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Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa (XAFK45)

XAFK45
Ethiopia, Kenya, Uganda, Tanzania and Zambia

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CONTENTS

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

ART Antiretroviral Therapy

ATS Amphetamine Type Stimulant

CSO Civil Society Organisation

CLP Core Learning Partner

CSW Commercial Sex Work

DU Drug User

HBV Hepatitis B Virus

IDU Injecting Drug User

HCT HIV Counselling and Testing

HCV Hepatitis C Virus

HIV Human Immunodeficiency Virus

IDU Injection Drug Users

MAT Methadone Assisted Therapy

M & E Monitoring and Evaluation

MCP Multiple Concurrent Partners

MSM Men having Sex with Men

NGO Nongovernmental Organization

NSP Needle and Syringe Program

OST Opioid Substitution Therapy

OVC Orphans and Vulnerable Children

PLHIV/AIDS People Living with HIV/AIDS

PWID People Who Inject Drugs

PMTCT Prevention of Mother-to-Child Transmission

PWP Prevention With Positives

SL Sustainable Livelihood

SW Sex Workers

TB Tuberculosis

TOR Terms of Reference

TB Tuberculosis

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP United Nations Development Program

UNICEF United Nations Children's Fund

UNODC United Nations Office on Drugs and Crime

UNV United Nations Volunteer

VCT Voluntary Counselling and Testing

VMMC Voluntary Medical Male Circumcision

WHO World Health Organization

EXECUTIVE SUMMARY

Introduction

Project XAFK45 "Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa" was implemented by UNODC in partnership with government and CSOs in Ethiopia, Kenya, Uganda, Tanzania, and Zambia. It aimed to support the provision of basic social assistance services within the framework of sustainable livelihood services to target groups (male and female DU/IDU, recovering DU, current and former prisoners, including those affected by HIV/AIDS). Its objective was to enable these groups (with particular focus on women) to better access drug dependence prevention and treatment and HIV services and to increase the effectiveness of related interventions through the provision of low-threshold socio- economic support services in the community or in prison settings or through half-way houses for former prisoners. The intended XAFK45 outcomes were as follows:

- Outcome 1: Trained staff provide basic socio-economic assistance to individuals that are drug-dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS
- Outcome 2: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS maintain a stable relationship with outreach and drop-in work and comply with treatment activities
- Outcome 3: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS make healthy decisions and behave in a way that does not create risks to others or themselves
- Outcome 4: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS have access to and use improved income opportunities
- Outcome 5: Basic data is available to serve as evidence for the efficacy of project activities and lessons learned for future sustainable livelihoods projects

The provision of XAFK45 activities were short-term (feeding programmes, shelter, hygiene) used to increase adherence to treatment and reduce risky behaviour; medium-term (vocational training to beneficiaries); and long-term (support of income-generating activities for individuals and organizations)[1]. The total budget of XAFK45 was $2,002,573. XAFK45 occurred in three phases. Following Phase 1 consultation and planning in 2011, Phase 2 in 2012/2013 supported Kenya (Nairobi and Coastal; NOSET, BOMU, REACHOUT, MEWA and OMARI/TOP projects), and Zambia (Zambian Prisons Service and Good Samaritan Centre). In 2013/2014 Phase 3 supported five additional new partners; in Ethiopia (Ethiopia Federal Prisons Administration, FPA), Uganda (Butabika Hospital), Tanzania Mainland (Kimara Peers), Tanzania Zanzibar (CNCDC) and Kenya (SAPTA). By the first half of 2014, all five countries were implementing SL activities to support vulnerable groups of DU and people affected by HIV/AIDS. The evaluation of XAFK45 was conducted at end 2014.

The XAFK45 evaluation assessed the impact, relevance, efficiency, effectiveness, coverage, human rights and gender mainstreaming and sustainability of Sustainable Livelihood (SL) programming in order to also derive recommendations and lessons learned from measuring the achievements of the project. Mixed method research incorporating comprehensive desk research, Individual Grantee presentations using project logical programming,

1 Annex 1 for detail on project activities.

multi country cohort analysis, interviews and focus groups with multiple stakeholders from all target countries, and site visits in Kenya and Zambia were conducted. Triangulation of data enhanced validity of the approach.

Main Findings of the XAFK45 evaluation[2]

Design: The quality of the logical framework approach was generally strong as evidenced by Individual Grantee presentations[3]. XAFK45 was successfully designed (according to stakeholder interviews and focus groups) to situate within drug demand and harm reduction, treatment and rehabilitation interventions, and interplay with HIV/AIDS related treatment and care by virtue of its health and social economic empowerment underpinning. Triangulation of data emphasised that XAFK45 activities were best designed using a bottom up approach, based on a local needs assessment. According to Individual Grantee presentations, scope of activities was diverse, and depended on the local context and target population. Interview and focus group data underscored that activities[4] chosen were particularly suitable to the needs of target groups in terms of teaching valued economically sustainable skills. Interview and site observation data revealed that XAFK45 activities were best structured sequentially to provide short term basic needs support prior to provision of medium term vocational training and long term support of income-generating activities. Long term outcomes were not generated given the short lived nature of XAFK45. Future design planning is advised by all stakeholders to consider short, medium and long term goals of programmes, monitor feasibility and cost efficiency of income generating activities, create revolving funds, utilise natural and beneficiary resources and be adaptable to challenges and constraints.

Human Rights and Gender: Triangulation of all data sources underscored that XAFK45 was planned, designed, implemented and monitored with mainstreaming of human rights and gender in mind. XAFK45 strove to achieve gender equality, encouraged participatory inclusive approaches with target populations, and considered the inclusion of gender specific needs throughout the project cycle. Access, opportunities for and participation of both men and women was equitable, with cohort monitoring reporting on gender disaggregated data.

Relevance: Triangulation of data underscored XAFK45's relevance in strengthening harm reduction and drug prevention, and relevant to HIV comprehensive care. According to the desk review and stakeholder interviews, by virtue of its objectives and how it was implemented, XAFK45 is well positioned within UN mandates and relevant to national health, HIV and substance use policies in partner countries. XAFK45 acted as access and retention mechanism to harm reduction, nutritional support, psycho-social and pharmacological drug treatment, medical screening, and traditional HIV comprehensive care. It is evidence based in terms of operating within UNODC remit, and targeting those vulnerable to HIV related risk behaviours. Relevance of XAFK4 was deemed to warrant improvement by both stakeholders and beneficiaries in relation to the future design of SL frameworks, definition of SL itself, and the design of appropriate M & E reporting tools, and underscored the need to avoid a 'blanket one size fits all' approach to selection of relevant activities, expansion into rural areas and avoidance of exclusion of non IDU, prisoners on remand or those seeking formal educational routes and qualifications.

Efficiency: Implementation and capacity building delays and the short lived nature of the grant have impacted on the ability to capture long term outcomes of XAFK45 projects. According to stakeholder interviews, XAFK45 activities were implemented within the grant timeframe and on budget, and were deemed cost efficient. According to Individual Grantee presentations, XAFK45 achieved target outputs in terms of numbers engaged

2 Annex IV Project Log Frame.
3 Annex II Logic Model Template.
4 Tuk Tuk driving licenses and businesses, hairdressing, hygiene, braiding, henna, mechanics, poultry and cow farming, horticulture, soap making, boat models, boat portraits, tailoring, knitting, carpentry, furniture making, electrics, information technology, metal work, brick laying, marketing training, briquette making, Green House agricultural activity, sale of farm produce, second hand clothes and shoes, coconut seedlings cultivation and marketing.

with, despite some difficulties in the grant process with delayed procurement and gaps in service delivery. Individual Grantee presentations and site observations reported that high demand among key identified vulnerable populations' surpassed availability. Triangulation of data underscored how the short term feeding programme was viewed vital in stimulating client engagement, retention and adjunct health and social service uptake. Stakeholders observed that XAFK45 future cost effectiveness can improve when the feeding programme is supported by revolving funds, and optimise on engaging with new clients, retaining existing beneficiaries and maintaining service reach. Some stakeholders reported that when certain innovative business ideas failed, which were a part of the long-term income-generating activities (for example briquette making[5]), lack of time and procurement difficulties, the limited flexibility to re-programme the grant funds, contributed to financial and programmatic under-performance of results by the grantees (unspent funds were returned back to UNODC by the respective grantees. In such cases, UNODC took action to re-allocate the funds into livelihood activities by supporting the organizations though a direct procurement of products, materials that could continue supporting the livelihood interventions.

Partnerships and cooperation: Multi stakeholder consultations took place prior to XAFK45 design, planning and implementation and were effective in raising awareness of the project, enhancing cooperation with national and local agencies, coordinating responses and creating support for XAFK45. Qualitative data revealed that ownership of XAFK45 is important at micro, meso and macro levels. Triangulation of data emphasised that XAFK45 was not working in isolation, and was actively involved within a support and referral system of external partners, agencies and stakeholders. XAFK45 was successfully integrated within adjunct health services providing access to HIV, TB, Hepatitis and STI screening, treatment and care, and NSP, MAT and drug detoxification services.

Effectiveness: Triangulation of data underscored that XAFK45 projects have achieved their objectives as they relate to engaging with target groups and providing SL support. Effectiveness of XAFK45 was optimised when short term programming addressed basic needs and stimulated harm reduction and health service engagement, supported vocational training activity, and on graduation with return to the community. According to interview data, XAFK45 appeared best placed and yielded best results after drug treatment and during incarceration. Triangulation of qualitative and site observation data revealed that XAFK45 implementation was hampered by inconsistent attendance by DU/IDU, intoxication affecting learning speed and direct engagement in greenhouse activities, difficulty in marketing produce by DU or former DU, lack of identity cards preventing beneficiaries from opening loan and savings accounts, and negative market/community responses to their businesses. Stakeholders interviewed were concerned around beneficiary responsibility to micro-financing and loan repayments. Triangulation of data revealed that constraints impacting on effectiveness centred on logistical, monitoring, technical and administrative support, procurement delays and competitive bidding affecting training and equipment delivery.

Impact: Triangulation of data revealed that impacts of XAFK45 centred on reducing drug demand and risk behaviours and improving outcomes of drug and HIV interventions accessible by drug users, prisoners, including those affected by HIV/AIDS. Stakeholder data underscored that continued efforts to provide the feeding programme are warranted either by donor funding, or project self-sufficiency so as to maintain throughput of beneficiaries, alongside related individual, family and community advantages in drug prevention, treatment and rehabilitation care, and HIV comprehensive care. Stakeholders advised that project impacts require a concerted effort to support diversification of activities, and post-graduation outreach, support and business monitoring so that beneficiary gains and Start Up Kits are not lost.

[5] The briquette machine in this grant case was procured by UNIDO for the grantee REACHOUT, UNODC supplied initial raw materials.

Sustainability: Qualitative data collection with stakeholders revealed a concern for sustainability. Cessation of the feeding programme was reported to have had a negative effect on client intake and project retention of beneficiaries. XAFK45 has the potential to increase capacity building to become self-sustainable with continued staff training and capacity building, maintenance of equipment and involvement from ex-graduates. Further capacity building of staff and graduates, and technical support is warranted, alongside dedicated planning to diversify activities and spread across low, medium and high yield returns.

Innovation: XAFK45 is innovative in terms of project commitment to their staff, beneficiaries and communities in creating future sustainable ventures via revolving funds to sustain feeding programmes and provide community outreach, use of procured equipment for training and transport, creation of retail outlets, extension of henna, hairdressing and tailoring services to the general public, utilisation of natural environmental resources, Internet web café and community radio communications.

Main conclusions

XAFK45 aimed to provide vulnerable individuals with a licit income source and economic empowerment throughout a harm reduction, treatment and rehabilitation process which is underpinned by health improvement, social and economic reintegration. The evaluation revealed that XAFK45 is a far reaching empowering project and with exception of the food programming, sustainable if designed with local needs and contexts in mind, and implemented in a proactive, creative and inclusive manner. Focus must continue on the engagement with target groups (particularly women and their children), and provision of food, hygiene and shelter as basic unconditional social assistance acting as foundation to therapeutic alliance, personal growth, wellbeing and service retention. Efforts to improve XAFK45 necessitate commitment to stakeholder partnerships, consultative approaches for identification of risk groups within the local and national contexts, and project cycles, enhanced consideration of local industry needs, natural resources and environmental conditions, beneficiary and graduate input into activity choices and business designs, creation of revolving funds, continued vocational, technical, administrative, logistical, monitoring and scientific supports, enhanced corporate social responsibility initiatives and transfer of knowledge between XAFK45 projects, and dedicated supports mechanisms to reduce business failures and recidivism/relapse.

Recommendations

Project XAFK45 is now closed. Extensive partnership building and consultative synergies to feed into evidence based needs analysis and targeting of identified vulnerable groups is recommended. Activity programming is recommended to be specific to the risk groups and individuals targeted and their socio-economic and cultural contexts in order to retain beneficiaries, build local capacity and optimise on successful and self-sustaining outcomes on graduation. XAFK45 is recommended to expand to include rural settings, and with greater efforts to engage with and plan for female DU/IDU and their children, those wishing to pursue formal qualifications, those not engaging in IDU, prisoners on remand, MAT clients, OVC and young DU/IDU. XAFK45 is recommended to increase logistical, administration, technical and financial supports, monitor cost efficiency and beneficiary outcomes (for example long term tracking), engage in trainer sensitisation and maintain retention of beneficiaries with feeding, outreach and transport and financial and National Identity card administration assistance. XAFK45 is recommended to scale up provision of short term activities (feeding programmes, hygiene, temporary shelter) which are important drivers of project uptake and retention; support mechanisms for beneficiary progression toward medium term SL programming; alongside engagement in adjunct harm reduction and HIV comprehensive care services. XAFK45 is further recommended to diversify, focus on sales of produce, create revolving funds and monitor business sustainability. XAFK45 is recommended to maintain on-going psycho-social and health supports for beneficiaries both whilst training and on reintegration. XAFK45 is recommended to provide community outreach, graduate tracking, support (individual and clustering) and partnering with private organisations for work placement and business mentoring.

Lessons Learnt

Lessons learnt centred on the need for partnership consultations, proactive planning, progress and cost effectiveness monitoring throughout project lifecycles. Project activity implementation should adopt broad inclusion criteria and with short term activities vital to engage and retain target groups and graduates. Feeding programmes need innovative methods to streamline menus, offer flexible times, and support by revolving door funds. External trainer de-sensitisation and consideration of the client training and educational needs in future planning is important. Activities must centre on sales as opposed to production, and with support tactics to reduce group loan defaulting. Greater support mechanisms on beneficiary graduation and employment of graduates in provision of training and mentoring of beneficiaries will enhance outcomes.

SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

Findings[6]	Evidence (sources that substantiate findings)	Recommendations[7]
Key recommendations		
Extensive partnership sensitisations, consultations and creation of comprehensive and all inclusive stakeholder partnerships prior to implementation helped the needs assessment, design, planning and implementation of XAFK45.	Triangulation of interviews, focus groups and Individual Grantee presentations revealed that XAFK45 working in collaboration with micro, meso and macro level stakeholders, did not operate in isolation and had successfully integrated their SL projects within adjunct health and social services providing access to HIV, TB, Hepatitis and STI screening.	To UNODC: XAFK45 programme planning, design, implementation and phase out toward sustainability is recommended to incorporate extensive national government and non-governmental, institutional, grass roots, civil, technical, private industry, project staff and local community stakeholder consultation in order to develop synergies to feed into evidence based needs analysis and the targeting of identified vulnerable groups. This will assist XAFK45 programming to situate within integrated service models.
XAFK45 project objectives varied in their focus, scope and approach but with activities restricted to home crafts and table industries. Exclusion of those seeking formal qualifications and progression into education was reported by stakeholders.	According to Individual Grantee Presentations, XAFK45 objectives included a)economic empowerment of projects with project staff capacity building in order provide continuous SL training, b)health awareness regarding harm reduction, drug dependency treatment and HIV/AIDS via involvement in a feeding, shelter and hygiene programme, c)beneficiary support to make health decisions and reduce HIV/AIDS risk, screening of DU/IDU and their families for	To UNODC: XAFK45 objectives and subsequent design of activity programming are recommended to be specific to the risk group targeted, their needs and desires, and their socio-economic and cultural contexts. To UNODC: It is recommended that care be taken not to exclude those wishing to pursue formal qualifications, those on remand or those not engaging in IDU.

6A finding uses evidence from data collection to allow for a factual statement.
7Recommendations 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.

	HIV and Hepatitis B/C, and referral for vaccination, d)addiction counselling, treatment and care, weekly medical and nutrition clinical review, e)provision of vocational and life-skills training and psycho-social support, involvement of beneficiaries as retailers or wholesalers of products, f)establishment of sustainable functioning livestock and farming projects, g)linking of graduates to local government and community structures for sustainable employment, entrepreneurial and/or business development, and h)reintegration of graduates into society through income generation.	
XAFK45 projects varied in their target audience. There was a lack of baseline survey to inform the project and a lack of a training needs assessment when the project was conceptualized to understand the client skill needs but also the environment in which the project was going to be implemented.	The project was specifically designed to support IDUs and DUs, however stakeholder and beneficiary qualitative data reported a concern for a 'one size fits all' blanket approach of XAFK45, the restriction to vulnerable groups resident in urban and prison settings, and in some projects the exclusion of DU who were not injecting, and prison inmates on remand. Multi-country cohort analysis reported that males were over represented.	To UNODC: It is recommended to consider target group characteristics as they relate to the SL project setting, location of peripheral health services and country socio-economic context will improve programme design, retention of beneficiaries and self-sustaining outcomes. To UNODC: It is recommended to consider both urban and rural settings and the targeting of female DU/IDU and their children, prisoners on remand, MAT clients, OVC and young DU/IDU. To UNODC: It is recommended to consider female SL programming needs specific design in order to overcome stigma and community discrimination, and additional care of children.
Challenges in XAFK45 implementation and the evaluation itself centred on the lack of project cost efficiency and beneficiary monitoring and delivery of tangible and long	Stakeholder qualitative data described concerns with regard to funding support of logistics, coordination, administration, technical support and support around data collection and	To UNODC: It is recommended to provide administration and technical support for coordination, logistics, regular knowledge transfer between

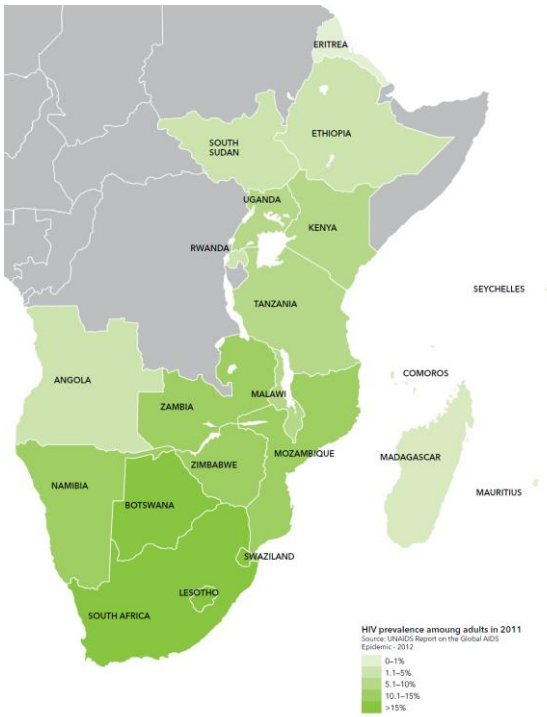
term results within the project timeframe. Cost effectiveness monitoring in relation to XAFK45 activities and targeted outcomes, and long term behavioural outcomes was not implemented, which was also a result of a short-term nature of the grants (up to 12 months).	monitoring of unit cost and beneficiary outcomes. Stakeholder interviews described how poor monitoring of financial and programmatic aspects against set timelines contributed to financial losses. Stakeholder interviews described how continual monitoring of XAFK45 outputs, proactive adaptation when challenges occur and phase out planning to incorporate diversification was neglected in some cases.	projects, beneficiary on the job training opportunities, diversification of activities, and cost efficiency and cohort monitoring of behavioural and socio economic outcomes. To UNODC: It is recommended to provide investment to identify feasible income generating activities) and create revolving funds.
Beneficiary ownership of XAFK45 activities of partaking and graduated beneficiaries helps build local capacity, local ownership and ensure project sustainability.	According to stakeholder and beneficiary qualitative data, project efforts to involve beneficiaries and their families on graduation, and local communities improved project sustainability and diversification of outputs.	To UNODC: SL projects should optimise local capacity building and integration of activities into sustainable communities.
Important recommendations		
Short term XAFK45 activities such as feeding programmes, hygiene and temporary shelter provision are vital to ensure beneficiary uptake and progression toward medium and long term SL activities, as well as increasing participation in harm reduction, HIV testing, counselling and care, and drug treatment. Value for money of feeding programmes are ensured through internal ownership and monitoring of unit cost of feeding per beneficiary.	Triangulation of interview, focus group and site observation data revealed that XAFK45 project clientele has reduced since feeding, hygiene and temporary shelter have ceased. These are recognised as very important to drivers to encourage project service access, introduction to harm reduction, HIV testing treatment and care, and toward engagement in SL activities.	To UNODC: XAFK45 activities which are initially not cost effective and not income generating such as feeding programmes, hygiene and provision of temporary shelter are recommended to be supported and scaled up to also address children's needs. To UNODC: XAFK45 are recommended to focus on sales as opposed to production, and consider urban farming initiatives, retail outlets for produce and services, and revolving funds to support short term SL provision.
There are issues around beneficiary responsibility to micro-financing and commitment to repay loans. Acquisition of national identity cards is problematic for XAFK45	Stakeholder and beneficiary qualitative data reported that group defaulting in micro-financing schemes, eligibility requirements for loans and insecurity complicate pathways toward economic empowerment.	To UNODC: It is recommended that community outreach, graduate tracking, support (individual and clustering) and partnering with private organisations for work placement and business mentoring is

beneficiaries and requires administration support.		implemented so as to maintain group effort in commitment to micro-financing, business start-up and jobs bridging for beneficiaries.. To UNODC: It is recommended to centre further efforts on National identity card administration assistance and creation of viable bank loans to release capital for on-going small enterprises.
XAFK45 staff capacity building and sensitisation training with external staff took place to counteract difficulties in securing trainers and to assist training pedagogy.	Stakeholder interviews described how training progression and SL project retention is hampered by lifestyle characteristics of DU/IDU (inconsistent attendance, intoxication, difficulties in opening savings and loan accounts).	To UNODC: It is recommended that XAFK45invest time and resources to build staff capacity, engage in trainer sensitisation, maintain retention of beneficiaries with outreach, transport and financial support.
XAFK45 graduates and ex-prisoners encounter a myriad of problems on project completion, which dilute the XAFK45 outcomes, and are based on primary security of basic needs such as food and shelter. After prison and care programmes is paramount for reintegration and hampered by late notification of releases.	Triangulation of qualitative data revealed that XAFK45 activities are positive whilst in training, but difficulties are encountered on graduation, relating to equipment theft, loan defaulting, and sale of equipment for basic needs. Stakeholder and beneficiary qualitative data described difficulties for XAFK45 graduates in securing work placement without equipment, and business start-ups without premises were also reported.	To UNODC: It is recommended to link XAFK45 graduates with local government and community structures for job placement or for business development support and access to loans. To UNODC: It is recommended to provide continuous support to XAFK45 graduates by trained outreach workers, and provide additional support mechanisms in place in the form of transport to originating communities on discharge, psycho-social counselling, provision of food and shelter should family/community reintegration create difficulties, and support in continuation of acquired skills and maintenance of equipment (i.e. Start Up Kits).

I. INTRODUCTION

Background and Context

Sub Saharan Africa has the most serious HIV and AIDS epidemic in the world, with 2012 figures reporting on approximately 25 million individuals living with HIV. This represents 69% of the global total. HIV prevalence in East Africa is generally moderate to high, second to Southern Africa and in moderate decline in the past twenty years (UNAIDS, 2012). African women in particular are disproportionately affected by HIV (Fox, 2010; WHO, 2012; Ramjee and Daniels, 2013). In relation to the countries where XAFK45 was implemented[8], incidence rate of HIV infection among adults aged 15-49 years are stable in Uganda and Tanzania (incidence rate changes less than 25% up or down), decreasing in Kenya (26–49%), Ethiopia and Zambia (≥50%) (UNAIDS, 2012)[9]. HIV related stigma and discrimination centring on cultural constructions of beliefs remains a significant issue with regard to addressing and managing the HIV and AIDS epidemic in sub-Saharan Africa. ART rollout is on the increase with coverage remaining disparate between groups (i.e. children and adolescents with HIV), regions and individual countries (UNAIDS, 2013). 2010 WHO treatment eligibility criteria recommend initiating ART at CD4 ' 350 cells/µL. Approximately 64% of the estimated 8.1 million individuals eligible for ART in eastern and southern Africa in 2011 were receiving it (UNAIDS, 2013). Of relevance for this evaluation, Zambia achieved ART coverage of at least 80% by end of 2011, with Kenya between 60-80%, and Ethiopia, Tanzania and Uganda between 40-60% (UNAIDS, 2013). Declines in AIDS related deaths are most evident in African countries such as Kenya and Ethiopia with large HIV epidemics and steep increases in ART provision.



HIV prevalence among adults in Sub Saharan Africa (UNAIDS, 2013)

8 Ethiopia, Kenya, Tanzania (mainland and Zanzibar), Uganda and Zambia.
9 Annex IV Project XAFK45 Country Snapshots.

a) Key Risk Populations

Key high risk populations are identified based on their engagement in high-risk behaviour or where the behaviours or HIV sero-status of their sexual partner may place them at risk (Morison, 2001; Mathers et al., 2010; Médecines sans Frontières, UNAIDS, 2012). These populations in partner countries include PWID, MSM, prisoners, sex workers, uniformed services (armed forces and police), fishermen and long distance truck drivers (Arinaitwe et al., 2009; Mathers et al., 2008: 2010; UNAIDS, 2012). Of particular concern is the intertwining of epidemics of IDU and HIV infection (Ndetei, 2004; Institute of Medicine, 2006; Committee on the Prevention of HIV Infection Among Injecting Drug Users in High-Risk Countries, 2007; Degenhardt et al., 2010; Petersen et al., 2011:2013; Report of the Global Commission on Drug Policy 2012), driven by the compounding factors of economic and social marginalization, drug trafficking, drug use and sex transactioning among vulnerable risk populations in sub-Saharan Africa (UNODC/ICHIRA 2011; UNAIDS, 2012).

Despite favourable changes in risky sexual behaviour recorded in Kenya and Zambia (UNAIDS, 2012), IDU is becoming increasingly common in Kenya, Tanzania and Zambia (Broz et al., 2007; Bowring et al., 2010; Raguin et al., 2011; Atkinson et al., 2011; UNODC/ICHIRA 2011; National Authority for the Campaign against Alcohol and Drug Abuse, 2012; www.unaids.org). PWID are most severely affected by HIV infection in partner countries (Ndetei, 2004; Petersen et al 2011:2013). PWID could account for an estimated 3.8% of new adult HIV infections in Kenya, with reliable estimates for other countries lacking (Gouws and Cuchi. 2012). Female PWID and prisoners also experience greater HIV related risks and consequences (Institute of Medicine 2006; UNODC, WHO, UNAIDS, 2006; UNODC UNAIDS, 2007; Arinaitwe et al., 2009; UNODC, 2009; Human Rights Watch, 2010; Johnson et al., 2012; National Policy for HIV Prevention, Treatment and Care among People Who Inject Drugs in Kenya, 2013; UNODC, 2014).

b) XAFK45 Partner Country Contextual Detail

Ethiopia: The HIV epidemic in Ethiopia is generalized and heterogeneous (Country Progress Report on the HIV Response, 2014). In 2013, 793,700 individuals were living with HIV, with 200,300 children (of which 163,800 were aged 5-14 years) estimated to be living with HIV (Country Progress Report on the HIV Response, 2014). 45,200 AIDS related deaths and 898,400 AIDS orphans were recorded in 2013. A declining trend in HIV prevalence among pregnant women (15-49 years) has been reported in urban and rural areas. Urban areas reveal a seven fold higher HIV prevalence compared to rural (4.2% versus 0.6%), concentrated in urban and major transport corridors, and with increases in HIV prevalence reported in large towns in the period 2005-2011. Labour migration, large construction projects and service industries are seen to contribute to this higher prevalence. HIV prevalence among prison inmates is estimated to be 4.2% (4.3% in males vs. 3.8% in females), and with prevalence greater in Federal prisons compared with regional prisons (4.5 versus 2.5% respectively) and among inmates in Gambella (11.4%).

Kenya: Kenya has a mixed but stabilising HIV epidemic among the general population, and elevated concentrated epidemic among key risk populations (Kenya AIDS Response Progress toward Zero Report, 2014). Numbers of PLHIV have increased from 1.4 million in 2009 to 1.6 million in 2013. Women represent 57% of this population. Total new infections have reduced by approximately 15% in the past 5 years, from 116,000 in 2009 to around 100,000 in 2013. The concentrated epidemic among key risk populations, includes commercial sex workers (CSWs), MSM, and IDUs (UNDOC, ICHIRA, 2011, KNASP III; Njenga et al., 2014), with key drivers centering on inter-generational sex, multiple concurrent partners (MCP), inconsistent condom use with partners of unknown status, income inequality (poverty), high mobility, gender inequalities and gender-based violence, low levels of male circumcision uptake in some areas, and alcohol and drug abuse (National Policy for HIV Prevention, Treatment and Care among People Who Inject Drugs in Kenya, 2013). Sexual transmission accounts for an estimated 93% of new HIV infections in Kenya, with adults in (perceived) stable, low-risk heterosexual relationships representing the largest proportion (77%) of new HIV infections (National Policy for HIV Prevention, Treatment and Care among People Who Inject Drugs in Kenya, 2013). HIV prevalence among prisoners revealed an overall 8.2% HIV prevalence amongst prison inmates, with prevalence among female inmates higher (19%) than male inmates (6%). HIV prevalence is highest (16%) for maximum

security prisons followed by 13% for women's prisons, while remand, borstal, youth centres and short sentence prisons have < 5%prevalence (UNODC/KPS, 2011). 81% of PWID in Kenya have been incarcerated, with only 16% of PWID reporting ever being reached by outreach services intended to benefit them (UNODC/KPS, 2011; UNODC/ICHIRA, 2012).

Tanzania: The HIV epidemic in Tanzania is heterogeneous with geographical and population variability. HIV prevalence in Tanzania has declined from 7.0% to 5.3% in adults aged 15-49 years (Global AIDS response County Progress Report, 2014). Significant declines among men in this age group were reported (6.3% to 3.9%), but not among women. AIDS related deaths have decreased by 33%, with new HIV infections decreasing by 36%, and new HIV infections among children by 67%. ART coverage for PLHIV was 37% in 2013, compared with 19% in 2011. HIV prevalence among key populations is high, with prevalence of HIV among PWID estimated to be 16%, MSM to be 22.2% and female sex workers to be 31.4% (Global AIDs response County Progress Report, 2014). Declines have been evident compared with earlier estimates among MSM (42%) and PWIDS (51%). High HIV prevalence of 35% is reported among PWID (Atkinson et al., 2011), and estimated to be between 42-50% compared with 6.9% in the general population Dar Es Salam (Lambdin et al., 2014). In 2011, the number of PWID was estimated at 25,000-50,000, with an estimate of 42% HIV+, with 35% of the adult population receiving ART, with estimates of HIV+PWID in receipt of ART unknown.

Uganda: The HIV epidemic continues to be generalised with little change in the past three decades (HIV and AIDS Country Progress Report, 2013). The 2011 data reported on HIV prevalence at 7.3% with regional and gender variations. Female HIV prevalence is higher than male. The population of PLHIV continues to increase (between 2007 and 2013, this increased from 1.2 to 1.6 million) as a result of spread of HIV and longer life spans for these individuals. In 2012, 93% of PLHIV are adults aged 15 years and above, with women representing 56% of the adult PLHIV population. In 2013, 1,618,233 individuals living with HIV were recorded (176,948 were children below 15 years). A decline in AIDS related deaths between 2011 and 2013 was reported (72,928 in 2011, 70,262 in 2012, and 61,298 in 2013). New HIV infections in the past 3 years have declined, from an estimated 162,294 in 2011 and 154,589 in 2012, to 140,908 in 2013. Drivers of HIV incidence are reported by the Country Report to centre on personal understanding and attitude to HIV, awareness of personal and/or partner HIV status, and high risk sexual behaviours (early debut, multiple partners, low condom use, and transactional, cross-generational and commercial sex, alcohol use), high fertility rate, and low uptake of ANC and delivery services.

Zambia: Zambia has a generalized HIV epidemic. It has one of the highest HIV prevalence rates in the world (Zambia Country Report Monitoring the Declaration of Commitment on HIV and AIDS and the Universal Access, 2014). In 2009, estimated prevalence of HIV was 13.5% in adults (15-49 years). HIV incidence has declined by more than 25% in the period 2001-2010. In 2012, incidence of adult HIV was estimated at 0.8% (46,000 adults newly infected with HIV). In 2012, 88% of HIV positive pregnant women received efficacious antiretroviral medicines to reduce mother to child transmission of HIV (compared to 58% in 2009). Key drivers of HIV in Zambia centre on multiple and concurrent partners, low use of condoms, low levels of male circumcision, labour migration and mobility, transactional and commercial sex, MSM and mother to child transmission. 90% of adult HIV infection is attributed to unprotected heterosexual activity with casual, longstanding or concurrent sexual partners. According to the WHO, UNODC, UNAIDS, GFATM report in 2011, HIV sero-prevalance in Zambian Prisons in 2010 was 27.4%, with age, gender, marital status, residence all significantly associated with HIV status (43.3% among female prisoners, and 26% in males).

b) Sustainable Livelihoods

According to the UNODC 2011 Discussion paper on "Sustainable livelihoods: a broader vision. Social support and integration to prevent illicit drug use, HIV/AIDS and crime" people who live in poverty are more likely to engage in drug abuse, become criminals and suffer from bad health. Deprivation increases the risk factors and weakens protective factors, such as strong family and social bonds, positive self-esteem, education, employment and sufficient income (UNODC, 2011). The SL concept is well embedded in the UNODC and international community work in terms of alternative development, with traditional approaches centring on

the provision of alternative sustainable livelihoods for farming families involved in illicit crop cultivation. The Joint United Nations Programme on HIV/AIDS has prioritised the enhancement of social protection for people affected by HIV, and recognises that a lack of SL increases vulnerability to drug abuse, HIV risk and infection, poverty, social exclusion, inequality and displacement from mainstream education and employment (UNODC: Discussion Paper , 2011). The accompaniment of SL interventions within traditional drug and HIV prevention tactics offers potential to strengthen resilience and reduce individual, family and community risk factors. Intended outcomes centre on community reintegration, socio-economic empowerment, improved health status and outcomes, reduced drug demand, recidivism, relapse and crime. Examples of SL provision include temporary shelter, provision of food and hygiene, sustainable use of natural resources, fair pay and conditions, vocational training, skills acquisition and business support. Appropriate design must respond to the needs and identified risk groups in a particular context. Successes must equally be evaluated within country, policy and institutional frameworks.

c) Project XAFK45

UNODC recognizes that the least developed countries in Sub-Saharan Africa are faced with major socio-economic challenges. XAFK45 was implemented by UNODC with this in mind and in partnership with government and civil society organizations (CSOs) in partner countries[10], and supported the provision of basic social assistance services within the framework of SL services. It was a unique initiative[11] in East and Southern Africa, which went beyond traditional HIV and drug use prevention services and provided tangible livelihood opportunities to the most vulnerable individuals affected by HIV/AIDS and drug use, and with particular focus on women IDU, recovering DU and prisoners.

XAFK45's objective was to enable these target groups to better access drug dependence prevention and treatment and HIV services and increase the effectiveness of related interventions through the provision of low-threshold socio- economic support services in community, prison settings or through half-way houses for former prisoners.

The provision of XAFK45 activities were short-term (feeding programmes, shelter, hygiene) used to increase adherence to treatment and reduce risky behaviour; medium-term (vocational training to beneficiaries); and long- term (support of income-generating activities for individuals and organizations)[12].

The XAFK45 dedicated project outcomes were as follows:

- Outcome 1: Trained staff provide basic socio-economic assistance to individuals that are drug-dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS;
- Outcome 2: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS maintain a stable relationship with outreach and drop-in work and comply with treatment activities;
- Outcome 3: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS make healthy decisions and behave in a way that does not create risks to others or themselves;
- Outcome 4: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS have access to and use improved income opportunities;
- Outcome 5: Basic data is available to serve as evidence for the efficacy of project activities and lessons learned for future sustainable livelihoods projects.

The total budget of XAFK45 was $2,002,573.

[10] Ethiopia, Kenya, Uganda, Tanzania (Mainland and Zanzibar) and Zambia.
11 Annex 1 ToR.
12 Annex 1 for detail on project activities.

Donor	Pledge Reference	Amount $
OPEC Fund	OPE 401-10	1,002,573
	OPE 402-11	500,000
	OPE 403-12	500,000
Total		2,002,573

XAFK45 occurred in three phases. Following Phase 1 consultation and planning in 2011, Phase 2 in 2012/2013 supported Kenya (Nairobi and Coastal; NOSET, BOMU, REACHOUT, MEWA and OMARI/TOP projects), and Zambia (Zambian Prisons Service and Good Samaritan Centre). In 2013/2014 Phase 3 supported five additional new partners; in Ethiopia (Ethiopia Federal Prisons Administration, FPA), Uganda (Butabika Hospital), Tanzania Mainland (Kimara Peers), Tanzania Zanzibar (CNCDC) and Kenya (SAPTA). By the first half of 2014, all five countries were implementing SL activities to support vulnerable groups of DU and people affected by HIV/AIDS. Here follows a brief outline provided by UNODC to the evaluator in 2014 illustrating the diversity and scope of XAFK45 design as implemented in each partner country.

Ethiopia: Provision of IT skill training to 100 inmates through psychological and social support, vocational and business entrepreneurial skill training. 300 inmates received psychological and social support and life skills training.
Tanzania (Zanzibar): Support for livestock construction works and functioning livestock farming projects for PWID and recovering drug users.
Tanzania (Mainland): Provision of staff training in relation to basic socio-economic assistance aspects & support for individuals that are drug-dependent, recently released from prison and at risk of HIV infection or living with HIV. Feeding programmes, psychosocial support and life skills training 24 DU/prisoners were trained in entrepreneurial and marketing skills.
Kenya: Provision of feeding programmes, basic social needs and advanced medical care, Hepatitis B screening, referrals to clinics, vocational training, capacity building and small enterprise programmes for individuals that are drug-dependent, recently released from prison and at risk of HIV infection or living with HIV.
Uganda: Provision of vocational skills training and procurement of livelihood skills tools (sewing machines, etc.) for individuals that are drug-dependent, recently released from prison and at risk of HIV infection or living with HIV.
Zambia: Provision of short term feeding and hygiene programmes, and vocational training for prison inmates and ex-prisoners. A radio programme was also implemented to raise awareness of prisoner reintegration.

The evaluation of XAFK45 was conducted at end 2014. It focused on the provision of SL within the macro-context of harm reduction, drug prevention and treatment, HIV/AIDS treatment and care, rehabilitation and community reintegration. The evaluation centred on the recognition that inter-related issues of drug use, dependence, HIV/AIDS, and drug related criminal activity can be addressed by countering underpinning factors such as extreme poverty, inequality, social deprivation, discrimination, lack of vocational training and reduced opportunity for licit employment routes for key vulnerable groups. UNODC notes that often times, the vulnerable populations will engage in the risky behaviour due to lack of viable alternatives, whether it be meals, basic housing, or licit income opportunities. The spread of HIV/AIDS in the vulnerable groups is reinforced by poverty.

The final independent project evaluation of XAFK45 was initiated by UNODC in line with the project document and UNODC evaluation policy. In addition to assessing the implementation approach, the evaluation reviewed whether project objectives were met in terms of achieving the expected impact, outcome and outputs. It aimed to assess the design, relevance, efficiency, effectiveness, human rights and gender mainstreaming, partnerships, impacts, innovations, and sustainability of SL project initiatives, explore key lessons learnt and best practices from the project and provide key and important recommendations for consideration in future SL projects targeting vulnerable populations.

Evaluation Methodology

The evaluation of XAFK45 assessed the impact, relevance, efficiency, effectiveness, coverage, human rights and gender mainstreaming and sustainability of SL programming the in order to also derive recommendations and lessons learned from measuring the achievements of the project. Of note is that as XAFK45 was UNODC's first project addressing sustainable livelihood provision and other drug and HIV-related services, a specific interest was given to 'lessons learned' in order to serve as a source document for the future UNODC programming in this area[13]. In addition to guiding future project development and the UNODC's technical assistance agenda 'sustainable development goals' the findings will also enable UNODC to advocate for greater investments and attention for the field of sustainable livelihood in the greater context of health, drug use and HIV.

The evaluation criteria related to the following areas of investigation that were analysed and, together with the project review documents, formed the basis for assessing the overall contribution and impact of the UNODC HIV portfolio. Overarching research questions were;

1. To what extent was the XAFK45 design relevant to strengthen drug prevention and treatment services, and HIV related services in participating countries.
2. To what extent was the implementation of XAFK45 effective in terms of attainment of set project goals and objectives.
3. To what extent was the implementation of XAFK45 efficient, and what are its major achievements and setbacks, and particular lessons learnt.
4. To what extent has XAFK45 had impact in terms of improving outcome of key interventions accessible by drug users, prisoners, including those affected by HIV/AIDS.
5. What were the major challenges and constraints faced by XAFK45 grants' implementation at different levels and what solutions were found.
6. To what extent was the implementation of XAFK45 interventions sustainable, and what future direction is to be considered.
7. To what extent were human rights and gender aspects mainstreamed in the XAFK45 design and implementation.

The evaluation was underpinned by an outcomes measurement framework (Logic Model, see Annex II) which captured what the projects were 'doing' and what it was 'changing'.

- Processes of XAFK 45 documenting the projects cash flow, service delivery and resources in relation to its planned target population, policies and procedures,
- The projects inputs (financial, staff, equipment and other resources invested to support the programme),
- The projects activities (structured services intended to deliver what is necessary to achieve objectives)
- The projects outputs (observable and measurable events resulting from programme implementation) and targets,
- The projects short term outcomes (immediate changes realized especially during programme participation)
- The projects long term outcomes (changes realized after programme participation)
- The projects stakeholder (staff, service user, partner) experiences
- External/environmental factors affecting implementation and outcomes

The evaluation was conducted by one independent evaluator.[14] The evaluation involved all key stakeholders in XAFK45 (CLP, implementing institutions, donors[15] and beneficiaries), and was ensured by virtue of the chosen

13Project XAPA11 focuses on the traditional alternative development (AD) projects in poppy growing areas in order to provide poor farmers with sustainable livelihoods.
14 Annex 1 for detail.
15 Donors included OFID, and the Zambian and Ethiopian Prisons Service.

methodological approach where multi-stakeholders were targeted for inclusion via project and country identification processes. This involvement was underpinned by purposive sampling to target the particular stakeholders who had information to optimise on the evaluations aims and objectives. Convenience sampling was used when interviewing beneficiaries at each project site during the two day meeting and when observing on- site visits.

A focus assessment study triangulated qualitative and quantitative data from a variety of sources (desk review, cohort analysis, multi-stakeholder interviews and focus groups, SWOT analysis, Logic Model grantee presentations). Coverage for each methodological approach is described below:

- Desk Review: Refer to Annex III for comprehensive listing of documents reviewed.
- Multi –country cohort analysis;[16]
- Project documentation;
- 12 Individual Grantee and 1 Beneficiary Presentations Quantitative and Logic Model data were collected through individual grantee presentations (Logic Model) at the multi-stakeholder meeting in Zanzibar;
- 1 Focus group with 33 participants at the multi stakeholder meeting in Zanzibar; Themes centred on lessons learnt, best practices, SWOT and roadmaps for future sustainability with stakeholders and beneficiaries;
- 14 In-depth interviews in Zanzibar, Kenya and Zambia: multi stakeholders representing UNODC, NGO, Government (hospital and prison settings), and CO projects;
- 1 In-depth interview: project beneficiary in Zanzibar;
- 2 Focus groups: multi stakeholders: Ministerial Committee (n=10; 6 males, 4 females) and Prison setting (n=7, 7 males) in Zambia.
- 4 Focus groups: beneficiaries. multi stakeholder meeting in Zanzibar (n=8; 7 males, 1 female), project A (n=2, 2 males) and project B (n=7; 4 females, 3 males) in Kenya, and Zambia (n=2, 1 male and 1 female).
- 4 Site visit observations: government and non-governmental organizations in Kenya and Zambia.

Ethical Issues

Ethical issues related to informed consent and assurance of confidentiality. The two day meeting, focus group and in depth interviews were audio-recorded with participant permission, with transcribed data retained in confidence and protected by password controls. The audio recordings once transcribed were destroyed. Individual participants are not identifiable in the final report. No UNODC staff were present during interviews. UNODC staff were present at beneficiary focus groups to translate.

Limitations

The XAFK45 evaluation was limited in terms of time resource to engage in the 3 day Stakeholder meeting in Zanzibar and conduct site visits to non-governmental and governmental projects operating in Nairobi, Kenya (2) and Lusaka, Zambia (2) (respectively). The project sites in Ethiopia, Uganda and Tanzania (where the project implementation had only been 6-9 months) were not visited. These limitations were circumvented by interviewing key persons from these respective project sites at the 3 day stakeholder meeting in Zanzibar. The XAFK45 evaluation was particularly interested to see how projects were measuring outcomes as they relate to HIV, TB and health status, drug and sexual risk behaviour, recovery, education and training, employment and financial self-sufficiency, economic self-empowerment, access of HIV and TB prevention services, uptake of drug addiction counselling, spiritual and psychosocial support plus PWP interventions, and adherence to HIV testing and counselling, ART and drug services regimes. However, data paucity was a concern in relation to the difficulties in quantification of outcomes per project which were offering different forms of SL assistance, targeting different vulnerable populations, operating under different objectives and in different contexts and regions. Cost analysis data were not available. One country did not submit cohort analysis (Zambia). However, validations of findings was enhanced by analysing data whilst on the mission, using mixed method focus assessment methodologies and triangulation of varied perspectives from al key stakeholders.

16 Zambia excluded.

II. EVALUATION FINDINGS

Design

This section presents evaluation findings as they relate to the design of XAFK45. The quality of the logical framework approach[17] of XAFK45 was generally strong as evidenced by the Individual Grantee presentations[18] as it related to the XAFK45 project contexts, objectives, participation of key stakeholders, consideration of specific local and country contexts, and needs of target populations, project inputs, outcomes (short, medium and long term), and factors affecting implementation and outcomes.

1. To what extent were the specific project context and the expressed needs of the target group taken into consideration?
2. What was the quality of the logical framework approach, with measurable expected objectives, outcomes and outputs, performance indicators (including gender equality), targets, risks, mitigation measures and assumptions?

XAFK45 was successfully designed (according to stakeholder interviews and focus groups) as per objectives to situate within harm reduction and drug treatment and rehabilitation interventions, and interplay with HIV comprehensive care by virtue of its health and social economic empowerment underpinning.

Triangulation of data emphasised how XAFK45 activities were best designed through a bottom-up approach in association with UNODC, and based on a needs assessment conducted in the communities, in order to develop realistic and valid project activities designed to address the most critical and relevant livelihood needs of target populations. Project documentation provided by UNODC revealed that this extensive consultation and needs assessment during the design phase resulted in delays in actual implementation of SL activities.

According to Individual Grantee presentations, XAFK45 scope of activities was diverse, depended on the local context and target population, and included;

- economic empowerment of projects with project staff capacity building in order to provide continuous SL training,
- health awareness on harm reduction, drug dependency treatment and HIV/AIDS through involvement in a feeding, shelter and hygiene programme,
- beneficiary support to make health decisions and reduce HIV/AIDS risk, screening of DU/IDU and their families for HIV and Hep B, and referral for vaccination, addiction counselling, treatment and care,
- weekly medical and nutrition clinical reviews,
- provision of vocational and life-skills training and psycho-social support,
- involvement of beneficiaries as retailers or wholesalers of products,
- establishment of sustainable functioning livestock and farming projects,
- linking of graduates to local government and community structures for sustainable employment,
- entrepreneurial and/or business development,
- reintegration of graduates into society through income generation.

Interview and site observation data revealed that such activities were best structured sequentially to provide basic needs support (for example hygiene, food, temporary shelter) prior to provision of activities and

17 Annex IV Project Log Frame with Indicators.
18 Annex II Logic Model Template.

vocational training. Feeding programmes itself as vital component were deemed to influence national policy with regard to harm reduction and HIV treatment and care pathways, and indicative of the need to scale up, and widen its reach to include children's needs.

Multi country cohort analysis reported that, 52% of cohort respondents accessed food alone, 24% also accessed shelter, 1 in 5 accessed additional support while 3% received no basic support. Majority of SL partners (except Bomu, Kimara and FPA) offered basic socio-economic assistance (primarily food with or without showers and other support), while NOSET was the main implementer of microcredit finance training and loans. Although vocational training was implemented by all SLP partners, the proportion of beneficiaries reached was highly variable, with only CNCDC, Butabika and TOP reaching over 25% of enrolled cohort beneficiaries and only TOP ultimately reaching 31% of beneficiaries with temporary jobs. Of the 14% trained on microcredit schemes, less than half (47.5%) secured loans. Although over one third (36%) of all beneficiaries received vocational training, only 7% secured temporary employment.

Psychosocial support was universally available among most partners except MEWA which had 50% coverage. HIV counselling and testing was accessed by most beneficiaries of all partners except at MEWA. Despite limited availability of NSP, NOSET, RCT and TOP attained 20-44% coverage of IDUs reached by their programs. BOMU, TOP, RCT, Butabika and SAPTA recorded higher HIV seropositivity compared to MEWA which had less than 5% IDUs. At least two thirds or more of HIV positive SL beneficiaries were referred for HIV care and antiretroviral therapy by most partners (with exception of lower rates in TOP, 52% and CNCDC, 16%). There was notable variability in drug dependence treatment across partners, with Uganda primarily offering outpatient care compared to detoxification in Tanzania while Kenyan partners provided a combination of drug dependence treatment.

Notable variability in SL beneficiary recruitment was evident with MEWA and Butabika engaging more recent beneficiaries compared to Kimara, Reachout and TOP, while other partners targeted a mix of old and recently enrolled beneficiaries. More than half (56%) of SL beneficiaries accessed targeted health interventions prior to 2013 through outreach, with only 27% first contacted in 2014. Most SL beneficiaries are still accessing services within the past 3 months: 84% accessed psychosocial support, condoms and other services via existing drop in centres and almost one third (32%) of beneficiaries who inject drugs received sterile injecting equipment. Of the 61% of SL beneficiaries that underwent HIV testing and counselling, 24% received an HIV positive test result and 81% of these were referred for HIV care and ART. About 3 out of 4 (77%) of 762 beneficiaries reached by SLP partners had accessed drug dependence treatment in form of detox, outpatient or inpatient settings, more than half of these between 2012 and 2014.

Interview and focus group data underscored that activities[19] chosen were particularly suitable to the needs of male and female vulnerable DU and IDU in terms of teaching a valued relevant and potentially economically sustainable skill in their community. However, these designs did not cater for those wishing to seek formal qualifications and return to second or third level education.

Experiences of XAFK45 inputs were very positive according beneficiary interview and focus groups, with majority of beneficiaries committed to learning, acquiring new skills and making plans for new lives. However, many stakeholders reported that XAFK45 was too short lived in terms of its provision to support long term activities. This highlights the need for entrepreneurship and sustainable self-generating income activities. Concerns were evident in stakeholder interviews with regard to beneficiary responsibility to micro-financing and the repayment of loans.

According to the Individual Grantee presentations and site observations, the design of XAFK45 illustrated its potential for assisting transformation of vulnerable lives, by offering support of basic needs, opportunity for medical screening and health care, vocational skills training and micro-financing for future long term licit

[19] Tuk Tuk driving licenses and businesses, hairdressing, hygiene, braiding, henna, mechanics, poultry and cow farming, horticulture, soap making, boat models, boat portraits, tailoring, knitting, carpentry, furniture making, electrics, information technology, metal work, brick laying, marketing training, briquette making, Green House agricultural activity, sale of farm produce, second hand clothes and shoes, coconut seedlings cultivation and marketing.

employment routes. Qualitative data described how XAFK45 short to medium outcomes were achieved, and centred on project, staff and beneficiary capacity building, increased harm reduction (NSP uptake), HIV comprehensive care uptake, reduced drug and sex related risky behaviours, improved health status and wellbeing, and enhanced family and community re-integration. Long term outcomes were not generated given the short lived nature of XAFK45.

According to stakeholder interviews and focus groups, given challenges in implementation of XAFK45, particular emphasis and consideration is warranted in the future short, medium and long-term planning of project design in order to increase reach, sustainability of activities, use of available natural resources and environments, create revolving door funds, ensure community ownership, and incorporate private sector support. Equally important is the design of beneficiary recruitment tactics, and post-graduation supports on transitioning toward self-sustainability and community reintegration. Future designs which utilise beneficiary skills and graduate instructional capacity to instruct, mentor and support new beneficiaries offer promise.

Human rights and gender

1. To what extent has the project in its design and implementation mainstreamed the following cross cutting issues: poverty reduction, gender equality, innovation and environmental protection?
2 To what extent were human rights and gender deliberations included in the project design and implementation?

Triangulation of all data sources underscored that XAFK4 was designed and implemented with mainstreaming of human rights and gender in mind, and cognisant of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV AIDS. Individual Grantee Presentations and qualitative stakeholder and beneficiary data emphasised, described and presented how XAFK45 strove to achieve gender equality, encouraged participatory inclusive approaches with target populations, and consideration and inclusion of gender specific needs throughout the project cycle. Access, opportunities for and participation of both men and women was equitable, with cohort monitoring reporting on gender disaggregated data.

In terms of beneficiary profile, multi country cohort analysis (2013/14) reported that a total of 930 SLP clients were enrolled 30% females, median age 31 years (IQR 26-36), with 84% not in union, and about 3 out of 4 were unemployed or relying on casual labour and living alone. Beneficiaries from Kimara Peers, Dar es Salaam and FPA, Ethiopia were much younger compared to those reached by other partners while females comprised over 50% of clients reached by Uganda, and 2 partners in Kenya (Bomu and NOSET) and over 60% of clients from all countries except Tanzania were unemployed or relied on casual labour.

Desk review underscored how progress on HIV prevention must include structural interventions that address the vulnerability of woman and girls and improve gender equality. Interview data with stakeholders underscored the need for continued gender assessments and gender targeting to reduce barriers to access, and with greater focus on engaging with female DU/IDU and their children. Women in particular appear to be triply disadvantaged in terms of gender, and stigma relating to HIV status and drug use. Projects can also expand to include non IDU clients, MAT clients, OVC, prisoners on remand and young adolescent DU/IDUs.

Relevance

This section presents evaluation findings as they relate to the relevance of XAFK45. Individual grantee presentations, qualitative data and site observations indicate its relevance in strengthening drug prevention/harm reduction, and HIV comprehensive care within the remit of XAFK45 and the end beneficiaries in partner countries.

According to the desk review and stakeholder interviews, XAFK45 is well positioned within UN mandates, as it relates to UNODC, UNAIDS, UNIDO, UNDAF, UNFPA, UNDP, UNWOMEN, and UNICEF strategies, and that

of WHO. Desk review and qualitative data from stakeholders and beneficiaries underscores how relevant XAFK45 is in partner countries, where community reintegration of male and female DU/IDU and ex-prisoners requires a concerted effort in support of basic needs, psycho-social and income generation support, alongside related HIV comprehensive care.

1. To what extent is the programme design of strengthening drug prevention and treatment services and HIV related services relevant for the organizations delivering the services and the end beneficiaries?
2 To what extent do the activities implemented through the projects reflect the UNODC and government policies and priorities?
3. To what extent is the project objective and assistance relevant to the needs of the target regions?
4. What are the comparative advantages of UNODC in supporting sustainable livelihood services and to what extent was the project implemented with this in mind?

Triangulation of data cements XAFK45 embeddedness within key national health, HIV and substance use policies in partner countries (for example Ethiopian Comprehensive Condom Programming Framework, Kenyan National AIDs Strategic Plan, National HIV Prevention Revolution Strategy, National Policy for HIV Prevention, Treatment and Care among People Who Inject Drugs in Kenya, National Authority for the Campaign against Alcohol and Drug Abuse, National AIDS and STI Control Programme, Ugandan National AIDS Policy, National Strategic Plan, National Prevention Strategy, Health Sector Strategic Investment Plan, Zambian National AIDS Strategic Framework, Tanzanian National Eliminate MTCT plan and Zambian National AIDS Strategic Framework). XAFK45 addresses a very real gap in continuum of care, alongside stimulation of social recovery and integration processes. However, triangulation of data emphasized that whilst SL adds value to UNODC health and HIV/AIDS activities for target populations, governmental and non-governmental stakeholder involvement is required to support design, implementation and optimise on outcomes. UNODC itself has been instrumental in providing encouragement, support and technical assistance where needed.

As evident from Individual Grantee presentations, qualitative data collection and site observation, XAFK45 aimed to intervene with the identified risk groups, employed diverse objectives and operated within the most vulnerable settings (at present confined to urban settings and prisons). Multi country cohort analysis reported that of the 930 beneficiaries from over 36 drug using hot spots across 4 countries, 90% used drugs, 47% of these through injection. Median years of drug use was 7 years (IQR 5 to 7), with 44% using heroin alone while another 20% combined heroin with cannabis, sedatives or alcohol. Almost 3 out of 4 (73%) of 803 SLP beneficiaries consumed drugs daily, and almost half (48%) consumed at least 3 doses daily. Sharing of needles at last injection was reported by only 16% of beneficiaries who inject drugs. Of the 762 beneficiaries who discussed their sexual behaviour, 49% admitted to either selling sex or having multiple sexual partners, and 60% reported inconsistent condom use. People who inject drugs comprised over 50% of beneficiaries reached with SL interventions by 4 partners (Kimara, SAPTA, RCT and TOP) while CNCDC and MEWA targeted beneficiaries with more chronic drug use problems compared to other partners. Despite reported high prevalence and frequency of drug use by least 6 SLP partners from Kenya, Uganda and Tanzania, all countries except CNCDC of Zanzibar reportedly had more than 30% SLP beneficiaries with risky injection practices and Kimara Peers of Dar es Salaam reported over 90% SLP beneficiaries engaged in high risk sex.

Selection criteria presented in Individual Grantee presentations reported variance in XAFK45 inclusion criteria. For example whether beneficiaries were active DU/IDU (for example DU excluded where IDU was criteria), prisoners on remand or DU in recovery. Cohort analysis and supported by stakeholder interviews reported majority of male uptake, highlighting the inherent difficulties in engaging with at risk women. Despite this, XAFK45 emphasis on women and prison populations is encouraging given the myriads of HIV, drug, sex and crime related risk encountered.

XAFK45 is evidence based in terms of operating within UNODC remit, and targeting those vulnerable to HIV related risk behaviours, such as crime, IDU and risky sexual activity. Triangulation of cohort analysis and qualitative data reveals that XAFK45 is relevant in terms of outcomes relating to reduced drug demand, enhanced HIV risk awareness and risk reduction, generation of social and economic empowerment and support rehabilitation, community reintegration and capacity building. XAFK45 acted as access mechanism to harm reduction, psycho-social, medical screening and pharmacological drug treatment, and traditional HIV prevention, testing, counselling and treatment services. Multi country cohort analysis of XAFK45 revealed strong health intervention uptake and retention (HIV testing and counselling, ART psychosocial support, detoxification, condom provision, drop in centres, needle and syringe exchange).

Relevance was deemed to warrant improvement by stakeholders and beneficiaries in relation to the future design of frameworks, definition of SL itself, and the design of appropriate M & E reporting tools. Despite the range of objectives and SL activities provided under XAFK45, there is a need to avoid a 'blanket one size fits all' approach to selection of activities (at present restricted to home crafts and table industries), expand into rural areas and avoid exclusion of non IDU, prison inmates on remand or those seeking formal educational routes and qualifications. Sensitisation, communication, consultation and cooperation with local and national government stakeholders, and integrated efforts with services are vital in ensuring the needs analysis and project cycle is relevant, evidence based, local population focused, area specific, and will enhance targeted design of relevant activities to support future beneficiary, family and community sustainable living within the process of recovery, reintegration, human and social capital development.

Efficiency

This section presents evaluation findings as they relate to the efficiency of XAFK45 implementation, its major achievements and setbacks.

1. Were activities cost-efficient?
2. To what extent were activities implemented on schedule and within the budget?
3. To what extent were inputs (materials, budget, etc) available on time and in the right quantity?
4. To which extent have delivered inputs translated into outcomes that contributed to the attainment of the objectives?

XAFK45 had experienced some delays in receiving approvals from relevant sectors of governments of the participating countries, leading to an 8-month implementation delay, allowing for full project execution only by the end of 2012 in Kenya and Zambia. Extensive time investment on the part of UNODC into capacity-building of civil society organisations was needed in order to guarantee that the SL services could be delivered to standard. Therefore, implementation delays and the short lived nature of the grant have impacted on the ability to comment on long term outcomes of XAFK45 projects.

According to stakeholder interviews, activities were implemented within the grant timeframe and on budget. XAFK45 achieved target outputs in terms of numbers engaged with (according to Individual Grantee Presentations), despite some difficulties in the grant process with delayed procurement and gaps in service delivery. Initial project investments centred on procurement of equipment, staff training, setting up of pilot systems20 and infrastructure21.

Stakeholder interviews reported on the need for improved staffing levels and coordination of efforts which is required throughout all stages of design, implementation and post programme activity. Some stakeholders reported on constraints in implementation existing in the form of UNV training needs, work overload, lack of administrative support and logistics relating to UNV and project locations. Difficulties in monitoring of financial and programmatic aspects against set timelines were reported by some stakeholders and contributed to financial losses (in some cases due

20 Net Shade houses and nursery plantations.
21 Toilets, water tanks, cow sheds, greenhouses, sewing machines, computers, carpentry and mechanics equipment, chalk and briquette machines, kilns, milk separators, freezers and wells.

to currency fluctuations), procurement difficulties and lack of time to restructure and diversify when business ideas failed (for example briquette making). Proper timelines for grant dispersal and implementation, phase out and exit warrant consideration for future SLP.

Costs of training and provision of equipment was deemed expensive by the majority of stakeholders interviewed, but with great potential for enhanced cost efficiency on development of revolving funds, and sustainable project business models. However, XAFK45 activities were deemed cost efficient by stakeholders, even when equipment (for example) tools are not long lasting or are substandard. One prison setting (FPA) described duplication of activities as hampering success (IT training already in situe). Difficulties were evident in securing trainers and appropriate work placements, and time investment in sensitisation training.

Individual Grantee presentations and site observations reported that high demand among key identified vulnerable populations' surpassed availability. Triangulation of data underscored how the feeding programme in particular was viewed as having multiple positive XAFK45 outcomes relating to added value to HIV programming including HIV testing and counselling service retention, health, psycho-social and medical support, drug prevention and harm reduction programming, and nutrition (vital in the treatment and care of HIV). Despite its expense and its non-income generating status, it was deemed by all stakeholders interviewed and in beneficiary focus groups as vital in stimulating client engagement and adjunct health service uptake. Cost efficiency was improved when menus were simplified and in all cases number of people fed exceeded original cost estimations (Individual Grantee presentations and stakeholder interviews).

Stakeholders observed that XAFK45 future cost effectiveness can be sustained when the feeding programme is supported with revolving funds, and so continue to engage with new clients, retaining existing beneficiaries and optimise service reach. Practical challenges relating to cost efficiency of activities according to both stakeholders and beneficiaries also centred on procurement of defective equipment (for example solar lamps) and lack of training in how to renovate broken solar lamps.

Greater investment of time and technical expertise is required to support and identify alternative feasible income generating activities (Individual Grantee Presentations and qualitative interviewing). According to some stakeholders and beneficiaries, specific training in crops and animal husbandry was needed given high risk of failure if not managed correctly, and in order to boost cost efficiency of generated outputs.

The XAFK45 evaluation revealed that long term efficiency in supporting and maintaining beneficiary socio-economic empowerment, reduced recidivism and relapse is problematic. Difficulties in business start-up and sustaining demand for products and services were observed by stakeholders and beneficiaries, with beneficiaries ill equipped for the ups and downs of business, lack of insurance for pitfalls such as theft of equipment (for example Tuk Tuk), alongside a lack of crisis support. Some stakeholders advised experiential learning in the form of information seeking, actual experience of start-up businesses, and beneficiary mentoring and support with private sector involvement as vital for future XAFK45 outcomes.

Partnerships and cooperation

This section presents evaluation findings as they relate to XAFK45 partnerships and cooperation's with other relevant agencies.

Multi stakeholder consultations took place prior to XAFK45 implementation and were effective in raising awareness of the project, enhancing cooperation with national and local agencies, coordinating responses and creating support for XAFK45. In some cases these required extensive time investment. These consultations were also deemed important by stakeholders interviewed in the project cycle of XAFK45.

Qualitative data revealed that ownership of XAFK45 is important in every level (micro, meso and macro), from the beneficiary themselves who graduates, who offers to become involved as trainer, project staff and stakeholders, government committees, private sector stakeholders and community elders. This individual and community ownership is vital in order to assist in needs analysis for project uptake and also in supporting the continuation of the concept, and encouragement of a safety net for beneficiaries who graduate from the programme and reintegrate.

Stakeholders observed the need to encourage collaboration with other interventions, for example joint programmes and joint research studies, and visit other SL projects in order to facilitate knowledge transfer logistics and mutual support of each other is important in future strategies.

Triangulation of data revealed that XAFK45 funded projects and provision of their actual project services were not working in isolation, and are actively involved within a support and referral system of external partners and stakeholders in the form of other UN and HIV/AIDS agencies, CSOs, NGOs, donors, government representatives, vocational training certifiers (for example TEVETA, TEVT), private/public organisations, community elders, health providers and project staff. Individual Grantee presentations reported that XAFK45 has successfully integrated within adjunct health services providing access to HIV, TB, Hepatitis and STI screening, treatment and care, and NSP, MAT and drug detoxification services. Cooperation, coordination, referral and collaboration with XAFK45 has been an on-going and organic process.

1. Has the project actively cooperated with other relevant agencies, and how have activities been coordinated?
2. Has the provision of actual project services been extended to various partner organizations (government, NGOs, community based organizations involved in the provision of HIV and drug prevention/harm reduction services)?
3. To what extent were the project activities designed with participation of relevant partners?
4. To what extent has cooperation, coordination and collaboration been sought with

According to stakeholder interviews and focus groups, future efforts to boost partnership synergies are advised to raise awareness around the importance of XAFK45 to country, community and individual contexts and in overall capacity building, and also in order to optimise on beneficiary referral, and involvement in decision-making, commitment and revenue. Despite UNIDO/TEVETA training certifications, stakeholders and beneficiaries indicated the need for further active and innovative partnerships with the private sector in particular in order to linkages for employment and business support. The contribution of networks with private sector business and encouragement of social corporate responsibility offers a pathway for success.

Effectiveness

This section presents evaluation findings as they relate to the effectiveness of XAFK45 in terms of attainment of outcomes.

Triangulation of data underscored that XAFK45 projects have achieved their objectives as they relate to engaging with a hard to reach group of vulnerable DU, and IDU, the prisoner population, and female DU and IDU. As outlined earlier, greater efforts on engaging with female cohorts is warranted.

Effectiveness of XAFK45 was optimised when short term programming addressed basic needs (food, temporary shelter) and stimulated health service engagement, prior to commencement and during SL training activity, and on graduation with return to the community.

1. What were the major factors influencing the achievement or non-achievement of the objectives?
2. Has the project achieved its foreseen objective and results? If not, has some progress been made towards their achievement?
3. What are the difficulties/problems occurred when implementing the activities?
4. What were the projects major achievements and setbacks?

In terms of health, drug and economic status, multi country cohort analysis reported the following key findings.

- About 80% were accessing health services and a third had adopted safer drug use and sexual behaviours-see outcome 2[22]. and 3[23] As a result, 85% of all SL beneficiaries reportedly had improved CD4 counts, weight gain or other health outcomes. A third had reunited with their families.

- By December 2014, most partners reported over 60% condom use except for CNCDC, while higher rates of risky drug use practices were noted for MEWA.

- Multi country cohort analysis reported that by December 2014, 12% of staff were trained in SL capacity building[24]. Despite on-going socio-economic empowerment efforts, 74% of SLP beneficiaries were still dependent on drugs, with 20% of them injecting and 2% reportedly shared the last injecting equipment.

- The highest levels of criminality were observed with SAPTA (56%) and RCT (41%), while CNCDC, RCT and SAPTA reported highest levels of economic empowerment (73 to 90%). This is indicative of effectiveness.

- Nevertheless by end 2014, about one third of beneficiaries were employed and/or economically empowered in other ways[25] . 56% had initiated small enterprises, and 7% secured temporary employment on graduation.

- 42% voluntarily discontinued XAFK45 services, additionally highlighting difficulties in engaging with and retaining target populations in vocational skills training, particularly in the later months of 2014, when feeding programmes were discontinued.

XAFK45 short term programming (food, hygiene, shelter) was deemed vital by all stakeholders and beneficiaries in vital in order to boost the uptake of services and progression onto medium and long term activities, effectiveness of projects themselves in engaging with target populations, improving core service delivery and ultimately overall wellbeing of beneficiaries, their families and communities. According to interview data, XAFK45 whilst also operating as prevention modality in harm reduction settings appeared best placed after drug treatment and during incarceration.

In terms of XAFK45 activities, in some instances both beneficiaries and stakeholders observed the need to provide greater choice in order to cater for beneficiary interests (for example formal/professional education routes, alternatives to home crafts and table industry), and potential (self) licit employment routes. The XAFK45 fund was viewed by stakeholders as in some instances supporting the activities but not necessarily the training provided (for example in prisons). Challenges centred for some countries on working with their respective governments, and particularly in the case of the regulations of non-payment of government staff to provide training in prisons. This was observed by stakeholders to adversely affect commitment to provide training.

22 Outcome 2: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS maintain a stable relationship with outreach and drop-in work and comply with treatment activities.

[23] Outcome 3: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS make healthy decisions and behave in a way that does not create risks to others or themselves.

24 Outcome 1:Trained staff provide basic socio-economic assistance to individuals that are drug-dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS.

[25] Outcome 4: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS have access to and use improved income opportunities.

XAFK45 outcomes were hampered (in the view of some stakeholders) the lifestyles of the targeted DU/IDUS. Triangulation of qualitative and site observation data revealed that XAFK45 implementation itself was hampered by inconsistent attendance by DU/IDU, intoxication affecting learning speed and direct engagement in greenhouse activities, difficulty in marketing produce by DU or former DU, lack of National Identity cards preventing beneficiaries from opening loan and savings accounts, and market player responses to their businesses (for example Tuk Tuk drivers).

Stakeholders in interviews were concerned around beneficiary responsibility to micro-financing and loan repayments. Group defaulting on loans with banks negatively affected those committed to repayments. Multi country cohort analysis reported that 65% were trained in microcredit, with 56% receiving a first loan, 22% fully repaying the first loan, 3% receiving more than one loan, and 18% defaulting. The main requirement for eligibility for loans is a complete abstinence from drugs which calls for intensive drug dependency treatment for at least 4 continuous months.

Focus groups with beneficiaries described how insecurity in the form of terror attacks during implementation of XAFK45 hampered service uptake and SL beneficiary retention. Migration of clients as a result was viewed by stakeholders interviewed as disruptive.

According to both stakeholders and beneficiaries when interviewed, ownership of the activity idea and subsequent training and business modelling must remain with the beneficiary. Practical issues relevant to the actual activity on graduation, for example tailoring needs a premises and a sewing machine, Tuk Tuk need a safe storage place to deter street theft, alongside more basic needs such as food and shelter were viewed to contribute to risk of sale of Start-Up Kits.

Reintegration processes were viewed as difficult due to family and community rejection. This was viewed by stakeholders and beneficiaries to potentially destroy the positive effects of training completed. Both parties were concerned with regard to prison release, and lack of support mechanisms in place to provide outreach, referral, basic needs in the form of transport, food and temporary shelter, along with support to start up a viable business. As prison release also occurs at different times, this was viewed by beneficiaries as having a negative effect on group micro-financing.

Triangulation of data revealed that constraints and problems impacting on the effectiveness of XAFK45 centred on logistical, monitoring surveillance[26] and administrative support, procurement delays and competitive bidding affecting training and equipment delivery.

Given the short length of project XAFK45 findings were small scale but encouraging, and underscore the need for longer term funding in order to allow for sustained behaviour change. Major achievements relate to its life-changing nature in helping individuals regain personal, social and health status, HIV negative status, improved CD4 counts and other health markers, condom use, and improved referral to NSP, risk reduction counselling, MAT, HIV testing and care, ART, TB and PMTCT services, and outpatient and detoxification care.

Impact

This section presents evaluation findings as they relate to the impact of XAFK45.

The contribution of XAFK45 was viewed by stakeholders and beneficiaries as far reaching not only in terms of reducing drug demand, but in creating socio-economic empowerment, drug prevention, treatment and rehabilitation, and HIV prevention, treatment and care within communities. Reduced stigma as it relates to drug addiction, sex transactioning and incarceration was viewed by many beneficiaries as underpinning success of XAFK45.

26 Outcome 5: Basic data is available to serve as evidence for the efficacy of project activities and lessons learned for future sustainable livelihoods projects.

Triangulation of data revealed that impacts of XAFK45 centred on reducing drug demand, risk behaviours and improving outcomes of the drug and HIV interventions accessible by drug users, prisoners, including those affected by HIV/AIDS. XAFK45 has the capacity to change the lives of vulnerable people, by changing for the better and transforming their life course in terms of worthwhile day to day life, self-esteem, reducing susceptibility to risk behaviours such as sex work and DU/IDU, health, family and community re-integration, training and licit income generation. For many beneficiaries as reported in qualitative data collection, XAFK45 presented the missing link in terms of drug rehabilitation, 'the what now?' by virtue of creating self-fulfilment in day to day life, the ability to care for oneself and family, and contribute to society in a meaningful way.

1. To what extent can any identified changes in the drug situation (drug use and production) be attributed to the project?
2. What are the intended and unintended, positive and negative, long term effects of the project?

Particular impacts in the long term, regrettably not included in this evaluation centre on further reduction of HIV/AIDS incidence, morbidity, poverty, child vulnerability, insecurity and drug dependence, improvement of health and human rights, and the expansion and self-sustainability of XAFK45. Initial indicators of success require intensive supports and centre on improved health, family status and wellbeing, self-enterprising economic productivity, and community reintegration.

Stakeholder data underscored that continued efforts to provide the feeding programme are warranted either by donor funding, or project self-sufficiency (ie growing vegetables, poultry, milk, business generated funds) so as to maintain through put, and related advantages in drug prevention, treatment and rehabilitation care, and HIV treatment and care. Equally, stakeholders advised that project impacts require a concerted effort to support diversification, in post-graduation outreach, support and monitoring so that short term beneficiary gains and Start Up Kits are not lost.

Sustainability

This section presents evaluation findings as they relate to the sustainability of XAFK45.

Qualitative data collection with stakeholders revealed a concern for sustainability and project development of a 'dependency syndrome' reliant on donor funding, and sustainability of the SL concept, with many observing severe decrease in client intake due to cessation of the food programme. Subsequent benefits incurred from XAFK45 were viewed by some stakeholders as in jeopardy, due to the decrease in intake and project retention.

1. What is the likelihood that the benefits from the project will be sustained after the end of the project?
2. Are services developed under the project likely to continue, be scaled up or replicated after the project funding ceases?
3. Are the beneficiaries committed to continue working towards project objectives after it ends?

According to stakeholder interviews, XAFK45 is sustainable if a framework has been designed to facilitate scaling up, as well as sustainability and exit planning. Project XAFK45 in their view has the potential to increase capacity building to become self-sustainable with continued staff and beneficiary training, maintenance of equipment, creation of revolving funds, diversification of activities and by providing training and other activities with involvement from ex-graduates. Other potential avenues for investment included the vocational training as HIV and addiction counsellors, particularly for women, and instructional Train the Trainer certification for longstanding beneficiaries in order to promote community ownership and

commitment.

Sustainable XAFK45 programming was advised by stakeholders to be operated as a collective business concept in order to continue, scale up or replicate. Stakeholders recommended projects to diversify their SL activities, develop revolving funds, focus on sales as opposed to production, provide their produce and services to the public, and streamline their activities in order to sustain the feeding programme as valuable recruitment source and provider of basic beneficiary need for all (and expanded to include children's needs). Further capacity building of staff and graduates, and technical support is warranted, alongside dedicated planning to diversify activities and spread across low, medium and high yield returns. Seed capital is warranted by stakeholders to promote new project developments.

Individual Grantee presentations presented detail on proposed avenues for streamlining which include simpler menus for food programming, farming activities and services (for example henna, hairdressing and tailoring) to generate income and supply the feeding programme with farm produce (for example kasava, pumpkin, grains, peanuts, poultry) as vital source of project intake and through-put of SL activities. Farming itself was deemed most opportunistic by offering expansion to manufacture of butter, cheese and milk produce and other forms of animal husbandry (goats, ducks, rabbits poultry types layers and broilers, guinea pigs, Indian pigeons, cows and calves) for sale from within the projects, for urban gardening and the planting of viable long term crops (for example Acacia tree seedlings). Other self-sustaining products (for example soap, poultry, henna, tailoring, solar lamps) can be used to part support feeding programmes.

According to qualitative data and site observations, the majority of XAFK45 beneficiaries are committed to SLP, but require support for diversification (for example growing of crops, breeding of poultry and cattle, setting up shops to sell milk and produce) and creation of revolving funds. Qualitative data and site observations revealed need for enhanced technical support in the form of animal husbandry, agricultural and veterinarian expertise, and planting of environmentally sustainable crops. Efforts in some instances had been hampered by crop failures due to weather conditions and soil incompatibility (for example tomatoes).

Those involved in delivery of XAFK45 in prisons were concerned that transfers between prison impacts on continuity. Prison challenges were reported to centre on excessive demand for few places, and limitation of space and equipment, however XAFK45 was viewed to be sustainable given the commitment of prisoners to achieve training instruction certification and 'give back' to fellow inmates.

Triangulation of data underscored the need for dedicated support of beneficiaries in relation to activity and training needs assessment, beneficiary generation of business ideas, follow up training, start your own business training, linkages with micro-financing groups, local community structures and private enterprise. Both stakeholders and beneficiaries described how empowerment with skills and tools is lost if Start Up Kits are sold for basic food and shelter on release or graduation. Stakeholder interviews and beneficiary focus groups also underscored how prisoners warrant special consideration on return to previous communities and tracking of outcomes.

Innovation

XAFK45 is innovative in terms of its treatment of the person as a whole, by virtue of its two pronged effect on drug demand and drug rehabilitation nestled within HIV/AIDs comprehensive treatment and care. Innovative efforts centred on project commitment to their staff, beneficiaries and communities in creating future sustainable ventures via revolving funds to sustain feeding programmes and provide community outreach and transport to beneficiaries (for example motor bikes and vehicles), use of procured equipment (for example computers) for training, retail outlets (for example electrical appliances to support solar lamps in areas without electricity and for fisher folk, farm produce), extension of henna, hairdressing and tailoring services to the general public, utilisation of natural resources and environments (for example farming and procurement of land), Internet web café, and community radio communications.

III. CONCLUSIONS

XAFK45 aimed to provide vulnerable individuals with a licit income source and economic empowerment throughout the harm reduction, treatment and rehabilitation process which is underpinned by health improvement, social reintegration and the development of human and community social economic capital development.

The SL concept strives to tackle the cross cutting and interrelated issues of illicit drug use, drug dependence, health risks such as HIV/AIDS, drug related criminal activity, economic stress, marginalisation, poverty, child neglect, stigma and social exclusion, and displacement from mainstream employment and education.

In addition to wide ranging positive social and health protection effects for the participating XAFK45 beneficiaries (and their families) peripheral targeted effects centred on increased project intake and through put into integrated harm reduction and drug treatment services, and uptake in HIV/AIDS testing, treatment and care.

The evaluation revealed that XAFK45 is a far reaching empowering project and with exception of short term food programming, sustainable if designed with local needs and contexts in mind, and implemented in a proactive and creative manner. In time, food programming itself has the potential to become sustainable if supported by other SL activities and natural resources are utilised and developed.

XAFK45 focus must continue on the engagement with and sustainable livelihood support of women (and their children), prisoners (and those on remand) and those with criminal records, and provision of food, hygiene and shelter as basic unconditional social assistance acting as foundation to therapeutic alliance, personal growth, wellbeing and service retention.

Short term outcomes centre on improved client quality of life, capacity building of staff and beneficiaries and reduced crime, with medium term outcomes further contributing to reduced community stigma, improved financial management culture, uptake of HIV prevention services and adherence to ART.

Efforts to improve XAFK45 necessitate the following;

- stakeholder partnerships and involvement in the identification of target groupings within the local and particular country contexts,
- stakeholder involvement in the design, implementation and sustainability of ventures,
- avoidance of 'blanket one size fits all' approaches,
- enhanced consideration of natural resources and environmental conditions,
- beneficiary input into activity choice and business designs,
- creation of revolving funds and self-supporting activities,
- continued administrative, vocational, technical and scientific support,
- enhanced corporate social responsibility initiatives and transfer of knowledge between XAFK45 projects

- enhanced monitoring and surveillance to track long term outcomes,
- dedicated supports and safety net systems to reduce business failures and recidivism/relapse.

Further long term research studies are warranted to extrapolate long term outcomes in terms of beneficiary living conditions, poverty and HIV prevalence reduction, and improved licit employment routes and income generation.

IV. RECOMMENDATIONS

Project XAFK45 is now closed. The following recommendations are addressed to UNODC concerning other, on-going or future SL projects in Africa or similar locations.

XAFK45 project planning, design, implementation and phase out toward sustainability is recommended to engage in extensive partnership building and consultative synergies to feed into evidence based needs analysis and the targeting of identified vulnerable groups, so as to situate within integrated service models. Integrated surveillance is recommended to incorporate person's use of other project services such as counselling. Project objectives and subsequent design of activity programming are advised to be specific to the risk groups and individuals targeted and their socio-economic and cultural contexts in order to retain beneficiaries, build local capacity and optimise on successful and self-sustaining outcomes on graduation. Project reach should expand to include rural settings, and with greater efforts to engage with and plan for female DU/IDU and their children, prisoners on remand, MAT clients, OVC and young DU/IDU. Female programming in particular is advised to incorporate specific design in order to overcome stigma and community discrimination, and incorporate children welfare. Care must be taken not to exclude those wishing to pursue formal qualifications, or those DU not engaging in injecting behaviours. Investment of time and resources to build staff capacity, support UNVs, engage in trainer sensitisation, maintain retention of beneficiaries with outreach, transport and financial and National identity card administration assistance is warranted. XAFK45 is recommended to increase logistical, administration and financial, cost efficiency and beneficiary outcome M & E, and tracking support in future projects.

XAFK45 is advised to scale up short term SL activities (feeding programmes, hygiene, temporary shelter) which are important drivers of project uptake and support mechanisms for beneficiary progression toward medium term SL programming, alongside engagement in adjunct harm reduction and HIV comprehensive care services. Greater prioritisation should now focus on sales of produce, creation of revolving funds to support short term SL programming and business sustainability as opposed to production. The consideration of urban farming initiatives, retail outlets for produce and services, and revolving funds to support short term SL provision is warranted. XAFK45 should maintain on-going psycho-social and health supports for beneficiaries both whilst training and on return to their communities. XAFK45 is advised to provide community outreach, graduate tracking, support (individual and clustering) and partnering with private organisations for work placement and business mentoring as these are vital to maintain group effort in commitment to micro-financing, business start-up and jobs bridging for beneficiaries. Further efforts could centre on creation of viable bank loans to release capital for on-going small enterprises. XAFK45 is recommended to provide graduates and in particular those prison release with additional safety support mechanisms in the form of transport to originating communities on discharge, psycho-social counselling, provision of food and shelter should family/community reintegration create difficulty, alongside support in continuation of acquired skills and maintenance of equipment (for example Start Up Kits).

V. LESSONS LEARNED

XAFK45 particular lessons learnt centred on the following key areas.

Project Implementation: Major challenges and constraints faced by XAFK45 centred on sub-optimal levels of logistical and technical support, monitoring surveillance and administrative support, procurement delays and receipt of defective equipment, currency fluctuations, donor dependence and competitive bidding. Proactive planning, partnerships, progress and cost effectiveness monitoring is crucial throughout the project lifecycle.

Activities: Human rights and gender mainstreaming is important in relation to provision of XAFK45. The adoption of broad inclusion criteria so-as not to exclude certain individuals is vital.

Programming: Structured sequencing of activities and choice in response to beneficiary interest and long term sustainability is important. Provision of short term activities, particularly feeding programmes are necessary to engage and retain target groups, and address basic needs such as food, hygiene and temporary shelter prior to engagement in vocational training activities, and on discharge from prison in order to deter sale of Start Up Kits.

1. Identify major challenges and constraints faced by the grant's implementation at different levels and propose solutions
2. What lessons can be drawn regarding project effectiveness?
3. What best practices can be identified for future phases of the project or other UNODC projects?
4. What lessons can be learned from the programme implementation in order to improve performance, results and effectiveness in the future?

Programming: Short Term Programming: Stakeholders recognised the value of the feeding programme in creating uptake, stimulating retention of beneficiaries and as encouraging harm reduction and HIV comprehensive care. Generation of innovative methods used to serve as many people as possible by streamlining menus, offering flexible times for feeding, and creating revolving door funds via diversification of SL activities to provide resources are important.

Training: XAFK45 requires sensitive training pedagogy, and mobile support for beneficiaries to attend. External trainer de-sensitisation prior to engagement with target groups improves retention and progression.

Training: The XAFK45 focus on home crafts and table industries fuels potential exclusion of beneficiaries seeking professional qualifications and progression in education. Consideration of these training and educational needs in future SL planning is vital.

Activities: Focus of activities must now centre on sales as opposed to production, and tactics to reduce group loan defaulting.

Rehabilitation and Reintegration: Stigma and difficulties encountered in community reintegration of DU and prisoners remains a family and community issue. Support on graduation and local capacity building designed to help prevent the dilution of incurred positive effects relating to beneficiary self-esteem, empowerment, autonomy, and optimise on business security and success is important.

Sustainability: XAFK45 sustainability can be improved by continued involvement of beneficiaries post training in terms of promoting individual and community ownership. Employment of graduates in provision of training and mentoring of beneficiaries offer potential for successful sustainability.

XAFK45 Best Practices centred on the following key areas;

- strengthening organizational capacities through XAFK45 staff training and procurement of equipment for livelihood support,
- feeding programme as best practice for recruitment, engagement, and rentention of beneficiaries, given the increase in attendance, and uptake of HIV comprehensive care and harm reduction services
- use of XAFK45 resources to enhance community outreach services for vulnerable groups,
- design of simple and innovative XAFK45 interventions specifically targeted to female DU (sewing and soap making),
- micro-financing to encourage capital growth and economic empowerment,
- expansion of solar lamp marketing into niche markets such as rural areas without electricity and fishermen, implementation of multiple SL interventions as opposed to single in order to reap short, medium and long term benefits,
- link planning of XAFK45 activities to project capacities to optimise on successful outcomes,
- extension of henna, hair and tailoring services to the general public,
- retail outlets for farm produce and other products,
- regular SWOT analysis of XAFK45 programming.
- long term follow up monitoring of beneficiaries is required.

ANNEX I. TERMS OF REFERENCE OF THE EVALUATION

UNODC
United Nations Office on Drugs and Crime

Terms of Reference

Independent Final Project Evaluation

XAFK45- Response to the Social and Livelihoods Needs for HIV/AIDS Prevention in East Africa

XAFK45
Ethiopia, Kenya, Uganda, Tanzania and Zambia

November 2014

I. BACKGROUND AND CONTEXT

• Project number:	• XAFK45
• Project title:	• XAFK45- Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa
• Duration:	• 29 June 2011- 31 December 2014
• Location:	• Ethiopia, Kenya, Uganda, Tanzania and Zambia
• Linkages to Country Programme:	• n/a
• Linkages to Regional Programme:	• Regional Programme for Eastern Africa
• Linkages to Thematic Programme:	• Sub-programme 3
• Executing Agency:	• UNODC
• Partner Organizations:	• Civil society and governments are partners in the respective countries. • Kenya: Ministry of Health, National Campaign Against Drug Abuse Authority (NACADA), National AIDS and STI Control Programme (NASCOP) • Uganda: Ministry of Health, Butabika Hospital, • Tanzania: Community Response Coordinator for HIV prevention for Drug Users, Department of Drug Abuse, Department of Psychiatry and Mental Health • Zambia: Prison Commissioner • Ethiopia: Federal HIV/AIDS Prevention and Control Office (HAPCO), Food, Medicine health Administration and control Authority
• Total Approved Budget:	• $ 2,002,573
• Donors:	• OPEC Fund for International Development
• Project Manager/Coordinator:	• Volha (Olga) Kuzmianok
• Type of evaluation (mid-term or final):	• Final
• Time period covered by the evaluation:	• June 2011 – December 2014
• Geographical coverage of the evaluation:	• Kenya, Zambia, Uganda, Ethiopia and Tanzania
• Planned budget for this evaluation:	• USD 20,000
• Core Learning Partners (entities):	• UNODC project, DHB branch, donors

Project overview and historical context in which the project is implemented

The project "Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa" (XAFK45) is aimed to support the provision of basic social assistance services within the framework of sustainable livelihood services to individuals affected by drug use and HIV/ADS, current and former prisoners in Ethiopia, Kenya, Uganda, Tanzania, and Zambia.The objective of the project is to enable the target groups to better access drug dependence prevention and treatment and HIV services and to increase the effectiveness of related interventions through the provision of low-threshold socio- economic support services in the community or in prison settings or through half-way houses for former prisoners. The target groups of the project are drug users, injecting drug users, drug users in recovery, current and former prisoners, including those affected by HIV/AIDS.

Justification of the project and main experiences / challenges during implementation

This is a unique project in East and Southern Africa, which goes beyond traditional HIV and drug use prevention services and provides tangible livelihood opportunities to the most vulnerable individuals affected by HIV and drug use in Zambia, Kenya, Tanzania, Ethiopia, and Uganda. This is particularly critical given the expectations of both beneficiaries and participating governments that services will continue to be delivered.

The project activities were designed through a bottom-up approach by civil society organisations in association with UNODC, based on a needs assessment conducted in the communities. This approach was vital for developing realistic and valid project activities to address the most critical and relevant livelihood needs of female and male recovering drug users living in slums and drug users, and prisoners affected by HIV/AIDS. As a result of the extensive needs assessment, the design phase required significantly more time than initially anticipated, which delayed the start of the actual implementation of activities.

From the outset, it was clear that the livelihood activities, particularly long-term support involving income-generating activities, required consultations with multiple-stakeholders to assess the feasibility of implementation as well as the likelihood of receiving the relevant support from the Ministry of Health, Ministry of Agriculture, Ministry of Interior, and civil society organizations. Due to the innovative nature of the livelihood services delivered by the project, it took time to receive approvals from relevant sectors of governments of the participating countries. The process led to an 8-month implementation delay, allowing for full project execution only by the end of 2012 in Kenya and Zambia. Additionally, UNODC found the need to invest more time into capacity-building of civil society organisations in order to guarantee that the livelihood services could be properly delivered.

Once the activities were uptaken (short-term- feeding programme, shelter, hygiene product to increase adherence to treatment reduce risky behaviour; mid-term- vocational training to beneficiaries; and long- term- support of income-generating activities for individuals and organizations), the high demand for livelihood services among vulnerable groups surpassed the services availability. The initial project investment into equipment, setting up of pilot systems (greenhouse supplies, sewing machines, wood carving equipment etc.) paid off with the beneficiaries having received the skills training and gained licit income, which will support them in the long-term.

Project documents and revisions of the original project document

Project document approved on 27/01/2011

Project revision approved on 23/08/2011

The revision was undertaken because a change in the overall budget amount occurred. The project was originally designed as a US$ 4 million project, US$ 2 million were pledged by the major donor, the OPEC Fund for International Development (OFID). The initial condition for release of funds was that UNODC contributes matching funds of additional US$ 2 million from a different funding source that must be paid to the project account. Later, it was agreed that the US$ 2 million will be released by OFID without the requirement of matching funds in the same project account. The new agreement foresees that similar interventions of a value of US$ 2 million have to be reported, but can derive from other projects. A project coordinator (P-2) and an administrative assistant (G-4) were added.

Project revision approved on 12/01/2012

The revision was undertaken because of the change in the staffing. The posts of project coordinator (P-2) and administrative assistant (G-4) were omitted and a Programme Officer (P-3) that would be partly responsible for the project was added. There were four instead of, as initially planned, five national UNVs.

Project revision approved on 15/11/2012

The project revision reflected the new fund utilisation date granted by OFID from 30 August 2012 to 31 August 2013. The revision enabled an alignment between the "fund utilisation date" and the "Profi Project End Date" as these were currently different. In a previous project revision dated January 2012, the duration of the project had already been extended until 29 June 2013 and therefore this revision extended it further two months. The revision also addressed staffing changes. The project revision also provided more information on the nature of the final independent project evaluation. The project revision also reflected the required changes in the logical framework that were suggested by SPU. The changes are also reflected in the electronic logical framework uploaded in Profi.

Project revision approved on 03/09/2013

The project revision presentws the adjusted no-cost extension period through 2014, the subsequent adjustments in the staffing table, the budget enabling to programme activities through 2014. In summary, the revision addressed the following: reflected the new extension and fund utilisation date granted by OFID through 31 August 2014. The staffing table was also updated for national staff given the project extension through August 31 2014. (I) introduction of the second UNV in Kenya for finance- administrative work from September 2013 till August 2014; (II) budgeting of the UNV's positions in Kenya, Uganda, Tanzania (Mainland and Zanzibar), Ethiopia through August 2014 to align with the project extension until August 2014; (III) budgeting for 64% of the national coordinator (SC) in Zambia for the project implementation through September 2013-August 2014.The project revision also provided an adjustment in dates for the final independent project evaluation.

Project revision approved on 11/11/2014

The project revision presented the adjusted no-cost extension period until December 31, 2014, the subsequent adjustments in the staffing table, the budget enabling to programme activities through the end of 2014. In summary, the revision addressed the following:

-Reflected the new extension and fund utilisation date granted by OFID through 31 December 2014.

-Extension of the positions in the staffing table through December 2014 (instead of August 2014)- UNVs positions in Kenya, Uganda, Tanzania (Mainland and Zanzibar), Ethiopia and the programme associate (SC) in Zambia (co-shared with other programmes).

The project revision also provided an adjustment in dates for the final independent project evaluation.

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

The project is implemented by UNODC in partnership with government and civil society organizations (CSOs) in the targeted countries. The services provided under the project are diverse to ensure the needs of vulnerable groups are addressed and extend to provision of meals, shelter and hygiene products on an on-going basis; provision of psycho-social support; education on risk behaviour and health; testing for HIV and tuberculosis; vocational training and employment opportunities in the form of full- and part-time jobs; and small microcredit-loans and entrepreneurial initiatives for both women and men. The project has specifically targeted women who inject drugs and are currently in rehabilitation programs or in recovery, women in prisons and those affected by HIV.

The local capacity of civil society and government organizations to deliver basic social support services and livelihoods assistance as part of HIV services and drug treatment and rehabilitation is also strengthened through provision of training, and equipping of facilities with livelihoods-related materials, equipment, and technical assistance. The project outcomes are as follows:

Outcome 1: Trained staff provide basic socio-economic assistance to individuals that are drug-dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS

Outcome 2: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS maintain a stable relationship with outreach and drop-in work and comply with treatment activities

Outcome 3: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS make healthy decisions and behave in a way that does not create risks to others or themselves

Outcome 4: Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS have access to and use improved income opportunities

Outcome 5: Basic data is available to serve as evidence for the efficacy of project activities and lessons learned for future sustainable livelihoods projects

II. DISBURSEMENT HISTORY

	Total Approved Budget (time period)	29 June 2011- 31 October 2014	Expenditure in % (time period)
	$ 2,002,573	$1,730,000 OPE401, OPE402, OPE403 (to be collected)	81%

III. PURPOSE OF THE EVALUATION

Reasons behind the evaluation taking place:

This final project evaluation was included from the onset in the project document based on UNODC requirements and will enable to address all of the following:

1. Assess the relevance of the programme design to strengthen drug prevention and treatment services, and HIV related services;

2. Assess the effectiveness in terms of attainment of set project goals and objectives;

3. Assess the efficiency of program implementation, its major achievements and setbacks;

4. Assess the impact of the program on improving outcome of key interventions accessible by drug users, prisoners, including those affected by HIV/AIDS ;

5. Identify major challenges and constraints faced by the grants' implementation at different levels and propose solutions;

6. Assess sustainability of the project interventions.

7. Assess to what extent human rights and gender aspects were mainstreamed in the project design and implementation.

Assumed accomplishment of the evaluation

The evaluation will assess the impact, relevance, efficiency, effectiveness, coverage and sustainability of the project and derive recommendations and lessons learned from measuring the achievements of the project. Considering the fact that this is UNODC's first project addressing sustainable livelihood and other drug and HIV-related services, a specific interest will be given to "lessons learned" in order to serve as a source document for the future UNODC programming in this area. In addition to guiding future project development, the findings will also enable UNODC to advocate for greater investments and attention for the field of sustainable livelihood in the greater context of health, drug use and HIV. The findings could also be relevant for UNODC's technical assistance agenda as it relates to the new set of goals on the post- 2015 development agenda, namely the sustainable development goals.

The main evaluation users

The main evaluation users will be UNODC HQ and field offices, the donor, and beneficiary organizations.

IV. SCOPE OF THE EVALUATION

The unit of analysis to be covered by the evaluation

Project XAFK45 - Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa (timeframe: 29 June 2011 – 31 December 2014)

The time period to be covered by the evaluation

The evaluation will be conducted during 28 working days (end of November 2014- mid January 2015). The final report incorporating feedback from stakeholders shall be submitted to UNODC.

The geographical coverage of the evaluation

The evaluation will cover Kenya, Zambia, Uganda, Ethiopia and Tanzania.

V. EVALUATION CRITERIA AND KEY EVALUATION QUESTIONS

The evaluation will be conducted based on the following DAC criteria: relevance, efficiency, effectiveness, impact, sustainability, as well as partnerships and cooperation, gender and human rights and lesson learned, and, will respond to the following below questions, however, provided as indicative only, and required to be further refined by the Evaluation Team.

Relevance
1. To what extent is the programme design of strengthening drug prevention and treatment services and HIV related services relevant for the organizations delivering the services and the end beneficiaries
2 To what extent do the activities implemented through the projects reflect the UNODC and government policies and priorities?
3. To what extent is the project objective and assistance relevant to the needs of the target regions?
4. What are the comparative advantages of UNODC in supporting sustainable livelihood services and to what extent was the project implemented with this in mind?
Efficiency
1. Were activities cost-efficient?
2. To what extent were activities implemented on schedule and within the budget?
3. To what extent were inputs (materials, budget, etc) available on time and in the right quantity?
4. To which extent have delivered inputs translated into outcomes that contributed to the attainment of the objectives?
Effectiveness
1. What were the major factors influencing the achievement or non-achievement of the objectives?
2. Has the project achieved its foreseen objective and results? If not, has some progress been made towards their achievement?
3. What are the difficulties/problems occurred when implementing the activities?
4. What were the projects major achievements and setbacks?
Impact
1. To what extent can any identified changes in the drug situation (drug use and production) be attributed to the project?
2. What are the intended and unintended, positive and negative, long term effects of the project?
Sustainability
1. What is the likelihood that the benefits from the project will be sustained after the end of the project?
2. Are services developed under the project likely to continue, be scaled up or replicated after the project

funding ceases?
3. Are the beneficiaries committed to continue working towards project objectives after it ends?
Partnerships and cooperation
1. Has the project actively cooperated with other relevant agencies, and how have activities been coordinated?
2. Has the provision of actual project services been extended to various partner organizations (government, NGOs, community based organizations involved in the provision of HIV and drug prevention/harm reduction services)?
3. To what extent were the project activities designed with participation of relevant partners?
4. To what extent has cooperation, coordination and collaboration been sought with other organisations, NGOs, other intergovernmental organizations throughout the project implementation?
Human rights and gender
1. To what extent has the project in its design and implementation mainstreamed the following cross cutting issues: poverty reduction, gender equality, innovation and environmental protection?
2 To what extent were human rights and gender deliberations included in the project design?
3. To what extent were human rights and gender deliberations included in project implementation
Lessons learned and best practices
1. Identify major challenges and constraints faced by the grant's implementation at different levels and propose solutions
2. What lessons can be drawn regarding project effectiveness?
3. What best practices can be identified for future phases of the project or other UNODC projects?
4. What lessons can be learned from the programme implementation in order to improve performance, results and effectiveness in the future?

VI. EVALUATION METHODOLOGY

The methods used to collect and analyse data

The proposed evaluation of the livelihood services in Kenya, Tanzania, Uganda, Ethiopia and Zambia will include, but not be limited to, following activities:

-Desk review of existing documents and materials;

-Cost- efficiency and effectiveness analysis;

-Interviews with partners, stakeholders (including what the partners have achieved with regard to the outcome) and UNODC staff;

-Briefing and debriefing sessions with UNODC and stakeholders;

-Field visits;

Questionnaires to stakeholders and partners (the selected evaluator (s) will conduct interviews with relevant beneficiaries, government partners, CSOs, grant implementers/service providers as well as with UNODC project personnel. The type of the questionnaire(s) will be agreed in the evaluation protocol and cleared by UNODC Independent Evaluation Unit, including the use of other instruments.

-Focus groups;

-Interviews (structured and/or semi-structured).

The sources of data

-Existing documents and materials;

-Analysis reports;

-Interviews and focus groups with partners and stakeholders;

-Sessions with UNODC and stakeholders;

-Field visits;

-Questionnaires of stakeholders and partners;

VII. TIMEFRAME AND DELIVERABLES

Time frame for the evaluation

The evaluation will be conducted between 25 November and January 31 2015.

Time frame for the field mission

December 7th- 14th, 2014- field visits. The proposed countries are Tanzania, Kenya, Zambia because they represent both the countries where the activities have been implemented over longer- term period- 2 years (Kenya and Zambia) and one of the three countries which were included in the programme in the first quarter of 2014. Tanzania (Mainland and Zanzibar) received two grants for implementation of activities. Uganda (Butabika Hospital) and Ethiopia (Federal Prisons Administrative) have been awarded one grant in each country in the equivalent of ~$30,000 to deliver primarily skills training (similar activities will already be covered in the evaluation through the field visits in Zambia (maximum security prisons to be visited) and Kenya and Tanzania (skills training). The phone interviews will be conducted with both representatives from Uganda and Tanzania, and the recommendations will be extended for these new grants as well. Additionally, the representatives from the grants implementation and government focal points will participate in the multi-stakeholder meeting in December, which will be attended by the project evaluator, and they will take part in the respective focus groups and questionnaires. The project management will discuss this selection with the evaluation team, once the contract is signed with the project evaluator.

Expected deliverables and time frame

It is expected that following deliverables will be met within a time frame of 28 days

Indicative Activities
1. Desk review of existing documents
2. Evaluation design, including detailed protocol and plan of evaluation, including timelines and relevant tools (in an Inception Report; to be reviewed and cleared by IEU before the field mission takes place)

3.	Briefing with stakeholders
4.	Interviews with partners and Stakeholders, focus groups
5.	Field Visits
6.	Debriefing with UNODC and stakeholders of major findings
7.	Drafting of the evaluation report in line with UNODC evaluation guidelines, templates, policy and handbook; to be reviewed by project management; to be reviewed and cleared by IEU (can entail various rounds of comments).
8.	Finalization of the evaluation report in line with UNODC evaluation guidelines, templates, policy and handbook; to be reviewed and cleared by IEU (can entail various rounds of comments)
9.	Presentation of evaluation findings.

Specific requirements for the evaluation report include the following: the draft as well as final evaluation report in English must be fully in line with UNODC Evaluation Norms and Standards[27]

Duties)	Time frame	Location	Deliverables
Desk review	25 November to 2 December (8 days)	Home base	List of evaluation questions; Evaluation tools; Inception report in line with UNODC evaluation templates, guidelines, etc. to be reviewed and cleared by IEU before the field mission (can entail various rounds of comments).
Final Inception Report (Deliverable A)	06 December 2014	Home base	
Interviews with staff at UNODC HQ; Evaluation mission: briefing, interviews; presentation of preliminary findings	7 December- 14 December (8 days)	UNODC/Field office; Countries/Cities	Presentation of preliminary findings
Drafting of the evaluation report; submission to project manager and IEU for comments	10 days– drafting of the report (by December 31st) 10 days for the review by project manager and IEU (by January 11 2015)	Home base	Draft evaluation report in line with UNODC evaluation guidelines, templates and standards (to be reviewed for factual errors by the project manager; review and clearance by IEU – can entail various rounds of comments)
Draft Evaluation Report in line with UNODC evaluation guidelines, standards, norms and templates (Deliverable B)	4 days (by 20 January 2015)		
Incorporation of comments and submission to Core Learning Partners for comments	4 days (between January 20 and January 29, 2015)	Home base	Include comments as received by project manager and IEU.

27 Please use the mandatory templates and guidelines for the whole evaluation process, to be found on the IEU website: http://www.unodc.org/unodc/en/evaluation/independent-project-evaluations-step-by-step.html

Finalization of report (including final comments) incl. Management response (if needed) and presentation of findings	2 days (by January 31, 2015)	Home base; UNODC/HQ	Final evaluation report in line with UNODC evaluation guidelines, templates, norms and standards (to be cleared by IEU); Presentation of final evaluation findings and recommendations

VIII. EVALUATION TEAM COMPOSITION

Number of evaluators needed.

The evaluation team will consist of the lead evaluator with expertise in the area of public health and HIV/AIDS and extensive expertise in monitoring and evaluation, and a strong practical knowledge of knowledge of East African and West African region. For the scope and the scale of the project, one evaluator will be sufficient to complete the task.

The role of the lead evaluator

The lead evaluator will be in charge of fulfilling the following mandatory requirements and ensuring that the evaluation deliverables are in line with UNODC Evaluation guidelines, handbook, templates, norms and standards[28]:
-carry out the desk review;
-develop evaluation methodology, including sample size and sampling technique;
-prepare the inception report incorporating the above components, in line with the guidelines and templates on the IEU website http://www.unodc.org/unodc/en/evaluation/evaluation-step-by-step.html;
-incorporate comments received in the Inception Report; clearance IEU.
-conduct all interviews with the stakeholders;
-lead and coordinate the evaluation process;
-implement qualitative tools and analyze 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 and the guidelines and template on the IEU website http://www.unodc.org/unodc/en/evaluation/evaluation-step-by-step.html;
-review and finalize the evaluation report on the basis of comments received;
-include a management response in the final report, if needed;
-present the final evaluation findings and recommendations to stakeholders.

Deliverables:

Inception Report, in line with UNODC evaluation guidelines, templates, norms and standards (to be reviewed and cleared by IEU);
Draft Evaluation Report, in line with UNODC evaluation guidelines, templates, norms and standards (to be reviewed and cleared by IEU);
Final Evaluation Report, in line with UNODC evaluation guidelines, templates, norms and standards (to be reviewed and cleared by IEU);

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.

28 The mandatory templates and guidelines for the whole evaluation process, can be found on the IEU website: http://www.unodc.org/unodc/en/evaluation/independent-project-evaluations-step-by-step.html

IX. MANAGEMENT OF EVALUATION PROCESS

Roles and responsibilities of the Project Manager

The Project Coordinator and Project team are responsible for the provision of desk review materials to the evaluator, commenting on the evaluation methodology, liaising with the core learning partners, as well as commenting on the draft report and developing an implementation plan for the evaluation recommendations. Project Team will be in charge of providing logistical support to the evaluator including arrangements for field missions.

Roles and responsibilities of the evaluation stakeholders

The Project Coordinator in consultation with IEU will select members of the Core Learning Partnership (CLP). Members of the CLP will be selected from the key stakeholder groups including beneficiaries and partner organizations. The CLP will be 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. Key stakeholders of the project – called "Core Learning Partners" - will participate in the evaluation process during key stages. The Core Learning Partners (CLP) will comprise, i.e., beneficiaries, such as UNODC ROEA, Ministry of Health in Kenya, Prisons Administration in Zambia, NGO representatives. These will provide information and assistance to the evaluator.

Roles and responsibilities of the Independent Evaluation Unit

The independent evaluation will be carried out following UNODC's evaluation policy and UNEG Norms and Standards. The evaluator will work closely with UNODC's Independent Evaluation Unit. The evaluation is managed by the Project Coordinator but IEU provides quality assurance through the provision of guidelines, formats, assistance, advice and clearance on key deliverables during the evaluation process. IEU further ensures that the evaluation conforms with the United Nations Evaluation Group (UNEG) Norms and Standards. In particular, the IEU guides the process of this evaluation, approves the TOR. IEU comments on and clears all deliverables of this evaluation – Inception Report; Draft Evaluation Report; Final Evaluation Report. IEU publishes the final report on its website.

Logistical support responsibilities

The Project Coordinator will be in charge of providing logistical support to the evaluation team including arranging the field missions of the independent evaluator. For the field missions, the evaluation team liaises with the UNODC Regional/Field Offices and mentors as appropriate.

X. PAYMENT MODALITIES

Consultants will be issued consultancy contracts and paid in accordance with UNODC rules and regulations. The contract is a legally binding document in which the consultant agrees to complete the deliverables by the set deadlines. It is the responsibility of the requesting office to carefully consider and determine the estimated time period that the consultant would need, to be able to produce quality work and fully complete all the expected deliverables on time. It is particularly essential that sufficient time is planned for the drafting and finalizing of the report, including the process of consultation and incorporation of comments and changes. Payment is correlated to deliverables and three installments are typically are foreseen (25%, 25% and 50% of total fees):

- The first payment (25 per cent of the consultancy fee) upon clearance of the Inception Report by IEU (this can entail various rounds of comments) – Deliverable A;

- The second payment (25 per cent of the consultancy fee) upon initial clearance of the Draft Evaluation Report by IEU (this can entail various rounds of comments) – Deliverable B;

- 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 clearance by UNODC (this can entail various rounds of comments); as well as presentation of final evaluation findings and recommendations – Deliverable C.

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.

TERMS OF REFERENCE FOR EVALUATORS

Independent Project Evaluation of the UNODC project

Terms of Reference for the International Evaluation Consultant

Post title	International Evaluation Consultant/Team Leader
Organisational Section/Unit	Sustainable Livelihoods Unit
Duty station	Home base; missions to Tanzania, Kenya and Zambia
Proposed period	25.11.2014 to 31.01.2015
Starting date required	25.11.2014
Actual work time	36 days

1. Background of the assignment:

The project "Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa" (XAFK45) is aimed to support the provision of basic social assistance services within the framework of sustainable livelihood services to individuals affected by drug use and HIV/ADS, current and former prisoners in Ethiopia, Kenya, Uganda, Tanzania, and Zambia.

2. Purpose of the assignment:

The goal is to conduct evaluation of implementation of the sustainable livelihood project supported by OPECT Fund for International Development (OFID).

Objectives of the proposed evaluation are to:

Assess the relevance of the programme design to strengthen drug prevention and treatment services, and HIV related services;

Assess the effectiveness in terms of attainment of set project goals and objectives

Assess the efficiency of program implementation, its major achievements and setbacks;

Assess the impact of the program on improving outcome of key interventions accessible by drug users, prisoners, including those affected by HIV/AIDS ;

Identify major challenges and constraints faced by the grants' implementation at different levels and propose solutions;

Assess sustainability of the project interventions.

3. Specific tasks to be performed by the evaluation consultant:

The International Evaluation Consultant will evaluate the UNODC project XAFK 45. On the basis of the Evaluation Terms of Reference, key responsibilities of the Team Leader include (i) development of the evaluation design with detailed methods, tools and techniques, (ii) leading the evaluation process and assigning responsibilities to team members, (iii) ensuring adherence to the UNEG Norms and Standards, UNODC Evaluation Guidelines and Templates, and the evaluation ToR, and (iv) ensuring overall coherence of the report writing, (v) ensuring that all deliverables are submitted in line with UNODC evaluation policy, handbook, guidelines and templates.

4. Expected tangible and measurable output(s):

The evaluator will be responsible for the quality and timely submission of all deliverables, as specified below. All products should be well written, inclusive and have a clear analysis process.

The evaluator will have the overall responsibility for the quality and timely submission of all deliverables, as specified below. All products should be well written, inclusive and have a clear analysis process.

- Deliverable A: Inception report, containing a refined work plan, methodology and evaluation tools; in line with UNODC evaluation guidelines and templates (to be reviewed and cleared by IEU; can entail various rounds of comments).
- Presentation of preliminary evaluation findings and recommendations to internal and external key stakeholders (if applicable).
- Deliverable B: Draft evaluation report in line with UNODC evaluation policy, handbook, guidelines and templates. (to be reviewed and cleared by IEU; can entail various rounds of comments)
- Revised draft report based on comments received from the various consultative processes (IEU, internal and external).
- Deliverable C: Final evaluation report, in line with UNODC evaluation policy, handbook, guidelines and templates. (to be reviewed and cleared by IEU; can entail various rounds of comments) and final PowerPoint presentation to stakeholders.

5. Dates and details as to how the work must be delivered:

The consultant will be hired full time for 36 working days (home-based and field missions) over a period between November 25 2014 and January 2015. On the basis of the Evaluation Terms of Reference, s/he will carry out the following deliverables and tasks. A time-bound calendar will be proposed when the contract will be signed.

Duties)	Time frame	Location	Deliverables
Desk review	25 November to 2 December (8 days)	Home base	List of evaluation questions; Evaluation tools; Inception report in line with UNODC evaluation templates, guidelines, etc. to be reviewed and cleared by IEU before the

			field mission (can entail various rounds of comments).
Final Inception Report (Deliverable A)	06 December 2014	Home base	
Interviews with staff at UNODC HQ; Evaluation mission: briefing, interviews; presentation of preliminary findings	7 December- 14 December (8 days)	UNODC/Field office; Countries/Cities	Presentation of preliminary findings
Drafting of the evaluation report; submission to project manager and IEU for comments	10 days– drafting of the report (by December 31st) 10 days for the review by project manager and IEU (by January 11 2015)	Home base	Draft evaluation report in line with UNODC evaluation guidelines, templates and standards (to be reviewed for factual errors by the project manager; review and clearance by IEU – can entail various rounds of comments)
Draft Evaluation Report in line with UNODC evaluation guidelines, standards, norms and templates (Deliverable B)	4 days (by 20 January 2015)		
Incorporation of comments and submission to Core Learning Partners for comments	4 days (between January 20 and January 29, 2015)	Home base	Include comments as received by project manager and IEU.
Finalization of report (including final comments) incl. Management response (if needed) and presentation of findings (Deliverable C)	2 days (by January 31, 2015)	Home base; UNODC/HQ	Final evaluation report in line with UNODC evaluation guidelines, templates, norms and standards (to be cleared by IEU); Presentation of final evaluation findings and recommendations

6. Indicators to evaluate the consultant's performance:

Timely and satisfactory delivery of the above mentioned outputs as assessed by IEU (in line with UNODC evaluation policy, handbook, guidelines and templates as well as UNEG Standards and Norms) [29].

7. Qualifications/expertise sought (required educational background, years of relevant work experience, other special skills or knowledge required):

Advanced university degree (Master's degree or equivalent) in social sciences, economics or related field, with specialized training in evaluation; technical expertise in various evaluation methodologies and techniques, including multiple stakeholders and post conflict situation; 12 years of progressive experience in evaluation design methodology (qualitative and quantitative models); prior experience in planning, designing, implementing, analyzing and reporting results of qualitative and quantitative studies including survey design and implementation; experience in policy planning and policy analysis; academic qualifications or experience

29 IEU website: http://www.unodc.org/unodc/en/evaluation/independent-project-evaluations-step-by-step.html

in HIV-AIDS, ; knowledge of the UN system is an asset; previous work/research/evaluation experience in West and Central Asia (desirable); understanding of gender and human rights considerations is an asset; excellent communication and drafting skills; fluency in oral and written English is required; the ability to communicate in another UN language is a strong asset. The consultant should demonstrate:

- extensive knowledge of, and experience in applying, qualitative and quantitative evaluation methods;
- a strong record in designing and leading evaluations;
- technical competence in the area of evaluation (advanced university degree or practical experience);
- excellent communication and drafting skills in English; proven by previous evaluation reports

The consultant must have excellent spoken and written English. Knowledge of another language relevant to the evaluation might be an advantage.

Payment Details

The evaluator will be issued a consultancy contract and paid in accordance with United Nations rules and procedures. Fees payment correlates to deliverables. Payment will be made upon the receipt and clearance by IEU of the following deliverables as follows:

1. Inception Report, containing a refined work plan, methodology and evaluation tools (in line with norms, tools and guidelines of IEU and to be reviewed and cleared by IEU) – 25% of the consultancy fee, tentatively paid by 15.12.2014.

2. Draft Evaluation Report in line with UNODC evaluation policy, templates and guidelines2 (to be reviewed and cleared by IEU) – 25% of the consultancy fee, tentatively paid by 31.12.2014.

3. Final Evaluation Report, including annexes, fully in line with UNODC evaluation policy, templates and guidelines; and presentation (all to be reviewed and cleared by IEU) – 50% of the consultancy fee (i.e. the reminder of the consultancy fee), tentatively paid by 31/01/2015.

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.

Absence of Conflict of Interest

The consultant was not involved in the design and/or implementation, supervision and coordination of and/or have benefited from the programme/project or theme under evaluation.

Ethics

The evaluator shall respect the UNEG Ethical Guidelines.

List of Core Learning Partners[30]

Name	Organization	Telephone	Email
Dr. David Kiima	Ministry of Health- Director of Mental Health Services	(254) 722845735	dmkiima@gmail.com
Percy Chato	Zambia Prison Service-	(260)097784 2694	pkchato@yahoo.com
Lloyd Chilundika	Zambia Prison Services Chief	(260) 978722894	lhchilundika@yahoo.com
Banda Gaston	Zambia Prison service – Skills instructor at Kabwe Maximum Prison	(260) 0977474199	bandagaston@yahoo.com
Tomas Hirl	Good Samaritan (Zambia)- Organization Development Officer	(260) 0961408220	tokoloshe@hotmail.com
Eben Sibbuku	Zambia Development Agency- Enterprise Development Specialist	(260) 0966258797	esibbuku@zda.org.zm
Esther Mondoloka	Zambia Technical Vocational Entrepreneurs hip Training Authority(TEV ETA)- Entrepreneurs hip Development specialist		emondoloka@teveta.org.zm
Joseph Ngosa	Good Samaritan Centre	(260) 977533278	gsc.kabwe@gmail.com

[30]The Core Learning Partnership (CLP are the key stakeholders of the subject evaluated (project, programme, policy etc.) who have an interest in the evaluation. The CLP works closely with the Evaluation Manager to guide the evaluation process.

Name	Organization	Telephone	Email
	Director		
Beth Mbugua	UNODC – ROEA Coordinator (UNV)	(254) 722759485	beth.mbugua@unodc.org
Dr. Saade Abdallah	UNODC – ROEA (M&E specialist- other UNODC project)	(254) 738250022	saade.abdallah@unodc.org
Calleb Angira	NOSET Director	(254) 720410793	nairobioutreach@yahoo.co.uk,
Amina Omar	BOMU Coordinator	(254) 723497544	aminahamadi@ymail.com,
Sharon Lesa Nyambe	UNODC ROSAF Project coordinator	(260) 965753626	sharon.nyambe@unodc.org
Abdalla A. Badhrus	MEWA Coordinator	(254) 722677481	abdallabadrus@gmail.com,
Said Islam Said	TOP Coordinator	(254) 770969685	said.islam11@hotmail.com,

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ANNEX II. EVALUATION TOOLS: LOGIC MODEL, FOCUS GROUP AND INTERVIEW GUIDES

1. LOGIC MODEL TEMPLATE

Individual grantees were asked to present their project using the following key sections as per the Logic Model of project evaluation, and to submit the detail to the evaluator in the supplied log chart.

Project Aims and Objectives	Aim: A broad statement of intended change or desired condition of well-being for the target population. Aim should be client-focused. Please provide detail as to what the comparative advantages of UNODC in supporting sustainable livelihood services and to what extent was the project implemented with this in mind. Objective: The areas of activity or practical steps planned by the service to accomplish its aims. Action words describe objectives (e.g. to provide, to support, to offer, to run, to set up). Please provide detail as to how the service delivery model and programme design aimed to facilitate availability, accessibility and acceptance of key interventions on drug prevention and treatment and HIV prevention strengthens drug prevention and treatment services, and HIV related services. Please provide detail as to how the service delivery model and programme design mainstreamed: poverty reduction, human rights, innovation and environmental protection.
Stakeholders	Please provide detail on who the main stakeholders of the project are.
Target Populations	Please provide detail relating to numbers of beneficiaries, age, gender, geographic area, employment, HIV status, drug (active/non-active) and IDU status, ART status, intake, retention, project completion data. Please provide detail on how the project incorporates and mainstreams human rights and gender aspects into the project design and implementation. Please provide detail on how the project conducted evidence based and local needs analysis and target population input into the design of activities. Demonstrate the extent to which the project objective and assistance relevant to the needs of the local target regions.
Project Inputs	Activities are the services, processes, tools, events and actions that are an intentional part of sustainable livelihood service implementation, and which are used to bring about the intended project change / results. Please provide detail as to what activities were implemented in the project. Demonstrate the extent that the activities implemented through the projects reflect the UNODC and government policies and priorities. Please provide detail as to what extent the project activities were designed and actively coordinated with participation of relevant agencies, stakeholders and partners. Please provide detail on whether the activities were implemented on schedule and within budget. Please provide detail on the unit costs of the activities. Please provide detail on whether the activities were cost-efficient. Outputs are the direct tangible products or services produced in carrying out the activities. Please provide detail on what the outputs are for the activities in your project. Please provide detail on what the outputs are for each target population accessing your

	project.
Outcomes (short, medium and long term)	Outcomes: The specific changes / benefits in participants' behaviour, knowledge, attitudes, skills, practice, decision-making, values, conditions, status etc. that actually occur as a result of activities. Outcomes can be intended and unintended, positive or negative. Please provide detail on short , medium and long term outcomes of your project. For example; Short term outcomes are the consequences that are anticipated upon completion of the sustainable livelihood program activity (for example, increased knowledge and awareness). Medium term outcomes are the consequences that are anticipated from the sustainable living activities more generically, and over time (for example increased individual resiliency and empowerment). Long term outcomes are the ultimate consequences that can be anticipated overall, over time (for example decreased drug demand, use and production, reduced HIV prevalence, increased HIV, ART and MAP service uptake and retention, reduced AIDS relate death). Please provide detail as to whether the project has achieved its aim and objectives. Please provide detail as to what extent project inputs have translated into outcomes. Please provide detail about the intended and unintended, positive and negative effects of the project.
Factors affecting implementation and outcomes	Please provide detail as to the major structural, legal and cultural factors influencing the efficiency of program implementation, setbacks and achievement or non-achievement of the project objectives. Please provide detail as the difficulties/problems occurred when implementing the activities. Identify major challenges and constraints faced by the grants' implementation at different levels and propose solutions. Please provide detail regarding actual uptake of the project by intended target groups. Please provide detail whether beneficiaries are committed to continue working toward project objectives after it ends. Please provide detail as to whether the project is sustainable (scaled up, replicated, ceased). Please provide detail on how investment can be improved to better contribute to outcome indicators.
Indicators	The specific item of information that measures the change /benefits of a service. Please provide unit cost analysis detail for the project. Please provide detail on how you measured the project's intended measurable results and achievement of outcomes. Please provide detail on the employment status, HIV treatment status, active/non-active drug use status, crime rates of the graduates from the vocational training programmes, and beneficiaries of part and full-time employment through the project, entrepreneurs through micro-credits and loans. Provide recommendations on how to reduce the unit costs of interventions. Please provide detail on areas for further improvement of service efficiency to the target group at value for money cost, at required coverage and quality, and ensuring sustainability of services.

2. FOCUS GROUP: Project Specific Lessons learned, Best Practice Protocols, SWOT and Roadmap for future implementation

A focus group discussion and brainstorming session was conducted with all projects attending the meeting in Zanzibar to define specific lessons learned, best practice protocols, SWOT analysis and 'Road-Maps' for future implementation. Guides included;

What lessons can be drawn regarding project effectiveness? What specific lessons can be learned from the programme implementation in order to improve performance, results and effectiveness in the future?

What best practices can be identified for future phases of the project or other UNODC projects?

Project Strengths

Project Weaknesses

Project Opportunities

Project Threats

+ Identify major challenges and constraints faced by the grant's implementation at different levels and propose solutions.

Roadmaps for future implementation.

3. INTERVIEW GUIDE: STAKEHOLDERS

Can you tell me what your current role is? What is your connection with PROJECT XAFK45? Can you describe what your work entails?

What do you think the comparative advantages are of UNODC in supporting sustainable livelihood services are? To what extent do you think the project is implemented with this in mind?

How does the project sit within UNODC and your government policies and priorities? What are your views on how this type of programme support current drug prevention, treatment and HIV related services in your country?

Do you think the project mainstreams poverty reduction, human rights, innovation and environmental protection?

Do you think the project operates in an evidence based manner? Do you think the project operates in response to local need? What are the local target populations, and what are their needs? Were local target populations and stakeholders consulted when designing the project?

Does the project target a relevant need in your country? Does it support key groups?

What kind of activities were implemented? Were activates implemented with support from local agencies, stakeholders and partners? Does the project work in a coordinated fashion with these agencies, stakeholders and partners?

Were activities implemented on time and within budget? Do you think the project is cost efficient? Can it improve?

Has uptake and retention changed over time? Were there any barriers to uptake, and for retention?

What are the benefits of supporting sustainable livelihood projects in your opinion? What are the main outcomes for the project? In the short term, and in the long term? What are the positive and negative aspects of implementation? How did the process evolve, and what were the major challenges?

What are the main factors affecting efficiency and outcomes? Do you think the project is sustainable? Are beneficiaries committed to continue working toward project objectives after it ends? How can investment be improved to better contribute to outcome indicators? Are there any additional supports needed to promote sustainability of the projects? Do beneficiaries need additional supports after the projects completion?

Do you have any views on lessons learned in project design, implementation, and sustainability? How can these lessons be applied in the future for other projects? How can these lessons improve current project sustainability, and effectiveness?

4. INTERVIEW GUIDE: BENEFICIARIES

Can you tell me your age please? Can you tell me a little about yourself,

What is your experience of the sustainable livelihood project? What are the best parts of the project? What are your favourite activities?

What have you learnt? Has it changed your lifestyle in any way? Do you see yourself continuing with your new skills?

Did you find it hard to access the project? Did you find the staff helpful and supportive?

Were there any aspects of the project which you didn't like? How do you think the project can improve? Would you like to see it continue to help others?

ATTENDENCE LISTING: 3 DAY STAKEHOLDER MEETING

Country	Organization	Number
Kenya	BOMU	3
	TOP	3
	RCT	3
	MEWA	3
	SAPTA	3
	NOEST	3
Ethiopia	FPA	2
	UNV UNODC	1
Uganda	Butabika	1
	UNV UNODC 1	1
KENYA	UNODC ROEA	3
Tanzania	Kimara Peers	3
	Zanzibar	5
Zambia	Zambia Parole Board	1
	Good Samaritan Zambia Half-Way House	1
Vienna	Vienna	2

ANNEX III. DESK REVIEW LIST

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ANNEX IV. COUNTRY FACTSHEETS AND PROJECT LOGFRAME

Country Factsheets

Federal Democratic Republic of Ethiopia.

Country profile (2012 data)
85,200 000
Number of people living with HIV
590,000 [540,000–660,000]
Adults aged 15 and above living with HIV
380,000 [340,000–420,000]
Women aged 15 and up living with HIV
41,000 [40,000–56,000]
AIDS-related deaths
20,000 [14,000–29,000]
New infections
1.3% [1.2%–1.5%]
Adults aged 15-49 prevalence rate
60% [55%–65%]
ART Coverage
41% [35%–49%]
PMCT coverage
Epidemic type: high burden
Main modes of transmission: sex workers and their clients, stable partnerships, multiple heterosexual Partners
Total Joint UN Programme on AIDS expenditures US$ 105,066,271
Total Core UBRAF expenditures US$ 4,459,754

Republic of Kenya

Country profile (2012 data)
43 600 000
Number of people living with HIV
1 400 000 [1 400 000–1 500 000]
Adults aged 15 and over living with HIV
820 000 [790 000–860 000]
Women aged 15 and over living with HIV
57 000 [51 000–65 000]
AIDS-related deaths
98 000 [91 000–110 000]
New infections
6.1% [5.9%–6.3%]
Adults aged 15–49 prevalence rate
73% [69%–77%]
ART Coverage
53% [47%–60%]
PMCT coverage
Epidemic type: high burden
Main modes of transmission: men having sex with men, stable partnerships, multiple heterosexual partners, injecting drug use
Total HIV-related expenditure US$ 152,863, 041
Total core UBRAF expenditure US$ 4,502,365

The United Republic of Tanzania

Country profile (2014 data)

44,928,923
Number of people living with HIV
1,154,727 [1 067 671–1 251 156]
Adults aged 15 and above living with HIV
688,077 [638 478–748 538]
Women aged 15 and up living with HIV
78,470 [68 954–90 463]
AIDS-related deaths
73,037 [60 177–88 175]
New infections
4.95% [4.56%–5.34%]
Adults aged 15–49 prevalence
67.48% /29.7%
ART coverage (adults/children)
69.78%
PMTCT coverage
Epidemic type: high burden
Modes of transmission: sex workers and their clients, stable partnerships, multiple heterosexual partners
Total Joint UN Programme on AIDS expenditures US$ 63,538,598
Total core UBRAF expenditures US$ 3,531,952

The Republic of Uganda

HIV and AIDS estimates (2013) (www.unaids.org)
1,600,000 [1,500,000 - 1,700,000]
Number of people living with HIV
7.4% [7.0% - 8.0%]
Adults aged 15 to 49 prevalence rate
1,400,000 [1,300,000 - 1,500,000]
Adults aged 15 and up living with HIV
790,000 [740,000 - 850,000]
Women aged 15 and up living with HIV
190,000 [170,000 - 220,000]
Children aged 0 to 14 living with HIV
63,000 [56,000 - 71,000]
Deaths due to AIDS
1,000,000 [920,000 - 1,100,000]

The Republic of Zambia

Country profile (2012 data)
14 400 000
Number of people living with HIV
950 000 [900 000–1 000 000]
Adults aged 15 and above living with HIV
490 000 [460 000–530 000]
Women aged 15 and up living with HIV
30 000 [26 000–36 000]
AIDS-related deaths
56 000 [49 000–64 000]
New infections
12.7% [11.9%–13.7%]
Adults aged 15–49 prevalence rate
79% [76%–84%]
ART Coverage
>95% [87%–>95%]
PMCT coverage
Epidemic type: Generalised (high burden)
Modes of transmission: stable partnerships, multiple concurrent heterosexual partners
Total Joint UN Programme on AIDS expenditures US$78,940,739
Core UBRAF expenditures US$4,195,423

Level of Result achieved in evaluation	Excellent	High	Satisfactory	Poor	None

Project Log Frame with Indicators

Project Aim: To support the provision of basic social assistance services within the framework of sustainable livelihood services to individuals affected by drug use and HIV/ADS, current and former prisoners in Ethiopia, Kenya, Uganda, Tanzania, and Zambia.

Project Objective: To enable the target groups to better access drug dependence prevention and treatment and HIV services and to increase the effectiveness of related interventions through the provision of low-threshold socio- economic support services in the community or in prison settings or through half-way houses for former prisoners

Concept Design	Relevance	Efficiency	Partnerships	Effectiveness	Impact	Sustainability	Cross Cutting Issues	Outcomes
Specific project context and the expressed needs of the target group were taken into consideration.	The SL programme design of strengthening drug prevention and treatment services and HIV related services was relevant for the organizations delivering the services and the end beneficiaries.	SL activities were cost-efficient. Note : ..... with exception of feeding programmes	The project has actively cooperated with other relevant agencies.	The project has made progress towards achievement of its foreseen objective and results.	Changes occurred in the drug situation (drug use and production) and were attributed to the project.	Benefits from the project are likely to be sustained after the end of the project.	The project in its design and implementation has mainstreamed poverty reduction.	Trained staff provide basic socio-economic assistance to individuals that are drug-dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS
Quality of the logical framework approach, with measurable expected objectives, outcomes and outputs, performance indicators (including gender equality), targets, risks, mitigation measures and assumptions.	The SL activities implemented through the projects reflected the UNODC and government policies and priorities.	SL activities were implemented on schedule and within the budget.	Provision of actual project services has been extended to various partner organizations (government, NGOs, community based organizations involved in the provision of HIV and drug prevention/harm reduction services).	Challenges, difficulties/problems occurred and were overcome when implementing the activitie.	Long term effects of the project were measured in relation to beneficiary social, health and economic outcomes.	Services are developed under the SL project is likely to continue, scaled up or replicated after funding ceases.	The project in its design and implementation has mainstreamed gender equality.	Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS maintain a stable relationship with outreach and drop-in work and comply with treatment activities
	The project objective and assistance was relevant to the needs of the target regions.	Inputs (materials, budget, etc) were available on time and in the right quantity.	Project activities were designed with participation of relevant partners.			Beneficiaries are committed to continue working towards project objectives after it ends.	The project in its design and implementation has mainstreamed innovation.	Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS make healthy decisions and behave in a way that does not create risks to others or themselves
	UNODC is advantaged in supporting SL services.	Inputs translated into outcomes that contributed to the attainment of the objectives.	Cooperation, coordination and collaboration has been sought with other organisations, NGOs, other intergovernmental organizations throughout the project implementation.				The project in its design and implementation has mainstreamed environmental protection.	Individuals that are drug dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS have access to and use improved income opportunities
								Basic data is available to serve as evidence for the efficacy of project activities and lessons learned for future sustainable livelihoods projects
								Trained staff provide basic socio-economic assistance to individuals that are drug-dependent, imprisoned or recently released from prison and at risk of HIV infection or living with AIDS