Final Evaluation
ROMJ19
“HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania”

Thematic area: HIV/AIDS

Country: Romania

November 2011

Report of the Evaluator:
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Vienna
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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ANA</td>
<td>National Anti-Drug Agency</td>
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<td>ANP</td>
<td>National Administration of Penitentiaries</td>
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<td>ARAS</td>
<td>Romanian Association against AIDS</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>BSS</td>
<td>Behavioral Surveillance Survey</td>
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<td>CNCD</td>
<td>National Council for Combating Discrimination</td>
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<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
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<td>EMCDDA</td>
<td>European Monitoring Centre on Drugs and Drug Addiction</td>
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<td>EU</td>
<td>European Union</td>
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<tr>
<td>FDSC</td>
<td>Foundation for the Development of Civil Society</td>
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<td>GFATM</td>
<td>Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HBV</td>
<td>Hepatitis B Virus</td>
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<td>HCV</td>
<td>Hepatitis C Virus</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IDU</td>
<td>Injection Drug Users</td>
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<tr>
<td>ISOP</td>
<td>Institute of Studies for Public Order</td>
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<tr>
<td>MMT</td>
<td>Methadone Maintenance Therapy</td>
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<td>MSM</td>
<td>Men having Sex with Men</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoI</td>
<td>Ministry of Interior and Administrative Reform</td>
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<tr>
<td>MoJ</td>
<td>Ministry of Justice</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental Organization</td>
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<td>NPO</td>
<td>National Project Office</td>
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<td>NSP</td>
<td>Needle and Syringe Program</td>
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<td>OST</td>
<td>Opioid Substitution Therapy</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
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<tr>
<td>RAA</td>
<td>Romanian Angel Appeal Foundation</td>
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<tr>
<td>RPOSEE</td>
<td>UNODC Regional Programme Office for South-Eastern Europe</td>
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<tr>
<td>RHRN</td>
<td>Romanian Harm Reduction Network</td>
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<tr>
<td>RMCCDDA</td>
<td>Romanian Monitoring Center on Drugs and Drug Addiction</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Workers</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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</table>
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
VCT Voluntary Counseling and Testing
WHO World Health Organization

Disclaimer

Independent Project Evaluations are scheduled and managed by the project managers and conducted by external independent evaluators. The role of the Independent Evaluation Unit (IEU) in relation to independent project evaluations is one of quality assurance and support throughout the evaluation process, but IEU does not directly participate in or undertake independent project evaluations. It is, however, the responsibility of IEU to respond to the commitment of the United Nations Evaluation Group (UNEG) in professionalizing the evaluation function and promoting a culture of evaluation within UNODC for the purposes of accountability and continuous learning and improvement.

Due to the disbandment of the Independent Evaluation Unit (IEU) and the shortage of resources following its reinstitution, the IEU has been limited in its capacity to perform these functions for independent project evaluations to the degree anticipated. As a result, some independent evaluation reports posted may not be in full compliance with all IEU or UNEG guidelines. However, in order to support a transparent and learning environment, all evaluations received during this period have been posted and as an on-going process, IEU has begun re-implementing quality assurance processes and instituting guidelines for independent project evaluations as of January 2011.

Acknowledgements

The evaluator wishes to explicitly mention John-Peter Kools as partner in this evaluation. John-Peter contributed largely to this evaluation report. The evaluator wishes to thank him for his contribution, and furthers wishes to thank the UNODC project team for their cooperation before, during and after the evaluation mission in September 2011.
### SUMMARY MATRIX

Summary matrix of findings, supporting evidences and recommendations

<table>
<thead>
<tr>
<th>Themes</th>
<th>Key findings</th>
<th>Supporting evidences</th>
<th>Recommendations</th>
</tr>
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<tbody>
<tr>
<td>I. Overall</td>
<td>1. Project has met the set ambitious aim: developing HIV services.</td>
<td>Logical Framework analysis ticks all the boxes. The progress towards the achievement of objectives was further documented in various UNODC reports.</td>
<td><strong>1. Recommended to all implementation partners:</strong> Support HIV &amp; health response to develop in next stage, among which: zero new infections with increased coverage in both community and prison settings, and addressing new trends in drug use leading to different approaches and skills <strong>2. Recommended to UNODC Headquarters:</strong> Best practice. Use the methods, models and expertise used in this project in other countries.</td>
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<tr>
<td></td>
<td></td>
<td>All consulted experts (national agencies, NGOs, beneficiaries as well as not directly involved organizations) unanimously praised project achievements and outcomes. Beneficiaries expressed high level of satisfaction with the services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Project was pivotal in development of all three objectives: increase access to services in community and in prison settings, create supportive environment and enhancing sustainability, and generate and disseminate relevant data and information.</td>
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<td></td>
<td>3. Some activities carried out by the project should be considered best practice.</td>
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<td></td>
<td>II. Relevance</td>
<td>1. Project is fully in line with national HIV priorities and international guidelines on effective responses. The project directly addressed some of the basic needs of IDU in community and in prison settings that were lacking prior to the project.</td>
<td>National HIV/AIDS Strategy; National Drug Strategy &amp; National Drug Action Plan explicitly supportive of harm reduction interventions Responses aim at reducing epidemic at early stage: focus most effective most-at-risk-populations. Especially the policies and services in prisons are recognised as of extraordinary significance. Current services do not cover needs of legal highs are partly/insufficient addressed.</td>
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<tr>
<td></td>
<td></td>
<td>2. Recent issues (documented by UNODC through behavioural surveillance surveys) regarding HIV epidemiological risks due to intravenous use of legal highs are partly/insufficient addressed.</td>
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<td></td>
<td>III. Effectiveness</td>
<td>1. Project has delivered beyond planning and expectations: all activities are delivered, all three objectives are met and the project managed to develop additional activities to ensure sustainability.</td>
<td>All planned activities delivered timely. Local technical capacity and (current and future) ownership by the implementing partners. Range of governmental agencies</td>
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1 Umbrella term for unregulated psychoactive compounds or products containing them, specifically designed to mimic the effects of known drugs in order to circumvent existing drug controls. Encompasses a wide range of synthetic and plant-derived substances and products, which are usually sold via Internet or in smart/head shops, advertised with aggressive and sophisticated marketing strategies, and in some cases intentionally mislabeled with purported ingredients differing from the actual composition. They are also called ‘ethnobotanicals’.
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>2. Project implementation <strong>combined</strong> well-chosen design and effective <strong>working methods</strong> (‘straight-forward when possible, flexible when needed’)</td>
<td>(Justice, Interior) has taken up crucial roles in implementation and overall support. Limited level of involvement of Ministry of Health did not affect planned policy development and service delivery.</td>
<td>Coordinate on-going collaboration between implementation partners; take over most of UNODC’s tasks, including maintaining and expanding the network; invest in long-term advocacy to make MoH owner</td>
<td></td>
</tr>
<tr>
<td><strong>IV. Efficiency</strong></td>
<td>Project delivered the planned activities timely and efficient.</td>
<td>Majority of recommendations from Mid-term evaluation followed-up. UNODC and partners managed to generate (in-kind) private and public support or funding. No major changes in allocated and spent budget</td>
<td>8. <strong>Recommended to UNODC Headquarters:</strong> Describe lessons learned in efficiency (described in chapter IV) as model of good practice and example of effective implementation and efficient use of resources.</td>
</tr>
<tr>
<td><strong>V. Impact</strong></td>
<td>1. The number of HIV services for IDU in Bucharest has significantly increased. 2. Several impact constraining issues were identified, such as high HIV risk behaviour, stigmatization of IDU hampering access to services, esp. in prisons, limitations in coverage. 3. Unknown if NSP have adequately contributed to decreasing risk behavior.</td>
<td>Project activities have met internationally agreed effective targets on coverage. Issues that remain to be solved include: needle sharing rates high, and even increasing, and the return rates of syringe are uncommonly low and, combined with high sharing rates, may even fuel risky situations in IDU communities.</td>
<td>9. <strong>Recommended to all partners:</strong> Continue involvement, but bring it to a next level; 10. <strong>Recommended to ANA/RHRN/ HIV/AIDS Centre:</strong> carry out campaign to increase HIV awareness among IDU. 11. <strong>Recommended to ANA/ANP/ NGOs:</strong> On-going training of prison staff, service providers and other stakeholders, as well as judges</td>
</tr>
<tr>
<td><strong>VI. Sustainability</strong></td>
<td>1. Majority of project activities will be continued after duration of the UNODC project. Most of the services are sustained for at least next few years. 2. Global economic turmoil and related national austerity have not (yet) affected HIV service delivery.</td>
<td>The applied HIV approach is embedded in policy and legislative framework. UNODC project activities taken over by national government and NGOs Governmental ownership established in Ministry of Justice and Ministry of Interior.</td>
<td>12. <strong>Recommended to ANA/NGOs:</strong> Long-term advocacy focusing on long term sustainability of current services, and expansion of these services according to the needs of the beneficiaries.</td>
</tr>
<tr>
<td><strong>VII. Partnership</strong></td>
<td>UNODC developed a range of (new) partnerships, networks and collaborations in Romania.</td>
<td>UNODC created national ownerships by facilitating structural meetings with main stakeholders. Project has catalysed a range of new partnerships with government and civil society organisations.</td>
<td>13. <strong>Recommended to UN Headquarters/RPOSEE:</strong> The networking capacities of the UNODC team in Romania should be considered best practice by UN bodies.</td>
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EXECUTIVE SUMMARY

A. Background and Context

Romania has a unique history and background regarding the spread of HIV and the development of responses.

- Between 1987 and 1989, Romania experienced a major HIV epidemic in which more than 10,000 institutionalized children contracted HIV through blood transfusions.

- Since 1994–1995, there has been a steady increase in the HIV/AIDS incidence rate among adults, mainly related to transmission of the virus via unsafe sexual activities and injecting drug use.

- Romania remains among the European Union (EU) countries with the lowest number of HIV testing. Among the people who used testing and counselling services in 2005, 0.7%, (n=1,199) reported belonging to HIV-vulnerable groups, i.e. IDU, SW, MSM and inmates.

- Romania has developed a significant transit route for drugs trafficking and human trafficking in the last two decades; the country has faced increased vulnerability factors to HIV/AIDS and other infectious diseases.

Until 2006:

- The HIV/AIDS national response was mainly led by HIV treatment initiatives, and had developed limited HIV prevention services for IDU and in prison settings.

- HIV prevention among IDU was exclusively addressed by civil society organizations, operating under GFATM Round 2 ending in 2006, and in Bucharest only. There was no clear strategy or commitment from the Romanian Government to take over the existing HIV prevention services among IDU.

The project UNODC programme “HIV/AIDS prevention and care among injecting drug users and in prison settings” was developed to contain existing low HIV rates by increasing coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in selected prison settings in Romania.

The programme is funded by the Netherlands Ministry of Health, Welfare and Sport as part of a larger grant to UNODC supporting HIV prevention programs in the Baltic States, Romania and the Russian Federation. The cost of the Romanian project was estimated at US$ 3,000,000 (including UNODC project support costs).
Implementation was planned to take place over four years and four months, starting 1 September 2006 and initially ending 31 December 2010, but extended to 31 December 2011.

The overall aim of the project is: “to increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in selected prison settings in Romania.” This overall goal is linked to two performance indicators:

(a) that the project should contribute (alongside other donors) to IDU HIV prevention services coverage of >35% in Bucharest and at least 35% “in other localities”
(b) that the project should establish HIV prevention services in selected prison settings.

The project identifies three primary objectives:

Objective 1: Increase access to comprehensive HIV/AIDS prevention and care services for injecting drug users and in prison settings in Romania;

Objective 2: Create a supportive environment and ensure sustainability of HIV/AIDS prevention and care services for injecting drug users and in prison settings; and

Objective 3: Generate and share strategic information to keep the programme on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among IDU and in prison settings

B Major findings of the evaluation

The project has met the set ambitious aim: developing (initiating, catalysing and where possible mainstreaming) HIV services (and policies). The project was pivotal in development of all three objectives.

The project is also fully in line with national HIV priorities and international guidelines on effective responses, and directly addressed some of the basic needs of IDU in community and in prison settings that were lacking prior to the project. However, recent issues highlighted by UNODC in the latest behavioural surveillance survey report (2011) regarding HIV epidemiological risks due to intravenous use of legal highs are partly/insufficient addressed.

The project has delivered beyond planning and expectations: all activities are delivered, all three objectives are met and the project managed to develop additional activities to ensure sustainability.
The number of HIV services for IDU in Bucharest has significantly increased in the course of the project period, leading to a comprehensive health response. The majority of project activities will be continued after duration of the UNODC project.

C Lessons learned and best practice

Lessons learned
Several key lessons can be drawn from project’s experience:

- The project’s aim to catalyse national responses (policies and services) and use the identified existing ‘window of opportunity’ has been very effective. The implicit approach of the overall project to catalyse developments translated significant ambition into realistic and attainable objectives and results.

- The project was run by a project team that was ‘fit for purpose’. The composition of the team with national multi-disciplinary experts, highly knowledgeable on the Romanian national drugs/HIV situation and international practices.

- Existence of supportive legal framework. The existence of legislation showed the existence of basic national ownership and was a crucial condition for effective implementation of the HIV prevention services.

- Government is essential for scale up and mainstreaming. The project has been able to build on existing government support for HIV policies for people using drugs and mobilize a wide range of government agencies.

- Introducing effective HIV prevention programmes in prisons has proven to be a crucial part of an effective national response to HIV and AIDS.

- Coverage, access and ensuring quality are important next steps after initial programming.

Best practices

• The project activities in prisons can be considered a best practice. The overall programming, introducing a range of prevention services including OST, syringe and peer programs can be valued as spot on and courageous. The on-going building of required capacity and institutional support has been instrumental in creating the basis for sustained programming and funding in the coming years.

• Design to make the difference. The overall aim of the project to catalyse national responses, to use
the ‘window of opportunity’ and to tailor project design to create momentum for critical change, can be regarded as examples of good practice.

- **Guiding role of UNODC.** All consulted stakeholders on governmental level as among civil society members unanimously applauded the pivotal role, devoted commitment and outstanding expertise of UNODC to the field of injecting drug use and HIV/AIDS prevention and care in Romania.

**D Conclusions and recommendations**

**Conclusions**

- The project achieved all set objectives: The project was to a high degree relevant to the HIV situation among IDU in Bucharest as it addressed direct needs of IDU. The project demonstrated various activities or models that should be considered best practices: working with prison authorities; good and efficient networking and partnership development and maintenance; overall flexible, hands-on approach by the project team.

- The project did a good job in bringing all relevant parties at one table, building very good working relationship between civil society and governmental agencies, although the MoH remained largely uninvolved in the of harm reduction.

- Despite the successful interventions carried out within the framework of the project, some areas have been slightly less developed and are areas for improvement:
  
  - The coverage of the services (OST and NSP) in community is still way too low, OST have long waiting lists, and the number of NSPs is still very limited.
  
  - In prisons the services have successfully been set up, but they are still very basic and improvements are necessary in order to make them fully operational.
  
  - The project and its partners did not manage to increase the involvement and commitment of the MoH in the field of harm reduction and HIV prevention. This poses a risk for the sustainability of some services that were started under the project.
  
  - And of high urgency: is a rapidly evolving situation regarding the HIV risk behavior related to the use of legal highs. Nature, extent and health implications of this phenomenon need to be understood and adequately addressed with health-based policies and services.
Recommendations

- It is recommended to relevant stakeholders (ANA, ANP, NGOs) to continue and expand support for the national HIV responses for drug users to engage in the next stage of development with increased emphasis on mainstreaming and integrating of the chosen approach in other public health programming and to support continuation and strengthening of existing networks and partnerships.

- ANA and the NGOs should make continuous effort in long-term advocacy focusing on long term sustainability of current services, and expansion of these services according to the needs of the beneficiaries. ANA should also continue and increase its efforts to commit MoH in this field of work and is recommended to continue its capacity building role by providing and facilitating training on: fundraising, advocacy and project management (both for civil society and national agencies), drug addiction and evidence-based treatment, harm reduction.

- On-going capacity and skills building is recommended in all fields of work and to all levels, including fundraising, advocacy, project management, but also on-going training for prison staff, police, prosecutors and judges is essential and should be a task of all partners involved; Frontline workers service providers need on-going training in effective methods of working with drug users, skills building in new drugs such as legal highs.

- It is recommended to make continuous efforts to increase coverage of, and access to the services by mainstreaming through integration with other government programmes; scaling up of services in Bucharest and Ilfov County; address access continuity and equivalence of services in prison settings and sustained NSP programming and funding.

- In-depth research should be conducted in order to learn about drug use (including legal highs) and related HIV risk outside Bucharest, where recent trends among youth may have emerged. Recommended activities to assess this are: community based outreach, peer support and other forms of peer involvement.
I. Introduction

A. Background and context of the project

Background

Romania has a unique history and background regarding the spread of HIV and the development of responses.

- Between 1987 and 1989, Romania experienced a major HIV epidemic in which more than 10,000 institutionalized children contracted HIV through blood transfusions.

- Since 1994–1995, there has been a steady increase in the HIV/AIDS incidence rate among adults, mainly related to transmission of the virus via unsafe sexual activities and injecting drug use. Of main concern is the common practice among IDU to share injection equipment, since there is a general lack of clean shooting equipment.

- Romania remains among the European Union (EU) countries with the lowest number of HIV testing. Among the people who used testing and counselling services in 2005, 0.7%, (n=1,199) reported belonging to HIV-vulnerable groups, i.e. IDU, SW, MSM and inmates.

- Romania has developed as significant transit route for drugs trafficking and human trafficking in the last two decades; the country has faced increased vulnerability factors to HIV/AIDS and other infectious diseases.

Until 2006 the HIV/AIDS responses in Romania:

- were mainly led by HIV testing and treatment initiatives. There were very limited HIV prevention services being developed for IDU and in prison settings.

- HIV prevention among IDU was exclusively addressed by civil society organizations, operating under GFATM Round 2 ending in 2006, and in Bucharest only.

- There was no clear strategy or commitment from the Romanian Government to take over the existing HIV prevention services among IDU.

Romania also has a unique history when it comes to illicit drug use. During the communist regime that lasted until December 1989 drug use was rare. This changed once the regime was overthrown and a period of transition into a democracy started. During the nineties, social workers and researchers took notice of some people using drugs, especially in Bucharest. Main drug was heroin, main route of administration by
injection. There are reports of cannabis use and some other drugs (e.g. XTC, LSD and the lesser known substance 2C-B which is a synthetic psychedelic substance in the group of phenethylamines) on a recreational basis in Bucharest but also outside, e.g. the seaside during summer time.

This situation remained until 2009: 17,000 (by using multiplier method) - 24,000 (by using the capture-recapture method) IDU in Bucharest who use heroin. Initially the size of the drug using population was measured through the capture-recapture method, and thus led to an estimation of 24,000 IDU in Bucharest. New insights led to the recalculating of the number of IDU by using another method, the multiplier method and since this was done, there is now a general consensus among experts that Bucharest houses a number of 17,000 IDU.

Around 2008, a growing number of new drugs are being reported by Romania to the EMCDDA. New populations of IDU are reported to found in users of ‘legal highs’ which have become available in Romania over the last years. HIV risk related behaviours and serological status of IDU using legal highs have been for the first time documented by UNODC in 2011.

**Context of programme**

The UNODC project “HIV/AIDS prevention and care among injecting drug users and in prison settings” was developed to contain existing low HIV rates by increasing coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in selected prison settings in Romania. The term ‘comprehensive HIV/AIDS prevention and care services’ refers in particular to interventions like opioid substitution treatment (OST) and needle and syringe exchange programs (NSP), but also included are outreach: information, education and communication for IDU (IEC) and HIV testing and counselling and others, following the definition of WHO/UNAIDS/UNODC’s guidelines on comprehensive package of effective HIV prevention services and universal access for injecting drug users.

The overall aim of the project is: “to increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in selected prison settings in Romania.” This overall goal is linked to two performance indicators:

- that the project should contribute (alongside other donors) to IDU HIV prevention services coverage of >35% in Bucharest and at least 35% “in other localities”

- that the project should establish HIV prevention services in selected prison settings.

The project identifies three primary objectives:
Objective 1: Increase access to comprehensive HIV/AIDS prevention and care services for injecting drug users and in prison settings in Romania;

Objective 2: Create a supportive environment and ensure sustainability of HIV/AIDS prevention and care services for injecting drug users and in prison settings; and

Objective 3: Generate and share strategic information to keep the programme on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among IDU and in prison settings

The programme is funded by the Netherlands Ministry of Health, Welfare and Sport as part of a larger grant to UNODC supporting HIV prevention programs in the Baltic States, Romania and the Russian Federation. The cost of the Romanian project estimated at US$ 3,000,000 (including UNODC project support costs). Implementation was planned to take place over four years and four months, starting 1 September 2006 and initially ending 31 December 2010, but extended to 31 December 2011.

B. Purpose and scope of the evaluation

The project has two main evaluation moments. One is the mid-term evaluation, which covered the first period of the project (1 November 2006 - 31 December 2008), and then there is the final evaluation. This second evaluation takes into consideration the entire duration of the project and incorporates the recommendations of the mid-term evaluation (see Summary Matrix in Annex V).

The project document (UNODC, 2006) envisaged mid-term and end-of-project evaluations. The overall purpose for this final evaluation was to provide information on the achievements, lessons learnt, best practices and recommendations with regard to relevance, effectiveness, efficiency, impact and sustainability of the project and also with regard to partnerships. The final evaluation aimed also to identify best strategies to ensure the sustainability and scale-up the interventions developed during the UNODC project period.

The evaluation also assessed project planning, design, coordination and implementation of the activities.

The results of project implementation were measured against project documents, annual work plans, financial and activity reports as well as other working documents used by UNODC in relation to project implementing partners and stakeholders.
The evaluation included measuring achievement of the outcomes and assessing the measures that the project has put in place in order to create a positive impact in the future. Next to project achievements against costed work plans, the evaluation is also based on interviews with a range of key stakeholders and beneficiaries of the project. A detailed description of the purpose and scope of evaluation can be found in Annex II – Terms of Reference.

**c. Executing modalities of the project**

As is also the case in the other countries (Russian Federation, Baltic States) the project in Romania is set up and executed by UNODC that established a National Project Office in an office where a number of members of the UN family reside, therefore called the UN House. Since UNODC is no legal entity, cooperation started with UNDP. UNDP provided administrative support, in the field of project finances, procurement, and the management of human resources.

The project is coordinated by the National Project Officer and further staff includes the Project Assistant and the Driver and three full-time experts acting formally as part of the team. The responsibilities of the National Project Officer include: daily practice of the team, including the activities of the experts, planning of the project, monitoring the activities carried out, reporting and further maintaining contact with all implementation partners, especially national stakeholders as ANA and ANP.

Reports are prepared by the National Project Office following UNODC criteria and templates and are provided on a monthly, quarterly, semi-annual and annual basis. The NPO is further assisted by the expert consultants. The experts provide daily technical assistance to government and NGO implementing partners.

The NPO is being supervised by the UNODC RPOSEE with backstopping from the HIV/AIDS Unit in Vienna at the Headquarters.

**D. Evaluation methodology**

The used methodology will be discussed briefly in this paragraph. A detailed description of the methodology used can be found in Annex III, the Evaluation Questions Matrix.

The project was assessed against the following 6 sub-criteria:

1. Relevance: Was the project and its objectives relevant to the HIV situation in Romania and the needs of vulnerable groups?
2. Effectiveness, How effective has the project been in achieving its objectives and outcomes?

3. Efficiency: How efficient has the project been carried out?

4. Impact: What measurable impact has the project had on the HIV situation in Romania and the needs of vulnerable groups?

5. Sustainability: What has been done to ensure sustainability of the activities carried out within the framework of the project, and what has been achieved?

6. Partnership: Were effective partnerships between various stakeholders developed during the project period?

The final evaluation included a number of methodological tools to gather data, check and cross-check the found data. Primary data collection has been conducted through a combination of methods and is described in more detail in Annex III – Evaluation Question Matrix.

Desk review of project documents

- Project documents like: grant description, project outline, annual work plans, logical framework, project budget, quarterly, semi-annual and annual project reports, minutes of technical meetings, reports of project activities, research reports.

- Relevant other key project documents and correspondence with UNODC Vienna (HIV Unit, Independent Evaluation Unit), donor.

- Project’s Mid-term Review reporting and recommendation scheme.

- Other key documents on HIV epidemiology and response in Romania (UNAIDS, WHO, ECDC, behavioral, serological and qualitative surveys, et cetera).

- Other key documents on drug use in Romania (EMCDDA, Annual Reports, BSS Surveys).

- Other documents that were presented during the mission to Romania, such as the needs assessment among NGOs conducted by the FDCS, ‘Drug users – access to sterile injecting equipment and substitution medication’ by RHRN and other documents.

In-depth interviews

In order to get a good understanding of the project results and impact a range of interviews have been conducted with a wide range of key stakeholders, such as UNODC staff, service providers, representatives
of national agencies such as ANA, ANP, project beneficiaries, project implementing partners. The interviews did provide qualitative in-depth information on the background, process and results of the project. The interviews were conducted by using semi-structured questionnaires. Interviews were held with the following agencies and stakeholders:

- UNODC project staff;
- UNODC HIV/AIDS and Independent Evaluation Units, Vienna;
- UNODC RPOSEE;
- 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 National Project Officer;
- A number of project beneficiaries, inmates, depending on their availability at the time of the visit;
- A range of relevant key national stakeholders, based on a list with interviewees suggested and facilitated by the UNODC NPO; A complete list with the persons interviewed during the final evaluation can be found in Annex IV – List of interviewed persons;
- Key regional stakeholders; representatives from UNDP, UNICEF, UNAIDS;
- Donor; Dutch Ministry of Health, Welfare and Sports.

This method has been used for all 6 themes of the evaluation questions. Triangulations took place by review of relevant documents, or, if suitable, additional interviews/ conference calls. All interviews have been recorded and further during each interview notes have been taken.

Field visits and observations

The field mission in Romania was conducted in 12-23 September, 2011 and included visits to service delivery in the field (i.e. outreach and fixed-site syringe exchange and OST programs in the community and in prisons), to meet with service providers and to observe delivery of services.

This method has been used to answers questions in the sections Relevance, Effectiveness, and Impact. Triangulation took place by review of existing document in this respect.

Interviews with inmates and project beneficiaries

In addition to the field visits, individual interviews and focus groups with specific sub-categories of clients have been held. Interviews were held with prisoners, active drug users, users of the services of the fixed-
site syringe exchange and OST programs. Main items of these meetings were medical/social needs, results and impact of the services, access to the services, quality of services and client satisfaction.

This method has been used to answer questions in the sections Relevance, Effectiveness, and Impact. Triangulation took place by review of existing document in this respect, or, if suitable, additional interviews/ conference calls. All interviews have been recorded and further during each interview notes have been taken.

The interviews with UNODC project staff were open interviews, the other interviews were semi-structured interviews using a topic guide/ interview sheet derived from key questions listed in the Evaluation Questions Matrix.

Information coming from the different used tools has been analyzed by using a Qualitative Evaluation Checklist. Data collected from various sources were drafted into the Evaluation Question Matrix, and were afterwards discussed with an experienced evaluator- colleague. Unclear issues were clarified by once again listening to the taped interviews or by asking the project team for clarification.

Project performance and impact were measured against on the indicators mentioned in Project’s Logical Framework.

E. Limitations to the evaluation

Although this is a final evaluation and according to the ToR the evaluation should focus specifically on the second half of the period, in practice it was difficult to limit the evaluation strictly to the second half of the project period. Quite often, especially during interviews, the respondents found it difficult and quite formalistic to focus on that specific period rather than to reflect on the project period as a whole. Therefore this final evaluation should been seen as an evaluation of the whole project duration, respectively 2006-2011. Findings, lesson learned, conclusions and recommendations therefore are related to the whole project period.

As specific limitations of the evaluation can be noted:

- Selection of key respondents was largely done by UNODC project staff. However, considerable effort was made to do this in a purposive manner to ensure all views were represented.

- Interviews were conducted in English except where respondents expressed a preference to respond in another language. This made significant demands on translation and language skills of all involved.
Notwithstanding these inevitable limitations the evaluation had the impression that the data and opinions collected during this review are representative in order to draw larger conclusions.

II. **Major findings and analysis**

A. **Relevance of the project**

**Relevance**

All respondents expressed project’s objectives and activities as highly relevant for the country’s HIV response. The project objectives are well chosen and match the need to address the specifics of the Romanian HIV situation among IDU. The chosen approach (creating momentum and local ownership), overall design (developing an integrated and comprehensive framework of policies and services) and the selected activities were absolutely spot-on. UNODC’s role and responsibility to catalyse and support the development of appropriate responses was unanimously praised.

The services supported by UNODC are in line with WHO/UNAIDS/UNODC criteria for a comprehensive harm reduction package. The project has been in line with priority areas for technical cooperation identified by UNODC, as it targets most-at-risk populations, in particular IDU in Bucharest and inmates.

An outstanding value of the project is that the UNODC project covered the needs in terms of OST and NSP. These needs – especially OST were previously hardly covered by the Government (except for the 2 small OST centres started in 2000 by the MoH). NSP projects were few in number and covered through funding by GFATM. But GFATM left in 2006 and so UNODC could upon the start of the project, immediately bridge this gap and covered the costs for NSP, and expand these services. And the same was true for OST. UNODC managed to set up 11 OST centres during the project period, among which 5 in prisons.

Therefore, UNODC managed to get national stakeholders more and more involved/ committed into the field of harm reduction and HIV services for IDU, especially ANA and ANP. Sadly, the Ministry that should be committed, MoH, has remained largely absent when it comes to its involvement in these services.

Notwithstanding this high relevance of the project and good achievements of the project some comments need to be made:

- Low coverage. The coverage of OST is still low both in community (9%) and in prison settings (difficult to measure since no data is available on the number of IDU in prison settings.). As for the NSPs, the coverage in the community is up to 50% but this means that also half of the target group is still not reached. Bucharest’s city belt, Ilfov County, is not reached at all by either OST or NSP and
other HIV prevention services, and given that in this area many IDU live, steps have to be taken to reach this group.

• New trends of injecting legal highs may change or even increase of risk behaviour among (new) injecting populations. The recently conducted 2nd BSS shows that due to the current trend of injecting legal highs, the number of people that shares needles has increased. This needle sharing practice, also among IDU not in services, may be the result of still lack of access to NSPs (limited in number) and a felt lack of urgency to use clean needles since HIV-infections among this group is still low. The 2 surveys jointly performed by UNODC and the National Anti-Drugs Agency in 2009 and 2010 show a constant HIV prevalence of 1%. However, due to this new trend in using legal highs and considering the change in drug use patterns (more often injecting and a five fold increase in sharing behavior), the comparative data (2010 vs. 2009) show potential for an HIV outbreak.

• Finally, as for prisons, the coverage of both OST and NSP are still very low but this is not due to lack of capacity, but is linked to a general fear among inmates to make use of these services.

**Effectiveness**

The project has been very effective in reaching its objectives and outputs. There have been a number of outcomes that were not even expected nor planned (See under III Impact and Sustainability, p 33).

There has been an overall increase in prevention and care services for IDU, both in community and in prison settings. The number of OST increased, as well as the number of NSPs and other services for IDU. This is the case both for prison settings and for the community.

UNODC was active in supporting the development of the National HIV/AIDS Strategy (2007-2011), and gave considerable input into the National HIV/AIDS Strategy (2010-2015). UNODC team has been very active in skills building among the partners, e.g. in fundraising and as a result, a number of partners managed to attract new funding: the prison based OST and NSP will be paid from the state budget, starting 2012 (and the services will be expanded to more prisons); ANA will cover the costs for their OST programs through the budget from the Ministry of Interior, whereas ARAS/Integration has successfully applied for funding of their OST facilities through EU structural funding.

The team developed a number of tools to document and disseminate project results e.g. through monthly, quarterly, semi-annual and annual reports, describing in detail the progress made regarding the attainment of the project objectives and outcomes. Further to that, regular project debriefings were held with partners.
A combination of a well chosen approach, a clear project design and a very competent team were some of the factors that contributed to the high effectiveness of the project. The project was able to develop alternative approaches and methods at moments when the expected support from the MoH did not materialise.

Overall: this is the first generation of drug users, of HIV health responses, and it is highly recommended to develop these services into a next phase of implementation with a bigger emphasis on quality, higher coverage and also addressing new trends: Romanian HIV prevention to zero new infections.

Efficiency

The overall impression of the evaluation’s efficiency is that the project delivered ‘value for money’, has worked according planned schedules, work plans and budgets and has used every (financial or other) opportunity to improve or expand its impact and sustainability. The management of the project has been valued by of high quality and highly efficient. No funding was misspent in this respect.

UNODC team has been a crucial in creating momentum for developing effective HIV prevention policies and services. The project was pivotal in linking all relevant partners: both governmental agencies and civil society. New partnerships were established with ANA, ANP, CNCD, ISOP, University of Bucharest – Faculty of Sociology and Social Work and with civil society, and with the exception for the Ministry of Health, UNODC managed to get all actors in field together on a structural basis and this will continue after the project ends. The UNODC team has initiated and catalysed a new approach with new partners and UNODC provided pivotal leverage.

The main recommendations of the Mid-tem Evaluation (see its Summary Matrix in Annex V) were used to improve the project’s final phase. A consensus meeting was organized for all partners, where it was decided how to address the key recommendations on coverage, expand services outside Bucharest, guidelines, syringe disposal and user involvement.

During the is consensus meeting it was decided to remain focused on Bucharest only, rather than to expand the services to ‘other localities’ as was planned initially. This was considered not feasible, and further to that, the remaining resources were not sufficient to start any new services outside Bucharest. As said, in Romania, injecting drug use is almost completely limited to the capital. Very few IDU were identified outside Bucharest over the years, despite a number of attempts undertaken by UNODC staff and some of the partners. Also the recent outbreak of use of legal highs, and especially by injecting is limited to Bucharest; outside the capital legal highs are also used, but by other means of administration.
Looking at the review of project spending from start to 31 August 2011, 3,349,034.88 US$ was spent. Almost 42% of the total budget (around 1.4 million USD) was spent on direct services to beneficiaries; around 12% each was spent on project support costs (PSC) and project management including staffing; 10% on capacity building and advocacy; around 9% on technical assistance; monitoring and evaluation took 8%; situation analysis/surveys 4% and finally facilities, equipment and operating costs took 3.5%.

According to the final evaluation, resources allocation has been well-chosen and the implementation has been done efficiently; almost half of the total funding has actually been used to the direct benefits of IDU in Bucharest (scale up of services) and in prison settings. Project management and costs for facilities, equipment and operating costs, on the other hand, have been kept fairly low.

The UNODC project has made efficient use of the budgets available. Irregularities have neither been mentioned nor discovered. The funding has been properly and timely allocated, and spent as planned. All activities were delivered on time, following a clear work plan. From the start of the project, all major financial decision and their implication for the development of activities were discussed with and agreed upon by other donors, especially GFATM, UNDP, UNAIDS, UNICEF.

During the project no major changes or issue came up, all activities were implemented as planned. At the start there was a slight delay in hiring staff, which led to a start in November 2006 instead of spring of that year.
In 2006, of the allocated 403,000 USD, 284,959 USD was spent (71%), this is due to the delayed start, in November 2006. In 2007, 802,100 USD was allocated, of which 788,959 USD was actually spent (95%). In 2008, 917,000 USD was allocated, and 93% was spent (857,023 USD). In 2009, 635,700 USD was allocated, of which 92% was spent (587,727 USD). In 2010 384,400 USD was allocated, of which 97% was actually spent (373,616 USD). Finally, 549,400 USD was allocated for 2011, and to date 83% has been spent (457,115 USD).

All in all, the finances spent are in correspondence with the expectations: Budget allocated during the first years of the project were higher as a result of actually setting up new services, whereas the last 2 years focus of the project was more on maintaining the services, and on advocacy and other means to sustain the services.

B Achievements of the project

This chapter describes whether the project’s objectives and outputs have been achieved.

Objective 1:

*Increase access to comprehensive HIV/AIDS prevention and care services for IDU and in prison settings in Romania.*

The final evaluation made clear that this objective has been fully achieved. As a direct consequence of the project, the number of services for IDU in Bucharest increased. Prior to the start of the project, 2 small scale OST centers existed (run by MoH since 2000) and there were just 2 NGOs that were involved in harm reduction activities such as outreach work and needle exchange (ARAS and ALIAT). Since the start of the project, a number of new players became active in the field of harm reduction, and included both civil
society and governmental agencies. Further to that also services were set up in prisons. By the end of the project, the following HIV prevention services were available for IDU:

- 16 services provides needle and syringe programs (3 drop-in, 3 outreach and 10 in prison units) IEC and condom programs;
- 14 medical facilities (5 governmental, 2 non-governmental and 7 prison units) dispense methadone and buprenorphine.

Baseline situation in 2006 and number and type of services developed as result of technical and financial assistance provided by UNODC by 31 August 2011 (source UNODC)

<table>
<thead>
<tr>
<th>Type of service</th>
<th>2006</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Needle &amp; Syringe Programmes</strong></td>
<td>ARAS NGO outreach for IDU and SW, ending the financial support from GFATM</td>
<td>ARAS NGO drop-in center &amp; outreach for IDU and SW</td>
</tr>
<tr>
<td></td>
<td>ALIAT NGO drop-in center for IDU, ending financial support from GFATM</td>
<td>ALIAT NGO drop-in center for IDU</td>
</tr>
<tr>
<td></td>
<td>SASTIPEN NGO drop-in center for Roma IDU</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SamuSocial NGO outreach for homeless IDU</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PARADA NGO outreach for IDU street children/adolescents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ANP services for IDU inmates available in 10 penitentiaries</td>
<td></td>
</tr>
<tr>
<td><strong>Opioid Substitution Treatment</strong></td>
<td>MoH facilities (2)</td>
<td>MoH facilities (2) with same capacity as in 2006; methadone only</td>
</tr>
<tr>
<td></td>
<td>ANA 5 centres (3 in Bucharest, 2 in other main cities); methadone, suboxone, naltrexone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ANP services for IDU inmates available in 7 penitentiaries; methadone only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ARAS NGO 2 low threshold centres; methadone only</td>
<td></td>
</tr>
</tbody>
</table>

As the table above shows, by the end of the project a number of newly established services are operating in Bucharest, that includes more diversity in services and in target groups if compared with the situation at the start of the project in 2006. Although still a drop in the ocean, services cover all basic features in harm reduction: outreach work, drop-in centers, needle exchange and substitution treatment. Also, while the focus of the services is on injecting drug users, due to the UNODC team NGOs working in different field, for
different vulnerable groups have been attracted to the field of harm reduction, such as Sasitpen working with Roma (dpro-in center) and Parada, working with street children (outreach work).

Looking at OST, in community nowadays not only methadone is prescribed but also suboxone and naltrexone, whereas in prison for the time being only methadone treatment is available.

As for OST, the number of slots initially was very low (around 200 – through 2 small centers run by MoH), but as a result of the project the number of patients increased towards 2,000 slots. But this is number is still too low and capacity building is still absolutely necessary in order to meet the needs of the many persons that are still on the waiting lists.

In prisons, the number of inmates in OST is very low, and is not in correspondence with the needs. A main barrier from entering in OST in prison is the general fear among prisoners that participating in OST (or NSP) may extend the sentence, as judges and prosecutors have no interest in or knowledge about drug users and their needs.

**Output 1.1 - Action plans developed for scaling up comprehensive HIV/AIDS prevention and care services for IDU and in selected prison settings.**

UNODC was involved in the drafting of the National HIV/AIDS Strategy (2007-2011 and 2010-2015) and the National Drug Action Plan (2009-2012) of the National Anti-Drug Strategy. However the 2010 -2015 National HIV/AIDS Strategy is pending approval. UNODC therefore was involved in rapid assessments of the situation of IDU and HIV prevention services, both in community and in prison and the size estimation of IDU in Bucharest/ Romania.

Output 1.1 has been completed, besides the adopting of the latest HIV/AIDS Strategy which is still pending for approval by the MoH.

**Output 1.2 - Enhanced knowledge, skills and competencies of the service providers in delivering effective HIV/AIDS prevention and care services to IDU and in prisons**

One of the key activities of the UNODC team was to organize and conduct on-going training. Trainings were organized for all field of the project, and were conducted on a regular basis. In addition, structural technical assistance was provided wherever needed. UNODC collaborated with the Romanian Harm Reduction Network to develop basic trainings for service providers, both in community and in prison settings.
Further, and this was not envisaged in the project, UNODC managed to bring about a Harm Reduction Summer School, as well as a Master Program on vulnerable groups, within University of Bucharest, Faculty of Sociology and Social Work. To date, the Summer School has been organized 3 years in a row, and also the Mater Program started its third edition recently.

Various working protocols and guidelines have been drafted, e.g. Guidelines for OST delivery, effective HIV prevention in prison settings, et cetera.

**Output 1.2 has been fully achieved**

**Output 1.3 - A comprehensive package of HIV/AIDS prevention and care services available and accessible:**

- *Reaching more than 35% IDU;*
- *In selected prison settings.*

This output has been fully achieved: 50% of IDU in Bucharest have been reached through any of the community services, and OST and/or NSP have been introduced in 5-10 prisons in Romania.

Despite this enormous success it needs to be said that the coverage of both NSP and OST is by far not enough and needs further increase.

In addition, OST does not address the emerging needs of legal high users; innovative methods of meeting the needs of these users should be developed and implemented, e.g. the installment of supervised injection facilities.

**Output1.3 has been fully achieved**

**Objective 2:**

*Create a supportive environment and ensure sustainability of HIV/AIDS prevention and care services for IDU and in prison settings.*

This objective has two sub-objectives: creating a supportive environment and ensure sustainability. In order to create a supportive environment, the team has from the start put much effort in establishing good relationships with all partners, in establishing relationship with new stakeholders (such as ANP, various NGOs, ISOP and CNCD. Much time was spent on building and maintaining these relationships, and as a part of good networking and communication, UNODC provided funding for a number of stakeholders to jointly visit national and international conferences such as the International Harm Reduction Conference in Beirut in 2009, and the European Harm Reduction Conference recently held in Marseille, France.
This supportive environment was also created by providing assistance for the development of the National Drug Action Plan (2009-2012) of the National Anti-Drug Strategy, of the last two National HIV/AIDS Strategies as well as for the development of various protocols and guidelines for the effective delivery of HIV prevention services (NSP, OST, outreach) both in community and in prison settings.

Technical assistance was provided by the team throughout the project, especially to the newer services. But special attention should be paid to the delivery of technical assistance after the project has ended. As for now, there is no clear idea which organization will take on the provision of technical assistance to the service providers, e.g. in case of emergencies. The partners in the network should make crisp and clear agreements on this issue; otherwise the expertise developed in the past 5 years will quickly be lost.

Already during the mid-term evaluation it became clear that the second half of the project period should give priority to ensuring sustainability of the services established within this project. As a result of EU membership in 2007, the global economic crisis, and the withdrawal of GFATM from this field of work in Romania, the major source for funding for OST, NSP and related services should be the state budget.

The project has led to an increase in commitment from the national government to sustain and mainstream services both in community and in prison settings. In the community, the Ministry of Interior, through its mandated body ANA committed itself to OST services, which are from 2012 onwards funded through the state budget; as for services in prison (OST, NSP and related services) they are from 2012 fully funded through the state budget of the Ministry of Justice.

The result of the project is that OST, NSP and other HIV services in prison are fully covered through state budget (and this will even expand) as well as OST in community through the Ministry of Interior.

However, despite numerous attempts and meetings, UNODC didn’t manage to involve the MoH on a more structural level in the field of harm reduction.

Also, although the state budget covers a few NSP and linked services, through ANA, the NSPs delivered by NGOs are not covered still by state budget. A few NGOs managed to use European Structural Funds for mid-term sustainability of their NSP services, but some other service providers still lack funding to continue the services after the project ends.

*Output 2.1- Agreed national strategy for addressing HIV/AIDS among IDU and in prison settings*

The latest National HIV/AIDS Strategy is drafted years ago, but due to unstable climate within the MoH, the law is still not adopted. UNODC played a pivotal role in drafting this Strategy, and was very active in lobbying for this Strategy but did not yet succeed in this.
UNODC was also involved in the drafting of the National Drug Action Plan (2009-2012) that has been adopted by the Government.

Output 2.1 has not been achieved completely since the latest National HIV/AIDS Strategy still awaits adoption.

Output 2.2 - Additional resources are mobilized from internal and external sources to rapidly scale up and sustain the HIV/AIDS prevention and care response for IDU and in prison settings.

See also 'efficiency': UNODC team managed to receive at least 31% of project spending from third parties during the first 2 years of the project. In particular, ANA and ANP have contributed financially and morally to the project activities, especially OST and NSP. Further to that ARAS/Integration managed to get additional funding for their OST/NSP centers through the European Structural Funds for 3 years.

Objective 3:

Generate and share strategic information to keep the programme on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among IDU and in prison settings.

Output 3.1 - Government of Romania, civil society partners, the UN and other relevant agencies working at the country level are provided with updated strategic information and analysis concerning HIV/AIDS prevention and care among IDU and in prison settings in Romania.

This objective is not a goal in itself, but rather an on-going activity. The team have documented progress towards the achievement of the objectives very well, in monthly, quarterly, semi-annual and annual reports and made relevant outcome available to all partners. The project team set up a series of structural meetings between all partners involved in order to share information about the proceedings of the services, obstacles met, new challenges and so on.

Further, the project made available the participation of partners in relevant national and international conferences, thereby sharing information, improve level of knowledge and increasing motivation of partners to continue their activities and increasing their commitment.

Last but not least, UNODC was directly involved in the establishment of high quality data collection mechanisms and started various research studies, such as the HIV, HBV and HCV Behavioral Surveillance Surveys 2009 and 2010 as well as the first qualitative study undertaken in Romania regarding the use of legal highs, in 2011.
C Institutional and management arrangements and constraints

Arrangements

The National Project Office is located within the UN House. In this office also other UN family has resided such as UNDP, UNAIDS (whose activities in Romania ended in 2009, after which UNODC took over their related tasks), UNICEF, WHO and UNFPA. By the end of the project the team consisted of 6 people: National Project Officer, Project Assistant, 3 experts and a driver). During the last 3 months of the project, the NPO was sent to the UNODC Vietnam field office to share the successful experience achieved by UNODC in Romania within the HIV/AIDS project.

The NPO is basically a multidisciplinary team and incorporates amongst others a medical doctor and 2 psychologists. Despite some overlapping in the assigned tasks (e.g. facilitating at trainings and some work in prisons), the experts all have unique tasks.

The work of the project team has been coordinated, supported and monitored by management and administrative bodies of the UNODC RPOSEE (the office closed in 2010 and its responsibilities have been taken over by headquarters), the UNODC HIV/AIDS Unit in Vienna.

Constraints

The most significant constraint has been the lack of commitment of the MoH. The expected role of the MoH did not materialize. Due to various reasons including many changes in leadership (in the past 4 years at least 5 new Ministers were appointed) the collaboration with the MoH did not evolve according to the expectations of the team. With emerging new economic challenges and pressure on many established health priorities, it is very unlikely that there will be any additional budget available from the MoH for HIV prevention among IDU.

Further, on-going changes in Romanian politics has led to unstable ministries and related administrative bodies such as ANA and ANP. This has most certainly led to some delays in the implementation of services. It also meant that time and again new lobbies and advocacy activities had to start from scratch with the arrival of new staff.
III. Impact and sustainability

A. Impact

Due to the working attitude and the commitment of the UNODC team, it is expected that many activities that started under the project will have a permanent character and thereby have improved the situation for IDU in Bucharest for good. UNODC made much effort from the start to make service providers and other partners ‘owners’ of the services. From the start UNODC coordinated, facilitated, provided technical assistance, but the carrying out of activities was in the hands of the service providers. This skills building cannot be reversed, and now a major task for service providers is to keep updated with the latest development in the field of harm reduction, HIV prevention and related fields of interest. UNODC team also established and developed very good relationships between all partners. For example, ISOP and CNCD, prior to the project, had only few contacts, and this has now been much improved, and this the case basically with all partners involved in the project. And even beyond: many partners established new contacts on a national and international level. It is by all means fair to say that UNODC put the Romanian Harm Reduction movement ‘on the (inter-) national map’.

It was also due to UNODC that a start was made with qualitative monitoring and evaluation. UNODC collaborated with the RCMDDA to improve their efforts to become the primary source in Romania for reliable, neutral, objective information of drugs and drug use in Romania.

The project has played a crucial role in specific legislative policy changes on HIV prevention: UNODC has contributed to the development of the two National HIV/AIDS Strategies, the latest one still pending approval from the MoH. The project is fully in line with the adopted National Drug Strategy (2005-2012) and the National Drug Action Plan (2005-2008) (that mentions harm reduction explicitly) that were approved of before the start of the project.

UNODC contributed to the development of guidelines and protocols for effective delivery of harm reduction services, both in community and in prison settings.

The project has led to an increase in commitment from the national government to sustain and mainstream services, both in community and in prison settings. In community, the Ministry of Interior, through its mandated body ANA committed itself strongly to OST services, which are now funded through the state budget; as for services in prison they are fully funded through the state budget of the Ministry of Justice. It is fully the result of the project that OST and NSP, as well as other HIV services in prisons are fully covered...
through the state budget (and the number of services will still expand) as well as OST in community through the Ministry of Interior.

Having said that, UNODC did not manage to involve MoH more than before. MoH funds 2 OST centres since 2000, and its involvement/commitment in the topic of harm reduction/HIV services for IDU did not change during the project.

Further, although the state budget covers a few NSP and linked services through ANA, the NSPs delivered by NGOs are not yet covered by state budget.

It is difficult to measure in depth the impact of the project on the common risky behaviour among IDU, especially needle sharing practices;

- On one hand the number of services significantly increased, and therefore more IDU in community and in prison settings have now access to clean needles and equipment, clear information on the risks of sharing, OST, VCT et cetera;

- But on the other hand the capacity of these services remain relatively low and also the direct impact of the newly established services on the reduction of risk behaviour, especially needle sharing, may still be low.

Special attention needs to be given to the potential ramifications of the recent trend of injecting legal highs:

- In 2009 these new drugs were also introduced on the Romanian drug market, similar to many other countries within the European Union. In many countries these new drugs are not illegal and hence shops have been opened throughout Europe to sell these new drugs. Alternatively, these new drugs, also called legal highs, can be bought through the internet. Although many drugs are considered now to be part of the ‘new psychoactive substances’, 2 groups of drugs are predominant in Europe nowadays: synthetic cathinones (among which Mephedrone/Meow-Meow, NRG-1, MPVD) and synthetic cannabinoids (Spice, JWH-018 et cetera). Since the outburst of legal highs in Romania, many shops were opened, and legal highs became very popular throughout Romania, not limited to Bucharest (which is the case with heroin, or injecting drug use). Whereas these new drugs are being injected in Bucharest, partly by the group that used to inject heroin, there are signs that outside Bucharest these legal highs are being snorted rather than injected, as there are no signs that injecting drug use occurs large-scale outside Bucharest.
This urgency of understanding and addressing legal highs use is supported by the 2\textsuperscript{nd} BSS that outlines an increase in needle sharing, in particular among users of legal highs.

The situation regarding the injection of legal highs is another challenge that needs full attention from all partners. The risk behavior among IDU – mainly sharing needles- is despite all efforts taken within framework of UNODC project still very worrisome, potentially fuelling an outburst of HIV among IDU. No clear or structured activities are undertaken through OST/NSP services to address safer use techniques, needle cleaning techniques, promoting single use techniques etcetera. Stigmatization and discrimination remain another challenge for IDU, both in prisons and in community. Also, the use of legal highs require different working methods and practices: OST is simply not effective or appropriate when it comes to decreasing risk behavior among legal highs users.

- The project may not have had enough focus on Roma population although a first Roma run NSP was launched under the flag of the project. Although the National Agency for Roma became somehow involved in the field of harm reduction, the Agency could have been better involved than it actually did, leaving some potential to promote harm reduction unused or to attract EU funding.

- The main focus of the project was on IDU in Bucharest. Coverage is defined as ‘at least 1 contact per year’ for NSP and related HIV prevention and care services; in that case coverage of 50% is reached. However, this means that 50% of Bucharest IDU is still not (directly) reached. The same situation occurs in prison settings, where only few inmates benefit from the OST and/or NSP services.

- Finally the amount of returned needles is rather low, both in community and in prison settings. In order to make these services more effective, priority attention is necessary to increase the number of returned needles and syringes.

In general, there were no unintended outcomes of the project as a result of negative public opinion.

\textbf{Unintended outcomes}

An unintended outcome of the UNODC project was the setup of a Harm Reduction Summer School and a Master Program on Vulnerable Groups. Both of these activities were not planned or foreseen. One of the UNODC staff, graduating at the Faculty of Sociology and Social Work was there at the right time and when discussing this issue with the dean, there was unexpectedly a lot of commitment from the side of the school and since then 3 Harm Reduction Summer Schools have been organized as well as a 2 year Master
Program on Vulnerable Groups. More and more students have shown interest in the Master Program, and this will lead to an increased group of skilled workers in the field of harm reduction, creating a substantial workforce, experienced in harm reduction.

**B. Sustainability**

The project has led to a clear increase in commitment from the national government to **sustain policies and mainstream services, both in community and in prison settings.**

**Policies**

The ‘**supportive environment**’ is sustained in that way that governmental organizations such as ANA and ANP are fully committed to harm reduction and there are no legal barriers at all that could interfere with the daily practice of the service providers. Also civil society is fully involved in the harm reduction field, but as a result of lack of funding, it is likely that some of the services will have a (temporary) discontinuity in their service delivery, especially NSP. Taken into account the rise of legal highs use by injections, the possible discontinuity of NSP, thereby leading to decrease in access to NSP, is a serious threat to the health of the Bucharest IDU community and society as a whole.

From the very beginning, the project staff coordinated a series of trainings for the implementing partners in fundraising and much attention was paid to lobbying possible donors, including various Ministries. Further, in 2011 a needs assessment was conducted by FDCS under the project and it identified that main needs of NGOs including skills building in project writing and management, and fundraising. The project team also focused on coordination of activities carried out by the partners rather than conducting activities themselves. This led to the general feeling that implementing partners owned the programs/services, rather than just carrying them out. And so, it was also clear to them that UNODC was involved only temporarily and that the NGOs themselves are in charge of attracting additional funding (with technical assistance from UNODC).

Under the project, data collection was set up, and is now fully in the hands of ANA and ANP. ANA hosts the RCMDDA Focal Point and collects data on prevalence of drug use and many other related issues according to the European standards set by the EMCDDA.

**Changes in leadership ANA, ANP**

ANA has recently been re-moved from the General Police Inspectorate, with little authority, under the Ministry of Interior, with much more responsibility and is now the most suitable agency to take over many
of UNODC’s tasks. As for the ANP, there is a strong commitment from high level officials in ANP to the services carried out in prisons, and the general opinion is that these services will remain there for the next years to come. In fact, the services will be extended to other prisons in 2012 and beyond.

**Services**

In community, the Ministry of Interior, through its mandated body ANA committed itself to OST services, which are from 2012 onwards funded through the state budget; as for services in prison they are from 2012 fully funded through the state budget of the Ministry of Justice.

It is fully the result of the project that OST, NSP and other HIV services in prison are fully covered through state budget as well as OST in community through the Ministry of Interior.

Two side notes:

- UNODC was unsuccessful in managing to involve the MoH more in the field of harm reduction than before the project. MoH funds 2 OST centres since 2000, and its involvement/ commitment in the topic of harm reduction/ HIV services for IDU did not change during the project.

- Secondly, although the state budget covers a few NSP and linked services, through ANA, the NSPs delivered by NGOs are still not covered by state budget. The NGOs that are carrying out these services have been well trained in fundraising and have started attempts to find funding for their services when the project ends. ARAS and Integration managed to receive funding through EU structural funds for 3 years, whereas others not yet have successfully raising funding. Although all NGOs are optimistic about future funding, this is now a major concern for all of them.

In conclusion, all the services carried out in prison (OST, NSP and related services) are sustained through the budget of the Ministry of Justice, all the services carried out by ANA (OST, NSP) are sustained through the budget of the Ministry of Interior. Some community services (ARAS/Integration) have short or middle term sustainability; whereas some other services rendered by the other NGOs still have to attract funding to sustain the services. OST and NSP in prison are sustained, OST in community is sustained, but some NSP programs are not yet sustainable.
IV. Lessons learned and best practices

A. Lessons learned

Several key lessons can be drawn from project’s experience:

- The project’s aim to **catalyse national responses** (policies and services) and use the identified existing ‘window of opportunity’ has been very effective. The implicit approach of the overall project to catalyse developments, translated significant ambition into realistic and attainable objectives and results. The project concentrated on creating local ownership by building on and strengthening existing (legislative, policy and implementing) structures. The project’s aim (‘to catalyse’), the objectives and activities were also tailored according to the available resources. The monitoring and evaluation components of the project were also tailored to the needs and provided relevant data on the project achievements and wider context of the HIV/AIDS situation in Romania.

- The project was run by a **project team** that was ‘fit for purpose’. The composition of the team with national multi-disciplinary experts, highly knowledgeable on the Romanian national drugs/HIV situation and international practices. The team served as important bridge building entity between government agencies (developing supportive policies) and civil society (implementing a range of services). The team showed a good mix of commitment to project objectives on one hand, and flexibility in actual implementation on the other.

- **Existence of supportive legal framework**. The existence of legislation showed the existence of basic national ownership and was a crucial condition for effective implementation of the HIV prevention services. The fact that the project did not have to push any new agenda’s and concentrated on development of effective implementation created national ownerships.

- **NGOs are of crucial importance in effective national responses to HIV**. They are an inevitable part of initiating services and addressing policy adjustments. They can provide services that may be difficult for a state to provide directly, e.g. they get feedback from grass roots level and are more flexible to adjust their services to the direct and changing needs of the beneficiaries. NGOs are particularly able to provide peer-led services, such as self-help groups. NGOs are also able to advocate with and influence state providers of services.

- **Government support and commitment is essential for scale up and mainstreaming**. There is no sustainable project without government commitment and on-going support. The project has been able to build on existing government support for HIV policies for IDU and to mobilize a wide range of government agencies. This created a basis for continuation of services and created sustainable
services. The more reluctant role of MoH in overall programming has been effectively bypassed by involving other Ministries and agencies. Still, is it necessary to get the MoH involved.

- **Introducing effective HIV prevention programmes in prisons** is a crucial part of an effective national response to HIV/AIDS. Prison settings are of central importance as environments in which HIV transmission can occur and they are also a context in which people living with HIV are particularly found. HIV prevention and care service have been developed in Romanian prison settings, which is an outstanding achievement as services, as there are usually many obstacles to the introduction of such measures in prisons. However, the services in prison are rather basic, and need improvement (e.g. syringe disposal and access to services due to fear of stigma).

- **Coverage, access and ensuring quality are important next steps after initial programming.** Another significant lesson from the project is that effective programming doesn’t stop at opening up and providing services. They are the first step in providing an adequate HIV response for IDU, but need to be followed by measures to create sufficient coverage of services, lower existing barriers of access and to pay attention to quality of service delivery: service delivery to zero new infections.

- **Advocacy and network are key issues** from the start until the end of the project. The project concentrated on mobilising existing and potential support and partnerships. Putting advocacy and network at the front and centre of the project activities can be considered an essential cornerstone for the success of this project. UNODC showed visibility and leadership in creating national support and ownership for HIV services for people using drugs.

- **Grass monitoring capacity is crucial in addressing HIV epidemic.** HIV is all about human behavior and is influenced by many contextual factors. The development of programmatic ability to adjust programme activities to address new trends identified various gaps or inadequacies in service delivery. Monitoring of services at grass roots level, effective community based outreach work, peer involvement are important elements that can provide essential hands-on information. An example of the significance of this hands-on monitoring ability is demonstrated in the recent trend of intravenous use of legal highs in Romania, the related increased in HIV risk behaviour and the consequences for effective delivery of HIV prevention services.
Best practices

The UNODC project contains various elements that can be considered as examples of good practice. These elements combine relevance, innovation and high quality delivery and should be regarded as an example to other UNODC projects (in the South Eastern Europe, but definitely also in the wider region) and a source of inspiration for implementers and programmers.

The overall delivery of HIV prevention services to IDU is comprehensive and part of an integrated health approach. As already mentioned in the Mid-term Evaluation Report, the project encompassed “the best harm reduction services in Romania are the equal of any program in Eastern Europe and, in many ways, the harm reduction field as a whole.” Keeping in mind the high ambition, relative short project duration and significant potential political and other complications (e.g. accession in the EU, withdrawal of GFATM), these results can be called extraordinary achievements. Following the project’s conclusion, UNODC is strongly encouraged to document several elements of the project in order to share such lessons and best practices:

- **The project activities in prisons** can be considered a best practice. Prison settings are of central importance as environments in which HIV transmission can occur and they are also a context in which people living with HIV are particularly found. The overall programming, introducing a range of prevention services including OST, NSP and peer programs can be valued as spot on and courageous. The on-going building of required capacity and institutional support has been instrumental in creating the basis for sustained programming and funding in the coming years. Romania is one of the few countries in the world that allows NSP in prison setting, and this achievement by itself is an example of best practice.

- **Design to make the difference.** The overall aim of the project to catalyse national responses, to use the ‘window of opportunity’ and to tailor project design to create momentum for critical change, can be regarded as examples of very good practice. The project did not drown in over-ambitions or micromanagement, but kept a clear focus on developing local ownerships and sustained activities by the service providers, instead of taking over the (coordinating and financial) responsibility for services. Choice of partnerships, budget allocation, monitoring & evaluation and other critical project elements were all designed in order to match with the project aim and approach.

- **Guiding role of UNODC.** All consulted stakeholders on governmental level as among civil society members unanimously applauded the pivotal role, devoted commitment and outstanding expertise of UNODC to the field of injecting drug use and HIV/AIDS prevention and care in Romania. Comprehensiveness in the delivered services (in communities and prisons) is also seen as good
practice; the development of a range of integrated comprehensive HIV prevention services can be valued as a huge achievement and an example of very good practice.

- The UNODC project staff have been local change agents and UNODCs work in Romania has really ‘made the difference’.
V. **Overall Conclusions**

The current project has started and developed a sound infrastructure of supporting policies, a basic package of comprehensive services and interventions: basic HIV prevention to zero new infections.

UNODC project has been very successful in multiple ways:

- First it achieved all set objectives: due to the project there has been a significant increase in services providing HIV prevention to IDU, both in community and in prison settings; it surely created a supportive environment for harm reduction and related services, both in civil society and among governmental agencies; it generated and shared strategic information to keep the programme on track and to respond appropriately and promptly to the HIV situation in Romania; and finally, the project made big steps in ensuring sustainability, at least for the mid-term, of almost all services. There are a few services that still lack funding for NSP starting 2012, and this is yet a major concern.

- The project was to a high degree relevant to the HIV situation among IDU in Bucharest as it addressed direct needs of IDU. Sharing needles among IDU in Bucharest is a very common practice and providing clean needles through NSP or pharmacies can be a very effective way (if the capacity is satisfying) in reducing sharing used injection equipment. Also prior to the project there were only 2 OST centres with very limited capacity; due to the project the number of OST has increased to 13 (of which 5 in prison), but the reality is still that this number is still too low and as a result, the waiting lists remain critically long.

- The project demonstrated various activities or models that should be considered best practices: working with prison authorities; good and efficient networking and partnership development and maintenance; and the overall flexible, hands-on approach by the project team.

- The project did good work in bringing all relevant parties at one table, building very good working relationship between civil society and governmental agencies. However, despite many efforts from UNODC and the implementation partners, the MoH did not become more involved in the field of harm reduction. Continuous changes in staff position have negatively influenced its commitment. This is shown very clearly in the fact that the National HIV/AIDS Strategy (2010-2015) is still not yet approved by the MoH.
• UNODC surely ensured transparent coordination and financial accountability during this project and this can be considered a significant achievement in a country that was mentioned to be hampered by systems red tape, ineffective bureaucracy, lack of transparency and even corruption.

• The end users of the services, the beneficiaries are unanimously very satisfied with the services. The quality of the services, mutual respect, privacy, are all considered very good taken care of. And there are no major issues that should be addressed.

• Despite the successful interventions carried out within the framework of the project some areas have been slightly less developed and are areas for improvement:
  
  o The coverage of the services (OST and NSP) in community is still too low. OST have long waiting lists, and the number of NSPs is still very limited. One could argue that the coverage of the services in prison is much better than outside.

  o In prisons the services have successfully been set up, but they are still very basic and improvements are necessary in order to make them fully operational (e.g. spare rooms for counselling/OST/NSP, but even more important is to change the general belief among inmates that participating in OST or NSP in prison will negatively influence your prison sentence and will prolong your stay as well, as judges will identify you as a drug user, for whom extra sentence may be considered useful).

  o The project and its partners did not manage to establish on-going OST in arrest situations. This was a task assigned to ANA, but to date persons in OST in community that are being arrested and have to stay in a detention centre have no access to OST and therefore their treatment is disrupted.

  o The project and its partners did not manage to increase the involvement of the Ministry of Health in the field of harm reduction services for IDU and related HIV prevention. The involvement of the MoH remains low and may lead to discontinuity of some services when sustainability is not reached. And of high urgency: is a rapidly evolving situation regarding the HIV risk behavior related to the use of legal highs. Nature, extent and health implications of this phenomenon need to be understood and adequately addressed with health-based policies and services.
**Recommendations**

Although the evaluation has identified a large number of recommendations, it would like stress once again the high quality of the project and its delivered services. The nature of the recommendations is generally more of a ‘building on the success of’ than ‘improvements needed’.

**General recommendations**

1. **ANA/ANP/NGOs:** Support national HIV responses for drug users to engage in the next stage of development with increased emphasis on mainstreaming and integrating of the chosen approach in other public health programming (e.g. STI, TB, mental health, drug treatment programmes). Special attention is recommended to be given to strengthening the weaker elements in previous programming and addressing identified gaps regarding coverage, access in community & prison setting, quality of services and responding to recent trends in drug taking and risk behaviour.

2. **ANA/ANP/NGOs:** Support continuation and strengthening of existing networks and partnerships. All current partners involved should continue to work closely together. The role of NGOs as well as the governmental agencies is very important; ANA is recommended to take on a large number of UNODC’s tasks.

3. **UNODC Headquarters:** Describe elements in the project that can be valued as best practice in order to support sound programming in other countries and regions. For more details on identified best practices, see the paragraph on best practices elsewhere in this report.

4. **UNODC Headquarters:** Learn from catalysing role of UNODC: project has made the difference. It is recommended to share the projects’ implementation strategy and results with wider UN family, other donors and aid agencies.

**Policy**

5. **ANA/NGOs:** Long-term advocacy focusing on long term sustainability of current services, and expansion of these services according to the needs of the beneficiaries.

6. **ANA to continue and increase efforts to work on commitment of MoH:** it is most essential to maintain and increase the dialogue with high-level officials at the MoH in order to commit them to harm reduction and make them owner of the issues that harm reduction services address. In order
words, to make MoH take full responsibility for continuing and developing harm reduction in Romania. Major task for ANA, in close cooperation with the NGOs.

7. ANA/RHRN: It is recommended to **explore options for decriminalization of possession of small amount of drugs**, meant for personal use. This would send a clear signal on legal priorities to drug users and law enforcement representatives and also reduce one of the (legal) barriers for the daily practice of drug consumptions rooms that are recommended below.

**Capacity building**

8. ANA is recommended to **continue its capacity building role** by providing and facilitating training in fundraising, advocacy and project management (both for civil society and national agencies), concepts and characteristics of drug addiction and evidence-based treatment, harm reduction.

9. ANA/ANP/MoH: Government should allocate **additional resources for training** in coaching, strategizing and maintaining the services.

10. ANA/RAA are recommended to **capacitate an on-going national surveillance system** in assessing changing drug use patterns, and should incorporate existing grass roots expertise and peers involvement methods.

11. ANA: **On-going training for prison staff, police, prosecutors and judges** is essential and should be a task of all partners involved, but of ANA in particular.

12. Frontline workers service providers are recommended to be engaged in on-going training in effective methods of working with drug users, skills building in new drugs such as legal highs.

**Services**

13. ANA/ANP/NGOs should **increase efforts to increase coverage and access** by: mainstreaming through integration with other government programmes; scaling up of services in Bucharest and Ilfov County; addressing the access continuity and equivalence of services in prison settings and sustaining NSP programming and funding.
14. RAA/ANA (RMCDDA) is recommended to define a more refined definition of coverage (currently: ‘one contact/year’). Coverage should be describing, amongst others, different types of services, key interventions and differentiation in frequency.

15. ANA/ANP/ NGOs should consider renewing efforts to promote syringe sales through Romania’s private pharmacy system; consider also introducing new syringes, such as single-use syringe, increase efforts to discourage needle sharing; promote evidence-based needle cleaning techniques; increase outreach work that is focused on this topic.

16. ANA/NGOs are recommended to explore the possibilities of setting up drug consumption rooms. And as experiences elsewhere learns that this topic is usually met with many opposition (from community, government) it is essential to start advocacy on this issue as soon as possible, Having more than a decade of harm reduction experience, Romania is ready for the next step, injection rooms. The need for hygienic rooms where people can inject in a safe and supervised environment is high.

17. ANA/ANP/NGOs/RHRN should explore addressing health needs from users of legal highs by including services that meet the needs of legal high users with enlarged and specific services like: longer opening hours; increase the use of mobile units; advocate for a larger involvement of pharmacies in syringe distribution, syringe disposal programmes.

18. ANA/NGOs are recommended to consider increasing efforts to address HIV risk behaviour, like new campaigns on HIV awareness and more targeted campaigns on syringe exchange, cleaning and disposal.

19. ANA is recommended to bridge the current discontinuity in drug treatment, when a person is arrested and in final detention.

Research

20. RAA/ ANA: Research should be conducted in order to learn about drug use and related HIV risk outside Bucharest, where recent trends among youth may have emerged. Recommended activities to assess this area: community based outreach, peer support and other forms of peer involvement.

21. UNODC Headquarters is recommended to assess their overall approach and work of developing HIV services among drug using populations. The assessment should concentrate the three recent UNODC projects (in the Baltic Region, the Russian Federation and Romania) and describe the main
keys for success. The extraordinary achievements in Romania trigger the question: ‘what made the difference?’ Some elements of the successful programming can be mentioned (see Lessons Learned) but the overall question how to develop new effective programmes is largely unanswered.

22. UNODC Headquarters: **Conduct a post-project assessment on the sustainability of services**, supportive policies and funding of the project after the end of the project (e.g. after 1 year), to provide further insights in sustainability and (if required) encourage contained sustainability of government support and civil society work in service delivery.

23. ANA/ NGOs/RHRN should **assess and address the situation of the recent trend(s) in the use of legal highs**. The increased intravenous use of legal highs is having a vast impact on the Bucharest and national drug market, drug user communities, and on drug-related health consequences. Market mechanisms and drug using patterns are changing considerably in recent years and this will have enormous implications for the HIV/health responses. For instance: intravenous use of legal high seems to multiply injecting drug use and risk behaviour (sharing of paraphernalia and prepared drugs, lower sexual inhibitions and increase unsafe sex), is reported to attract new or unknown populations, requires different prevention interventions (NSPs that address intravenous binging), pharmacotherapy or other treatment than regular OST treatment. An assessment (preferably part of larger national study) focussing on a significance, health and other implications, ramifications on existing health services and required health responses is highly recommended.

**Human Rights**

24. NGOs/ National Agency for Roma: **Roma population and the Agency for Roma should expand its involvement in harm reduction** and promote HR among various organizations. Further the Agency should become more involved in attracting EU funding.

**Peer involvement**

25. NGOs/ANA/ANP: More and structural efforts should be made to **include active drug users or peers** in design, implementation, and daily practice of services, both in community and in prison settings.
ANNEX I REFERENCES

National Anti-Drug Agency (ANA), National Report on Drugs Situation 2010 (ANA, 2010)
Powerpoint hand-out UNODC ‘Amphetamine type Stimulants (ATS) use among people who use drugs from Bucharest, Romania (UNODC, 2011)
HIV, HBV and HCV Behavioral Surveillance Survey among Injecting Drug Users in Bucharest, Romania (UNODC, 2009)
ANNEX II TERMS OF REFERENCE

TERMS OF REFERENCE
FOR
FINAL EVALUATION OF THE UNODC PROJECT
“HIV/AIDS PREVENTION AND CARE AMONG INJECTING DRUG USERS AND IN PRISON SETTINGS IN ROMANIA”

I. PROJECT OVERVIEW

<table>
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<tr>
<td>Project Manager:</td>
<td>Alina Bocai</td>
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II. INTRODUCTION

Project background information (2005)
Between 1987 and 1989, Romania experienced a unique major HIV epidemic in which more than 10,000 institutionalized children contracted HIV through blood transfusions and infected needles. At the end of 2005, 16,258 cumulative cases of HIV/AIDS were registered and 11,187 people were actually living with the virus². Many of the new HIV/AIDS cases continue to be patients born between 1987 and 1989 who were infected through unscreened blood transfusions and the repeated use of contaminated needles. However, since 1994–1995, there has been a steady increase in the HIV/AIDS incidence rate among adults, mainly related to transmission of the virus via unsafe sexual activities and injecting drug use. In December 2005, 6,400 persons received antiretroviral treatment for HIV.

Romania remains among the European Union (EU) countries with the lowest number of HIV testing. In 2005, 188,279 HIV tests were performed in Romania at a population of 21.9 million. According to 2005 data, the only countries with lower rates were Hungary, Poland and Greece³. Among the people who used testing and counseling services in 2005, 0.7%, (n=1,199) reported belonging to HIV-vulnerable groups, i.e. injecting drug users (IDUs), sex workers (SWs), men who have sex with men (MSM) and inmates.

The HIV prevalence among the general population was below 0.1% yet the HBV and HCV were still unknown. Acknowledging the national efforts for enhancing access of vulnerable groups including IDUs to testing, there was still limited data needed for generating a reliable epidemiological picture.

The HIV/AIDS national response was mainly led by treatment interventions, and, in the last years, it combined national and international efforts for funding the HIV prevention services.

Known as transit route for drug traffic and with a precedent of origin country for human trafficking for sex work in the last two decades, Romania has faced increased vulnerability factors to HIV/AIDS and other infectious diseases.

The 2004 rapid assessment of the IDUs population in Romania showed that in Bucharest alone there were around 24,000 injecting drug users, which is 1% of the population of the capital city. The drug of choice was heroin. According to the research Drug Users: Injecting Behaviors and Sexual Behaviors performed by ARAS - the Romanian Association Against AIDS and the Romanian Harm Reduction Network (RHRN) in Bucharest in 2004 unsafe injecting practices were common among IDUs. In Bucharest, 73% of the heroin injectors used non-sterile injecting equipment the last time they injected and over 90% used non-sterile needles within the last month. High rates of viral hepatitis C (HCV) infection among IDUs also indicated the sharing of needles and other injecting equipment. According to a survey conducted by the Public Health Institute in Bucharest in 2005, over 70% of the IDUs who accessed drug treatment in 2004 tested positive for HCV.

In 2005 the following HIV prevention and drug treatment services targeting IDUs were available in the country: two detoxification units with less than 50 beds (slots) available, two opiate substitution treatment facilities (both of them located in the capital city) and two NGOs providing needle syringe services for IDUs in Bucharest. The HIV testing and counseling services were scaled up in 2005 with funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, 18 centers becoming operational at the country level and providing free of charge services.

Except detoxification services, none of the above mentioned services were available in prison settings. While the funding for drug treatment was ensured by the Ministry of Health, the funding for HIV prevention services targeting most-at-risk populations was exclusively covered by bi-lateral and multi-lateral donors.

Less than 15% of the population of drug users in Bucharest had access to services (including needle and syringe programmes and opiate substitution treatment) and less than 10% to needle- and syringe programmes in 2005. At the end of the same year, less than 3% of the IDUs population from Bucharest accessed drug treatment services including detoxification and opiate substitution treatment.

In response to this situation, UNODC launched the Project HIV/AIDS prevention and care among injecting drug users and in prison settings, in Romania. The Government of Romania having signed the Standard Basic Assistance Agreement (SBAA) with the United Nations Development Programme (UNDP), on 23 January 1991, agreed that the SBAA shall apply, mutatis mutandis, to the assistance provided by UNODC under the present project. The project is executed by UNODC based on the Project Document concluded between UNODC and the National Anti-drug Agency of Romania (ANA), the leading governmental body at that time in the coordination of the national response to illicit drugs. The project operationally started in Romania in November 2006 and it is expected to be completed by the end of 2010. The total budget is of US$ 3,000,000 (including project support costs). Funding for the project was secured through the contribution of The Kingdom of Netherlands - Ministry of Health and Sports.

A project mid-term evaluation has been performed by an independent international evaluator and covered the period of November 2006 – 31 December 2008.

The UNODC Project “HIV/AIDS prevention and care among injecting drug users (IDUs) and in prison settings in Romania” was designed to contribute to the efforts of Romanian stakeholders for the implementation of the national strategies on HIV/AIDS and drugs, to add funding for HIV prevention services among IDUs and in prisons and to advance key issues that were either absent (prison based harm reduction services, guidelines and revision of the regulatory framework, linkage of services between the community and detention facilities) or relatively small (opioid substitution therapy, capacity building, harm reduction campaigns, research/assessments, training programmes) in other programmes.

The main components of the project implementation strategy included:

- assessments of the situation and optimal use of existing data/information;
- capacity building;
- development of guidelines and working/technical protocols;
- development of comprehensive HIV/AIDS prevention services for IDUs\(^5\) (with attention to inmates, sex workers, homeless and Roma);
- development and continuity of services at the levels of community and prisons;
- involvement of the civil society organizations to ensure a bottom-up approach;
- avoiding overlapping and duplication of activities;
- advocacy for ensuring political commitment at the central level.

The following main performance indicators have been formulated for the project:

- measurable increase in prevention and care services for injecting drug users and in prisons;
- strategies adopted for implementation of HIV/AIDS prevention and care programmes among IDUs and in prisons at the level of governmental institution;
- additional funds mobilized;
- annual project progress reports and other strategic info documented and disseminated.

**Project objectives**

**Objective 1:**
Increase access to comprehensive HIV/AIDS prevention and care services for IDUs and in prison settings in Romania.

Output 1.1
Action plans developed for scaling up comprehensive HIV/AIDS prevention and care services for IDUs and in selected prison settings.

Output 1.2
Enhanced knowledge, skills and competencies of the service providers in delivering effective HIV/AIDS prevention and care services to IDUs and in prisons.

Output 1.3
A comprehensive package of HIV/AIDS prevention and care services are available and accessible:
- Reaching more than 35% IDUs;
- In selected prison settings.

**Objective 2:**

Create a supportive environment and ensure sustainability of HIV/AIDS prevention and care services for IDUs and in prison settings.

Output 2.1
Agreed national strategy for addressing HIV/AIDS among IDUs and in prison settings.

Output 2.2
Additional resources are mobilized from internal and external sources to rapidly scale up and sustain the HIV/AIDS prevention and care response for IDUs and in prison settings.

Objective 3:
Generate and share strategic information to keep the programme on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among IDUs and in prison settings.

Output 3.1
Government of Romania, civil society partners, the UN and other relevant agencies working at the country level are provided with updated strategic information and analysis concerning HIV/AIDS prevention and care among IDUs and in prison settings in Romania.

III. OBJECTIVES OF THE EVALUATION

In compliance with the project document and at the request of the donor (Ministry of Health and Sport of The Kingdom of Netherlands) the final independent project evaluation is initiated by UNODC to reach conclusions regarding the project’s relevance for the country, to assess the results of the project and demonstrate to what extent it has achieved its objectives. The evaluation will be carried out by an independent international evaluator and will be managed by the Project Manager in terms of administrative and logistical support.

The evaluation should provide information on the achievements, lessons learnt, best practices and recommendations with regard to relevance, effectiveness, efficiency, impact and sustainability of the project and also with regard to partnerships. The final evaluation should support the counterpart agencies to identify best strategies that will allow them to ensure the sustainability and scale-up the interventions developed with technical and financial assistance provided under the UNODC project.

A Core Learning Partnership (CLP) is proposed to encourage a participatory evaluation process from the beginning to the end of the evaluation. Members of the CLP shall be representatives of the Government counterpart agencies, representatives of the NGO implementing partners as well as representatives of academic and research institute. The CLP will be asked to comment on every key step of the evaluation.

The final evaluation of the project will cover activities from 1 January 2009 (end of mid-term review) up to 31 August 2011. The evaluation should cover the following specific issues:

Data collection and related assessments will be carried out within the project target area, addressing the following questions:

Relevance
- To what extent is the project in line with the policies and strategies of Romania and other bilateral donors (other UN agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria) in the area of HIV/AIDS?
- Are the project objectives relevant to the HIV situation in Romania?
- Does the project address needs of injecting drug users and prisoners?
- Are the project’s technical assistance and capacity building initiatives relevant to the needs of implementing organizations and other partners?
- What is the UNODC project added value in comparison with other projects with similar objectives conducted in Romania?

**Effectiveness**
- To what extent has the project achieved its objectives and related outputs?
- What are the success factors for the achievement or reasons for non-achievement of project objectives?
- What are the major challenges, opportunities and obstacles encountered by the project as a whole?
- Did the project contribute to an improvement in the access of IDUs and inmates to HIV prevention services?

**Efficiency**
- Did the project address the recommendations from the mid-term evaluation?
- Does the project make efficient use of funds? Has the project funding been properly and timely allocated as well as spent as planned?
- Have the project’s annual work plans generally been followed, and if not, why?
- Was the project office organized and administered in such a way as to effectively support the project?
- How does the project office monitor project implementation (formal and informal methods), and how is information derived from monitoring incorporated into project planning and operations?

**Impact**
- What difference has the project intervention made at the level of HIV prevention services?
- What specific legislative or policy changes have been achieved as a result of the project?
- What is the difference that the project has made to the national stakeholders and implementing partners?
- Has the project produced any unintended positive or negative outcomes?
- What, if any, capacity building programmes supported by the project have produced innovations in training and other kinds of professional education that should be documented and/or replicated elsewhere?

**Sustainability**
- To what extent will the benefits generated through the project be sustained after the end of the project?
- Are the government counterpart agencies and project implementing partners (governmental and non-governmental) developing the capacity and motivation to efficiently implement and sustain services, training and research programmes?

**Partnership**
- Have coordination mechanisms between UNODC and other relevant development entities been successfully established?
- Was the project effectively coordinated with other key actors, in particular government agencies, other UN agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria implementing bodies?
- What are the opportunities, achievements and/or challenges of the partnerships?

Project performance will be measured based on Project’s Logical Framework, which provides clear performance and impact indicators for project implementation along with their corresponding means of verification.
UNODC will share the report findings and recommendations with the relevant units of UNODC including the National Project Office, the Independent Evaluation Unit (IEU), government counterpart agencies, implementing partners, CLP, donor and Project Steering Committee.

**IV. EVALUATION METHODS**

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

- desk review of available key documents. These documents will encompass documents related to the project as well as policy ones and research reports such as: annual work plans, project document, quarterly, semi-annual and annual project reports, minutes of technical meetings, reports of project activities, research reports, mid-term evaluation report, etc.
- individual and/or group interviews with members of the CLP, representatives of the counterpart agencies and implementing partners;
- field visits and observation of services developed under the project;
- interviews with representatives of the project beneficiaries;
- interviews with representatives of the UN collaborative agencies;
- conference calls with representatives of UNODC relevant units.

A concise evaluation methodology will be presented by the independent international evaluator in the inception report. Based on the findings, the evaluator will prepare a draft report and submit it to the UNODC Project Manager. The draft report will be circulated for comments to the involved parties including CLP and the UNODC Independent Evaluation Unit (IEU).

In conducting the evaluation, the evaluator needs to take into account UNODC’s Evaluation Policy including the *Guiding principles for evaluation in the UNODC*, UNODC’s evaluation report guidelines *Standard format and guidelines of the UNODC for Evaluation Reports*, UNODC *Guidelines for Inception Reports* as well as the United Nations Evaluation Group’s *Standards for Evaluation in the UN System and Norms for Evaluation in the UN system*.

After completion of the evaluation the independent international evaluator must fill in the Evaluation Assessment Questionnaire and submit it to the IEU.

**V. EXPECTED DELIVERABLES AND TENTATIVE TIMEFRAME**

- **Inception report** with detailed evaluation plan and methodology including evaluation tools to be delivered prior to the in-country mission. The inception report will be structured according to the guidelines attached in Annex 1.  
  **Estimated deadline: 09 September 2011**

- **Draft evaluation report**, after the in-country mission. The evaluation report should be developed with respect to the UNODC’s evaluation report guidelines *Standard format and guidelines of the UNODC for Evaluation Reports*. The report will contain the findings, conclusions and recommendations of the final evaluation as well as a recording of the lessons learnt and best practices during project implementation.  
  **Estimated deadline: 07 October 2011**

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6 See Annex 1.
9 See Annex 1.
• **Final evaluation report**, after the incorporation of comments from stakeholders and CLP and receiving clearance from the UNODC Project Manager and IEU. While considering the comments provided on the draft, the independent international evaluator would use his/her independent judgment in preparing the final report. The report should not be longer than 40 pages, excluding the annexes and the executive summary. Annexes to the evaluation report should at least include the terms of reference of the evaluation, any evaluation tools such as questionnaires or surveys, a list of persons interviewed, the field visit schedule and the **Evaluation Assessment Questionnaire** but should otherwise be kept to an absolute minimum. Only those annexes that save to demonstrate or clarify an issue related to a major finding should be included. Existing documents should be referenced but not necessarily annexed.

**Estimated deadline: 20 November 2011**

**Evaluation timeframe: 29 August – 21 November 2011**

**Estimated consultancy time = 36 work-days, including 10 work-days mission to Romania**

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### Timeframe for independent international evaluator

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Number of working days</th>
<th>Timeline</th>
<th>Location</th>
<th>Responsible</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Desk review of background project documents, reports, national</td>
<td>10 days</td>
<td>29 August-09</td>
<td>Home-based</td>
<td>Independent International</td>
<td>- Inception report with detailed evaluation plan and methodology including draft evaluation tools prepared</td>
</tr>
<tr>
<td>strategies and other relevant documents;</td>
<td></td>
<td>September 2011</td>
<td></td>
<td>Evaluator</td>
<td>- Methodology, evaluation plan and report template agreed with the project manager, CLP and IEU</td>
</tr>
<tr>
<td>- Briefing of independent international evaluator by the project</td>
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<tr>
<td>manager, responsible officials at the UNODC HIV/AIDS Unit, IEU and</td>
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<tr>
<td>the Regional Programme Office for South Eastern Europe by phone;</td>
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<tr>
<td>- Development of the evaluation methodology and sharing with the</td>
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<tr>
<td>project manager, CLP and IEU.</td>
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</tr>
<tr>
<td>- Consideration of comments and preparation of an inception report</td>
<td>9 days</td>
<td>12 - 22 September</td>
<td>Romania</td>
<td>Independent International</td>
<td>- Information from major stakeholders and key beneficiaries collected</td>
</tr>
<tr>
<td>with detailed evaluation plan and methodology</td>
<td></td>
<td>2011</td>
<td></td>
<td>Evaluator</td>
<td>- Preliminary findings prepared and presented to the project team and CLP</td>
</tr>
<tr>
<td>- Perform mission to Romania;</td>
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<tr>
<td>- Meetings and interviews with project team, CLP, project steering</td>
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<tr>
<td>committee, stakeholders, beneficiaries, representatives of</td>
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<tr>
<td>collaborative agencies etc;</td>
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<tr>
<td>- Collect and analyze the data;</td>
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<tr>
<td>- Field visits;</td>
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<tr>
<td>- Debriefing with the project team and presentation of preliminary</td>
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<tr>
<td>findings</td>
<td></td>
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<tr>
<td>- Analysis of data</td>
<td>11 days</td>
<td>23 September-07 October</td>
<td>Home-based</td>
<td>Independent International</td>
<td>- Draft evaluation report with findings, lessons learnt, best practices and recommendations submitted to the project manager and CLP for review</td>
</tr>
<tr>
<td>- Preparation of draft evaluation report</td>
<td></td>
<td>2011</td>
<td></td>
<td>Evaluator</td>
<td></td>
</tr>
<tr>
<td>- Share draft evaluation report with project team, CLP and IEU and</td>
<td>15 days</td>
<td>10 – 28 October</td>
<td>-</td>
<td>Project Manager</td>
<td>- Feedback and comments on the draft evaluation report submitted to the independent international evaluator.</td>
</tr>
<tr>
<td>receive feedback and comments</td>
<td></td>
<td>2011</td>
<td></td>
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<tr>
<td>- Review evaluation report and include comments</td>
<td>5 days</td>
<td>31 October-04</td>
<td>Home-based</td>
<td>Independent International</td>
<td>- Evaluation report refined</td>
</tr>
<tr>
<td></td>
<td></td>
<td>November 2011</td>
<td></td>
<td>Evaluator</td>
<td></td>
</tr>
<tr>
<td>- Quality assurance clearance from IEU</td>
<td>7 days</td>
<td>07-15 November</td>
<td>-</td>
<td>Independent Evaluation Unit</td>
<td>- Evaluation report cleared by IEU</td>
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<td></td>
<td></td>
<td>2011</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Perform mission to Romania for presentation of findings to project team and CLP members</td>
<td>1 day</td>
<td>21 November 2011</td>
<td>Romania</td>
<td>Independent International Evaluator</td>
<td>- Final evaluation report presented to UNODC and CLP</td>
</tr>
</tbody>
</table>
VI. REQUIREMENTS AND RESPONSIBILITIES

The final evaluation will be carried out by an independent international evaluator appointed by UNODC. All the costs associated with the evaluator will be borne by the project.

Competencies:
(i) The independent international evaluator must have extensive knowledge of, and experience in applying qualitative and quantitative evaluation methods;
(ii) The independent international evaluator must have a strong record/experience in designing leading and/or conducting project/programme evaluations;
(iii) The independent international evaluator must have at least 5 years of practical experience in the area of HIV/AIDS prevention and care among IDUs and/or inmates;
(iv) The independent international evaluator must have analytical and report writing skills;
(v) It is desirable that the independent international evaluator have knowledge/understanding of the HIV/AIDS epidemics and substance abuse in the Central and Eastern Europe, including Romania;
(vi) It is desirable that the independent international evaluator have knowledge of the UN environment as well as of the UN guiding principles/recommendations in the area of HIV/AIDS prevention and care among IDUs and in prison settings.

Required Education and Skills:
Education: Advanced university degree in social sciences, psychology, medicine or public health or related field.

Languages: Excellent English oral and written communication skills. Knowledge of Romanian is an asset.

Responsibilities:
The independent international evaluator shall:
(1) carry out a thorough desk review;
(2) develop a suitable evaluation methodology including interview guidelines and questionnaires for key informants and groups of stakeholders;
(3) draft an inception report;
(4) share it with the project team, CLP members and IEU for review and comments;
(5) perform mission to Romania and collect data;
(6) analyze the data and be responsible for drafting the evaluation report;
(7) share the evaluation report with the project team, CLP members and IEU;
(8) finalize the evaluation report and receive quality assurance clearance from IEU;
(9) present the evaluation findings to project team and CLP members.

The independent international evaluator will be contracted by UNDP on behalf of UNODC and should not have any previous or current or foreseen involvement with the project. Any previous association with the project or other partners/stakeholders must be disclosed in the application. If selected, failure to make the above disclosures will be considered just grounds for immediate contract termination, without recompense. In such circumstances, all notes, reports and other documentation produced by the evaluator will be retained by UNODC.

The independent international evaluator will not act as representative of any party and must remain independent and impartial. The independent international evaluator shall respect the Ethical Guidelines of the United Nations Evaluation Group (UNEG)\(^1\).

\(^1\) [http://www.unevaluation.org/ethicalguidelines](http://www.unevaluation.org/ethicalguidelines)
VII. IMPLEMENTATION ARRANGEMENTS

Evaluation management arrangements
During the evaluation, the independent international evaluator will benefit from UNODC operational capacities; this includes office space and provision of the necessary material.

The Project Manager, located at the project site, will provide and ensure the following:
- coordination of evaluation activities and logistics at the project sites;
- arrangement of field site visits;
- organization of meetings with selected local stakeholders;
- compiling and providing to the evaluator necessary project reports and materials produced by the project;
- administrative and logistical support (which includes provision of flight ticket, daily subsistence allowance, terminals) for the independent international evaluator in in-country missions, and logistical arrangements for transportation to the project site.

The independent international evaluator appointed to perform the final evaluation will be briefed on the project by representatives from the UNODC HIV/AIDS Unit, IEU and other relevant UNODC units and the project team in Romania. The Project Office will make available to the expert an up-to-date status of the project.

Although the independent international evaluator should be free to discuss all matters relevant to its assignment with the authorities concerned, he/she is not authorized to make any commitment on behalf of UNODC.

VIII. PAYMENT

The independent international evaluator will be issued an Individual Contract (IC)\textsuperscript{15} by UNDP on behalf of UNODC. Payments will be made upon certification by the UNODC Project Manager on the delivery of services to the required standards of quality and within the expected timeframe, in accordance with UNDP rules and procedures. Payments will be linked to main deliverables described in section V - Expected deliverables and tentative timeframe. In particular, three installments are foreseen as follows: 25\% upon submission and acceptance by UNODC of the inception report, 25\% upon submission and acceptance by UNODC of the draft evaluation report and 50\% upon submission and acceptance by UNODC of the final evaluation report. During missions to Romania, besides the fee, the independent international evaluator will be paid travel expenses and the UN daily subsistence allowance.

\textsuperscript{15} IC standard format is attached for reference in Annex 2.
X. EVALUATION OF APPLICANTS

The selection of the successful candidate will be based on a competitive process taking into account the following:

- qualifications and experience of the candidate,
- quality of proposed approach and methodology,
- financial offer.

A cumulative analysis will be utilized in evaluating the candidates, through a two stage procedure. In the first stage, qualifications and working experience of short listed candidates will be evaluated in view of responsiveness to the terms of reference. A technically qualified and responsive candidate will be considered the one passing the minimum technical score of 21 points (=70%) of the maximum obtainable score of 30 points.

In the second stage, only the qualified and responsive candidates (those passing the minimum 21 points) will be contacted for interview and written test. The interview will be carried out to assess the candidate’s evaluation knowledge. The maximum obtainable score for the interview is 30. The quality of proposed evaluation approach including methodology will be tested through a written test. The maximum obtainable score for the written test is 10.

A maximum of 30 points will be assigned to the lowest price offer. All other price offers will receive points in inverse proportion, using formula:

\[ X = 30 \times \left( \frac{\text{lowest price}}{\text{price offer } y} \right) \]

<table>
<thead>
<tr>
<th>Maximum points obtainable</th>
<th>Technical criteria</th>
<th>Financial criteria</th>
<th>Total maximum score</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Responsiveness to the terms of reference including qualifications and working experience</td>
<td>Interview</td>
<td>Written test</td>
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<td></td>
<td>30</td>
<td>30</td>
<td>10</td>
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</tbody>
</table>

The candidate obtaining the highest cumulative score (technical + financial) will be considered as offering best value for money. Reference checks on the successful candidate will be performed by UNDP as mandatory process prior to the award of contract.

The applications in English, consisting of letter of intention, fully filled in and signed P11 form and financial offer must be sent by e-mail to alina.bocai@unodc.org and procurement.ro@undp.org. All envisaged costs related to the consultancy must be included in the financial offer. The deadline for submitting applications is 11 May 2011, 18:00 hours (local time).

Applications should indicate in the subject line: Application for Independent International Evaluator within the UNODC Project HIV/AIDS prevention and care among IDUs and in prison settings in Romania.

Incomplete applications and/or applications received after the deadline shall not be taken into consideration.
## ANNEX III EVALUATION QUESTIONS MATRIX

<table>
<thead>
<tr>
<th>Questions</th>
<th>Sub-questions</th>
<th>Indicators/measures</th>
<th>Sources of information</th>
<th>Data collection method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I RELEVANCE</strong></td>
<td></td>
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</tr>
<tr>
<td>1. To what extent is the project in line with the policies and strategies of Romania and other bilateral donors (other UN agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria) in the area of HIV/AIDS?</td>
<td>1) Is the project aligned with the national strategies on HIV/AIDS and anti-drug and related action plans?</td>
<td>1) Matching of project objectives to objectives laid out in national HIV and drug strategies, and with goals of GFATM R2 and R6 programs.</td>
<td>1) NPO staff  2) Other relevant UN staff  3) Project meeting minutes  4) Project reports  5) GFATM program descriptions and PR staff  6) WHO/UNAIDS/UNODC ‘Technical Guide on Target Setting’ and other relevant key documents.</td>
<td>1) Interviews with project staff (NPO and broader UN staff)  2) Review of project documents  3) Review of GFATM documents  4) Review of UNODC and WHO/UNAIDS/UNODC policy documents.</td>
</tr>
<tr>
<td></td>
<td>2) Is the project in line with the priority areas for technical cooperation identified by UNODC?</td>
<td>2) Matching of project objectives with UNODC technical cooperation priorities.</td>
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<td></td>
<td>3) What is the value of the project in relation to other efforts in the area of HIV prevention among IDUs (GFATM and other UN funded projects/programs)?</td>
<td>3) Add-on funding by the project that enhances other donor funding.</td>
<td></td>
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<tr>
<td></td>
<td>4) Is the project in line with UNAIDS/UNODC/WHO recommendations on HIV among IDU</td>
<td>4) Services and technical assistance that are unique to the project.</td>
<td></td>
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<tr>
<td></td>
<td>5) Matching of project objectives with UNAIDS/UNODC/WHO ‘comprehensive package’</td>
<td>5) matching of project objectives with UNAIDS/UNODC/WHO ‘comprehensive package’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are the project objectives relevant to the HIV situation in Romania?</td>
<td>1) Project objective I (‘Increase access’): do the activities match with the Romanian epidemiological HIV situation?</td>
<td>1) Project design and work plan discussed with national (governmental and civil society) stakeholders</td>
<td>1) NPO and broader UN staff  2) Project meeting minutes  3) Project reports  4) national (government and civil society) key stakeholders.</td>
<td>1) Interviews with project staff (NPO and broader UN staff, national key stakeholders)  2) Review of project documents</td>
</tr>
<tr>
<td></td>
<td>2) Project objective II (‘Supportive environment’): has project worked on promoting the used overall approach, policies and services</td>
<td>2) Stakeholders views on relevance of project objectives:  - ‘service delivery’  - ‘supportive environment’  - ‘data collection’</td>
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</table>


<p>| 3. Does the project address needs of injecting drug users and prisoners? | 1) Does project cover main HIV needs of IDUs and prisoners regarding: - information - prevention materials (condoms and NSP) - reduction of injecting risk (OST) - ARV treatment 2) Are the project services open and accessible for IDUs? 3) Is the coverage of the project meeting the set targets? 4) Is HIV testing available for those who need this? 4) Is HIV prevention counseling available for those who need this? 1) Views from UNODC staff, service providers, government representatives 2) Views from project beneficiaries. Views from ‘out-of-service’ IDUs: IDU in Bucharest 3) Project coverage of services meets &gt;35% of IDUs | 1) NPO and broader UN staff 2) Project work plans and reports. 3) GFATM R2 and R6 program / budget information. 4) project beneficiaries 5) Service providers 6) ANA/RMCDDA Staff. 7) IDU in Bucharest/ OST beneficiaries 8) Available research on drug use and risk behavior in Romania. 9) observations and information gathered during outreach visits. | 1) Interviews with NPO staff. 2) Review of project reports, GFATM R2 &amp; R6 Reports. 3) Interviews with service providers in community and prison-based programs. 4) Interviews with injection drug users, OST patients, other service beneficiaries. 5) Interviews with ANA research staff. 6) Field visits, observation of services. |
| 4. Are the project’s technical assistance and capacity building initiatives | 1) How has the project assessed and addressed knowledge/skills for good harm reduction practice among new service providers? | 1) Documented NPO staff assessments of technical assistance needs. | 1) Project work plans and reports. 2) service provider reports for |</p>
<table>
<thead>
<tr>
<th><strong>relevant to the needs of implementing organizations and other partners?</strong></th>
</tr>
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<tbody>
<tr>
<td>2) What kind of technical assistance has been provided to civil society organizations/services providers?</td>
</tr>
<tr>
<td>3) How has the project supported government’s HIV response regarding IDUs and prisoners</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>2) “Formal” technical assistance programs (i.e. funded by the project and incl. performance indicators) and “informal” tech. asst. (i.e. ongoing technical assistance by project staff provided to project service providers, and technical assistance links built by NPO between service providers).</th>
</tr>
</thead>
<tbody>
<tr>
<td>technical assistance programs.</td>
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<tr>
<td>3) NPO staff</td>
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<tr>
<td>4) staff of service providers</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th><strong>5. What is the UNODC project added value in comparison with other projects with similar objectives conducted in Romania?</strong></th>
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<tbody>
<tr>
<td>1) Has there been an increase in the capacity of civil society and governmental organizations to provide HIV prevention services among IDUs?</td>
</tr>
<tr>
<td>2) Has there been any change in access for IDUs to HIV prevention services in the communities and prisons</td>
</tr>
<tr>
<td>3) What project-related and conducted activities are unique to the project?</td>
</tr>
</tbody>
</table>

| 1) Number of newly established services since the start of the project |
| 2) Number of newly registered clients/project beneficiaries since the start of the project |
| 3) Reported workload by the service providers |
| 4) Estimate of unmet beneficiaries needs |
| 5) Indication of changes in risky behavior |
| 6) Coverage of services in % per project year |
| 7) Numbers of needles exchanged and returned per year during the project period |
| 8) Number of HIV tests performed per year during the project period |

| 1) Work plans and relevant documents |
| 2) NPO and other UN staff |
| 3) Staff of other similar projects |
| 4) RHRN/ RMCDDA |

**II EFFECTIVENESS**

<table>
<thead>
<tr>
<th><strong>1. To what extent has the project achieved its objectives and related outputs?</strong></th>
</tr>
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<tbody>
<tr>
<td>1) Has there been a measurable increase in prevention and care services for IDU in the community and selected prisons?</td>
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</tbody>
</table>

| Objectives LogFrame to check related outputs. |
| Output: |
| 1) Estimated coverage of syringe |

| 1) NPO and other UN/Romania staff |
| 2) ANA and ANP staff. |
| 3) Service providers. |

<p>| 1) Interviews with NPO, UNDP, service providers. |
| 2) Review of work plans and relevant documents |
| 1) Interviews with NPO, UN/Romania staff. |
| 2) Interviews with ANA |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Data Sources/Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Has a national IDU HIV prevention strategy been adopted?</td>
<td>exchange programs in Bucharest, before project vs. end of 2008, vs mid 2011. 2) Estimated coverage of OST programs in Bucharest, before project vs. end of 2008, vs mid 2011. 3) Proportion of prisons with operational syringe exchange and/or OST program, before project vs. end of 2008, vs mid 2011. 4) Existence of a national IDU HIV prevention strategy or significant progress in developing one. 5) New IDU HIV prevention funding programs adopted by state agencies engaged by the project since November 2006 (ANA/Mol, ANP/MoJ, MOH, Bucharest municipal agencies. 6) Extent to which project goals and achievements have been disseminated to stakeholders.</td>
</tr>
<tr>
<td>3) What new state/external funding for IDU HIV prevention has been mobilized by the project?</td>
<td>Project beneficiaries 5) IDU in Bucharest/ OST beneficiaries 6) Project reports and meeting minutes, GTAFM Progress reports 7) Assessment reports commissioned by the project (prisons; review of 5 cities). 8) ANA assessments of Bucharest IDU population.</td>
</tr>
<tr>
<td>4) How has the project documented and disseminated information on project results?</td>
<td>and ANP staff. 3) Review of project reports and related documents. 4) Review of research reports produced by the project and ANA. 5) Review of project reports and GFATM R2 and R6 reports.</td>
</tr>
</tbody>
</table>

### 2. What are the success factors for the achievement or reasons for non-achievement of project objectives?

- What has contributed or hampered achievements regarding fulfillment of following activities:
  1. Community based HIV prevention services?
  2. Prison based HIV prevention services
  3. National support for approach and activities
  4. Adequate and useful M&E data

- Instances in which particular program grantees have exceeded or hampered planned results in terms of:
  1. Startup time; coverage of services; new 3rd party funding; replication by state agencies; and/or adoption of good practices by other organizations.

- Views of key stakeholders regarding the value added by the UNODC overall project and activities

### 3. What are the major challenges?

- Views of key stakeholders regarding the value added by the UNODC overall project and activities

### 4. What is the key lesson that may be drawn from the project’s implementation?

- Views of key stakeholders regarding the value added by the UNODC overall project and activities

### 5. Mid-term evaluation and other project information

- Interviews with NPO and broader UN staff, project reports.
<table>
<thead>
<tr>
<th>opportunities and obstacles encountered by the project as a whole?</th>
<th>approach and 3 project objectives</th>
<th>documentation</th>
<th>beneficiaries, service providers in community and in prisons.</th>
</tr>
</thead>
</table>
| 1) improving access to HIV prevention and care  
2) work on the ‘Supportive environment’ (commitment of the national government to continue services after project ends)  
3) M&E work  
4) overall approach and design of project | 2) meetings with key actors and stakeholders  
- NPO and other UN staff  
- Service providers  
- Staff of cooperating government agencies (ANA, ANP, National Agency for Roma)  
- GFATM PR staff  
3) Other key sources of information: UNODC IEC/SEE, WHO, UNAIDS, donor | 2) Review of project reports and related documents and key sources. |

4. Did the project contribute to an improvement in the access of IDUs and inmates to HIV prevention services?

1) Has there been a significant increase in coverage of the services, both prison-based and in the community  
2) Has there been a significant increase in access, both prison-based and in the community  
3) Are there specific populations or areas that are not covered by the provided prevention and care services?  
1) Number of registered IDU at services (NSP and OST) since the start of the project.  
2) Number of registered inmates using prison-based services since the start of the project.  
3) Coverage of services since the start of the project.  
4) Number of needles distributed and returned since the start of the project.  
5) Number of HIV tests performed since the start of the project.  
6) Number of New HIV-infections since the start of the project.  
1) NPO and other UN staff  
2) Service provider staff  
3) Project beneficiaries  
4) Community service providers and in prison settings  
5) IDU in Bucharest 6) OST beneficiaries  
7) RMCDDA 8) RHRN 1) Interviews with NPO and broader UN staff, project beneficiaries, service providers (community and prison-based), IDU in Bucharest, OST beneficiaries  
2) Relevant documents (BSS Report, Annual report RMCDDA, UNGASS Progress Report, Global State of Harm Reduction) |
<table>
<thead>
<tr>
<th>1. Did the project address the recommendations from the mid-term evaluation?</th>
<th>What has been done after the MTR was published regarding the following issues: 1) Re-defining project activities and targets 2) Limitations in access of services 3) Design and implementation of new services 4) Long term funding</th>
<th>Follow-up on the recommendations as given in the MTR on the following defined items: 1) Re-defining project activities and targets 2) Limitations in access of services 3) Design and implementation of new services 4) Long term funding</th>
<th>1) Mid-term evaluation 2) Minutes of consensus meeting 3) Project work plans and project reports 4) NPO and other UN staff, service provider staff 5) Representatives of national government</th>
<th>1) Interviews with NPO and broader UN staff, service providers, and reps of national government 2) Review of project work plans and project reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Does the project make efficient use of funds? Has the project funding been properly and timely allocated as well as spent as planned?</td>
<td>1) Are costs for HIV prevention supplies and other basic expenses reasonable compared to comparable projects funded by the GFATM? 2) What formal measures exist to ensure project transparency</td>
<td>1) Costs for sample of comparable project &amp; GFATM programs (syringe exchange, OST). 2) Written UNODC/UNDP grantmaking procedures. 3) Rate (against planned expenditures) and timing of grant disbursements. 4) Views of service provider staff on project financial processes and disbursements.</td>
<td>1) NPO staff. 2) Service provider staff. 3) UNDP administrative staff. 4) Project and GFATM grant contracts. 5) Project work plans and reports. 6) Project financial records.</td>
<td>1) Interviews with NPO and broader UN staff, service providers. 2) Comparison of costs in project and GFATM grant contracts. 3) Review of project Work plans and reports. 4) Review of project financial records, including generating new reports with NPO administrative staff when necessary.</td>
</tr>
<tr>
<td>3. Have the project’s annual work plans generally been followed, and if not, why?</td>
<td>1) Has the project consistently met broad programmatic and funding objectives set forth in the annual work plans?</td>
<td>1) Achievement of Work plan objectives in 2009, 2010, 2011. 2) Annual variances in planned vs. actual spending for project as a whole and in major budget categories. 3) Existence of operational planning documents (incl. meeting minutes) beyond the level of the work plan.</td>
<td>1) NPO staff. 2) Project finance reports. 3) Project annual Work plans. 4) Other project planning documents and meeting minutes.</td>
<td>1) Interviews with NPO and other UN staff. 2) Review of project financial records, incl. generating new reports with NPO admin staff when necessary. 3) Review of other project planning documents and meeting minutes.</td>
</tr>
<tr>
<td>4. Was the project office organized and 1) Do the annual work plans accurately convey real program</td>
<td>1) Timing of work plan development and approval.</td>
<td>1) NPO staff. 2) Service provider staff.</td>
<td>1) Interviews with NPO and service provider staff.</td>
<td></td>
</tr>
<tr>
<td><strong>administered in such a way as to effectively support the project?</strong></td>
<td>1) Number of newly established services since the start of the project 2) Number of newly registered clients/project beneficiaries since the start of the project 3) Reported workload by the service providers 4) Estimate of unmet beneficiaries 5) Indication of changes in risky behavior</td>
<td>1) NPO and broader UN staff 2) Staff of cooperating government agencies 3) Service providers 4) APN/ANA 5) RHRN/ RMCDDA 6) Project beneficiaries 7) IDU in Bucharest/ OST beneficiaries</td>
<td>1) Interviews with NPO and broader UN, service provider staff, project beneficiaries, service providers, APN/ANA/RHRN, RMCDDA, IDU in Bucharest/OST beneficiaries. 2) Review of project reports and related documents 3) Conducting site visits/outreach work in Bucharest and services</td>
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<tr>
<td><strong>5. How does the project office monitor project implementation (formal and informal methods), and how is information derived from monitoring incorporated into project planning and operations?</strong></td>
<td>1) What formal feedback mechanisms has the project established and how often are they used (service providers reports, M&amp;E programs, etc)? 2) What informal feedback mechanisms exist and how often are they used (NPO staff visit services, meet beneficiaries, regular meetings with service providers, etc).</td>
<td>1) Existence of formal mechanisms for NPO staff to receive feedback on project implementation. 2) Existence of informal mechanisms for NPO staff to receive feedback on project implementation.</td>
<td>1) NPO staff 2) Service provider staff 3) Staff of other cooperating agencies (e.g. ANA research staff) 4) Project reports and relevant (policy) documents</td>
<td></td>
</tr>
<tr>
<td><strong>IV IMPACT</strong></td>
<td>1) What difference has the project intervention made at the level of HIV prevention services?</td>
<td>1) Has there been an increase in the capacity of civil society and governmental organizations to provide HIV prevention services among IDUs? 2) Has there been any change in access for IDUs to HIV prevention services?</td>
<td>1) Interviews with NPO and broader UN, service provider staff, project beneficiaries, service providers, APN/ANA/RHRN, RMCDDA, IDU in Bucharest/OST beneficiaries. 2) Review of project reports and related documents 3) Conducting site visits/outreach work in Bucharest and services</td>
<td></td>
</tr>
</tbody>
</table>
| 2. What specific legislative or policy changes have been achieved as a result of the project? | N/A | 1) Existence of legislation supporting project objectives.  
2) Existence of MOH, MOI and/or MoJ orders supporting project objectives.  
3) Existence of OST and/or other harm reduction practice guidelines adopted by professional and/or healthcare regulatory bodies. | 1) NPO and other UN staff  
2) Staff of cooperating government agencies  
3) Service provider staff  
4) Project reports and related documents. | 1) Interviews with UN, government and service provider staff.  
2) Review of project reports and related documents. |
| 3. What is the difference that the project has made to the national stakeholders, implementing partners and final beneficiaries? | 1) Is there an increase in (political and/or financial) commitment from national government to sustain and mainstream services?  
2) Has there been an increase in the capacity of civil society and governmental organizations to provide HIV prevention services among IDUs?  
3) Has there been any change in access for IDUs to HIV prevention services?  
4) has there been any change in risk behavior among project beneficiaries, and if so, in what | 1) Views on government involvement and plans to provide continued (financial and other) support to services  
2) Views of service providers on the benefits given by the project  
3) Views of the beneficiaries regarding the services funded through the project | 1) NPO and other UN staff, service provider staff, government representatives, ANP, ANA, RHRN, project beneficiaries  
2) Project reports and related documents | 1) Interviews with NPO and broader UN staff, government and service providers staff, ANA, ANP, RHRN, and project beneficiaries.  
2) Review of project reports and related (policy) documents. |
### V SUSTAINABILITY

| 1. To what extent will the benefits generated through the project be sustained after the end of the project, regarding: | 1) What benefits generated by the project that can be sustained after the end of the project, regarding: |
| - ‘service delivery’ | |
| 2) Authorities show commitment | 1) NGOs and other relevant parties that have the capacity and means to sustain these benefits |
| 1) Project reports, work plans, relevant (policy) documents | 2) Financial project overviews |
| 1) Interviews with NPO and broader UN staff; national government, service providers, local authorities, service beneficiaries | 1) Interviews with NPO and broader UN Staff, government and service provider staff, project beneficiaries and IDU in Bucharest and OST beneficiaries. 2) Review of project reports and relevant (policy) documents. |

### 4. Has the project produced any unintended positive or negative outcomes?

1. Has there been official or public/media opposition against supported programs?
2. Have there been occasions where project activities contributed in conflicts with staff or beneficiaries?
3. Are any programs supported by the project perceived to have had a negative effect on future mainstreaming by state agencies?

1. Official, public or media backlash against the project.
2. Conflicts with or between service provider staff and/or beneficiaries with regard to design of interventions funded by the project.
3. Views of key stakeholders regarding buy-in by state agencies.

1. NPO and other UN staff
2. Staff of cooperating government agencies
3. Service providers
4. Project beneficiaries / IDU in Bucharest and OST beneficiaries
5. Project reports and Relevant (policy) documents.

### 5. What, if any, capacity building programmes supported by the project have produced innovations in training and other kinds of professional education that should be documented and/or replicated elsewhere?

1. Do any professional training programs for direct service providers meet this standard?
2. Do M&E / research training initiatives meet this standard?
3. Does technical assistance provided to service providers by NPO staff present a model for similar programs elsewhere?

1. Existence of capacity building initiatives with elements of best practice in terms of planning or process.
2. Existence of capacity building programs that are unavailable or of exceptionally high quality in relation to neighboring countries.

1. NPO staff
2. Romanian Harm Reduction Network training staff
3. Training/capacity building project reports
4. NGO and state service providers / grantees.
5. M&E Working Group members.
6. Project reports and related documents.

1. Interviews with staff of NPO, Romanian Harm Reduction Network, capacity building program beneficiaries, M&E Working Group members. 2) Review of training contracts and reports, and project reports and related documents.
### end of the project?

- `supportive environment`
- `data collection`

2) What measures, including advocacy are undertaken to ensure sustainability of the project results?

3) What will happen with the services after ending of the project? Have agreements been made regarding future service delivery etc.? What role can project beneficiaries and other possible end users, play in the continuation of services after the project ends?

3) Existence of benefits generated by the project

4) Consensus between relevant parties on how the sustain the benefits

6) NGOs and other relevant parties that have the will and motivation to carry on the benefits after the project ends

2) Review of project reports, work plans, relevant (policy) documents

### Are the government counterpart agencies and project implementing partners (governmental and non-governmental) developing the capacity and motivation to efficiently implement and sustain services, training and research programmes?

1) Do project staff, Steering Committee members, or implementing organizations perceive any changes in leadership in the ANA, ANP, that might (positive or negative) influence continuing (or increased) government support

2) Do there exist state funding or policy documents that ensure continuing (or increased) government support?

3) Has the commitment, both politically and financially, to the project by the authorities changed during the project, and if so, in what way?

1) Views of NPO staff, SC members and service providers.

2) Existence of state funding or policy commitments to IDU HIV prevention over time.

3) Commitment (political and/or financial) from the authorities to continue the services after the end of the project

1) NPO and other UN staff
2) Service providers
3) RHRN/ ANA/ANP
4) Steering Committee
5) Reps of national government

1) Review of relevant documents, national strategies, service provider documents; review of training outlines and documents
2) Interviews with NPO and broader UN staff, service providers, RHRN, ANA, ANP, reps of national government
## VI PARTNERSHIP

### 1. Have coordination mechanisms between UNODC and other relevant development entities been successfully established?

1. How have relations with government and civil society agencies developed during the project duration?
2. Has the project established new (relevant) partnerships during the lifespan of the project.

#### Existence of coordination mechanism between UNODC and other relevant development entities

1. Work plans, project reports, and relevant (policy) documents
2. NPO and other UN staff
3. GF staff
4. UNICEF Staff
5. Reps of national government
6. Dutch Embassy

#### 1) Review of work plan, project reports and relevant (policy) documents
2) Interviews with NPO and broader UN staff, GF, other donors, national government and Dutch Embassy

### 2. Was the project effectively coordinated with other key actors and stakeholders?

1. How have co-operations developed with government agencies, other UN agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria implementing bodies?
2. What were the benefits of UNODC staff coordinating the co-operations?

#### Existence of agreements between UNODC and other key actors and stakeholders

1. Work plans, project reports, and relevant documents
2. NPO and other UN staff
3. GF staff
4. UNICEF Staff
5. Reps of national government
6. Dutch Embassy

#### 1) Review of work plan, project reports and relevant (policy) documents
2) Interviews with NPO and broader UN staff, GF, UNICEF and other donors, national government and stakeholders, Dutch Embassy

### 3. Has the project build and used relations with beneficiaries?

1. Have relations been established with (representatives) of beneficiaries, and if so, in what way?
2. How and to what extent are project beneficiaries involved in planning and implementation of the project?
3. What is the general attitude of beneficiaries towards the project and its outcomes?
4. In what way were these

#### 1) Number of contacts between project staff and beneficiaries, e.g. the existence of a formal meeting structure between project staff and beneficiaries
2) Agreements made between project staff and project beneficiaries

#### 1) Project staff
2) Project beneficiaries
3) Service providers
4) IDU in Bucharest
5) OST beneficiaries
6) Inmates
7) Prison staff
8) Relevant documents

#### 1) Interviews with: project staff, project beneficiaries, service providers, IDU in Bucharest, OST beneficiaries, inmates, prison staff
2) Review of relevant documents
<table>
<thead>
<tr>
<th>4. How have the partnerships contributed to the final results of the project</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) What are the main achievements and/or challenges of the partnerships?</td>
</tr>
<tr>
<td>2) Recommendations for future partnerships and programming?</td>
</tr>
</tbody>
</table>

| 1) Existence of formal partnerships |
| 2) Involvement of partnerships in the project and its results |

| 1) Work plans, project reports, and relevant documents |
| 2) NPO and other UN staff |
| 3) GF staff |
| 4) UNICEF Staff |
| 5) reps of national and local government |
| 6) Dutch Embassy |

| 1) Interviews with NPO and broader UN staff, GF, UNICEF other donors, national and local government and stakeholders, Dutch Embassy |
| 2) Review of relevant documents |

<table>
<thead>
<tr>
<th>5. How can the overall role of UNODC in the development of HIV responses in Romania be described?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) What is the (formal) role of UNODC in the development of HIV responses in Romania?</td>
</tr>
<tr>
<td>2) Have there been made clear roles and tasks between the various stakeholders in the field of HIV prevention and care in Romania?</td>
</tr>
<tr>
<td>3) What has been the added value of UNODC in developing HIV prevention and care in Romania regarding:</td>
</tr>
<tr>
<td>1) Service delivery</td>
</tr>
<tr>
<td>2) Supportive environment</td>
</tr>
<tr>
<td>3) NGO partnerships</td>
</tr>
<tr>
<td>4) Government commitment</td>
</tr>
</tbody>
</table>

| 1) Agreements between stakeholders about division of tasks/roles of each stakeholder |
| 2) Views of all parties involved |

| 1) Relevant Documents |
| 2) NPO and broader UN staff |
| 3) GF staff |
| 4) Government representatives |
| 5) ANA/ANP/RHRN |
| 6) UNAIDS/UNICEF |

| 1) Interviews with NPO and broader UN staff and stakeholders, relevant governmental parties |
| 2) Document reviews, annual reports, work plans, UNODC policy documents |
ANNEX IV EVALUATION ASSESSMENT QUESTIONNAIRE

Project/programme title: HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania

Project/programme number: ROMJ19

The evaluators are required to rate each of the items shown below on a scale of 1 to 5 (1 being the lowest and 5 being the highest), as follows:

5 = Excellent  (90-100 per cent)
4 = Very good  (75-89 per cent)
3 = Good       (61-74 per cent)
2 = Fair       (50-60 per cent)
1 = Unsatisfactory  (0-49 per cent)

These ratings are based on the findings of the evaluation and thus are a translation of the evaluation results.

<table>
<thead>
<tr>
<th>A. Planning</th>
<th>Rating</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1. Project design (clarity, logic, coherence)</td>
<td>X</td>
</tr>
<tr>
<td>2. Appropriateness of overall strategy</td>
<td>X</td>
</tr>
<tr>
<td>3. Achievement of objectives</td>
<td>X</td>
</tr>
<tr>
<td>4. Fulfilment of prerequisites by Government</td>
<td>X</td>
</tr>
<tr>
<td>5. Adherence to project duration</td>
<td>X</td>
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<tr>
<td>6. Adherence to budget</td>
<td>X</td>
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<tr>
<th>B. Implementation</th>
<th>Rating</th>
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<tbody>
<tr>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td>7. Quality and timeliness of UNODC inputs</td>
<td>X</td>
</tr>
<tr>
<td>8. Quality and timeliness of government inputs</td>
<td>X</td>
</tr>
<tr>
<td>9. Quality and timeliness of third-party inputs</td>
<td>X</td>
</tr>
<tr>
<td>10. UNODC headquarters support (administration, management, backstopping)</td>
<td>X</td>
</tr>
<tr>
<td>11. UNODC field office support (administration, management, backstopping)</td>
<td>X</td>
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<tr>
<td>12. Executing agency support</td>
<td>X</td>
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<th>C. Results</th>
<th>Rating</th>
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<tbody>
<tr>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td>13. Attainment, timeliness and quality of outputs</td>
<td>X</td>
</tr>
<tr>
<td>14. Achievement, timeliness and quality of outcomes</td>
<td>X</td>
</tr>
<tr>
<td>15. Programme/project impact</td>
<td>X</td>
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<tr>
<td>16. Sustainability of results/benefits</td>
<td>X</td>
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</table>
### D. Recommendations

The evaluator should choose **ONE** of the four options below.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Continue/extend without modifications</td>
<td>X</td>
</tr>
<tr>
<td>Continue with modifications</td>
<td></td>
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<tr>
<td>Revise project completely</td>
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<tr>
<td>End project</td>
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### E. Comments

Project achieved all its objectives in due time. Several components are to be considered best practice. The project was highly relevant, very effective and very efficient operated.
## ANNEX V MID-TERM EVALUATION’S SUMMARY MATRIX

<table>
<thead>
<tr>
<th>Findings: Problems and Issues Identified</th>
<th>Supporting Evidence</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The design and management of the project has generally been accomplished to a very high standard, and the project has collaborated in developing or has directly produced several high quality models of HIV prevention service, technical assistance and project management.</td>
<td>The strongest, best established harm reduction outreach programs offer a sophisticated model of service delivery and have excellent relations with clients; Technical assistance/training initiatives well developed; National Project Office functions highly effectively in concert with UN and other stakeholders. Strong and consistent positive feedback about the project design and management and the roles of the National Project Office staff from national stakeholders and UNODC technical and management staff in Vienna and Sofia.</td>
<td>1. Use existing high quality services as a guide for getting other programs further up to speed at the local, national and regional/international levels; 2. Continue efforts to institutionalize technical assistance/training programs; 3. After the project ends, UNODC should document or otherwise share the work of the National Project Office and related UNODC bodies as a potential best practice model of UN HIV prevention program organization and management.</td>
</tr>
<tr>
<td>Findings: Problems and Issues Identified</td>
<td>Supporting Evidence</td>
<td>Recommendations</td>
</tr>
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<td>-----------------------------------------</td>
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<tr>
<td>2. Some project activities and indicators were poorly defined and/or may be unrealistic at this stage.</td>
<td>Ambiguous terminology used in some project objectives and elsewhere in project documents; Project’s quantitative indicators cannot be meaningfully measured as currently written; Objectives related to services development outside Bucharest may not be achievable or realistic; Possibly overambitious expectations to develop normative policy/practice guidelines (e.g. VCT, outreach, peer education, monitoring and evaluation; No regular or systematic means of involving people who use drugs in services development or monitoring.</td>
<td>1. UNODC should strive to use specific, widely understood terminology in all project documents and avoid ambiguous terms that do not clearly describe what a given project supports; 2. UNODC, other donors and service providers should seek to use a meaningful definition of ‘coverage’ for syringe exchange and other interventions, based on the 2009 WHO/UNODC/UNAIDS “Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users”; 3. The project should reconsider with the national stakeholders whether is necessary to temporarily or permanently remove the expectation of further programming outside Bucharest. 4. Consider whether it is feasible to address issues specified among the project document’s outputs as in need of normative practice guidelines that have not already been features of the project and which have also been taken up to varying extents by other programs (e.g. GFATM, UNICEF). 5. UNODC should consider opportunities to elicit more regular and substantial advice from people who use drugs about the Romanian project and other drug user health services and projects and, when possible, to involve people who use drugs in the design and conduct of services, advocacy, and other initiatives.</td>
</tr>
<tr>
<td>Findings: Problems and Issues Identified</td>
<td>Supporting Evidence</td>
<td>Recommendations</td>
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<td>3. Despite increases in the availability of harm reduction services through the project, some project beneficiaries are still experiencing limits in access to sterile syringes.</td>
<td>Widespread documentation of syringe sharing among IDU; High rate of HCV infection; Reports from IDU interviewed during evaluation mission of frequent syringe sharing, unreliable access to pharmacy syringe sales, and lack of knowledge about evidence-based syringe cleaning methods.</td>
<td>1. Government of Romania, harm reduction organizations, UNODC and other donors should consider and seek to ameliorate possible barriers to syringe access created by public policies or practices adopted in services; 2. Consider renewing efforts to promote syringe sales through Romania’s private pharmacy system; 3. Consider ways to promote evidence-based syringe cleaning techniques among IDU in order to reduce disease transmission. Steps could include: a review of current scientific literature; a review of Romanian law governing syringe cleaning/reuse in the medical system to determine whether it is relevant in a harm reduction setting; training for harm reduction staff and other stakeholders; development and dissemination of IEC materials; incorporation of evidence-based syringe cleaning messages in contacts with IDU.</td>
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<tr>
<td>4. The project has made great progress in supporting new services and improving accessibility, and involving new government and civil society organizations in harm reduction. Some new services, however, continue to encounter challenges related to services design and implementation.</td>
<td>Unnecessarily high threshold policies of some service providers that limit IDU access to some OST and needle exchange programs (including unnecessarily long intake periods or inappropriate fee-based services at some OST clinics; some use of inappropriately low syringe exchange ratios); Few prisoners accessing prison-based HIV prevention services.</td>
<td>1. UNODC and its partners should seek to adjust and improve HIV prevention services targeting IDUs as service providers become more experienced, the goals being to make services as relevant as possible, to lower barriers to drug users’ access to services (including barriers created by service design), and to maximize the reach and measurable impact of such services; 2. The project should continue to allocate technical assistance to prison programs in order to improve their effectiveness and promote scale-up. Additional education and training about the goals and methods of services is also needed, targeting both prisoners and prison staff.</td>
</tr>
<tr>
<td>Findings: Problems and Issues Identified</td>
<td>Supporting Evidence</td>
<td>Recommendations</td>
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<tr>
<td>5. The threat to the project’s objectives posed by uncertainty about long term funding (and therefore programmatic) sustainability is common to all project stakeholders and cannot be overemphasized.</td>
<td>Great majority of funding is currently from GFATM and UNODC programs, both of which will end in 2009-2010; Currently very limited support from government for HIV prevention among IDU, especially from the MoH.</td>
<td>1. Concentrate remainder of UNODC project on advocacy to build sustainability; 2. Project staff should consider developing more detailed advocacy strategies, perhaps in partnership with other stakeholders, based on simple campaign organizing principles, e.g. defining concrete issues and desired outcomes, mapping power structures, identifying individuals to target and tactics to be employed, setting a timeline and benchmarks, etc. Outside technical assistance in campaign planning should be used as needed. 3. In particular, an assessment of the funding environment and written advocacy strategy aimed at sustainability would be useful, done in collaboration with organizations partnering in the project and the GFATM Round 6 Program; 4. UNODC should consider securing additional technical assistance and/or project funding in order to enhance project’s capacity to address sustainability questions. 5. The Government of Romania should provide funding adequate to sustain and continue scale-up of IDU health services, and increasingly provide such services directly through relevant government agencies, and take steps to guarantee continuity of health services between the community, pretrial detention, and prisons.</td>
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