement and commitment from the Member States. The visit specifically helped in rolling out OST services to prisoners in Tihar prisons, India, which remains a model prison for South Asia. Based on the learning from 21 prisons, UNODC advocated for comprehensive package of HIV services including OST services in the prisons. It was understood by the evaluation process that UNODC has made significant efforts in sharing the best practices available with respective government counterparts. For instance, the Bangladesh government provided verbal approval to roll-out OST services in prisons based on the impact it has created in the community. Similarly needle syringe exchange and condom programmes that are available in community has contributed enormously in the reduction of new HIV cases across the region which would help National AIDS control programme to initiate similar interventions for prisoners. UNODC has helped the National AIDS Control programme to realise the importance through advocacy, however, it requires political will from Member States to introduce these services to contain HIV among prisoners in the region.

The Sri Lankan government was not convinced about introducing OST in prisons but were willing to implement other components of the comprehensive HIV package. This in itself was a significant progress made in the country by UNODC. The project had adequately built the capacity of the national counterparts and civil society partners in the region through various capacity building workshops. The national level training programmes organised for prison officials including medical professionals helped to sustain the peer-led approach established in the prisons by the project.

The TB/HIV linkages have been established in collaboration with the help of the national TB programs in the respective countries. This has been an important step as most of the prisons are overcrowded and spread of TB were reported high by prison medical facilities.

The evidence informed planning; implementing, monitoring and generating evidence through scientific evaluation demonstrated by the regional project would certainly help National AIDS Control programmes and civil society organizations to strengthen HIV prevention, care and treatment services in prisons.

IV. RECOMMENDATIONS

The project activities need to be continued for a few more years till all the elements of the comprehensive package of HIV services are available in prison settings. The national programs need to work towards this in the next couple of years and build the capacity of the prison medical teams to administer the services.

In order to design effective interventions it is critical to gather ground realities through national level studies and analyse them to establish the situation in different countries, including size estimation of respective populations. This will provide the necessary evidence required to advocate with the government counterparts to make them recognise the problem and take appropriate steps, including policy changes if any. The availability of strategic information and knowledge of the behaviour patterns of the target population will enable to design appropriate strategies for carrying out interventions among them. Initially H71 project's design was conceptualised based on assumptions rather than concrete evidence. However, over the years, the project realised the need for strategic evidence generation and hence the evaluation recommends to UN agencies to consider this important issue while designing projects in future.

It is not only important that the counterpart ministry officials recognise and agree for inclusion of HIV prevention interventions. In the long run, there is a need for the parent ministry of the prison department and the national HIV/AIDS representatives to work together. This relation needs to be fostered from the beginning in order that the project becomes part of the national program. In the case of the current project, strong social reintegration package for released prisoners to be evolved through the provision of gainful employment skills and linking them with community service centres for the continuation of treatment services. Though certain efforts have been made by the project after the scientific evaluation of the OST services in Tihar prisons in India, it requires to be strengthened further by building skills of the prisoners during their stay in the prisons and enable them to be gainfully employed after release. Eventually, this initiative needs to be linked with the relevant Ministries of Human Resources Development in order to ensure sustainability. This requires advocacy and coordination between the national HIV/AIDS prevention programs, Human Resources Ministries and other relevant ministries to ensure development of skills for drug dependent prisoners.

The prison department needs to advocate through the Home Ministry with the Ministry of Health and Family Welfare for the necessity of comprehensive package of HIV services within the prisons where the under-trials booked for drug related crimes form a large proportion of the prison population. This can drive the National HIV/AIDS prevention projects to recognize the prison population as a high-risk group and include them in their targeted interventions. UNODC could play "honest broker" to convene an inter-agency meeting to help Member States in mainstreaming HIV and AIDS.

The project has witnessed an increased involvement from prison departments across the region and their involvement in executing the prison HIV project activities was commendable. The prison department now needs to look at prisoners' health as a whole, which includes HIV prevention, treatment and care services. Civil society organizations providing HIV services need to be encouraged to cover female prisoners as part of their HIV and AIDS initiative.

Since UNODC has a larger mandate to work for prisons, it is important to have a dedicated Prison Expert within the system to provide regular technical assistance to Member States for initiating and strengthening prison HIV interventions in the region as part of the larger prison reform/ criminal justice initiatives.

The KABP study conducted by the project across 21 prison sites in the region helped the project to design and implement effective HIV interventions. However, UNODC can continue to advocate with relevant Ministries for the need to conduct a nation-wide drug use survey in India and Sri Lanka covering prison populations and highlight the importance of including prisons in the HIV sentinel surveillance assessment with National AIDS Control Programmes.

Project progress reports reveal that this regional project has witnessed frequent transfer of prison officials in the region. Hence, the training, capacity building and exposure visits initiated and effectively demonstrated by UNODC need to be continued as part of National AIDS strategy. National AIDS Control programme in respective countries need to have training, capacity building and exposure visits as part of the overall programme design to ensure effective implementation and sustainability.

V. LESSONS LEARNED

It has been observed that focusing on government counterparts has led to buy-in and provided impetus for the implementation. However, the involvement of the parent ministry, namely Ministry of Home Affairs, Ministry of Health and Family Welfare and National AIDS Control Program, on a common platform will go a long way in mainstreaming the interventions into the national programs.

In order to maximise impact with minimal resources, the project has clearly demonstrated the need to have an institutional mechanism focussing on a specific target group rather than covering a wide range of target audiences. Though various studies highlight that prisoners are more at-risk for HIV, it is important to have country specific data to design evidence-informed strategies to create the desired impact among target groups. This is one of the important learning's from the regional HIV prison project. Based on prison specific data from 21 prison sites the project has designed and implemented various HIV prevention, treatment and care activities in the region.

The project H71 has demonstrated that regional projects can be designed and implemented in a cost-effective manner (which can be augmented during the course of implementation) and it also demonstrated how the existing infrastructure can be utilised to leverage resources to ensure cost-effectiveness. The project can work with a lean management structure if appropriate expertise is available within the management structure. The availability of a Prison Expert during the initial stages of the project facilitated the buy-in from prison management and also established appropriate contacts within the prisons. The structure and positions need to be carefully designed in order that the subject specific expertise is built into the project management structure.

Training and capacity building including exposure visits are necessary for implementing interventions in prison settings. Continuous advocacy efforts with key stakeholders including relevant ministries and civil society organizations are important to make them understand the significance of implementing comprehensive HIV interventions for prison population. The project has clearly demonstrated that if technical capacities are built in the relevant counterpart ministries then it can leverage implementation modalities through them without any outlay for implementation.

Prisons are restricted areas and the issue of HIV, sexual activity and drug use initially denied by prison officials were successfully overcome by the project through capacity building programmes, exposure visits to other countries in the region and beyond. Through this process, UNODC has also provided capacity building opportunities for civil society organizations, which resulted in increased involvement by prisons on HIV and AIDS.

Implementation of OST services in Tihar prisons in the region has helped the project to effectively advocate for the roll out of similar service in member countries. Through this process, UNODC has obtained verbal approval from Bangladesh government to initiate OST service in prisons.

The scientific evaluation of OST services in Tihar prisons has revealed that opioid dependents can be provided with skilful training in order to make them abstain from drugs. It also highlighted the need to strengthen the social reintegration component through establishing linkages with a wide range of civil society organizations in the community.

Mandatory testing of prisoners for HIV in Sri Lanka has been revoked by National Dangerous Drug Control Board (NDDCB). This has taken almost seven years for the project to accomplish through various advocacy efforts.

The project has learnt the significance of working on a “programme mode” right from the beginning in order to successfully mainstream the project activities into National AIDS Control Programme.

The project needs to engage in documenting and developing the approaches as a technical guide considering it was a unique project adopting a non-conventional approach. The process document can be made available for member countries and civil society organizations to initiate and scale-up HIV prevention, treatment and care services for prisoners in the region.

ANNEX I. TERMS OF REFERENCE OF THE EVALUATION

Background and Context

Project Title:	Prevention of spread of HIV amongst vulnerable groups in South Asia
Project Number:	TDRASH71
Duration	January 2005- June 2013
Previous evaluation conducted in 2007	
Drug Control Sector	HIV
Government Counterpart	National Counterparts in Bangladesh, India, Maldives, Nepal and Sri Lanka dealing with the problem of Drug Use and HIV/AIDS
Executing Agency	UNODC ROSA
Project Budget	US \$ 3,164,100 (including 13 per cent PSC)
Donors	UBW, UNAIDS, DFID, and Sweden.

Brief description

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

Interventions, even when available, are often not directed specifically at vulnerable population groups like the prison inmates. There is a lack of cohesive, coordinated response from drug demand reduction and HIV/AIDS prevention agencies in some countries. At any given time, there are over 10 million people held in detention centres worldwide, and more than half are in pre-trial detention. Considering the high turnover in the prison population, over 30 million people are imprisoned annually. The rate of HIV infection in prisons is significantly higher than those in the general population. The groups most vulnerable to HIV are those at increased risk of incarceration. Many of the same social and economic conditions, and human rights violations, which increase vulnerability to HIV, also increase susceptibility to imprisonment. As a result, the populations with the highest rates of HIV infection are also disproportionately more in prisons.

HIV can be transmitted in prisons through unsafe sexual activities (including men having sex with men), rape, unsafe medical practices, unsafe tattooing, blood sharing rituals, sharing of injection equipment and other sharp instruments; and from mother to child. Prison conditions in many

countries do not meet the minimum requirements set out in the UN Standard and Minimum Rules for the Treatment of Prisoners, as well as other international and regional standards and norms. Lack of adequate space, drinking water and nutrition, poor sanitation, lack of natural light and fresh air are characteristic features of many prisons worldwide. Many of these factors increase the chances of someone being infected with HIV and TB. Prevalence rate of tuberculosis in prisons are always higher than in the general population.

Despite this situation, HIV and other infectious diseases prevention, treatment and care services are rarely adequate or are not provided at all in prison settings. In many countries, available data on HIV prevalence has been collected erratically, mostly through studies conducted in individual prisons and often only among prisoners who have been diagnosed with HIV or AIDS. Existing data is not recent or accurate enough to provide a reliable picture of the current situation.

The project RAS –H71 aims at intensifying efforts to reduce drug-related HIV/AIDS amongst vulnerable high-risk groups in South Asia. strengthening the capacities of existing governmental and non-governmental organisations engaged in the prevention of substance abuse related HIV/AIDS, establishing linkages for various HIV prevention services including opioid substitution services (OST) and advocating for the inclusion of prison HIV component under National AIDS Control programme are some of the pertinent activities identified and being carried out through the government and civil society participation in the region.

Project Objective:

Relevant ministries and civil society partners mount effective intervention programmes to prevent the transmission of HIV in prison settings within a continuum of care of evidence-based drug dependence treatment and rehabilitation.

Specific objective 1:

Enhance partners' institutional and technical capacities to develop and implement HIV prevention programmes in prisons.

Specific objective 2:

Develop annual plans in conjunction with partners including aligned ministries for Prisons, Drugs, Health and HIV

Specific objective 3:

Introduce newer elements of the comprehensive package of HIV prevention services in the prison sites as per preparedness.

Specific objective 4:

Build capacity of participating countries to respond to emerging needs of drug users including LAOA treatment for opiate dependent prisoners, in prison settings of South Asia.

Specific objective 5:

Support the NGOs to link with a basket of services available in the community to provide drug treatment (especially psychosocially assisted LAOA treatment for opiate dependent prisoners) and HIV services.

Expected Results

1. Annual plans are developed in conjunction with partners including aligned ministries for Prisons, Drugs, Health and HIV
2. Introduced newer elements of the comprehensive package of HIV prevention services in the prison sites as per preparedness.
3. Build capacity of participating countries to respond to emerging needs of drug users including LAOA treatment for opiate dependent prisoners, in prison settings of South Asia.
4. Established linkages with civil society organizations to provide drug treatment (especially psychosocially assisted LAOA treatment for opiate dependent prisoners) and HIV services available in the community.

2. Disbursement history

Overall Budget	Total Approved budget	Expenditure	Expenditure in %
3164100	2557916	2497722	98%

3. Purpose of The evaluation

This external evaluation initiated by the UNODC is an end of project (final) evaluation as per the project document, which was planned and budgeted for at the project design phase. The purpose of this evaluation is to measure achievements of project objectives, outcomes and impact. The overall expectation of the evaluation is to draw lessons from project implementation that form the basis for instituting improvements to the existing and future project planning, design and management. It will also help UNODC and other stakeholders to take stock of the project, learn from its implementation process and results, and identify gaps.

An independent, external evaluator will be hired to undertake the evaluation. Under the overall guidance of UNODC, the evaluation process will be coordinated by the Project Coordinator based in India in close consultation with the Regional Representative, UNODC based at the Regional Office in New Delhi, as well as with key Government counterparts.

The other key stakeholders of the evaluation will be members of the government and civil society who have been involved in implementation of key initiatives outlined in the project documents. The government and civil society partners, in consultation with respective UNODC team propose a Core Learning Partnership (CLP) to encourage a participatory evaluation process from the beginning to the end of the evaluation. Members of the CLP shall be the Department of Narcotics Control, Ministry of Home Affairs (Prisons Department), Ministry of Health Ministry of Rehabilitations and Prison Reforms in Bangladesh, Bhutan, Maldives, Sri Lanka, Nepal and India. *A detailed list of CLP members is provided later on.*

4. Scope of the evaluation

The scope of the evaluation is limited to project activities in the region especially India, Bangladesh and Sri Lanka. The evaluation will cover the time period from JANUARY 2005 through June 2013. The evaluation will start with a briefing session at UNODC Regional Office for South Asia (New Delhi, India) followed by missions to India, Bangladesh and Sri Lanka. India, Bangladesh and Sri Lanka is chosen because of the extent of the project's work in these countries. The Evaluator will review documents, meet and interview stakeholders and beneficiaries, undertake field visits and draft the evaluation report. The

level of engagement of the Evaluator with stakeholders may vary accordingly, and may include telephone interviews if deemed necessary.

5. Evaluation criteria and key evaluation questions

The Evaluator shall assess project strategy, approaches and design with special reference to the following key evaluation questions:

Findings, Lessons learned, best practices and Recommendations

The Evaluator shall make recommendations, as appropriate. Recommendations may also be made in respect of issues related to the planning, execution and implementation of the project. They should constitute ideas and proposals for concrete action, which could be taken in future to improve and rectify undesired outcomes and could be included in the design of future national/ regional projects.

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

Recommendations made should be:

- Understandable and clear for the users
- Useful and relevant: recommendations must be realistic and reflect potential constraints to follow up on them
- Actionable and implementable: recommendations should identify what should be done, by whom and by when. Each recommendation should clearly identify its target group and stipulate the recommended action and rationale.
- Timely

6. Evaluation methodology

The Evaluator shall follow the guiding principles for evaluations at UNODC

The Evaluator will:

- (1) Carry out a thorough desk review,
- (2) Develop a suitable evaluation methodology and with the project team members and respective evaluation functions at UNODC for their review and comments, develop key questions for groups of stakeholders,
- (3) Meet and interview relevant government and NGO project partners in the field
- (4) Be responsible for the drafting of the evaluation report and share it with the project team, CLP members as well as IEU of UNODC,
- (5) Edit and finalize the evaluation report,
- (6) Present the evaluation findings, if needed.

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

The Evaluator will study the relevant documents and publications by the project. Pursuant to the desk review, the Evaluator will prepare a detailed evaluation design methodology to be shared with relevant sections. This could be summarized in the form of an inception report as given below. These documents will be sent to the Evaluator prior to the commencement of the missions. In addition, any other documents that may be requested by the Evaluator will be made available during a briefing by UNODC. The evaluation should include participation of partners and stakeholders. The Evaluator will interview the representatives from the competent authorities, visit project sites where project activities were conducted and interview some of the participants of the training programmes and beneficiaries of the project. The Evaluator may use questionnaires, observation and other participatory techniques such as focus group discussions, to gather data.

All evaluation findings need to be at least cross checked through various sources and methods in order to ensure their credibility and reliability. The Evaluator should not have been involved directly in the design, appraisal or implementation of the project. Furthermore, s/he will not act as representative of any party, but should use an independent judgement.

In conducting the evaluation, the Evaluator needs to take account of relevant international standards, including the UNODC Independent Evaluation Unit (IEU) Evaluation Policy and Guidelines and the United Nations Evaluation Group (UNEG) Norms and Standards. Upon completion of the fact-finding and analysis phase, the Evaluator will prepare a final evaluation report.

7. Timeframe and deliverables

The Evaluator will have the overall responsibility for the quality and timely submission of all deliverables, as specified below:

- Inception report, containing a refined work plan, methodology and evaluation tools
- Draft evaluation report in line with UNODC evaluation policy and guidelines
- Final evaluation report, including annex with management response
- Presentation of evaluation findings and recommendations to CLP and other key stakeholders

Inception Reports:

The following guidelines serve the evaluator or evaluation team in preparing the Inception Report, which is not to exceed six pages. The Inception Report should be shared with the project manager and the IEU at least 5 days before starting the evaluation.

Table of content for inception reports

Preliminary Findings of the Desk Review

Evaluation Questions

Sampling Strategy

Sampling Strategy

Data Collection Instruments

Limitations to the Evaluation

Annexes

- I. List of documents reviewed
- II. Data collection instruments- Questionnaires, Interview Questions, etc.

Preliminary Findings of the Desk Review

Identify issues derived from the results of the desk study and other preparatory work carried out to this point. Where already possible, present the findings in context to the evaluation questions.

Evaluation Questions

The ToR already provides a set of Evaluation Questions. They are not to be regarded as exhaustive and are meant to guide the evaluator in finding an appropriate evaluation methodology. Consequently, proposed Evaluation Questions can be further elaborated on in the present section.

Sampling Strategy

Elaborate on the sampling techniques that will be applied for the different data collection instruments (for example Random Sampling/Stratified Random Sampling or Broad-Based Sampling). Critically discuss, if the chosen sample size is statistically relevant and what sampling errors might occur.

Data Collection Instruments

Introduce all data collection instruments you plan to implement (e.g. questionnaires, surveys, interviews, direct observation). In your elaboration, possibly group instruments to the evaluation questions they address. Further explain how you plan to triangulate the data.

Limitations to the Evaluation

Present and give reasons for limitations to the evaluation based on the applied methodology and the information obtained and analysed so far. If possible, make propositions how these limitations could be overcome (e.g. through more resources, more time in the field, evaluation team composition).

8. Evaluation team composition

The evaluation will be undertaken by one National Consultant who will be appointed on the basis of experience in project evaluation, monitoring, implementation and knowledge of the subject.

Required qualifications:

The consultant should have demonstrated:

- Knowledge of, and experience in applying, evaluation methods
- Technical competence in the area under evaluation
- Knowledge of the UN environment and possibly of UNODC
- proven experience in gender analysis and gender evaluation methodologies (at least one team member)
- Language skills: English proficiency and knowledge of another language relevant to the evaluation might be an asset
- Field experience
- Working experience with UN will be an added advantage.

Languages:

The consultant must be fluent in English

Absence of conflict of interest:

According to UNODC rules, the consultant must not have been involved in the design and/or implementation, supervision and coordination of and/or have benefited from the programme/project or theme under evaluation. The evaluators will not act as representatives of any party and must remain independent and impartial

Ethics

- The evaluators shall respect the UNEG Ethical Guidelines.

9. Management of evaluation process

The management of evaluation process will be done by adhering to the following roles and responsibilities matrix:

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.
- Based on the finalized evaluation methodology the Evaluator will be provided with the mission plans and the project team will facilitate interviews and discussions in the project sites.

Role of 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. IEU ensures a participatory evaluation process by involving Core Learning Partners during key stages of the evaluation.

Role of the Project Manager

- 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.

Role of the 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.

Role of the Evaluation Team: Roles and Responsibilities of the Lead Evaluator

- carry out the desk review;
- develop the inception report, including sample size and sampling technique;
- draft the inception report and finalize evaluation methodology incorporating relevant comments;
- lead and coordinate the evaluation process and the oversee the tasks of the evaluators;
- implement quantitative tools and analyse data
- triangulate data and test rival explanations
- 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;
- include a management response in the final report
- present the findings and recommendations of the evaluation at the project advisory committee meeting

Evaluation report and follow-up

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

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

Evaluation Report Table of Contents

- Executive Summary
- I. Introduction
 - a. Background
 - b. Evaluation methodology
- II. Evaluation findings
 - a. Design
 - b. Relevance
 - c. Efficiency
 - d. Partnerships and cooperation
 - e. Effectiveness
 - f. Impact
 - g. Sustainability
 - h. Innovation (optional)
- III. Conclusions
- IV. Recommendations
- V. Lessons learned

The timetable of the missions and the allocated budget (as per the UN guidelines) shall be shared with the selected Evaluator.

Duties	Duration	Location	Person(s) responsible
Desk study	2 days	Home base	Evaluator
Briefing of Evaluator	1 day	UNODC ROSA	Mr.Gunashekar, Regional Expert, HIV and AIDS
Finalise detailed evaluation strategy	2 days	India	Evaluator
Field mission/visit (including travel time)	7 days	India, Bangladesh and Sri Lanka	Evaluator in coordination with UNODC team and CLP members
Debriefing session	1 day	India	UNODC team
Preparation of the draft report	5 days	Home base	Evaluator
Finalization of the report	2 days		Evaluator in consultation with UNODC team at ROSA
	20 days		

10. Payment modalities

Consultants will be issued consultancy contracts and paid in accordance with UNODC rules and regulations. Payment needs to be correlated to deliverables – three instalments are typically planned for: upon delivery of the Inception Report, of the Draft Evaluation Report and of the Final Evaluation Report and/or the final presentation.

- 75 percent of the daily subsistence allowance and terminals is paid in advance, before travelling. The balance is paid after the travel has taken place, upon presentation of boarding passes and the completed travel claim forms.
- The consultant is paid in accordance with United Nations rules and procedures. Payment correlates to deliverables – three installments are foreseen (25%, 25% and 50% of total fees).
- The first payment (25 per cent of the consultancy fee) upon receipt of the Inception Report;
- The second payment (25 per cent of the consultancy fee) upon receipt of the Draft Evaluation Report;
- The third and final payment (50 percent of the consultancy fee, i.e. the remainder of the fee) only after completion of the respective tasks, receipt of the final report and its clearance by UNODC.

ANNEX II. EVALUATION TOOLS: QUESTIONNAIRES AND INTERVIEW GUIDES

Project Management Team

1. Rationale for the objectives set
2. Discussion on utilization and effectiveness and efficiency.
3. State of preparedness of the different countries to implement comprehensive package of HIV intervention services in the prisons, including the OST services.
4. Assessment of the quality of training services and post training response of the trainees at the work places.
5. What was the level of involvement of prison management in implementing HIV prevention within the prisons?
6. What were the responses from the different country program managers for mainstreaming HIV prevention within the prisons and what were the difficulties faced to achieve this.
7. What were the tool kits prepared and its usefulness in the context of prison HIV interventions
8. Their assessment of peer led approaches in prisons and the usefulness of the different studies carried out in the prisons and the reasons for initiating such studies. Did the project find it difficult to initiate interventions without any baseline studies?
9. How would they rate this project from human rights and gender perspective and their reasons for their response?
10. Their perspective on sustainability of the project after the funding is over.

National HIV/AIDS program Managers

1. What is their opinion on the relevance of the objectives of the project?
2. Do they think that the project has been able to achieve its objectives and bring about the desired impact?
3. Are they convinced that the prison population is a key high risk group and that interventions are necessary in the prisons?
4. Will the national program be able to extend the services being provided to the community also to the prison inmates (STI, OST, Condoms) and if it cannot the reasons for the same.
5. What is the policy on OST within the country and the preparedness of the country to implement OST services?
6. What is the status of mainstreaming HIV interventions within prisons into the national program and the ability of the national program to fund such interventions?
7. Can the prison interventions be sustained beyond the RAS/H71 program funding?
8. Do they think that adequate capacity has been built within the country for implementing HIV interventions in prisons?
9. If any further capacity needs to be built then will they be able to manage it on their own?
10. Has the project been able to incorporate Human Rights and Gender Equity within the program?
11. What are the policy constraints that affect implementation of HIV prevention interventions and related services within prisons and whether the national program

Government counterparts

1. Do you agree with the objectives of the project?
2. Do you agree with the approaches adopted by the project?
3. To what extent has the HIV prevention interventions mainstreamed into the National Program?
4. What is your view on sustainability of the interventions after the project funding is over?
5. What is your opinion on the extent the project involved you in planning, design and implementation?
6. Your impression on the technical assistance, advocacy assistance provided by the project.
7. Do you think the project has been able to make an impact and whether it has achieved the objectives and your reasons for the response?
8. Your opinion on the effectiveness of the capacity building approaches and the capacity building programs conducted by the project.
9. The effectiveness of the project steering committee functioning and usefulness in providing the directions for the project.
10. The usefulness of the exchange visits to best practices sites and the opinion on possibility of replicating it within your country.
11. Your opinion on the overall supervisory support extended by the project management staff of the project based in UNODC office in Delhi and the effectiveness and promptness of their response to your issues and queries.

Prison Management

1. Conviction of the prison management on the necessity of HIV prevention intervention within prisons.
2. Confidence to implement interventions within prisons.
3. Their opinion on the involvement of the management in interventions.
4. Their opinion on the contribution of such interventions to overall well-being of the prison population.
5. Their opinion on the contribution made by the project.
6. What are the constraints affecting implementation of comprehensive package of services within the prisons and what are the amendments to be made within the prison manual/code?
7. What are the human rights and gender equity aspects to be addressed within the prisons and did the project enable addressing these issues?
8. What have been the impact made by the project on the drug driven HIV within the prison population in particular and the community in general?
9. Do you think involvement of NGOs is essential for the success of such interventions and their opinion on the functioning of the NGOs
10. Their opinion on the peer led approach in the HIV prevention interventions in the prisons.
11. Do they think that the intervention has brought about increase in knowledge of the prisoners on risk behaviour and has it been able to bring about any behaviour change among the prison population?
12. The sustainability of the intervention beyond the project period.

Civil Society organization-implementing partners

1. What has been your experience working with the prisoners through this project?
2. Have the capacity building initiatives taken by the project been useful to you for better implementation of the interventions?
3. What has been the extent of involvement of the prison management and cooperation extended in implementation of the intervention?

4. What is your assessment of peer led intervention within prison?
5. Your opinion on the sufficiency/adequacy of tools made available by the project for implementing the intervention?
6. The ability and ease of use of the tools by the peer leaders within prisons.
7. Has the interventions been able to bring about increase in knowledge and awareness among the prison population on HIV?
8. Has it increased the perception of risk of acquiring HIV among the prison population due to drug use and injecting drugs/ sharing needles?
9. What are the constraints in implementing comprehensive package of HIV prevention interventions within the prisons?
10. What are the human rights aspects addressed through this project and did the project provide adequate emphasis on gender equity?
11. What is your perception of quality of services provided for HIV prevention within the prisons?
12. What was the attitude of prisoners towards your working with them?
13. Were the peers developed and trained by you able to provide the communication within the prisons effectively?
14. Do you think that the peer led approach is the right approach to prison intervention?
15. Your opinion on the sustainability of the interventions after the project funding is over.

Prisoners (Peer leaders)

Through group discussion with select groups of peer leaders within the prison sites visited to assess:

- Knowledge
- Awareness
- Practices
- Usefulness of interventions
- Attitudes of beneficiaries to intervention
- Response of local power centres within the prison population
- Usefulness of tools
- Effectiveness of capacity building programs
- Cooperation from prison officials
- Acceptance by peers
- Behaviour change among prisoners
- Views on project inputs
- Views on Civil Society Organization role (relevance and necessity)
- Can they continue the intervention without support from NGO/CSO
- Quality of services available/ provided by prison management
- Impact assessment

Beneficiaries

One on one interview to assess:

- Usefulness of the intervention
- Attitude of prison management staff
- Extent of involvement of prison management staff
- Quality of services available within prisons

- Views on peer education and their usefulness
- Usefulness of BCC for knowledge, awareness and access to services
- Has it been able to make an impact on their risk behaviours?
- Ability to change and sustain behaviour.
- Availability of basic amenities within the prison
- Can they carry forward the lessons back to the community upon release?
- Do they desire that such interventions are continued in the prisons?
What are the significant lessons learnt through these interventions

ANNEX III. DESK REVIEW LIST

- Project document
- Mid-term evaluation report
- Annual report -2008, 2009, 2010, 2011 & 2012
- Semi-annual report 2013
- UBRAF reports
- National prison study on drugs and HIV in Bangladesh
- Prevention of HIV among Prison Population in Central Prisons of Karnataka
- Situational and Needs Assessment study among men having sex with men in Tihar Prisons, India
- Scientific report of Rolling out of Opioid Substitution Treatment (OST) in Tihar Prisons, India
- Standard Operating Guidelines -Oral Substitution Treatment (OST) with Buprenorphine in Prisons
- Correspondence to government counterparts from 2008 to 2013
- Meetings / workshops/ training reports
- Regional Programme for South Asia (2013-2015)

ANNEX IV. LIST OF STAKEHOLDERS INTERVIEWED

India

- UNODC Representative, ROSA, Deputy Representative, Project Manager, UNODC and Project Officer, UNODC
- Chief Medical Officer, Tihar Prisons
- AIDS Awareness Group (AAG) NGO working in Tihar Prisons
- Director, SHALOM
- Senior inspector of police, Head of Sajiwa Prison in Manipur
- Chief Jailor of Sajiwa Prisons in Manipur
- About a group of 100 prisoners in Sajiwa prisons
- Members of the Manipur network of people living with HIV (NGO partner working in Sajiwa Prisons)
- Joint Director Targeted Interventions, Manipur State AIDS Control Society

Sri Lanka

- Executive Director, NDDCB,
- Chairman, NDDCB
- UNAIDS Nodal Officer
- Mahara Prison officials
- GFATM Project IN Charge, Prison Interventions, NACP, Sri Lanka
- EX Project Officer, Prison Projects, NDDCB

Bangladesh (Telephonic Interviews)

- Line Director, National AIDS and STD Control Program
- Inspector General of Prisons, Ministry of Home, Bangladesh
- Dhaka Akshanya Mission Representative
- Khulna Mukthi Samaj Sewa Representative