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Independent project evaluation of the
**Partnership on Effective HIV/AIDS Prevention and Care
among Vulnerable Groups in Central Asia and Eastern
Europe – Phase II**

XCEA01

Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, Turkmenistan

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This evaluation report was prepared by evaluation expert Mr. Konstantin Ossipov, MD MA HMPP. The Independent Evaluation Unit (IEU) of the United Nations Office on Drugs and Crime (UNODC) provides normative tools, guidelines and templates to be used in the evaluation process of projects. Please find the respective tools on the IEU web site: <http://www.unodc.org/unodc/en/evaluation/evaluation.html>

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CONTENTS

	<i>Pages</i>
CONTENTS	III
ABBREVIATIONS AND ACRONYMS	IV
EXECUTIVE SUMMARY	VI
SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS	X
I. INTRODUCTION	12
BACKGROUND INFORMATION AND CONTEXT	12
EVALUATION METHODOLOGY	16
II. EVALUATION FINDINGS	19
DESIGN	19
RELEVANCE	20
EFFICIENCY	23
PARTNERSHIPS AND COOPERATION	25
EFFECTIVENESS	26
IMPACT	33
SUSTAINABILITY	35
HUMAN RIGHTS AND GENDER	36
III. CONCLUSIONS	38
IV. RECOMMENDATIONS	40
V. LESSONS LEARNED	41
<u><i>Annexes</i></u>	
I. TERMS OF REFERENCE OF THE EVALUATION	42
II. EVALUATION TOOLS: QUESTIONNAIRES AND INTERVIEW GUIDES	55
III. DESK REVIEW LIST	60
IV. LIST OF PERSONS CONTACTED DURING THE EVALUATION	61
V. LIST OF OCCUPATIONAL STANDARDS AND TEACHING CURRICULA DEVELOPED UNDER THE PROJECT FOR COUNTRIES IN CENTRAL ASIA	64

ABBREVIATIONS AND ACRONYMS

ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
EU	European Union
GFATM	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDU	Injection Drug Users
MARP	Most at Risk Population
MMT	Methadone Maintenance Therapy
MSM	Men having Sex with Men
MoH	Ministry of Health
MoJ	Ministry of Justice
NGO	Nongovernmental Organization
NPO	National Project Office
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PMTC	Prevention of Mother-to-Child Transmission
PWID	People Who Inject Drugs
ROCA	Regional Office for Central Asia
RPO	UNODC Regional Programme Office
STI	Sexually Transmitted Infection
SW	Sex Workers
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
USAID	U.S. Agency for International Development
VCT	Voluntary Counseling and Testing

EXECUTIVE SUMMARY

Introduction and Background

UNODC project XCEA01 – «Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups In Central Asia and Eastern Europe –Phase II» aimed to improve availability, coverage and quality of HIV services for injecting drug users and prisoners in community and prison settings in Central Asia. Duration of the project is 6 years 9 months Donors have approved no-cost extension till 31 March 2017 to conduct final independent project evaluation. The budget received for the Central Asia segment being evaluated hereto is USD 3,446,900 secured by CDC/PEPFAR, USAID and GIZ. The project was aimed to address the following challenges¹:

- Lack of the full range of HIV-related health and social protection services that are required for meeting the needs of drug users and people in detention;
- Poor quality and low capacity of existing services to provide for the scale of coverage of key population groups necessary to contain HIV epidemic and influence public health in general;
- Inadequate integration of HIV-related interventions in primary health care as well as in social protection services, weak referral mechanisms within and between these services and low-threshold services that translates into insufficient continuity of care, patients/clients' reversions to risk-behaviours, interruption of ARV and TB treatment and the development of multi-resistant forms of diseases;
- Outdated state monitoring and evaluation systems that prevent clear measuring the access of MARPs to health and social protection services and the effectiveness and efficiency of those services;
- Insufficient involvement of the police and other law enforcement forces in constructive partnerships with health care and social protection agencies and organizations who provide services for drug users and people in detention.

The ultimate project's beneficiaries were injecting drug users and prisoners since the project aimed at improving availability, coverage and quality of HIV services for these two groups. However, policy and decision makers at national and provincial level, managers and other staff of governmental and non-governmental organizations working in the area of healthcare, social protection, law enforcement and justice sectors were also directly to benefit from the project. The project also worked with professional education systems in order to mainstream HIV into the systems of graduate and continuous training of health, social and law enforcement professionals.

The evaluation covered the Central Asian segment of the Project and the time period from January 2010 until January 2017. The evaluation methodology comprised a mix of review of the of existing reports, documents and available secondary data, face-to-face structured and semi-

¹ Project document: XCEA01: OFID/UNODC Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups In Central Asia and Eastern Europe –Phase II. 2010

structured individual and/or group interviews, focus group discussions, as well as site visits and observations.

Major findings of the evaluation

The scope of the project was very ambitious content wise and geographically although the chosen design was built on and logically stemmed from the success of the Phase I² and therefore was appropriate to meet the project's objective and its outcomes. However, the initial design had a number of issues such as lack of flexibility and freedom to adapt the regional initiatives to the diverse characteristics and unique conditions of the individual countries of the region. Moreover, the project suffered from intervals of interrupted and reduced funding and this has led to substantive cuttings in the project activities.

The impact of the project is visible in the region although varies across the countries. Harm reduction and particularly Methadone Maintenance Therapy (MMT) remain a challenge in the region. The anti-methadone movement in Central Asia poses a threat to the MMT program in the region.

The sustainability of the HIV services remains unsure with the exception of Kazakhstan. Other countries of the region although made some steps to institutionalize harm reduction continue to rely on donor funding currently leaving the region. Introduction of harm reduction and MMT programme in custodial settings remain the challenge in Uzbekistan and Kazakhstan respectively.

Human rights and gender issues, although not systematically addressed nor explicitly stated in the project's documentation, have been included in the project's implementation. UNODC used every opportunity to make the national partners more aware of human rights obligations and gender issues, especially the respective needs of most-at-risk populations including women and those in detention.

Main Conclusions

The scope of the project was very ambitious although the chosen design was built on and logically stemmed from the success of the Phase I and therefore was appropriate to meet the project's objective and its outcomes. Initial managerial issues such as lack of flexibility and freedom to adapt the regional initiatives to the diverse characteristics and unique conditions of the individual countries of the region, were overcome in the second half of the project.

Due to significant reduction of donor funds (CDC), the outcomes related to the national M&E mechanisms and model on integrated services were removed. These fund cuts, shortages and interruptions made the project to overcome inefficiencies of the first half of the project and plan activities in a thoughtful and efficient manner with implementation rate reaching 100%. Scarce funding was streamlined into advocacy of the need for integrated services for PWID in community and prisons, development of the respective policy and legislation and continuing capacity building. Outcomes and outputs have been to a different extent achieved in the region. The project was effective for Outcomes 1 and 2 and less effective for Outcomes 3 and 4 due to considerable fund cuts and resulting drop off activities for these Outcomes.

² Phase I (2006-2010) was aimed at establishing a favourable environment in all project countries (Central Asia and Azerbaijan) to better implement HIV/AIDS prevention and care activities among injecting drug users and in prison settings".

The impact of the project is visible although uneven across the region. Systematic advocacy efforts made by the project within the respective partnerships resulted in registration of methadone and its inclusion into the list of essential drugs, institutionalisation of the harm reduction programmes and even their funding from the state budget. Two countries have launched MMT in detention institutions. The recently adopted National HIV/AIDS Programmes take into consideration the interests of people who inject drugs (PWID) including those in prisons.

The sustainability of the HIV services remains unsure due to slow institutionalization of harm reduction programmes in the region and a lack of financial sustainability thereof resulted from the heavy dependence of the programmes upon the donor funding. A continuing resistance to introduction of the harm reduction in the custodial settings also remains the issue.

The anti-methadone movement in Central Asia is still posing a threat to the MMT program in all countries. Gender issues were integral part of the expected outcomes and outputs but have not been systematically addressed by the project. Similarly, the human rights are the built-in part of all project activities. Moreover, specific for the target group human-rights issues have been identified by the project and in the course of the evaluation. The project activities, however, having applied the human-right principles to the interventions, did not succeed in advancement thereof for specific needs of PWID and prison inmates.

Major Recommendations

UNODC HIV/AIDS Section and HQ when designing regional interventions need to acknowledge unique characteristics of the countries such as size, landscape, population, culture, as well as their conditions and circumstances such as access to funding, level and number of services, needs and priorities, and political climate enabling the scale-up of availability, coverage and quality of HIV services for IDU on community and in prisons.

UNODC HIV/AIDS Section and HQ should have alternative funding if the funding source is not secured. The designing and approval of projects with multiple outcomes lacking security of funding should be avoided.

UNODC Regional Office for Central Asia (ROCA) should continue focusing largely on the high-level advocacy for HR and MMT by making available best practices, and organizing regional meetings for relevant stakeholders.

UNODC ROCA to acknowledge the institution-specific advantage of UNODC to work in prison settings that needs to be at the core of the policy dialogue and respective advocacy strategy.

UNODC ROCA Representative and CA Country Coordinators to continue the high-level advocacy for HR and MMT in order to build the strong ownership among policy and decision-makers for all inputs necessary for successful implementation of the HIV programs for PWID.

UNODC ROCA jointly with WHO and UNAIDS in Central Asia to raise national dialogues and strengthen regulatory framework to help scale up the MMT to provide in-country evidence of MMT effectiveness for prevention of HIV and social adaptation of PWID.

UNODC HIV/AIDS Section and HQ should incorporate human rights as inalienable and strategic part of the programming by making sure that all interventions are in line and fully conversant with wider UN objectives at the region/country level and advocate through various available channels for the adherence of all state and non-state bodies and organizations to the international

standards of human-rights in policies and practices thus ensuring humanization of attitudes towards PWID in community and custodial settings.

UNODC HIV/AIDS Section and HQ should clearly incorporate gender aspects in their regional and national initiatives including high level advocacy of the need for respective gender-sensitive policies and legislation, collection of the gender sensitive data and the adherence of all state and non-governmental bodies and organizations to the gender standards in their practices thus meeting specific needs of PWID in community and custodial settings.

Major Lessons Learned

Well organized and thoughtful regional events followed by respective national activities helped open minds of policy and decision makers and professionals on issues relating to PWID. It brought respective international evidence and attracted available expertise both internal and external, facilitating the process of knowledge sharing and learning thereby producing a critical mass of regional and national experts – proponents and advocates of the internationally accepted approach to integrated HIV services for PWID in the community and prison settings.

Shifting the focus of the project from scale-up of evidence-based knowledge on harm reduction and related topics, towards developing a legal framework for harm reduction, and more specifically MMT, related advocacy as well as respective technical assistance in policy development and institutional capacity building became a turning point enabling the project to make thoughtful developments. This approach, while being complex for practical implementation since it was aiming at policy, regulatory and structural changes, generated more substantial outcomes in comparisons with the results that would be expected from strengthening a respective knowledge base which is of interest to researchers and academia rather than to reformators.

Despite a visible contribution the project has made to increase of availability, coverage and quality of HIV services in all Central Asian countries the current level of MMT is undoubtedly insufficient to realize its potential for prevention of HIV.

SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

Findings³	Evidence (sources that substantiate findings)	Recommendations⁴
Key recommendations		
Very ambitious scope of the project, good and appropriate design based on success of Phase I but lacking flexibility and freedom to adapt the regional initiatives to diverse characteristics and conditions of the countries of the region	Document Review ⁵⁶ , Internet Research ⁷ , Interview and Observation	UNODC HIV/AIDS Section and HQ to acknowledge unique characteristics of the countries, their needs, priorities and political climate enabling to scale-up availability, coverage and quality of HIV services for IDUs in community and in prisons.
The project suffered from intervals and reductions in funding and resulting cuttings in available budgets and therefore Project activities.	Document Review, Interviews and Observation	UNODC HIV/AIDS Section and HQ should avoid approval of projects with multiple outcomes lacking security of funding.
The impact of the Project in the region varies across the countries. Low availability of integrated HIV services particularly HR and MMT.	Document Review, Internet Research ⁸ , Interview and Observation	UNODC ROCA to continue focusing on the high-level advocacy for HR and MMT by making available best practices, and organizing regional events for relevant stakeholders
Access to penitentiary sector for the HR interventions remain a challenge in the region	Document Review, Internet Research ⁹ , Interview and Observation	UNODC ROCA to develop policy dialogue and advocacy strategy acknowledging the institution-specific advantage of UNODC to work in prison

³ A finding uses evidence from data collection to allow for a factual statement.

⁴ Recommendations are proposals aimed at enhancing the effectiveness, quality, or efficiency of a project/programme; at redesigning the objectives; and/or at the reallocation of resources. For accuracy and credibility, recommendations should be the logical implications of the findings and conclusions.

⁵ TDRACI29 Final Evaluation Report, :.

⁶ XCEA01 Mid Term Evaluation Report

⁷ UNODC, UNAIDS WHO. Country Info, 2016

⁸ Eurasian Harm Reduction Network (EHRN), CARHAP, OSI assorted data, 2012-2016

⁹ <http://en.tengrinews.kz/>

		settings.
The anti-methadone movement in Central Asia poses a threat to the MMT program in Central Asia.	Document Review, Internet Research ¹⁰ , Interview and Observation	UNODC ROCA jointly with WHO and UNAIDS in CA to raise national dialogues, strengthen regulatory framework to help scale up the MMT to provide in-country evidence of MMT effectiveness for prevention of HIV and social adaptation of PWID.
The sustainability of the HIV services remains unsure.	Document Review ¹¹ , Internet Research ¹² , Interview and Observation	UNODC ROCA and Country Offices to continue the high-level advocacy for integrated HIV services in order to build the strong ownership among policy and decision-makers for all inputs necessary for successful implementation of the HIV programs for PWID.
Important recommendations		
Gender issues were not explicitly stated in the project's documentation and therefore were not systematically addressed.		UNODC HIV/AIDS Section and HQ to incorporate gender in regional and national initiatives and provide high level advocacy for gender-sensitive policies, legislation, data and adherence to gender standards respecting specific needs of PWID in community and prison.
Human right (HR) strategy was not explicitly stated in the project documentation and therefore was not systematically addressed		UNODC HIV/AIDS Section and HQ to incorporate HR to all initiatives consonant with wider UN objectives at the region/country level and provide adherence of all parties to the international standards of HR thus ensuring humanization of attitudes to PWID in community and prisons

¹⁰ <http://en.tengrinews.kz/>

¹¹ Transition and sustainability of HIV and TB responses in Eastern Europe and Central Asia a regional consultation report and draft transition framework, Eurasian Harm Reduction Network (EHRN)

¹² Eurasian Harm Reduction Network (EHRN), CARHAP, OSI assorted data, 2012-2016

I. INTRODUCTION

Background Information and Context

Eastern Europe and Central Asia are regions where the HIV prevalence clearly remains on the rise. The HIV and AIDS epidemics remain concentrated among most-at-risk populations, including injecting drug users and prisoners. The use of contaminated drug injecting equipment is the major mode of HIV transmission in the region accounting for 40-70 per cent of newly diagnosed HIV infections.¹³

Since 2007, UNODC has provided technical assistance to the countries of Central Asia and Azerbaijan through the TDRAC-I29 project “Effective HIV Prevention and Care for Vulnerable Populations in Countries of Central Asia and in Azerbaijan (2006-2010)” to scale up evidence informed HIV services, strengthen their legislative and normative base, and harmonize monitoring and evaluation systems in accordance with international standards and guidelines with the support from OFID and other donors.

The project was developed in response to a significant HIV epidemic, concentrated particularly among injecting drug users. The prevalence of problem drug use ranges from the highest 1% of the adult population in Kazakhstan to the lowest 0.5% in Tajikistan with other countries’ indicators being within these ranges (UNODC, WDR 2012). The proportion of injecting drug users in Central Asian ranges from 46% in Uzbekistan to 71% in Kazakhstan with Tajikistan and Kyrgyzstan showing 60% and 69% respectively. Majority of drug users (about 80%) inject opiates and practice high-risk behaviour (use of contaminated injection equipment, engagement in unsafe sex, etc.). Prevalence of HIV among people who inject drugs shows 7,2% in Uzbekistan, 8,2% in Kazakhstan, 9,5% in Azerbaijan, 12,4% in Kyrgyzstan and, 12,9% in Tajikistan. (Country Progress Reports to UNAIDS)¹⁴.

The situation in the penitentiary system is of a serious concern: around 25-30 per cent of people living with HIV/AIDS are in prisons with a significant proportion of new cases of the infection detected among convicted people on entering the prison. HIV transmission within prisons among inmates serving their terms also has been registered in most of the project countries based on repeated testing where available (State Republican Centre to fight HIV/AIDS, Kazakhstan, Sentinel surveillance, 2009).

Countries’ response to HIV and AIDS is encapsulated in the respective national programmes. However, there are a number of policy and programming barriers which have hindered the countries’ response to the epidemic. In particular, (i) until recently, opioid substitution therapy was unavailable in most countries of the region except in Kyrgyzstan and Tajikistan and, as a

¹³ WHO, UNAIDS, UNICEF. Global HIV/AIDS Response – Epidemic update and health sector progress towards Universal Access – Progress Report. WHO, UNAIDS, UNICEF. 2011

¹⁴ Most recent available data for Azerbaijan is 2011, Uzbekistan and Kyrgyzstan – 2013, and Kazakhstan and Tajikistan – 2014.

pilot with limited enrolment in Kazakhstan and Azerbaijan, discontinued the only OST pilot site in 2009, on grounds of alleged ineffectiveness (ii) harm reduction services, such as provision of sterile injecting equipment, opioid substitution therapy and condoms, were not available in countries' prison system, and (iii) utilisation of and adherence to antiretroviral therapy has been lower than needed. (UNODC, 2010)¹⁵

UNODC project XCEA01 – «Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups In Central Asia and Eastern Europe –Phase II» was developed based upon the Phase I and aims to improve availability, coverage and quality of HIV services for injecting drug users and prisoners in community and prison settings in Central Asia (i.e. Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan), Azerbaijan, Ukraine and Moldova. Duration of the project is 6 years 9 months (till September 2016), but a no-cost extension until May 2017 allowed for the final Independent Project Evaluation to be undertaken.

The total overall budget is USD 14,753,497. The budget received for Central Asia segment is USD 3,446,900. Funding for the project is secured by the US Centre for Disease Control and Prevention / The President's Emergency Plan For AIDS Relief (CDC/PEPFAR), USAID and GIZ for CA&AZ segment and USAID/PEPFAR, AIDS Life Verein, Czech Republic for East Europe segment. The overarching goal of the project is to improve availability, coverage and quality of HIV services for injecting drug users and prisoners in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The project was aimed to address the following challenges:¹⁶

- Lack of the full range of HIV-related health and social protection services that are required for meeting the needs of drug users and people in detention;
- Poor quality and low capacity of existing services to provide for the scale of coverage of key population groups necessary to contain HIV epidemic and influence public health in general;
- Inadequate integration of HIV-related interventions in primary health care as well as in social protection services, weak referral mechanisms within and between these services and low-threshold services that translates into insufficient continuity of care, patients/clients' reversions to risk-behaviours, interruption of ARV and TB treatment and the development of multi-resistant forms of diseases;
- Outdated state monitoring and evaluation systems that prevent clear measuring the access of MARPs to health and social protection services and the effectiveness and efficiency of those services;
- Insufficient involvement of the police and other law enforcement forces in constructive partnerships with health care and social protection agencies and organizations who provide services for drug users and people in detention.

The ultimate project's beneficiaries are injecting drug users and prisoners since the project aims at improving availability, coverage and quality of HIV services for these two groups. However,

¹⁵ Final Evaluation Report, Project No: TDRACI29. Effective HIV Prevention and Care Among Vulnerable Populations in Central Asia and Azerbaijan (2006-2010)

¹⁶ Project document: XCEA01: OFID/UNODC Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups In Central Asia and Eastern Europe –Phase II. 2010

policy and decision makers at national and provincial level, managers and other staff of governmental and non-governmental organizations working in the area of healthcare, social protection, law enforcement and justice sectors also directly benefit from the project. The project also works with professional education systems in order to mainstream HIV into the systems of graduate and continuous training of health, social and law enforcement professionals.

Project documents and revisions of the original project document

Project document	Year	Please provide general information regarding the original project document.
OFIC/UNODC Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe – Phase II	2010	Original project document was for the duration of 3 years (2010-2013) and overall budget of USD 6,000,000

Project revision (please add further rows as needed)	Year	Reason & purpose
1. Project revision	2013	To extend duration to 6 years and 9 months and increase budget to USD 14,753,500. New outputs and activities included. As additional donors joined the project, reference to OFID was deleted from the project title. The budget for Central Asia segment amounts to USD 3,446,900

Main objectives and outcomes

The main objective of the project: Improved availability, coverage and quality of HIV services for injecting drug users and prisoners in Central Asia (i.e. Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan), and Azerbaijan, Ukraine and Moldova.

The project has four outcomes:

1. Harmonized human-rights-based & evidence-based strategies & interventions incorporated in national programmes on drug control, prevention & treatment of HIV & Tuberculosis, & relevant sections of programmes on criminal justice reform to ensure more effective & coherent national response to HIV epidemics as it relates to injecting drug use & prison settings.
2. Strengthened professional education system on health care, social protection, law enforcement and prison systems for improved provision of integrated, evidence-based and comprehensive HIV services including drug dependence treatment for people who use drugs and prisoners.

3. Improved management of HIV-related services to ensure continuity of care and provision of integrated and easily accessible, evidence-based, large-scale and comprehensive services for MARPs in community and prisons nationally or in selected territories of the project countries.
4. Strengthened national capacity for monitoring and evaluation of the access to HIV-related services for drug users and prisoners in accordance with international standards and recommendations.

Purpose of the evaluation

The evaluation is being undertaken in accordance with provisions set out in the Project's Monitoring, Reporting and Evaluation plan. As foreseen in the project document as well as per the rules of the UNODC Evaluation Function, a final independent evaluation of the project needs to be conducted in order to (1) assess the impact of the project and the investment made (2) assess the results of the project and demonstrate to what extent it has achieved its objectives and has been relevant, efficient, cost effective and sustainable, (3) provide information for better decision-making of UNODC management (best practices and lessons learned), (4) serve as a means to empower project stakeholders of HIV prevention among people who inject drugs and in prisons. The evaluation assessed the following criteria: relevance, efficiency, effectiveness, impact (to the extent possible) and sustainability, established partnerships and cooperation. The evaluation questions have been outlined in the Terms of Reference (see Annex 1. TOR). The evaluation specifically assessed, how gender aspects and those of human rights have been mainstreamed into the project as well as identifies lessons learned and best practices and derive recommendations.

Following recommendation of the midterm evaluation the project was formally divided into two clusters – Central Asia and Eastern Europe. This evaluation covered the Central Asian segment of the Project and the time period from January 2010 until January 2017. The geographical coverage includes countries of Central Asia namely Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan (see Map below). Turkmenistan shall not be part of this evaluation as, in 2013, in the result of review of strategic priorities of UNODC HIV programme, Turkmenistan was excluded from the list of high priority countries and project activities in this country were stopped although references to its earlier involvement into the project activities was duly reflected. Evaluation has been carried out by an independent evaluator.

Map 1. Project Countries¹⁷



Evaluation Methodology

This evaluation comprises a mixed methods approach of qualitative and quantitative methods, providing for a triangulation of findings. The evaluation has been guided by the principles of human rights and gender equality to identify key gender issues and define strategies for better gender analysis in future project planning.

(a) *Document review.* The evaluator reviewed all available relevant written documents, protocols, presentations and reports providing a detailed overview of the background, goals, objectives, as well as planned and actually implemented activities of the project towards the set goals. The document review helped clarify most of the evaluation questions including relevance, efficiency, effectiveness, impact and sustainability, established partnerships and cooperation and human rights but have been triangulated by combining desk review and information obtained during interviews with all relevant stakeholders in the field;

(b) *Semi-structured interviews.* The evaluator conducted some 45¹⁸ interviews with stakeholders representing a wide range of positions and responsibilities within the project including:

- Relevant staff of UNODC Country and Project Offices
- Members from the Core Learning Partnership.
- UNODC Vienna, HIV and Independent Evaluation Units.

¹⁷ <https://www.mapsofworld.com/asia/regions/central-asia-map.html>

¹⁸ Interviewees and focus groups included: 19 Females and 26 Males

- Donors
- A range of actors and partners involved in implementation of the project, based on a detailed list with interviewees suggested and facilitated by the UNODC Regional Project Officer and the National Project Officer in each of the participating countries.
- A range of project beneficiaries including Community Organisations representing target groups on HIV and drug use
- A range of relevant key national stakeholders, based on a list with interviewees suggested and facilitated by the UNODC National Project Officers and/or the Regional Project Officer
- Key regional stakeholders; representatives from UNAIDS, USAID, CDC.

This method was used for all evaluation questions with information triangulated against relevant documentation and/or, if necessary additional interviews via phone/Skype/conference calls.

(c) *Field visits.* The evaluator met implementing partners in Kazakhstan, Tajikistan, Kyrgyzstan and Uzbekistan in the period between end of January and beginning of March 2017. This method was used to answer questions in the sections relevance, effectiveness, human right and gender equality, impact, partnership and cooperation.

Relevance was evaluated against the situation relating to PWID and PLHIV. The effectiveness of the implementation was measured against the revised project document, logframes and annual work-plans. Outputs, outcomes and objectives stated in the annual plans were verified through document review and observation as well as through feedback received from the stakeholders in the course of interviews.

The evaluation of partnerships and cooperation was carried out with emphasis on stakeholders' feedback as a means of verification/ triangulation of the partners' role in the review of the project documentation and observation during field visits.

The Project was evaluated with the emphasis on the successes, achievements and developments that occurred during the life of the project. A counterfactual analysis was used to assess the impact of the project and reveal what would have happened if there was no project i.e. how and if the aforementioned changes can be attributed to the Project.

Assessment of the sustainability sought to help reveal the survival of the Project products, approaches and attitudes beyond the life of the Project. In particular the evaluator scrutinised the two major criteria of sustainability (i) the level of official endorsement/approval/stipulation of the proposed changes/ recommendations/ products, i.e. their institutionalization and (ii) acceptance thereof by broad public and ultimate beneficiaries. These criteria also relate to impact if directly attributed to the Project.

Limitations

There were no major limitations to the conduct of this evaluation. The Regional Project Coordinator ensured that the evaluator was engaged at the earliest opportunity to conduct of the field mission. Reading material was provided in advance, which ensured that the evaluator was able to read the substantive project documentation and develop the inception report.

However:

- Travelling to and from the project locations was challenging in terms of duration and distance, but sufficient time has been built into the evaluation mission to allow the evaluator to interview a suitable number of CLPs.
- This evaluation was conducted at the time when the national project officers, the key informants had already left their positions in Kazakhstan and Kyrgyzstan and were not available for interviews. The evaluator allocated sufficient time to contact those who cannot be interviewed in person via phone/skype; and followed up additional lines of communication while on the mission.
- Availability of the project partners and informants was impeded in Uzbekistan because of the lengthy and complicated procedures regulating interaction between international organisations and public sector both officials and employees. Where possible at all the interviews were conducted in the UNODC Office.
- The evaluation of the project in Turkmenistan and Azerbaijan was largely limited to desk review because the project was closed in these countries back in 2013 and there were no possibilities to visit and interview relevant stakeholders although information concerning Turkmenistan was backed by the former NPO and the ex-Regional Project Coordinator both originated from Turkmenistan.

II. EVALUATION FINDINGS

Design

The project was designed as a continuation and expansion of the previous successfully implemented project “Effective HIV/AIDS Prevention and Care for Vulnerable Populations in Central Asia and Azerbaijan (Phase I)” in 2006-2010. The background and context therefore as well as the needs of the end beneficiaries, stakeholders and partners of the project were known and acknowledged. Based upon experiences from the previous project, the new project was designed and agreed upon by the regional and respective national UNODC offices.

In the Phase II the Eastern European part including two countries namely Ukraine and Moldova were added to the project initially focused on Central Asia and Azerbaijan. However, interview data shows that in practice there were two clusters of countries namely Eastern Europe and Central Asia, working separately each with their own management (RPO) and the budget. Countries even within one region differed significantly in size, landscape, population, culture, access to funding, level and number of services, needs and priorities, and political climate enabling the scale-up of availability, coverage and quality of HIV services for IDU on community and in prisons.

Partially following recommendation of the midterm evaluation the project was formally divided into two clusters – Central Asia and Eastern Europe. The recommended further division depending on the aforementioned characteristics was not considered.

With respect to the contents the desk review found that the scope of the project was very ambitious and very difficult to manage although the chosen design was logical and appropriate to meet the project’s objective and its outcomes. During the first part of the project the focus was shifted from activities to increase the availability and coverage of services, to the improvement of the quality of services by focusing on capacity building, producing occupational standards, and on activities promoting the establishment of legal frameworks for HIV services, especially OST.

However, triangulated data shows that the chosen adequacy study as the most suitable means to identify nature and size of use of drugs in a country as well as the needs of IDU and a measurement of the quality of services offered to IDU in community and in prisons, appeared to be time consuming and resource depleting especially in a lack of reliable baseline data on the nature and number of PWID. The latter is particularly important in order to measure coverage of services. The latest estimate of number of IDU in the region stems from an UNODC report from 2006. Consequently in 2014, there was an attempt to reconcile the existing expert estimates and official data. However, the common agreement among the countries of the region on the nature of drug use and the number of PWID is still lacking¹⁹.

¹⁹ Population Size Estimation of People Who Inject Drugs in Selected High Priority Countries:

With respect to the management the project was initially designed and set up as such, that all project activities and deliverables had to be approved by the RPO. This has led to the slowing down of many activities, such as the publication of document materials and respective trainings as it took time for the RPO to be able to review and authorize every single document and/or event.

The centralized structure of the project where all countries conduct the same activities in more or less the same period also led to unnecessary delays in the publication of the project documents produced on national levels such as occupational standards and training manuals on these issues. Other documents even when finished in due time could be reclassified as regional documents and as such the publication was also delayed causing frustration of NPOs and their partners.

Following recommendations of the midterm evaluation the project continued to keep the overall focus regional by continuing to organize various regional capacity building and information and experience exchanging events. At the same time the process of authorizing project deliverables was significantly accelerated and national project offices were allowed a certain degree of freedom enabling each country to move forward at a much quicker pace thereby reducing long delays, frustration and de-motivation of national project partners and NPO staff.

The midterm evaluation found a rather low visibility of UNODC HQ. The project staff and partners expressed their wish for a greater involvement of the HQ in the project and its proceedings by increasing the level of communication between NPOs and HQ. HQ was mainly in contact with RPO who communicates with the NPOs. There was not much direct contact between NPO and HQ. The midterm evaluation recommended organising regular conference calls (e.g. every 3 months) in which NPO staff, RPO and HQ participate to discuss the proceedings of the project and identify the specific issues that may need attention and involvement of the HQ and/ROCA. This recommendation was not acknowledged throughout the remaining part of the project. Neither was visible the role of the Regional Office whose involvement was stipulated in the project document.

Relevance

The project objectives have been highly relevant as contributing to the Global UNODC Strategy, the UNODC Strategy for Central Asia 2015-2019, in particular various objectives of the Sub-programme 3: Prevention, treatment and reintegration, and HIV Prevention and Sub-programme 4 Research and trend analysis, and the Regional Programme for Afghanistan and Neighbouring Countries. It also links directly to the objectives of the UN Joint Programme of Action on HIV.

The project contributes to achieving the following results of *Sub-programme 2* “Prevention, treatment and reintegration, and alternative development” of UNODC Strategic Framework: (a) increased application of measures to reduce the vulnerability to drug use and HIV/AIDS of people in the community, and (b) increased capacity of requesting Member States to reduce the vulnerability to drug use and HIV/AIDS of people in the criminal justice system.

The project has made contribution to the following SDG targets: *Target 3.3*: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases; *Target 3.5*: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol; *Target 3.8*: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all; *Target 16.1*: Significantly reduce all forms of violence and related death rates everywhere; *Target 16.6*: Develop effective, accountable and transparent institutions at all levels; *Target 16.7*: Ensure responsive, inclusive, participatory and representative decision-making at all levels.

The project objective to improve availability, coverage and quality of HIV services for injecting drug users and prisoners in countries of Central Asia and Azerbaijan is in line with current international standards for effective HIV prevention among IDU, as laid down in the Comprehensive Package by WHO. This document provides technical guidance to countries on monitoring efforts to prevent and treat HIV infection among people who inject drugs (PWID) and for setting ambitious but achievable national targets for scaling up towards universal access. Therefore, the project addresses the need of IDU, both in community and in prisons. It also addresses the needs of policy makers, health and social care professionals, criminal justice system personnel and civil society organizations active in the field of HIV prevention and care.

The project objectives are relevant in the regional and country-specific context taking into consideration the following: the HIV epidemic in Eastern Europe and Central Asia is escalating and is one of the fastest growing in the world. Driven by injecting drug use, high rates of HIV prevalence can be observed among high risk groups along the drug trafficking routes that run from Afghanistan through Tajikistan, Uzbekistan, Kyrgyzstan, and Kazakhstan further to countries of Caucasus, Russian Federation, Eastern Europe and North China – the so called “Northern Route”. According to the WDR, in 2014, the production and trafficking of heroine started to recover after a marked decline observed after 2009 to the total seizures in Central Asia, Russian Federation and Eastern European countries of 6.3 tons (World Drug Report, UNODC, 2016).

Although the percentage of sexual transmission of HIV among *the new HIV cases* for which the mode of transmission was known has been steadily rising in recent years ranging from 30% in Kyrgyzstan to 42% in Uzbekistan, just over 46% in Tajikistan and to 54% in Kazakhstan (the latter includes MSM contacts) the majority of these cases are thought to have been contracted by their sexual partners representing one of the vulnerable groups namely PWID and CSW who are IDUs. However injecting drugs remains the major route of infection accounting for 54% of *all registered HIV cases*. It is therefore crucial to work with PWIDs to prevent further spread of the HIV/AIDS epidemic. (WHO Euro, country info, 2012, UNAIDS, country info, 2014-16)

Another important feature of the epidemic in the region is a high prevalence among incarcerated people. HIV prevalence in prisons exceeds 10% in Kyrgyzstan (10.3%) and remains markedly higher than in the general population in Uzbekistan (4.7%), Kazakhstan (3.9%), Azerbaijan (3.7%), and Tajikistan (2.4%). A number of prison surveillance studies have found HIV

prevalence to be 19 times and 34 times higher in prisons than in surrounding communities in Azerbaijan and Kyrgyzstan, respectively. (Lancet, 2016)²⁰

The aforementioned is often a result of drug-related laws which criminalize possession of small amounts of illicit drugs and a consequence of the insufficient range of available alternatives to incarceration or inadequate application of the available alternatives to cases of non-violent drug related crimes. While in prisons injecting drug users (IDUs) are often deprived of adequate medical and social care which facilitates further spread and concentration of HIV infection in prison system. A significant proportion of new diagnoses of HIV infection are being established in the prison system, and it is proved that many of these new cases indeed occurred within prisons (sentinel surveillance data /State AIDS Centres, 2009).

Furthermore, HIV prevention among vulnerable populations is not well integrated in the state health care system. Services meant for key target groups including PLHIV and IDUs are fragmented and poorly coordinated. Referral links between low threshold services (often provided by NGOs) and high threshold services are weak or non-existent thus compromising the continuity of care. Official standards for providing harm reduction interventions though received some development, continue to be associated with services outside the basic package and therefore remain highly irregular in scope and contents. Moreover, in a centralised system of public services existing in the region the need for written instructions or guidance is essential and such guidance must be in the form of a mandate such as law, regulation and/or standard. Therefore development of occupational standards started back in Phase I of the project continues to be relevant in the current context.²¹

The project addresses the needs of policy makers, health and social care professionals, criminal justice system personnel and civil society organizations active in the field of HIV prevention and care. Many different stakeholders in all countries took part in trainings, workshops and seminars. Many of them were also involved in developing occupational standards, manuals and other documents essential for improving the quality of services or the development of legal frameworks for HIV services to operate.

Prior to the Phase I, opioid substitution therapy (OST)/methadone maintenance therapy (MMT) in the region was only available in Kyrgyzstan and was piloted in Azerbaijan and Kazakhstan. Consistent advocacy and technical assistance provided by UNODC and the partners resulted in governments' commitment to take up responsibility for scaling up of the access to OST. During the life of the project availability of OST has been steadily increasing in Kyrgyzstan, Tajikistan and Kazakhstan and Azerbaijan; Uzbekistan has been at an extended stage of reviving the OST pilot untimely closed in 2009, on grounds of alleged ineffectiveness.²²

The project is also relevant as UNODC is the only international organization in Central Asia that focuses specifically on IDU. Unique for the project is that UNODC has open doors that other organizations cannot open. UNODC is also involved in many law enforcement projects

²⁰ Altice, FL. et al, (2016) 'The perfect storm: incarceration and the high-risk environment perpetuating transmission of HIV, hepatitis C virus, and tuberculosis in Eastern Europe and Central Asia' *The Lancet*, Sep 17; 388(10050): 1228–1248

²¹ Final report of the Project No: TDRACI29. Effective HIV Prevention and Care Among Vulnerable Populations in Central Asia and Azerbaijan (2006-2010)

²² From TDRACI29 TORs and final evaluation report.

worldwide, and has an extensive network in this area. It implements several regional projects in collaboration with the law enforcement and criminal justice authorities and its role among them is very well recognised and appreciated. These unique aspects of UNODC allow the organization to work in prison settings more than any other organization.

The midterm evaluation strongly recommended scale-up activities in prisons in order to reduce the existing risks associated with unprotected contacts among inmates and sharing needles. However, triangulated data shows that some countries like Uzbekistan and Turkmenistan took a firm position denying any possibility of drug use in prisons and not allowing any external interference into penitentiary sector. Kazakhstan agreed on the suggested prevention activities adopted into the existing departmental system but not allowing OST in the prison. Kyrgyzstan and Tajikistan have now actively implemented harm reduction activities in the penitentiary facilities including the OST.²³

Based on the above the project and its objectives are relevant in its previous and the existing regional and country-specific context with the exception of Turkmenistan. The relevance of the project for this country is unclear as there is no reliable data about the number of IDU with official sources report the total absence of injecting drug users. In 2014, as a result of review of UNODC strategic priorities, Turkmenistan was excluded from the list of high priority countries and project activities in this country were stopped.

Until mid 2013, the project also included Azerbaijan. But as this country graduated from lower middle income country to upper middle income country recently, it was considered not appropriate any longer to continue spending project funding for Azerbaijan and so all the project activities were stopped in mid 2013 and the project office was closed.

Efficiency

The project was well run and administered. The project was implemented by the UNODC Regional Office for Central Asia (ROCA). The Regional Project Coordinator (RPC) was based in Astana, Kazakhstan, functioning at the same time as coordinator for DDR activities in the region and Head of the UNODC Programme Office for that country. National Project Officers (NPOs) in each project country were supported by Project Assistants. NPOs under the guidance of the RPC were responsible for managing the daily activities and building partnerships with national and international partners at country level. The project team was well managed and hardworking. The reporting system was comprehensive so, every document requested for the evaluation was readily available.

Initially, project had a budget of 6,000,000 USD available for the duration of 3 years, covering the five countries of Central Asia, Azerbaijan, Moldova and Ukraine. By the end of 2012 the project was revised and extended up to September 2016 and the total project budget for two clusters (Central Asia and Eastern Europe) more than doubled to 14,753,487 USD. The total funding of the Central Asia segment amounted to 3,446,900. OFID/OPEC funding was available from 2010-2013, and since 2014, the project in Central Asia was funded mainly by CDC/PEPFAR supplemented by smaller amounts allocated from the Government of Kazakhstan, GIZ and USAID. It was expected that CDC would provide a grant of USD 5,000,000 for Central Asia for the remaining period of the project; however, the funding from CDC was reduced to

²³ Eurasian Harm Reduction Network (EHRN), CARHAP, OSI assorted data, 2012-2016

USD 1,318,000. The budget for the region in 2014 was about \$566,000 and was down to just under \$325,000 in 2015 and \$130, 000 in 2016; this covers project activities, salaries of local staff, office costs and PSC.

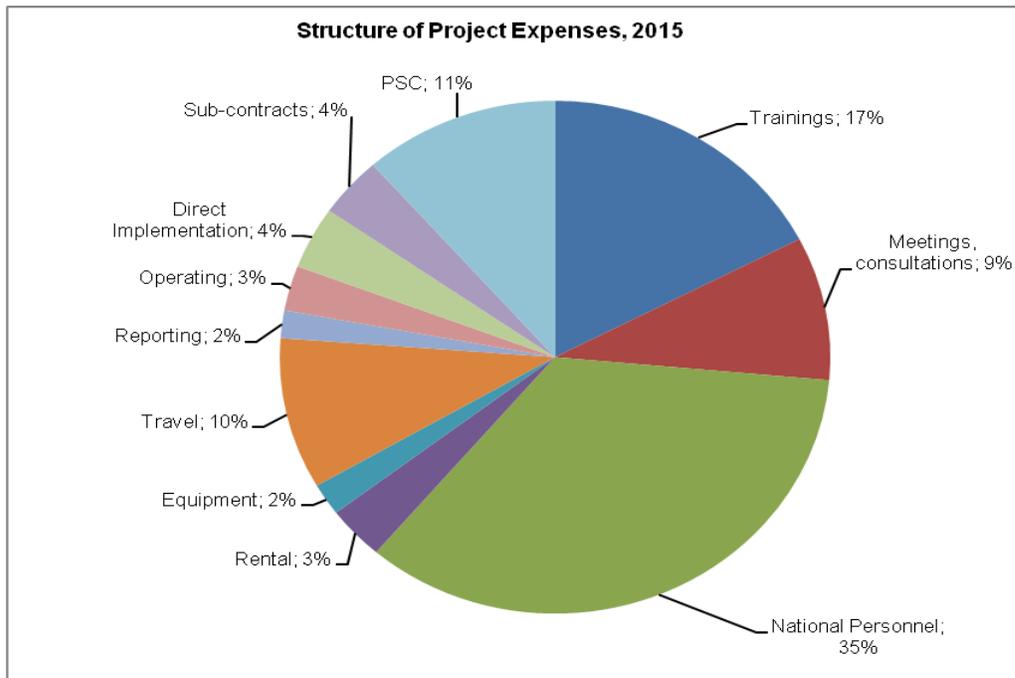
Countries received project funding unevenly. Turkmenistan stopped receiving project funding in mid-2014, and position of NPO and PA were closed. CDC funds for Uzbekistan discontinued as of 01 January 2015 with the exception of a small grant provided by USAID/Abt Associates to continue project operation in the country. Kazakhstan, Kyrgyzstan and Tajikistan received project funding until the end of the project operations in 2016.

Cost-effectiveness of the project when measured against the inputs shows that at least the two adequacy studies that were conducted in Kazakhstan and Kyrgyzstan in the first half of the project were not done in a cost-effective way so that they could compromise other planned activities of the project²⁴. Moreover, the project suffered several times from funding reductions leading to substantive cuttings in available annual budgets. These fund cuts and shortages made the project to plan activities in a thoughtful and efficient manner with implementation rate reaching 100%. Scarce funding was streamlined into advocacy of the need for integrated services for PWID in community and prisons, development of the respective policy and legislation and continuing capacity building.

Analysis of proportional distribution of project funding revealed that 35% of direct project funding was spent on project staff salaries, 11% were Project Support Costs (PSC), trainings and conferences both accounted for 26%, some 10% went for staff travels and 4% was spent on sub-contracts i.e. national expertise. The remaining costs represent expenditures on rental, equipment, reporting, operating and direct implementation.

Figure 1. Example of the Project Cost Structure

²⁴ XCEA01 Mid Term Evaluation Report



Source: Project Financial Report (ProFi), 2016.

The post-midterm evaluation part of the project therefore may be regarded as reasonably efficient because the costs were optimised by streamlining project efforts at the respective policy and legislation as well as national capacity building which are more efficient and effective compared to interventions at lower levels because it builds the national ownership and commitment of the State and particularly those who make or influence important decisions.

Partnerships and cooperation

The project is a follow up of RAC I29 which established excellent collaboration with all stakeholders, from national governments to NGO's. The partnerships established during the RAC I29 project were strengthened during the XCEA01 project that continued multi-sectoral and participatory process at the national and regional levels allowing for broad advocacy of the project agenda including sensitive issues of human rights, OST, harm reduction as they relate to IDUs and prison inmates, as well as related experience and knowledge sharing.

The project collaborated with major players in the region including UN agencies namely WHO, UNAIDS and international/bilateral organizations GFATM, ICAP, CDC, USAID, Soros Foundation and AFEW. Traditional national partners included legislature/MPs, law enforcement, justice, health, and education ministries, and human-right groups. In all project countries (with exception of Turkmenistan) UNODC ensured participation and involvement of the NGOs representing people living with HIV particularly those who are IDU and whose activities include the improvement of quality of life for these groups.

On a national level, partners from various backgrounds met in the framework of developing standards, study visits or trainings and workshops. On a regional level, partners met during seminars that were organized within the framework of the project. For many, these encounters

with colleagues from neighbouring countries have proven to be eye-openers and the project recipients interviewed in the course of the evaluation acknowledged that in quite a number of cases people changed their opinion on harm reduction or OST in favour of these interventions.

The presence of UNODC in the region of Central Asia is visible. The UN Agency implements several regional projects in collaboration with the law enforcement and criminal justice authorities and its role among them is very well recognised and appreciated. UNODC is the only international organization in Central Asia that focuses specifically on IDUs. Interviews with project CLPs showed that UNODC is respected for its unique and extensive network, allowing the office and its projects to open doors that other organizations cannot open. UNODC is praised for its ability to bridge gaps between diverse occupational groups, e.g. prison administration and NGOs.

As one partner from prison administration in one of the Central Asian countries mentioned 'UNODC changed my opinion', moving from an anti harm reduction standpoint to one in favour thereof. Many stakeholders see added value in UNODC's project in the way it allows them to learn new ideas, learn from each others' experiences and to discuss issues between colleague professionals from other neighbouring countries. This led to better understanding among participating countries regarding state of affairs in each country on adequate and effective HIV services. Further, the project is proven to be a good platform for sharing knowledge, ideas and experiences. The project however did not entirely succeed in providing of continuing flow of information between the partners, colleagues, project countries, and between regional clusters of the project.

Effectiveness

Implementation of the project activities suffered from delays and reductions in receiving instalments of Project funding. Many planned activities therefore were put on hold, or were even cancelled. In Uzbekistan, the project started only in May 2012 due to late endorsement by the Government. The project underwent revision at the end of 2012 during which project outputs were reformulated (Outputs 1.1 and 3.5) and new outputs were added (Outputs 1.3 and 1.4).

The revised project was set out to deliver 15 (fifteen) outputs necessary to attain planned four outcomes and achieve the project's objective of *Improved availability, coverage and quality of HIV services for injecting drug users and prisoners in Central Asia*. The duration of the project was extended end of March 2017 (initially till 2013) with the additional outputs and activities to be implemented under increased funding made available for the project. Since other donors joined the project providing substantial amount of funding, it was suggested to change the project title by deleting "OFID-UNODC".

The project may be regarded as effective despite considerable fund cuts and resulting drop off activities for selected Outcomes. Nevertheless, tremendous efforts and amount of work has been done throughout the life of the project. Below are the major project milestones as they relate to the outcomes and respective indicators:

Outcome 1. Harmonized human-rights-based & evidence-based strategies & interventions incorporated in national programmes on drug control, prevention & treatment of HIV &

Tuberculosis, & relevant sections of programmes on criminal justice reform to ensure more effective & coherent national response to HIV epidemics as it relates to injecting drug use & prison settings

Indicator: Four national programmes with integrated strategies and indicators per country (as per UNAIDS, WHO and UNODC relevant documents)

Triangulated data shows that achievements in first half of the Project (2011-2013) included the development of new national programmes on HIV/AIDS as it relates to HIV prevention and treatment for people who inject drugs (PWID) and people in detention (PiD) in all six project countries; also the four countries namely, Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan, developed national drug control programmes (DDR/HIV parts) and relevant legislation;

In 2014, the Project contributed to development of programme proposals under the new funding model of the Global Fund to Fight AIDS, TB and Malaria (GFATM) in Kyrgyzstan, Tajikistan and Uzbekistan. The project supported development of new normative documents aimed at increasing access to harm reduction services for PWID in Kazakhstan and Kyrgyzstan. In Uzbekistan, UNODC as an active member of CCM and its M&E group participated in the monitoring implementation of the National HIV Strategic Program for 2013-2017. The project established partnership and supported the National Human Rights Center to monitor rights of PWID, reduce stigma and discrimination and promote their access to HIV prevention services.

Since 2015, as UNODC was elected as a permanent member of the CCM in Kazakhstan the Project took part in the national consultations with the Ministry of Health and Social Development (MOHSD) and civil society to promote the incorporation of the methadone maintenance therapy (MMT) in the national health programme and the allocation of relevant funding. Desk review showed that in Tajikistan, as a result of the Project advocacy efforts, HIV prevention in prisons was included in the concept note for the GFATM funding. In Uzbekistan as a member of CCM UNODC advocated for the inclusion of opioid substitution therapy (OST) in the funding proposal for the GFATM, and the engagement of civil society in the provision of harm reduction services.

In 2016, the Project in Tajikistan helped develop the National Programme on the Response to HIV/AIDS to ensure the interests of people who inject drugs (PWID) and prisoners with objectives to: 1) increase the number of MMT sites to reach at least 3,500 PWID by 2020; 2) institutionalize MMT, 3) open at least 5 MMT sites in prisons.

Indicator: Improved policy and legal environment that protects the human rights and facilitates accessibility of evidence informed comprehensive HIV prevention, treatment, care and support services for people who use drugs and inmates in custodial settings

In Tajikistan, the Project supported preparation of assessment report on OST. Based on the report and its recommendations the Ministry of Justice issued the order on introduction of OST in a prison. The site was officially opened in the prison near Dushanbe only at the end of 2016. Earlier in February 2015, as a result of joint advocacy efforts, the Ministry of Health signed an order including Methadone hydrochloride into the nationally approved List of Essential Drugs for the Republic of Tajikistan.

In 2014, the National Human Rights Center and the Project participated in the Parliament Hearings on Achieving MDG 6 on HIV organized for 2 committees of the Uzbek Parliament: Committee on Democratic Institutions, NGOs and Self-government Bodies of Citizens and the

Committee on Labour and Social Issues. The meeting was also attended by representatives from the Republican Women’s Committee, General Prosecutors Office and Ministry of Justice (total of 60 participants). This was the first time when the issues of human rights in the context of HIV and drug use were brought for discussion at the highest level in Uzbekistan.²⁵ This meeting paved the way for a series of high-level round table talks on human right, legal and other related issues in the context of HIV and drug use. Moreover, it enabled a voice of NGOs and target community to be heard and acknowledged by officials and those who make respective decisions.

In Kazakhstan, UNODC took the leadership in mobilizing stakeholders for coordinated action in support of OST. As a result, the MOH signed an “Order on Inter-agency working group on OST”. The group comprised representatives from health and drug control sectors, penitentiary system, members of parliament, civil society and UN agencies. The project commented on the existing MOH Order Concerning Organization of Treatment of Addiction Disorders with the aim to increase access to integrated OST, TB and HIV treatment, and elaborate communication plan and a road map for OST promotion in Kazakhstan. UNODC was actively engaged in preventing the interruption of methadone supply in the country. To prevent stock outs of methadone UNODC organized a number of advocacy and technical meetings with key partners including various departments in MOH, Drug Control Committee, Republican AIDS Centre, Republican Centre for Psychiatry and Narcology pharmaceutical company importing methadone as well as service providers and civil society. At the end of 2015, methadone was officially registered for medical use in Kazakhstan. This is a milestone which marked commitment of the Government to continue MMT after the end of GFATM funding.

In 2014, the Project in Kyrgyzstan together with other international partners (AFEW, UNAIDS, OSI, USAID, UNFPA) facilitated development of the “Instruction for staff of law enforcement agencies’ on HIV prevention among vulnerable groups”. The Instruction was approved jointly by the Ministry of Interior, State Drug Control Service, Penitentiary System and Ministry of Health. The Instruction underlines the important role of law enforcement agencies in the national response to HIV and drug use, regulates the work with vulnerable groups (PWID, SW and MSM), and identifies services where these groups can be referred.

In 2015, the Project took the lead in the national policy dialogue on the transition to domestic funding for harm reduction and other HIV prevention and treatment programmes in Kyrgyzstan. In cooperation with the MOH, a national work group was established to develop a road map and specific mechanisms for gradual transition from external funding to the state budget. So far the Ministry of Finance has allocated 2 million KGS (USD 30,000) to the MOH for procurement of needles and syringes. The CLPs interviewed reported that this is the first time when a special budget line for harm reduction has been indicated in the budget of the Ministry of Health.

In summary, the Outcome is considered as most important achievement based upon indicators and the number of policy and legislation papers developed and adopted with active participation, advocacy efforts and high level policy dialogue maintained by the Project.

Outcome 2. Strengthened professional education system on health care, social protection, law enforcement and prison systems for improved provision of integrated, evidence-based and comprehensive HIV services including drug dependence treatment for PWID and prisoners

²⁵ <http://www.parliament.gov.uz/en/events/committee/12533>

Indicator: Two schools of medicine and nursing schools, training institutions for social workers and law enforcement personnel where the updated teaching curricula on evidence-informed and human-rights-based HIV prevention, treatment and care for drug users and in prison settings are in use.

The work on updating occupational standards for the professions involved in service provision for drug users and people in detention (health care, social work, law enforcement and criminal justice) initiated under the RAC I29 Project (Phase I) was continued along with updating relevant teaching curricula and developing a cross-disciplinary manual for faculty of higher education teaching institutions.

As a result there were developed 12 country-specific standards, manuals, guidelines, protocols and respective tools supported by regional guidelines for educational institutions at the pre-service and in-service training on HIV prevention, treatment and care for MARPs in community and prisons (see Annex V). Some of them were successfully tested and introduced into the education system of law enforcement, penitentiary system, including departmental medical services, and social work in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

Indicator: Number of countries (or selected territories) where the certification (attestation) procedure for health care and social protection service providers, law enforcement and prison personnel includes the appraisal of competencies necessary for HIV prevention, treatment and care for drug users and in prison settings as per updated occupational standards.

Information on this indicator is scarce. In early 2016, a training session on HIV prevention was organised in Almaty for representatives from the police academies on the use of the UNODC Toolkit for law enforcement agencies. The participants developed a work plan for the integration of the HIV modules into curricula of pre- and in-service training. Reportedly, the delivery of training sessions in the selected police academies commenced in September 2016. It is assumed that over time a system would be in place to assess the respective competencies as part of routine quality assurance.

In summary, the Outcome is considered partially achieved due to lack of sufficient evidence on consistent use of updated curricula and occupational standards based upon materials developed under the Project.

Outcome 3: Improved management of HIV-related services to ensure continuity of care and provision of integrated and easily accessible, evidence-based, large-scale and comprehensive services for MARPs in community and prisons nationally or in selected territories

Indicator: Increased percentage of IDU-targeted and prison-based service sites adhering to national service standards and international guidelines

In 2015, in Tajikistan, a working group was established to update a clinical protocol on OST in line with WHO and UNODC recommendations. The protocol was reviewed by the UNODC expert and submitted for approval to the Ministry of Health. The Ministry of Justice, Drug Control Agency and the Ministry of Health approved the clinical guidelines on the provision of methadone maintenance therapy in prisons. In 2016, an Operational Manual on OST and a Clinical Protocol on OST were printed and handed over to the Ministry of Health and Social Protection for further dissemination. Upon request from the Department of Penal Sanctions, a

working group was established to amend normative documents for introduction of OST in prisons. The proposed amendments were discussed with key stakeholders and submitted to the Ministry of Justice for approval.

In Uzbekistan, the project supported the development of guidelines for the quality assurance of services for most-at-risk population groups (MARPs). The new integrated HIV prevention standards for Trust Points (TP) were issued in the form of the MOH Order in March 2015. It regulates the integrated HIV prevention services in 228 TPs in the country, including a quality management system for the needle and syringe programme (NSP). The new HIV standards were developed by a thematic working group, which included specialists from the National AIDS Center, Department of Substance Abuse Treatment Services and representatives of civil society. Standards clearly describe the roles and division of responsibilities between government-employed TP staff, outreach workers and volunteers.

The project used the modern information and communication technologies to reach the experts working outside Tashkent. A series of video-seminars were conducted for general practitioners (GPs) and infectionists from six regions to provide modern information on HIV-related issues and promote referral of patients. Seminars were organized and delivered by the Recourse Centre of Tashkent Medical Institute for Advanced Training (TMIAT) and UNODC team of national trainers.

Workshops on motivation interviewing of PWID were carried out by UNODC certified national trainers for TP regular staff, outreach workers and NGOs from nine regions and Tashkent city. Participants received knowledge and practical skills to enhance PWIDs' internal motivation for behaviour change and for seeking HIV-related services such as VCT, drug dependence, ARV and TB treatment. NGO Intilish the only network organisation in Uzbekistan working with PWID developed an original client data collection format which has been partly integrated into the aforementioned HIV prevention standards for Trust Points. As GFATM funding for HIV got channelled via Republican Aids Centre and become unavailable for Intilish the Project provided the support to the NGO in order to ensure continuation of services for PWID. UNODC has advocated among the national and international partners for continued support to NGOs working with key populations.

In 2015, the Project organized a series of trainings on important topics of IDU associated issues aimed at building the knowledge base and capacity of providers to deliver services to the target groups in the community and prison. The participants improved their knowledge and skills in assessing the needs of patients and developing and implementing an individual social support plan. A regional training on treatment of women with opioid dependence was organized for addiction specialists/narcologists from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. In total, 36 participants received new knowledge about the effects of opioids on the reproductive system, treatment of pregnant women and treatment of women with psychiatric co-morbidities.

In order to increase the awareness about the specific needs of women in prisons, a regional conference on drugs and HIV was organized in Dushanbe in cooperation with the MOJ and MOH of Tajikistan. Some 60 participants from the penitentiary system, researchers, and representatives from governmental and non-governmental organizations providing services to women reviewed the current situation and shared good practice on effective approaches to addressing HIV risks and vulnerability among women who use drugs as well as people in prison settings.

Anecdotal evidence exists on behavioural trends among selected service providers, particularly of non-state organisations, towards “more considerate” approach to their female clientele who use drug.

In summary, the Outcome is considered as partially achieved based upon the reported increased number of specialists trained in provision of HIV services in accordance with national service standards and international guidelines although regular information on service delivery as well as the contents and quality thereof is lacking. Moreover, the activities on this outcome were dropped off due to lack of funding.

Outcome 4: Strengthened national capacity for monitoring and evaluation of the access to HIV-related services for drug users and prisoners in accordance with international standards and recommendations

Indicator: Internationally recognised and recommended IDU and prison related HIV indicators are integrated into the National M&E and reporting system.

The study on adequacy of service delivery (mapping) for HIV/AIDS prevention, treatment and support for IDUs planned back in the Phase I of the Project began at the onset of the Phase II. In 2013, studies were almost completed in Kazakhstan and Kyrgyzstan but were so costly so that the other Central Asian countries were left without funding to do their part of the study.

According to the project logframe and work plan, all countries were expected to provide baseline data on drug users and prisoners and accessibility to and coverage of all interventions as mentioned in the comprehensive package of HIV prevention, treatment and services. This means that a less expensive and time-consuming alternatives for gathering the above mentioned data could have been found. Although less detailed and comprehensive on data such alternatives e.g. Rapid Assessment and Response were still suitable to get reliable information about the number of drug users and the needs, as well as the state of affairs (availability, coverage, quality) with regard to the services provided for the target group.

In 2014, the project supported a regional meeting on population size estimates of PWID that took place in Astana. The workshop gathered representatives of national drug control agencies, national AIDS and Drug Treatment Centres and NGOs from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. The participants reviewed the currently available PWID population size estimates, discussed the methodology and agreed on next steps for improvement of data quality. In cooperation with the World Bank, a report “Population Size Estimates among PWID: Review of Current Knowledge in Selected High Priority Countries” has been prepared, translated into national languages and disseminated to AIDS and Drug Treatment Services as well as NGOs. The regional meeting was followed by a series of national workshops in Kazakhstan, Kyrgyzstan and Tajikistan and later in Uzbekistan with the aim to increase knowledge about methods for population size estimates and to increase technical writing skills.

Following the Assessment of the national integrated bio-behavioural surveillance (IBBS) systems that raised data quality concerns, particularly with methodology of PWID group size estimation, in 2015, UNODC in cooperation with Population Council and World Bank provided technical assistance for the review of the national protocol on IBBS HIV survey among PWID in Kirgizstan. The AIDS Center under the Ministry of Health incorporated all comments in the revised protocol.

Based on the above the Outcome is considered partially achieved based upon the lack of agreed data on PWID and of the evidence on consistent use of PWID and prison related HIV information by the national M&E systems in the region. Moreover, the activities on this outcome were dropped off due to lack of funding.

In summary, the project outcomes and outputs have been to a different extent achieved in the region. The progress in strengthening of the national political, legislative and regulatory support to HIV prevention and treatment of PWID and PID varies significantly. The role of the Project in this progress has been noticeable in the aforementioned advocacy, partnership and capacity building efforts. The progress has been significant in *Kazakhstan* where up to 80 per cent of harm reduction activities, namely, NSP, peer education, VCT, IEC and social and legal support, have currently been covered from the local budgets. Methadone has been registered and MMT is ready to be incorporated in the existing harm reduction programmes. The MOH reportedly has approved a wide implementation of MMT in all country regions (oblasts). Since 2010, the number of MMT sites has increased from 3 to 10 and the number of the clients grew from 62 in 2010 to 315 at the end of 2016. It is expected that the number of MMT clients would double in 2017. Major increase of MMT clientele is expected with opening of the site in Almaty city. Penitentiary sector on the contrary continues to resist the full scale implementation of harm reduction programmes but it agreed on a limited set of prevention activities carried out by the prison medical service.

In *Tajikistan* HIV prevention and treatment is fully funded by donors. The country also registered Methadone and incorporated it into the list of essential drugs. The country provides OST to some 900 patients through 8 sites in the community and has just launched one MMT site in prison. Another 3 community sites are reportedly ready to start MMT. The NSP has reportedly been widely available in country's prisons. Triangulated data shows that although there are no apparent barriers to enrolment of MMT clients in Tajikistan the number of new patients is very low especially during warmer season perhaps, due to intensive labour migration and limited motivation from narcologists and NGOs. Adherence allegedly is not an issue although seasonal readmission to the program is reported.

Kyrgyzstan continues to fully rely on external funding in HIV treatment and prevention although the first step marked the transition to the domestic funding has been done. HIV has been very high on the political agenda although the respective decisions making has now been transferred from the Prime-Minister's Office to the Ministry of Health thereby losing its inter-sectoral capacity. The country pioneered MMT in the region back in 2007. Currently there has been some 1400 PWID receiving MMT via 39 OST sites including some 7 sites²⁶ in penitentiary sector. Despite absence of legal and administrative barriers to OST this number seems to be stagnant with challenges existing in adherence and new patient enrolment, reportedly there were a few instances of active involvement of police in the work of MMT sites, which prevent PWID from using MMT services. Moreover, the drug users have very low status in the criminal world and this applies to the MMT too.

The progress in *Uzbekistan* has been rather modest despite a great deal of advocacy, partnership and capacity building activities during the life of the Project apparently due to a low profile given to the role of MARPs, particularly PWID in the HIV epidemics. The country however

²⁶ MoH KGR, 2016

institutionalised harm reduction in the ministerial order regulating the work of the integrated HIV prevention services in 228 TPs in the country, including a quality management system for the needle and syringe programme (NSP). MMT has been repeatedly advocated after an alleged ineffective pilot back in 2009. The country's CCM plans to re-introduce MMT as a means of adherence to ARV treatment for PLHIV. All the above led to decline of the external funding available for HIV prevention in the country.

With respect to the PWID population size estimates despite the efforts of the partners attempting to reconcile the existing sets of data and methodologies on size of target populations there is no an agreed figure accepted by all concerned parties. National agencies, international organizations and NGOs continue to use an assortment data from various sources and periods. Noteworthy is the fact that for GFATM and other donor applications there is a tendency to use the highest population size estimates while for other reporting purposes some low to medium range estimates may be used.

Despite the initial delays, managerial and financial challenges mentioned above, the project team has performed effectively and within limited time and resources implemented a significant volume of activities including 13 global/regional workshops/conferences gathered 560 participants (332 or 59% women), and 69 national meetings/workshops and conferences gathered some 2848 participants (1345 or 47% women).

Effective collaboration established by the project enabled it to bring expertise related to HIV/AIDS and IDUs and allowed respective learning and knowledge sharing from different countries. The project allowed for advocating sensitive issues such as rights -based approach to HIV services, OST, and harm reduction for IDUs and prisoners and the need for relevant changes in legislative and regulatory framework. Regular regional meetings facilitated joint work on technical and policy issues creating a friendly but somewhat competitive environment which helped countries move forward and produce quality deliverables.

In general, the pace of implementation has been significant in some outputs, and relatively slow in others, which has often been beyond control of the project team but dependant on the pace of national governments reflecting working style and manners adopted and practiced in the countries of the region.

Impact

With respect to this project the impact is measured through potential contribution of the project outcomes to the project objective or the goal to *increase the availability, coverage and quality of HIV services for injecting drug users and prisoners in Central Asia*. Therefore, creating conducive legal and regulatory environment which helps increase availability and access to evidence-based HIV-related preventive, treatment and support services for IDUs in communities and penitentiary facilities is one of the major conditions to the aforementioned objective. Any development towards this goal whether positive or negative, intended or unintended, would be the one that needs to be evaluated as the project impact.

Below are the developments occurred in the Project countries during implementation thereof where UNODC has been consistent advocate of the PWID access to HIV services whether solely

(law enforcement and penitentiary sector) or in partnership with UN and other development partners.

In Kazakhstan, UNODC in partnership with the MHSD and the NGO Aman Saulyk, organized public hearings in 10 regions of the country in order to increase awareness of the public and local decision makers about the benefits of methadone therapy for the general public and individual patients. This new form of public dialogue reached more than 1000 decision makers from the municipalities, representatives from law enforcement agencies, penitentiary system, health care service providers, NGOs, clients of methadone maintenance programmes and their family members.

The initiative contributed in 26 per cent increase in the overall number of people receiving methadone therapy in Kazakhstan and additional funds were allocated from local budgets. Results of the public hearings and numerous requests to improve access to methadone therapy were reported to the members MPs and Government representatives at a high level meeting in Astana.

Concerted advocacy efforts and maintenance of the high level dialogue by UNODC and other concerned partners lead to registration of methadone paving the way to scaling up of the MMT as part of the existing harm reduction programmes which have been institutionalised in the country; some 80 per cent of harm reduction activities including NSP, peer education, VCT, IEC and social and legal support are provided through state and non-state outlets. As a result the number of MMT sites has increased from 3 to 10 and the number of the clients grew from 62 to 315 at the end of 2016, and is expected to at least double in 2017-2018 as Almaty city will have joined delivery of the MMT program.²⁷ In Tajikistan *methadone* was registered and incorporated it into the list of essential drugs. The country provides MMT to some 900 patients through 8 sites²⁸ is in the community and has just launched one MMT site in prison. The latter is attributed to UNODC and this was repeatedly confirmed by key national partners interviewed during the field mission, Another 3 community sites are reportedly ready to start MMT. According to the MoJ²⁹ there is a good availability of the NSP in country's detention facilities. Tajikistan adopted the new National Programme on the Response to HIV/AIDS that fully accounts the interests of people who inject drugs (PWID) and prisoners. It aims to: 1) increase the number of MMT sites to reach at least 3,500 PWID by 2020; 2) institutionalize MMT, 3) open at least 5 MMT sites in prisons.

Kyrgyzstan has made first steps towards state funding of harm reduction programmes. There is the highest in the region number of MMT clients receiving methadone via 39 OST sites including some 7 sites in penitentiary sector³⁰. The country has a strong voice of vulnerable populations, a good capacity of NGOs in providing services to them and a relatively liberal legal environment of drug use and possession compared to its neighbours. The series of capacity building efforts and adoption of the *Instruction for staff of law enforcement agencies' on HIV prevention among vulnerable groups* strengthened the role of the Ministry of Interior, State Drug Control Service, Penitentiary System and Ministry of Health agencies in the national response to HIV and drug use. It regulates the work of law enforcement agencies with vulnerable groups (PWID, SW and MSM), and outlines referral patterns.

²⁷ MoH, Kazakh National Centre on Applied Research on Addiction and Psychiatry Information Note, Nov. 2016

²⁸ MoH, Tajik Republican Addiction Treatment Center, 2016

²⁹ MoJ TJ, 2015

³⁰ MoH KG, 2015

Uzbekistan institutionalised harm reduction in the ministerial order regulating the work of the integrated HIV prevention services in 228 TPs in the country, including a quality management system for the needle and syringe programme (NSP). Following a systematic advocacy undertaken by UNODC in the course of the project the country's CCM plans to re-introduce MMT as a means of adherence to ARV treatment for PLHIV at the pilot level for 25-50 PWID HIV positive clients in one region.

The project has tuned up the voice for increasing availability of services for IDUs in public sector and within prison system. The project took an active role in development of the national response to HIV, drug control programs, and the enabling legislation to ensure that issues related to HIV among PWID in community and detention facilities are properly acknowledged and addressed. Although there has been active position of other development partners in this area the progress made within the partnership, direct technical support and advocacy provided by the project must be appreciated. Interviews with key national partners showed that the impact of the project is reflected not only in policies and legislation adopted or amended in the project countries but also in the increased capacity of national experts, policy and decision makers, legislators and civil society to use human-rights-based and evidence-informed approaches and apply the acquired knowledge and skills honed within the frame of the project.

Despite a visible contribution the project has made to increased availability, coverage and quality of HIV services in all Central Asian countries the current level of MMT needs to be expanded to realize its potential for prevention of HIV.

The impact of occupational and educational standards development will not be realized in the immediate future but rather in years to come as both will take a staged process to fully evolve, get integrated into the system and to produce the expected results. Nevertheless, the project contributed to further elaborating of social protection services, direct involvement of law enforcement agencies in HIV prevention among vulnerable groups including in the detention facilities. The latter remains the biggest challenge in Uzbekistan where prisons are completely inaccessible for any external initiative while Kazakhstan continues to resist introduction of MMT for drug users in prisons.

Sustainability

A major concern of sustainability is the likelihood that the benefits from the project will be maintained at the appropriate level for a reasonably long period of time after withdrawal of external support. As was indicated earlier, creating conducive legal and regulatory environment to increase availability and access to evidence-based HIV-related preventive, treatment and support services for IDUs in communities and penitentiary facilities is one of the major conditions to the project objective. To achieve this objective a great deal of the interventions were focused on developing the enabling policy and regulatory environment of the HIV services for PWID in community and prisons. The main criterion of sustainability therefore should be the level of official acceptance of the proposed changes/ recommendations/ project products, i.e. their institutionalization.

The level of sustainability of HIV services varies greatly among countries. The results described in the previous section give an evidence of their sustainability since a number of proposed changes were institutionalized, although to various degrees: from the registration of methadone in

Kazakhstan and Tajikistan that eased the procurement of the medicine for MMT, to the funding of harm reduction activities at 80 per cent from the state budget and MOH regulations on roll-out of MMT in Kazakhstan, and to the adoption of ministerial orders and regulations stipulating provision of harm reduction in Trust Points throughout the country (Uzbekistan), Operational and clinical protocol on MMT including that in prison (Tajikistan), and the Instructions clearly outlining the role of law enforcement agencies in their work with most-at-risk populations (MARPs) including PWID (Kyrgyzstan).

The Project results on the one hand are characterized by a high level of national ownership as each of the outcomes and outputs was achieved with the active and meaningful involvement of national decision makers and technical officers who fully shared responsibility for the products quality and suitability. On the other hand introduction of a fully fledged harm reduction program in detention facilities in Uzbekistan and Kazakhstan remain a challenge. Due to significant reduction of donor funding, it was agreed to remove the outcomes related to national M&E mechanisms and model on integrated services which did not allow to achieve the respective outcomes. There were some operational challenges related to the contracting process requiring reconciliation of the UNODC and donor (CDC) procedures.

Provision of the national HIV response and particularly harm reduction in most of the Central Asia but Kazakhstan is heavily dependent from the Global Fund which is gradually reducing the funding and may well retreat from the region after 2020. Therefore, the continuity of HIV programmes including harm reduction and MMT is at stake and handing-over the funding and overall coordination to the national partners is an imperative in order to secure the sustainability of the programmes.

The anti-methadone movement in Central Asia is still active. It is headed by the Kazakh National Medicine Association in Kazakhstan, anti-methadone groups in other countries of the region supported by Scientology Church and a growing opposition from the Russian Federation³¹³². This may pose a threat to the MMT program in Central Asia³³. All countries need to address this issue through raising the national dialogue, strengthening regulatory framework and via scaling up the MMT program in order to provide the in-country evidence of the MMT effectiveness for HIV prevention and social adaptation of PWID.

Human Rights and Gender

Project documentation declared that gender dimension has been taken on board of all project activities although there was little written in the project papers on how the project would promote gender sensitivity. Triangulated data showed that initially gender did not have a specific focus in the Project with the exception of the adequacy studies where a special attention was paid to gender issues in the questionnaires in the respective section with extensive set of questions related to gender specific topics. This was essential, as the level of information on the specific needs of female IDU was very limited. Neither a specific knowledge exists on women IDU and/or non injecting sexual partners of PWID.

³¹ http://en.rylkov-fond.org/wp-content/uploads/2013/01/Submission-for-WG-UPR-Russia_9-Oct-2012.pdf

³² BMJ 2014;348:g3118

³³ <http://en.tengrinews.kz/>

In order to increase the awareness about the specific needs of women and those in prisons, in 2015, a regional conference on drugs and HIV was organized in Dushanbe in cooperation with the Ministry of Justice and Ministry of Health of Tajikistan. It was attended by senior managers and health care experts from the penitentiary system, researchers, and representatives from governmental and non-governmental organizations providing services to women. The participants reviewed the current situation and shared good practice on effective approaches to addressing HIV risks and vulnerability among women who use drugs as well as people in prison settings.

A regional training on the treatment of women with opioid dependence was organized for narcologists from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. The participants received new knowledge about the effects of opioids on the reproductive system, treatment of pregnant women and treatment of women with psychiatric co-morbidities.

Similarly to gender the project document declares that the human rights is a cross-cutting strategy of the project, but there was little written in the project's papers on how the project would observe and protect universal human rights. Triangulated data showed that the Project was striving to help realize the rights of the most—at-risk population via sensitizing the national partners on the need to acknowledge specific needs of the MARPs, particularly their access to HIV services in community and prisons.

In summary, human rights and gender issues although not systematically addressed nor explicitly stated in the project's documentation, have been included in the project's implementation. UNODC used every opportunity to make the national partners more aware of human rights obligations and gender issues, especially the respective needs of most-at-risk populations including women and those in detention.

III. CONCLUSIONS

The scope of the project was very ambitious although the chosen design was built on and logically stemmed from the success of the Phase I and therefore was appropriate to meet the project's objective and its outcomes. Initial managerial issues such as lack of flexibility and freedom to adapt the regional initiatives to the diverse characteristics and unique conditions of the individual countries of the region, were overcome in the second half of the project.

The project is very relevant for the entire region and all countries of Central Asia due to escalating HIV epidemic, high prevalence rates among PWID, and low availability and coverage of HIV services for IDU in community and in prisons. It is contributing to the Global UNODC Strategy 2012-2015, the UNODC Strategy for Central Asia 2015-2019 and respective SDGs. It is in line with the current WHO international standards for effective HIV prevention among IDU. The project is also relevant as UNODC is the only international organization in Central Asia that focuses specifically on IDU. A unique aspect of UNODC is that it allows the organization to work in prison settings more than any other organization.

Due to significant reduction of donor funds (CDC), the outcomes related to the national M&E mechanisms and model on integrated services were removed. These fund cuts, shortages and interruptions made the project to overcome inefficiencies of the first half of the project and plan activities in a thoughtful and efficient manner with implementation rate reaching 100%. Scarce funding was streamlined into advocacy of the need for integrated services for PWID in community and prisons, development of the respective policy and legislation and continuing capacity building.

The partnerships established during the RAC I29 project were strengthened during the XCEA01 project that continued multi-sectoral and participatory process at the national and regional levels allowing for broad advocacy of the project agenda including sensitive issues of human rights, OST, harm reduction as they relate to IDUs and prison inmates, as well as related experience and knowledge sharing.

Implementation of the project activities suffered from delays in receiving instalments of funding, as well of receiving less funding than expected. Many planned activities therefore were put on hold, or were even cancelled. Nevertheless, tremendous efforts and amount of work has been done throughout the life of the project. The role of the project has been noticeable in the advocacy, partnership and capacity building efforts. Outcomes and outputs have been to a different extent achieved in the region. The project was effective for Outcomes 1 and 2 and less effective for Outcomes 3 and 4 due to considerable fund cuts and resulting drop off activities for these Outcomes.

The project has tuned up the voice for increasing availability of services for IDUs in public sector and within prison system. It took an active role in development of the national response to HIV, drug control programs, and the enabling legislation to ensure that issues related to HIV among PWID in community and detention facilities are properly acknowledged and addressed.

Concerted advocacy efforts and maintenance of the high level dialogue by UNODC jointly with UN and other concerned partners helped national Project partners understand the need for changes leading to registration of methadone in Kazakhstan where the existing harm reduction programmes have been institutionalised and are being funded at 80 per cent from the state budget. Tajikistan registered *methadone* and incorporated it into the list of essential drugs. UNODC has been the major advocate of the launching the MMT in penitentiary sector (currently one prison near Dushanbe). UNODC has been a contributor to the newly adopted National Programme on the Response to HIV/AIDS that fully accounts the interests of people who inject drugs (PWID) and prisoners. Kyrgyzstan has made first steps towards transition to state funding of harm reduction programmes, defined the role of law enforcement agencies in their work with vulnerable groups (PWID, SW and MSM), and outlined referral patterns. Uzbekistan institutionalised harm reduction activities but MMT provided via a network of Trust Points.

The sustainability of the HIV services remains unsure with the exception of Kazakhstan that made a strong case for institutionalization and financial sustainability of harm reduction while Kyrgyzstan, Tajikistan and Uzbekistan have been heavily dependent upon the donor funding and remain vulnerable to availability thereof. Introduction of harm reduction in detention facilities in Uzbekistan and Kazakhstan remains the challenging task.

The anti-methadone movement in Central Asia is still active posing a threat to the MMT program in Central Asia. Human rights and gender issues, although not explicitly stated in the project's documentation, have been included in the project's implementation. UNODC used every opportunity to make the national partners more aware of human rights obligations and gender issues, especially the respective needs of most-at-risk populations including women and those in detention.

IV. RECOMMENDATIONS

UNODC HIV/AIDS Section and HQ when designing regional interventions need to acknowledge unique characteristics of the countries such as size, landscape, population, culture, as well as their conditions and circumstances such as access to funding, level and number of services, needs and priorities, and political climate enabling the scale-up of availability, coverage and quality of HIV services for IDU on community and in prisons.

UNODC HIV/AIDS Section and HQ should have alternative funding if the funding source is not secured. The designing and approval of projects with multiple outcomes lacking security of funding should be avoided.

UNODC Regional Office for Central Asia (ROCA) should continue focusing largely on the high-level advocacy for HR and MMT by making available best practices, and organizing regional meetings for relevant stakeholders.

UNODC ROCA to acknowledge the institution-specific advantage of UNODC to work in prison settings that needs to be at the core of the policy dialogue and respective advocacy strategy.

UNODC ROCA Representative and CA Country Coordinators to continue the high-level advocacy for HR and MMT in order to build the strong ownership among policy and decision-makers for all inputs necessary for successful implementation of the HIV programs for PWID.

UNODC ROCA jointly with WHO and UNAIDS in CA to raise national dialogues and strengthen regulatory framework to help scale up the MMT to provide in-country evidence of MMT effectiveness for prevention of HIV and social adaptation of PWID.

UNODC HIV/AIDS Section and HQ should incorporate human rights as inalienable and strategic part of the programming by making sure that all interventions are in line and fully conversant with wider UN objectives at the region/country level and advocate through various available channels for the adherence of all state and non-state bodies and organizations to the international standards of human-rights in policies and practices thus ensuring humanization of attitudes towards PWID in community and custodial settings.

UNODC HIV/AIDS Section and HQ should clearly incorporate gender aspects in their regional and national initiatives including high level advocacy of the need for respective gender-sensitive policies and legislation, collection of the gender sensitive data and the adherence of all state and non-governmental bodies and organizations to the gender standards in their practices thus meeting specific needs of PWID in community and custodial settings.

V. LESSONS LEARNED

Shifting the focus of the project from scale-up of evidence-based knowledge on harm reduction and related topics, towards developing a legal framework for harm reduction, and more specifically OST, related advocacy as well as respective technical assistance in policy development and institutional capacity building became a turning point enabling the project to make thoughtful developments. This approach, while being complex for practical implementation since it was aiming at policy, regulatory and structural changes, generated more substantial outcomes in comparison with the results that would be expected from strengthening a respective knowledge base which is of interest to researchers and academia rather than to reformators.

A major lesson drawn from the project is the need to maintain advocacy at the highest possible level and intensity. Well organized and thoughtful regional events followed by respective national activities helped open minds of policy and decision makers and professionals on issues relating to PWID. It brought respective international evidence and attracted available expertise both internal and external, facilitating the process of knowledge sharing and learning thereby producing a critical mass of regional and national experts – proponents and advocates of the internationally accepted approach to integrated HIV services for PWID in the community and prison settings.

Contractual delays and financial shortages coupled with managerial issues and inefficiencies during first half of the project caused the project management to seek optimal solutions to preserve the gains of the Phase I of the project and to add a real value to the existing HIV services for PWID. As a result the project developed costed working plans and provided a greater flexibility to NPOs in managing scarce funding which was channeled to advocacy of the integrated services for PWID in community and prisons, development of the respective policy and legislation and continuing capacity building.

Despite a visible contribution the project has made to increase of availability, coverage and quality of HIV services in all Central Asian countries the current level of MMT is undoubtedly insufficient to realize its potential for prevention of HIV.

ANNEX I. TERMS OF REFERENCE OF THE EVALUATION

I. Background and Context

Project number:	XCEA01
Project title:	Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe – Phase II
Duration:	January 2010 – September 2016 (6 years 9 months). Donors have approved no-cost extension till 31 March 2017 to conduct final independent project evaluation.
Location:	Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Azerbaijan, Ukraine, Moldova
Linkages to Country, Regional and Thematic Programmes:	The project contributes to achieving the following results of Sub-programme 2 “Prevention, treatment and reintegration, and alternative development” of UNODC Strategic Framework: (a) increased application of measures to reduce the vulnerability to drug use and HIV/AIDS of people in the community, and (b) increased capacity of requesting Member States to reduce the vulnerability to drug use and HIV/AIDS of people in the criminal justice system. The project contributes to achievement of various objectives set out in the Programme for Central Asia for 2015-2019 and the Regional Programme for Afghanistan and Neighbouring Countries. It also links directly to the objectives of the UN Joint Programme of Action on HIV.
Executing Agency:	UNODC
Partner Organizations:	Ministries of Health, Ministries of Justice, Ministries of Interior, Drug Control Agencies in respective countries
Total Approved Budget:	USD 14,753,497
Total Overall Budget	USD 9,729,600, out of this, USD 3,446,900 is for Central Asia
Donors:	CDC/PEPFAR, USAID/PEPFAR, AIDS Life Verain, Czech Republic, GIZ
Project Manager/ Coordinator:	Signe Rotberga
Type and time frame of evaluation: (Independent Project Evaluation/In-depth Evaluation/mid-term/final)	Final Independent Project Evaluation; 19 December 2016 to 30 March 2017
Timeframe of the project covered by the evaluation:	January 2010 – until the end of the field mission at the beginning of January 2017
Geographical coverage of the evaluation:	Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan
Budget for this evaluation:	USD 13,000
Type and year of past evaluations (if any):	
Core Learning Partners ³⁴ (entities):	Ministries of Health, National Addiction Treatment Centres, CDC

³⁴ The CLPs are the main stakeholders, i.e. a limited number of those deemed as particularly relevant to be involved throughout the evaluation process, i.e. in reviewing and commenting on the TOR and the evaluation questions, reviewing and commenting on the draft evaluation report, as well as facilitating the dissemination and application of the results and other follow-up action. Stakeholders include all those to be invited to participate in the interviews and surveys, including the CLPs.

Project overview and historical context

Eastern Europe and Central Asia are regions where the HIV prevalence clearly remains on the rise. The HIV and AIDS epidemics remain concentrated among most-at-risk populations, including injecting drug users and prisoners. The use of contaminated drug injecting equipment is the major mode of HIV transmission in the region accounting for 40-70 per cent of newly diagnosed HIV infections.

UNODC project XCEA01 – «Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups In Central Asia and Eastern Europe –Phase II» aims to improve availability, coverage and quality of HIV services for injecting drug users and prisoners in community and prison settings in Central Asia (i.e. Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan), Azerbaijan, Ukraine and Moldova. Duration of the project is 6 years 9 months (till September 2016) but a no-cost extension until March 2017 will allow for the final Independent Project Evaluation to be undertaken. The total overall budget is USD 14,753,497. The budget received for Central Asia segment is USD 3,446,900. Funding for the project is secured by CDC/PEPFAR, USAID and GIZ for CA&AZ segment and USAID/PEPFAR, AIDS Life Verein, Czech Republic for East Europe segment. The overarching goal of the project is to improve availability, coverage and quality of HIV services for injecting drug users and prisoners in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The project is aimed to address the following challenges:

- Lack of the full range of HIV-related health and social protection services that are required for meeting the needs of drug users and people in detention;
- Poor quality and low capacity of existing services to provide for the scale of coverage of key population groups necessary to contain HIV epidemic and influence public health in general;
- Inadequate integration of HIV-related interventions in primary health care as well as in social protection services, weak referral mechanisms within and between these services and low-threshold services that translates into insufficient continuity of care, patients/clients' reversions to risk-behaviours, interruption of ARV and TB treatment and the development of multi-resistant forms of diseases;
- Outdated state monitoring and evaluation systems that prevent clear measuring the access of MARPs to health and social protection services and the effectiveness and efficiency of those services;
- Insufficient involvement of the police and other law enforcement forces in constructive partnerships with health care and social protection agencies and organizations who provide services for drug users and people in detention.

The ultimate project's beneficiaries are injecting drug users and prisoners since the project aims at improving availability, coverage and quality of HIV services for these two groups. However, policy and decision makers at national and provincial level, managers and other staff of governmental and non-governmental organizations working in the area of healthcare, social protection, law enforcement and justice sectors also directly benefit from the project. The project also works with professional education systems in order to mainstream HIV into the systems of graduate and continuous training of health, social and law enforcement professionals.

Key outcomes:

- Increased range and improved management of HIV-related services for IDUs and in prisons (all nine interventions recommended by the Technical Guide)
- The institutional capacity and professional competences of service providers strengthened through implementation of updates to the teaching curricula for professional education systems and relevant occupational standards (teaching curricula for identified training institutions developed/elaborated and endorsed by relevant ministry for the use in teaching process; updated occupational standards for identified professions and workers of low-threshold services officially endorsed for the use in certification/attestation of service providers).
- The national monitoring and evaluation (M&E) frameworks on the access to HIV-related services for injection drug users and prison inmates strengthened and consistent with international standards and recommendations of the Technical Guide (Indicators of the access of IDUs and prisoners to HIV-related services recommended by the Technical Guide integrated into the national M&E frameworks and reporting system)
- A model of integrated and easily accessible services for key population groups in community and places of detention developed, endorsed and piloted in selected territories (a technical paper describing the model of integrated HIV-related services in selected territories officially endorsed; trained service providers in selected territories).

Due to significant reduction of CDC funds, it was agreed with the donor to remove the outcomes 3 and 4 related to national M&E mechanisms and model on integrated services. In 2013, in the result of review of UNODC strategic priorities, Turkmenistan was excluded from the list of high priority countries and project activities in this country were stopped. Upon request from the donor, as of 2016, project activities were stopped in Uzbekistan.

Main challenges during implementation

Initially, the project had a very broad geographic scope covering eight countries with different epidemiological situation and political environment. This created challenges for the project implementation, administrative and financial management and reporting. Following an assessment in 2013, the project was divided into 2 segments: 1) Central Asia and 2) Ukraine and Moldova.

The final Independent Project Evaluation will focus on the implementation of the activities of the project from 2010 in the segment for Central Asia. It was expected that CDC (Centers for Disease Control and Prevention) will provide a grant of USD 5,000,000 for Central Asia for the last five years of the project, however, the funding from CDC was reduced to USD 1,318,000. In 2014, smaller amounts were provided by USAID and GIZ. The project regularly experienced significant delays with receipt of funds from CDC. The funds were usually allocated shortly before the end of reporting period. This had a negative effect on project quality and results as many activities had to be implemented within a short period of time and funds were not available for critical activities. Additional problems were experienced after introduction of Umoja, for example delays with payments, lack of information about exact amount of expenditures and difficulties to access earlier deposited funds.

Project documents and revisions of the original project document

Project document	Year	Please provide general information regarding the original project document.
OFIC/UNODC Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe – Phase II	2010	Original project document was for the duration of 3 years (2010-2013) and overall budget of USD 6,000,000

Project revision (please add further rows as needed)	Year	Reason & purpose	Change in (please check)
1. Project revision	2013	To extend duration to 6 years and 9 months and increase budget to USD 14,753,500. New outputs and activities included. As additional donors joined the project, reference to OFID was deleted from the project title. The budget for Central Asia segment amounts to USD 3,446,900	x Budget x Timeframe x Logframe

Main objectives and outcomes

The main objective of the project: Improved availability, coverage and quality of HIV services for injecting drug users and prisoners in Central Asia (i.e. Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan), and Azerbaijan, Ukraine and Moldova.

The project has four outcomes:

5. Harmonized human-rights-based & evidence-based strategies & interventions incorporated in national programmes on drug control, prevention & treatment of HIV & Tuberculosis, & relevant sections of programmes on criminal justice reform to ensure more effective & coherent national response to HIV epidemics as it relates to injecting drug use & prison settings.
6. Strengthened professional education system on health care, social protection, law enforcement and prison systems for improved provision of integrated, evidence-based and comprehensive HIV services including drug dependence treatment for people who use drugs and prisoners.
7. Improved management of HIV-related services to ensure continuity of care and provision of integrated and easily accessible, evidence-based, large-scale and comprehensive services for MARPs in community and prisons nationally or in selected territories of the project countries.
8. Strengthened national capacity for monitoring and evaluation of the access to HIV-related services for drug users and prisoners in accordance with international standards and recommendations.

Baseline data was collected and performance monitored against indicators specified in the logframe.

Contribution to UNODC's country, regional or thematic programme

The project contributes to achievement of various objectives set out in the Programme for Central Asia for 2015-2019 and the Regional Programme for Afghanistan and Neighbouring Countries. It also links directly to the objectives of the UN Joint Programme of Action on HIV.

Linkage to UNODC strategy context and to Sustainable Development Goals

The project contributes to achieving the following results of Sub-programme 2 “Prevention, treatment and reintegration, and alternative development” of UNODC Strategic Framework: (a) increased application of measures to reduce the vulnerability to drug use and HIV/AIDS of people in the community, and (b) increased capacity of requesting Member States to reduce the vulnerability to drug use and HIV/AIDS of people in the criminal justice system.

The project has made contribution to the following SDG targets:

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases;

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol;

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all;

Target 16.1: Significantly reduce all forms of violence and related death rates everywhere;

Target 16.6: Develop effective, accountable and transparent institutions at all levels;

Target 16.7: Ensure responsive, inclusive, participatory and representative decision-making at all levels.

II. Disbursement History

Time periods throughout the life time of the project	Total Approved Budget	Expenditure	Expenditure in %
Jan 2010 –Dec 2016	USD 3,446,900	USD 3,446,900	100

Time period covered by the evaluation	Total Approved Budget	Expenditure	Expenditure in %
Jan 2010 – Dec 2016	USD 3,446,900	USD 3,446,900	100

III. Purpose of the Evaluation

As foreseen in the project document as well as per the rules of the UNODC Evaluation Norms and Standards, a final Independent Project Evaluation of the project is planned to be initiated in December 2016 to focus on the implementation of the activities in the segment for Central Asia within UNODC project XCEA01 - Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe – Phase II.

The purpose of the final Independent Project Evaluation is to (1) assess the impact of the project and the investment made (2) assess the results of the project and demonstrate to what extent it has achieved its objectives and has been relevant, efficient, cost effective and sustainable, (3) provide information for better decision-making of UNODC management (best practices and lessons learned), (4) serve as a mean to empower project stakeholders of HIV prevention among people who inject drugs and in prisons.

The evaluation will assess the following criteria: relevance, efficiency, effectiveness, impact and sustainability, established partnerships and cooperation and human rights. The evaluation will further specifically assess how gender aspects have been mainstreamed into the project as well as identify lessons learned and best practices and derive recommendations.

IV. Scope of the Evaluation

Unit of analysis (full project/programme/ parts of the project/programme; etc.)	Central Asia segment of the project
Time period of the project/programme covered by the evaluation	January 2010 – end of the field mission at the beginning of January 2017
Geographical coverage of the evaluation	Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan

V. Key Evaluation Questions

Evaluation Criteria and Questions

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

Relevance	
<i>Relevance is the extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.</i>	
1.	To what extent have the project objectives been relevant to the actual HIV situation in Central Asia?
2.	To what extent had the project addressed the needs of people who inject drugs (in community and prison settings)?
3.	To what extents has the project addressed the needs of policy makers, health and social care professionals, criminal justice system personnel and civil society organizations active in the field of HIV prevention and care?
4.	To what extent has the project been aligned with the relevant global goals and targets (such as MDG 6 on combating HIV and Targets 2 and 8 of the 2011 UN GA Political Declaration on HIV/AIDS)?
Efficiency	
<i>Efficiency measures the outputs - qualitative and quantitative - in relation to the inputs.</i>	
5.	To what extent have the resources and inputs been converted into outputs in a timely and cost-effective manner?
6.	What measures have been taken during project planning and implementation to ensure that resources are efficiently used?
Effectiveness	
<i>Effectiveness is a measure of the extent to which an aid activity attains its objectives.</i>	
7.	To what extent has the project achieved its foreseen objectives and outcomes?
8.	What are the success factors for the achievement or reasons for non-achievement of project

objectives?
9. What are the major challenges, opportunities and obstacles encountered by the project as a whole?
Impact
<i>Impact is the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.</i>
10. To what extent has the project contributed or is likely to contribute to long-term social, technical, environmental and other development changes to individuals, communities, and institutions related to the thematic areas covered by the project, i.e. HIV prevention and care?
11. What are the intended and unintended, positive and negative, long term effects - if any - of the project on drug users, prisoners, individuals and institutions working in the field of HIV prevention and care?
12. What real difference - if any - has the project made to beneficiaries?
Sustainability
<i>Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn.</i>
13. To what extent are the project results (impact if any, and outcomes) likely to continue after the project?
14. To what extent has the project provided for enhanced motivation and capacity of institutions and professionals to continue working towards project objectives after the project funding ceases?
15. What are the major factors that influence the achievement or non-achievement of sustainability of the project results?
Partnerships and cooperation
<i>The evaluation assesses the partnerships and cooperation established during the project/ programme as well as their functioning and value.</i>
16. To what extent have partnerships (e.g. donors, Governments, civil society, other UN agencies etc.) been sought and established and synergies been created during the project implementation?
17. What are the comparative advantages of UNODC and was the project implemented with these in mind?
Human rights and Gender
<i>The evaluation needs to assess the mainstreaming of human rights as well as gender aspects throughout the project/ programme.</i>
Human Rights
18. To what extent has the project addressed human rights issues relating to HIV prevention and care to the target populations?
19. To what extent has the project contributed towards improving human rights-based HIV response for people who use drugs?
Gender
20. To what extent has the project identified relevant gender issues relating to HIV prevention and care for the project target populations?
21. To what extent has the project contributed towards improving gender sensitive issues relating to HIV prevention and care for people who use drugs?
Lessons learned and Best Practices
<i>Lessons learned concern the learning experiences and insights that were gained throughout the project/ programme.</i>
22. What are the lessons learned (positive and negative) from the project implementation?
23. What best practices can be identified and should be replicated in similar projects?
24. What lessons can be learned from the project implementation in order to improve performance, results and effectiveness in the future? What good practices emerged from the project implementation? Can they realistically be replicated?
25. What are the major challenges, opportunities and obstacles encountered by the project as a whole?

VI. Evaluation Methodology

The evaluation should include a mixed methods approach of qualitative and quantitative methods, providing for a triangulation of findings. The evaluation should further be guided by the principles of human rights and gender equality. Gender-sensitive evaluation methods and gender-sensitive data

collection techniques are therefore essential in order to identify key gender issues and define strategies for developing appropriate data bases for better gender analysis in future project planning.

The methodology includes a thorough desk review and analysis of all existing documentation (secondary data sources) (Annex II). The evaluator may further request additional desk review materials if deemed necessary. The evaluator is also expected to use primary sources, such as structured and semi-structured interviews, observations or any other relevant tools as a means to collect relevant data for this evaluation. An on-line questionnaire may further be developed to help collect the views of stakeholders who might not be available for interviews, as well as to gather quantitative data.

The present ToR provides basic information as regards to the methodology of the evaluation, however this should not be regarded as exhaustive but only meant to guide the evaluator. The evaluator is requested to present a summarized methodology in the form of an Inception report, containing preliminary findings of the desk review, refined evaluation questions, data collection instruments (including questionnaire and interview questions), sampling strategy, evaluation matrix and limitations to the evaluation.

The evaluation uses a participatory approach through the active participation of the evaluation stakeholders, in particular the Core Learning Partners (CLP). The CLPs are the main stakeholders, i.e. a limited number of those deemed as particularly relevant to be involved throughout the evaluation process, i.e. in reviewing and commenting on the TOR and the evaluation questions, as well as reviewing and commenting on the draft evaluation report. Stakeholders include all those to be invited to participate in the interviews and surveys, including the CLPs. (In Annex II, a distinction is made of these two different groups).

The evaluation process should include but not necessarily limit to the following methods:

- desk review of relevant background documents (project document, annual project progress reports, reports on project activities, relevant national policy documents, information materials produced by the project etc.) listed in Annex 2;
- preliminary findings of the desk review to be summarized in an Inception Report, which is not to exceed six pages. The Inception Report should also specify the evaluation methodology determining thereby the exact focus and scope of the evaluation exercise, including the evaluation questions, the sampling strategy and the data collection instruments. The Inception Report is one of the key deliverables, which is shared with the Project Manager and the Independent Project Evaluation Unit for comments.
- Field missions to Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan to be discussed and decided upon together with the evaluator;
- structured and semi-structured individual and/or group interviews with project management team, key stakeholders representing the government and civil society, international organisations, donor, project beneficiaries, representatives of UNAIDS co-sponsors present in Central Asia, as well as relevant staff at Vienna HQ, etc. (face-to-face and per phone/Skype); (stakeholders to be included in the evaluation process are to be discussed and decided upon together with the evaluator(s));
- on-line questionnaire to help collect the views of stakeholders who might not be available for interviews, as well as to gather quantitative data.

- Analysis of findings and follow-up phone interviews with additional stakeholders and phone conferences with representatives from the UNODC HIV/AIDS Unit, as necessary;
- Draft evaluation report (based on UNODC evaluation norms, standards, guidelines and templates to be found on the IEU website) <http://www.unodc.org/unodc/en/evaluation/index.html>), to be submitted to the Project Manager, for review of factual errors or omissions, as well to IEU for review and comments. The evaluator incorporates the necessary changes and submits the revised draft evaluation report to IEU for a second round of review and subsequent clearance, followed by a review by the CLPs;
- Final evaluation report. The evaluator incorporates all the necessary changes, following feedback from CLPs and IEU, and submits the finalized report to IEU for clearance;
- Presentation of final evaluation findings and recommendations.

In conducting the evaluation, the UNODC and the UNEG Evaluation Norms and Standards are to be taken into account. All UNODC evaluation tools, norms, guidelines and templates to be mandatorily used in the evaluation process can be found on the IEU website: <http://www.unodc.org/unodc/en/evaluation/index.html>.

VII. Timeframe and Deliverables

<i>Duties</i>	<i>Time frame</i>	<i>Location</i>	<i>Deliverables</i>
Desk review and preparation of draft Inception Report	19.12.2016 – 28.12.2016 (7 working days)	Home base	Draft Inception report containing: preliminary findings of the desk review, refined evaluation questions, data collection instruments (including questionnaire and interview questions), sampling strategy, evaluation matrix and limitations to the evaluation
Review of the inception report by the project manager and by IEU as well as incorporation of comments received (can entail various rounds of comments)	29.12.2016 – 06.01.2017 (2 working days)		Revised draft Inception Report
Deliverable A: Final Inception Report in line with UNODC evaluation norms, standards, guidelines and templates	By 06.01.2017 (9 overall working days)		Final Inception report to be cleared by IEU

Interviews with staff at UNODC HQ/FO; Evaluation mission: briefing, interviews; presentation of preliminary findings (UNODC HQ staff to be interviewed via phone/skype)	09.01.2017-21.01.2017 (10 working days)	Dushanbe (3 days), Bishkek (2 days), Tashkent (2 days), Kazakhstan (3 days)	Presentation of preliminary findings
Drafting of the evaluation report;	23.01.2017-10.02.2017 (12 working days)	Home base	Draft evaluation report
Submission to Project Management for review of factual errors and to IEU for review and comments;	10.02.2017-17.02.2017		
Consideration of comments from the project manager and incorporation of comments from IEU (can entail various rounds of comments)	20.02.2017 – 28.02.2017 (4 working days)	Home base	Revised draft evaluation report
Deliverable B: Draft Evaluation Report in line with UNODC evaluation norms, standards, guidelines and templates	By 28.02.2017 (26 overall working days, including travel)		Draft evaluation report, to be cleared by IEU
Translation of Executive Summary into Russian	01-03.03.2017		
Executive Summary of the draft evaluation report to be shared with Core Learning Partners for comments	06.03.2017 – 17.03.2017		
Consideration of comments from Core Learning Partners	20.03.2017 – 21.03.2017 (1 working day)	Home base	Revised draft evaluation report
Final review by IEU; incorporation of comments and finalization of report (can entail various rounds of comments)	22.03.2017 – 30.03.2017 (4 working days)	Home base	Revised draft evaluation report
Deliverable C: Final evaluation report;	By 30.03.2017 (5 overall working		Final evaluation report; Presentation of evaluation

presentation of evaluation results	days) (day for presentation TBD)		results. All to be cleared by IEU
Project Management: Management response (if needed; Finalise Evaluation Follow-up Plan in ProFi	By 31.03.2017		Management response (if needed; Final Evaluation Follow-up Plan to be cleared by IEU
Project Management: Disseminate final evaluation report			Final evaluation report disseminated

VIII. Evaluation Team Composition

The evaluation will be conducted by an independent international evaluator, contracted on the basis of 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 HIV prevention and care and excellent oral communication and report writing skills in English.

The qualifications and responsibilities of evaluator are specified in the Terms of Reference for Evaluator attached in Annex 1.

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.

- Inception report; in line with UNODC evaluation norms, standards, guidelines and templates, based on a comprehensive desk review of background documents, containing: preliminary findings of the desk review, refined evaluation questions, data collection instruments (including questionnaire and interview questions), sampling strategy, evaluation matrix and limitations to the evaluation;
- Draft evaluation report in line with UNODC evaluation norms, standards, guidelines and templates,
- Final evaluation report, in line with UNODC evaluation norms, standards, guidelines and templates;
- Final presentation to stakeholders.

Absence of Conflict of Interest

According to UNODC rules, the evaluator(s) 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.

Furthermore, the evaluator(s) shall respect and follow the UNEG Ethical Guidelines for conducting evaluations in a sensitive and ethical manner.

IX. Management of the Evaluation Process

Roles and responsibilities of the Project Manager

The Project Manager/Regional HIV Adviser is responsible for:

- managing the evaluation process,
- drafting and finalizing the ToR,
- selecting Core Learning Partners (representing a balance of men, women and other marginalised groups) and informing them of their role,
- recruiting the evaluator following proposal and clearance by IEU,
- providing desk review materials (including data and information on men, women and other marginalised groups) to the evaluation team including the full TOR, (including additional material as requested by the evaluator along the process)
- reviewing the inception report as well as the evaluation methodology,
- liaising with the Core Learning Partners,
- reviewing the draft report for factual errors,
- developing an implementation plan for the evaluation recommendations as well as follow-up action (to be updated once per year), disseminate the final evaluation report and facilitate the presentation of evaluation results;

The Project Manager will be in charge of **providing logistical support** to the evaluator including arranging the field missions of the evaluator, including but not limited to:

- All logistical arrangements for the travel of the evaluator
- All logistical arrangement for the meetings/interviews/focus groups/etc., ensuring interview partners adequately represent men, women and other marginalised groups (including independent translator/interpreter if needed; set-up of meetings; arrangement of ad-hoc meetings as requested by the evaluator; scheduling sufficient time for the interviews (around 45 minutes); ensuring that the evaluator and the respective interviewees are present during the interviews; etc.)
- All logistical arrangements for the presentation of the evaluation results;

For the field missions, the evaluator liaises with the UNODC Project Office in Kazakhstan and mentors as appropriate.

Roles and responsibilities of the evaluation stakeholders

Members of the Core Learning Partnership (CLP) are identified by the project manager and discussed and decided upon together with the evaluator. The CLPs are the main stakeholders, i.e. a limited number of those deemed as particularly relevant to be involved throughout the evaluation process, i.e. in reviewing and commenting on the TOR and the evaluation questions, reviewing and commenting on the draft evaluation report, as well as facilitating the dissemination and application of the results and other follow-up action. Stakeholders include all those to be invited to participate in the interviews and surveys, including the CLPs.

Roles and responsibilities of the Independent Evaluation Unit

The Independent Evaluation Unit (IEU) provides mandatory normative tools, guidelines and templates to be used in the evaluation process. Please find the respective tools on the IEU web site <http://www.unodc.org/unodc/en/evaluation/evaluation.html>. Furthermore, IEU provides guidance and evaluation expertise throughout the evaluation process.

IEU reviews and clears all steps and deliverables during the evaluation process: Terms of Reference; Selection of evaluator(s); Inception Report; Draft Evaluation Report; Final Evaluation Report; Evaluation Follow-up Plan.

X. Payment Modalities

The evaluator will be issued consultancy contract and paid in accordance with UNODC rules and regulations. The contract is a legally binding document in which the evaluator agrees to complete the deliverables by the set deadlines. Payment is correlated to deliverables and three instalments are typically foreseen:

- The first payment upon clearance of the Inception Report (in line with UNODC evaluation norms, standards, guidelines and templates) by IEU;
- The second payment upon clearance of the Draft Evaluation Report (in line with UNODC norms, standards, evaluation guidelines and templates) by IEU;
- The third and final payment (i.e. the remainder of the fee) only after completion of the respective tasks, receipt of the final report (in line with UNODC evaluation norms, standards, guidelines and templates) and clearance by IEU, as well as presentation of final evaluation findings and recommendations.

ANNEX II. EVALUATION TOOLS: QUESTIONNAIRES AND INTERVIEW GUIDES

INTERVIEW QUESTIONNAIRE 'KEY NATIONAL AND REGIONAL LEVEL STAKEHOLDERS'

Final Evaluation of UNODC Project XCEA01: **Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe – Phase II**

1. What are the major issues and challenges as they relate to PWID including those in detention and living with HIV in the country? (Probe: human resources in public and non-public sectors, their capacity and availability, legislation, regulatory and normative documents).
2. How would you describe the role of your organization in addressing HIV and drug use issues in the country?
3. Could you briefly describe the role of your organization in the UNODC Project XCEA01?
4. Did your organization take part in developing/implementation of the Project interventions? Did your views and opinions regarding the subject matter were taken into account?
5. What do you think of the Project support to the respective National HIV Response/ Capacity Building/HIV Services including OST Program?
6. What do you think of the project strategies as they related to the situation of the PWID and PLHIV including those in detention?
7. In your opinion do the Project strategies aim at addressing the human rights of PWID and PLHIV including those in detention?
8. Do you think the project strategies take into consideration women from target populations? Do you think the Project addressed gender issues (if any) and what are those issues? Please provide examples
9. How do you think the situation of PWID and PLHIV including those in detention would have changed without the Project? What would have happened to OST program without Project?
10. Are there any unintended results of the Project? Please give examples
11. What is your vision of the capacity of the Project team?

12. Did you benefit from Project's advocacy /capacity building events/ workshops?
13. What do you consider the biggest achievement in the Project? Think of 2-3 main successes, why do you think they are so, and what factors contributed to achieving these results? What are the main results at the end of the Project? On the national /oblast levels?
14. Do you think the project gains will be sustained after the end of Project life?
15. What do you suggest for sustaining the Project gains as external funding ceased or will cease in the near future?
16. What have you learned in the course of the Project implementation? What elements could be strengthened? What opportunities were missed?
17. If you were in charge of the Project: what would you revise?
18. Any other information that you consider relevant for this evaluation?

INTERVIEW QUESTIONNAIRE 'PROJECT STAFF' (including staff of National Project Offices and HQ UNODC Office)

Final Evaluation of UNODC Project XCEA01: Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe – Phase II

1. Do you consider the project successful?
2. Please could you think of at least two-three most important achievements? What objectives have not been achieved? What are the gaps?
3. What are the main reasons/factors for achievement/non-achievement?
4. Did you consult/verify the Project plans/interventions with the national partners? Was the partnership effective?
5. Do you think you got sufficient enough support from regional /HQ offices? Was anything else needed?
6. Have you had technical assistance, training in the project? Were they sufficient?
7. What have you learned as a result of the Project implementation? What went well? What elements could be strengthened? What opportunities were missed?
8. What were the main challenges in project implementation?
9. If you were in charge of the overall Project: what would you change?
10. Any other information that you consider relevant for this evaluation?

FOCUS GROUP QUESTIONNAIRE 'Direct BENEFICIARIES' (include active NGOs/CSOs representing target populations i.e. PWID, PLHIV (ex)-prisoners)
Final Evaluation of UNODC Project XCEA01: Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups in Central Asia and Eastern Europe-Phase II

Focus Group Guide:

- (a) Introduce yourself
- (b) Introduction to the objectives of the research
- (c) A brief introduction to the rules of focus groups
 - Everything said and done is confidential and will not be used outside the room except for the purposes of this evaluation;
 - Every statement is right;
 - Please do not hesitate to disagree with someone else;
 - But do not all talk at once
- (d) Ask people to describe who they are and say few words about themselves
- (e) Introduce the topic under review - We are here to evaluate the UNODC Project XCEA01
- (f) Ask questions

Organization Details

- Name of Organization
 - Contact information
 - Participating staff and target community members
1. What are the target populations you represent/serve, what regions/localities do you reach, what HIV/drug use services do you currently use/offer, How many people [specify target group] do you represent/cover/serve?
 2. What are you aiming to achieve by working with these populations? What is the mission and goals of your organization?
 3. What are the most sought after services by each of the target groups you serve? What were the 2-3 most significant challenges (other than funding) for receipt of quality drug treatment/HIV prevention and treatment, care and support services before partnership of your organization with the UNODC Project? Do you consider the partnership effective/useful? Why?
 4. Were views of your organization/ target populations taken into consideration when developing project interventions?
 5. Did any developments/improvements occur as a result of the partnership with the Project? What effect these improvements would have on your target populations?
 6. Can you list 1-2 services/practices that became available as a result of partnership with the UNODC Project? Would the above services/practices become available without partnership with the Project?

7. Do you think those services will continue to be available after the end of the Project, and What in your opinion is needed to sustain the services after the end of Project life?
8. If you could design and implement the ideal HIV service delivery system for the target group you service, what would it look like? What are the lessons you have learned as a result of the Project?
9. Please feel free to add further comments.
10. Closing remarks by summarizing the main points.
11. Thank you for your cooperation and for the provided information

ANNEX III. DESK REVIEW LIST

Annual Reports 2010-2012, 2014-2015

Semi-annual Reports 2013, 2016

Project document XCEA01

Project Revision XCEA01

Mid-Term Evaluation Report 2014

Progress donor reports

PWID Pop Size Synthesis Report 2014

WS report-Estimating Size of PWID Populations in CA 2014

OST Evaluation Report

Project Logframe

Training reports

Project expenditure Reports XCEA01 2010 – 2016

List of occupational standards and teaching curricula developed for Central Asian countries

List of Capacity Building and Advocacy Events

Combined workplan with outcomes

Practical Guide on Social Work

Expenditure reports

Annual Workplans

Number of documents review: 33

ANNEX IV. LIST OF PERSONS CONTACTED DURING THE EVALUATION

<i>Number of interviewees</i>	<i>Organisation</i>	<i>Sex disaggregated data</i>	<i>Country</i>
2	CDC	Male: 0 Female: 2	Kazakhstan
1	CDC	Male: 0 Female: 1	Uzbekistan
1	CDC	Male: 0 Female: 1	Kyrgyzstan
1	USAID	Male: 1 Female: 0	Uzbekistan
1	UNAIDS	Male: 1 Female: 0	Kazakhstan
1	UNAIDS	Male: 1 Female: 0	Uzbekistan
1	UNAIDS	Male: 0 Female: 1	Kyrgyzstan
1	WHO	Male: 0 Female: 1	Kazakhstan
1	ICAP	Male: 0 Female: 1	Kazakhstan
1	ICAP	Male: 0 Female: 1	Kyrgyzstan
1	ICAP	Male: 1 Female: 0	Tajikistan
2	National Centre on Applied Research on Addiction and Psychiatry	Male: 2 Female: 0	Kazakhstan
1	Republican Addiction Treatment Center	Male: 1 Female: 0	Tajikistan

1	National Centre for Treatment of Addictions	Male: 1 Female: 0	Kyrgyzstan
1	Project implementation unit of The GFATM	Male: 0 Female: 1	Kazakhstan
1	UNDP/GF implementation unit	Male: 1 Female: 0	Tajikistan
1	National AIDS Centre	Male: 0 Female: 1	Uzbekistan
1	CCM-Secretariat	Male: 1 Female: 0	Uzbekistan
1	Ministry of Health and Social Development, School of Public Health	Male: 1 Female: 0	Kazakhstan
1	Academy of the Ministry of Interior	Male: 1 Female: 0	Kazakhstan
1	National Human Rights Centre	Male: 0 Female: 1	Uzbekistan
1	Soros Foundation	Male: 1 Female: 0	Kyrgyzstan
1	Department of Penitentiary Services	Male: 1 Female: 0	Kyrgyzstan
1	Department of Penal Sanctions	Male: 1 Female: 0	Tajikistan
1	Ministry of Justice Department for Correctional Facilities	Male: 1 Female: 0	Tajikistan
1	Drug Control Agency	Male: 1 Female: 0	Tajikistan
2	Tajik National University Psychology Department	Male: 2 Female: 0	Tajikistan
1	Public Fund Aman-Sauilyk	Male: 0 Female: 1	Kazakhstan
1	Kazakh Union of People Living with HIV	Male: 1 Female: 0	Kazakhstan
2	NGO Intilish	Male: 1	Uzbekistan

		Female: 1	
1	NGO RANS plus	Male: 1 Female: 0	Kyrgyzstan
1	NGO Volunteer	Male: 1 Female: 0	Tajikistan
2	UNODC HQ	Male: 1 Female: 1	Austria
2	UNODC	Male: 0 Female: 2	Kazakhstan
2	UNODC	Male: 2 (1 former staff) Female: 0	Kyrgyzstan
2	UNODC	Male: 0 Female: 2	Tajikistan
1	UNODC	Male: 0 Female: 1 (former staff)	Turkmenistan
Total:		Male: 26 Female: 19	

ANNEX V. LIST OF OCCUPATIONAL STANDARDS AND TEACHING CURRICULA DEVELOPED UNDER THE PROJECT FOR COUNTRIES IN CENTRAL ASIA

Year	Country	Title (language)	Status of implementation
2013	Uzbekistan	Interdisciplinary manual “Medical and social issues of HIV prevention, treatment and care among MARPs” for pre- and post-diploma education (Russian, will be translated into Uzbek)	Approved by MoH and Centre for Medical Education Development; In process of translation into Uzbek and publication
2013	Uzbekistan	Standards on NSP and quality service management (in the form of adds-in to MoH Order #232 on Trust Points in Uzbekistan) (Russian, will be translated into Uzbek)	Approved by National AIDS Center and in the process of consideration and approval by MoH
2013	Uzbekistan	Checklist tool for standards (guidelines and protocols) assessment in Uzbekistan (Russian)	Completed, materials analyzed and recommendations made, submitted to MoH (it asked to add some concrete proposals on orders/protocols necessary to develop/update further)
2013	Turkmenistan	Interdisciplinary manual “Medical and social issues of HIV prevention, treatment and care among MARPs” for pre- and post-diploma education (Russian)	Regional final draft is under editing now. But, in order to speed up the approval process the TWG is preparing national variant of manual now.
2013	Turkmenistan	Standards on HIV prevention, treatment and care for PWUD (Russian)	Approved by National AIDS Centre and in the process of gathering of comments before consideration and approval by MoH
2013	Turkmenistan	Standards on treatment, rehabilitation of drug dependence and HIV prevention for PWUD (Russian)	Approved by National Narcology and in the process of translation into Turkmen language for consideration and approval by MoH

2013	Turkmenistan	Checklist tool for standards (guidelines and protocols) (Russian)	Completed, materials analyzed and recommendations made
2013	Kyrgyzstan	Clinical guideline on diagnosis and treatment of mental and behavior disorder caused by opioid drug use (Russian)	Published
2012	Regional guideline	Cross-disciplinary manual addressing social-medical and legal aspects of HIV prevention among PWUD for faculty of university level institutions in the field of health care, criminal justice/penitentiary and social work has been drafted and presented to selected representatives of higher education institutions	Developed, not published
2013	Tajikistan	Interdisciplinary manual “Medical and social issues of HIV prevention, treatment and care among MARPs” for pre- and post-diploma education (Russian, will be translated into Uzbek)	In the process of development
2013	Tajikistan	Checklist tool for standards (guidelines and protocols) assessment in Uzbekistan (Russian)	In the process of development
2012	Kazakhstan	Educational and methodological manual for psychologists, social workers and various specialists working in penitentiary system in the Republic of Kazakhstan on “Social, medical and legal aspects of HIV and Drug abuse prevention, treatment for drug users in places of detention” (Russian)	Completed, ready for publishing and adoption in one of educational institutions (Faculty of social work, sociology & pedagogic)located in Astana city
2013	Kazakhstan	Report on inventory results, comparative analysis and recommendations developed on standardization of health care services related to provision of HIV prevention interventions for drug users and incarcerated populations in Kazakhstan (Russian)	Completed, materials analyzed and recommendations made, pending to be submitted to Ministry of Health