

UNITED NATIONS OFFICE ON DRUGS AND CRIME  
Vienna

Independent In-Depth evaluation of the  
**UNODC Global Programme on HIV/AIDS  
2008-2012**

**ANNEXES**

Global

Independent Evaluation Unit  
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This publication has not been formally edited.

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# ANNEX I. EVALUATION TERMS OF REFERENCE

## Terms of Reference

### UNODC Global Programme on HIV/AIDS

#### In-Depth Evaluation

Project Number and Title	UNODC Global Programme on HIV/AIDS (multiple project numbers)
Approved duration	23/04/2002 - 31/12/2013
Location	Global
Strategic Theme, Result Area, Result*	Theme 3. Prevention, treatment and reintegration, and alternative development Result Area 3.3. HIV/AIDS prevention and care (as related to injecting drug users, prison settings and trafficking in human beings) Result 3.3.1. Expand member States' capacity to reduce the spread of HIV/AIDS among injecting drug users, in conformity with relevant international conventions and the established mandates of UNODC 3.3.2. Expand Member States' capacity to reduce the spread of HIV/AIDS in prison settings 3.3.3. Expanding, in consultation with the Member States concerned, the capacity of relevant entities of civil society to respond to HIV/AIDS among injecting drug users and in prison settings, in accordance with relevant international conventions and the established mandates of UNODC
Executing Agency/ Office	United Nations Office on Drugs and Crime
Overall total approved budget:	US\$ 262,125,824 1

## 1. BACKGROUND AND CONTEXT

### (a) Overview

Project numbers:	Multiple
Project title:	UNODC Global Programme on HIV/AIDS
Duration:	23/04/2002 - 31/12/2013
Location:	Global
Linkages to Country Programme:	Multiple
Linkages to Regional Programme:	Multiple
Linkages to Thematic Programme:	Thematic Programme on Addressing Health and human development vulnerabilities in the context of drugs and crime

<sup>1</sup> Includes all UNODC HIV/AIDS projects completed or ongoing during 2008-2012

Executing Agency:	UNODC
Partner Organizations:	UNAIDS Secretariat, UNAIDS Co-sponsors, in particular WHO, UNDP, UNICEF, World Bank, UNESCO, UNFPA, UNHCR, ILO
Total Approved Budget:	US\$ 262,125,824 2
Donors:	Multiple
Project Manager:	For the time period covered by the evaluation: Christian Kroll, Global Coordinator HIV/AIDS, UNODC (As of January 2013: Monica Beg, Chief a.i., HIV/AIDS Section, UNODC)
Type of evaluation (mid-term or final):	In-Depth Evaluation
Time period covered by the evaluation:	2008-2012
Geographical coverage of the evaluation:	Global
Core Learning Partners:	See Annex III

Technical assistance provided by UNODC on HIV/AIDS is based on relevant declarations, resolutions and decisions adopted by United Nations Governing Bodies, such as the United Nations General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and Criminal Justice and the UNAIDS Programme Coordinating Board.<sup>3</sup> In the period 2008-2011, the work of UNODC in area of HIV/AIDS has been guided by the “Strategy for the period 2008-2011 for the United

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<sup>2</sup> Includes all UNODC HIV/AIDS projects completed or ongoing during 2008-2012

<sup>3</sup> “Political Declaration” (General Assembly Resolution S-20/2, annex), “Declaration on the Guiding Principles of Drug Demand Reduction” (General Assembly Resolution S-20/3, annex) and the “Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction” (General Assembly resolution 54/132, annex);

“United Nations Millennium Declaration” (General Assembly resolution 55/2);

“Declaration of Commitment on HIV/AIDS” (General Assembly resolution S-26/2);

“The Political Declaration on HIV/AIDS”(General Assembly resolution 60/262, annex);

“International cooperation against the world drug problem” (General Assembly resolution 64/182);

“Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS” (General Assembly resolution 65/277);

“Joint United Nations Programme on HIV/AIDS (UNAIDS)” (Economic and Social Council resolution 2009/6);

“Strategy for the period 2008-2011 for the United Nations Office on Drugs and Crime” (Economic and Social Council resolution 2007/19);

“Providing technical assistance for prison reform in Africa and the development of viable alternatives to imprisonment” (Economic and Social Council resolution 2006/22);

“Combating the spread of HIV/AIDS in criminal justice pre-trial and correctional facilities” (Economic and Social Council resolution 2004/35);

“Promoting coordination and alignment of decisions between the Commission on Narcotic Drugs and the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS” (Commission on Narcotic Drugs resolution 51/14);

“Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users” (Commission on Narcotic Drugs resolution 49/4);

“Expanding the capacity of communities to provide information, treatment, health care and social services to people living with HIV/AIDS and other blood-borne diseases in the context of drug abuse and strengthening monitoring, evaluation and reporting systems”(Commission on Narcotic Drugs resolution 48/12 );

“Prevention of HIV/AIDS among drug users”(Commission on Narcotic Drugs resolution 47/2);

“Strengthening strategies regarding the prevention of human immunodeficiency virus/acquired immunodeficiency syndrome in the context of drug abuse” (Commission on Narcotic Drugs resolution 46/2);

“Achieving zero new infections of HIV among injecting drug users and other drug users” (Commission on Narcotic Drugs resolution 54/13)

“Intensifying the efforts to achieve the targets of the 2011 Political Declaration on HIV/AIDS among people who use drugs, in particular the target to reduce HIV transmission among people who inject drugs by 50 per cent by 2015” (Commission on Narcotic Drugs resolution E/CN.7/2013/L.4/Rev.1)

Nations Office on Drugs and Crime” (Economic and Social Council resolution 2007/19), and the UNAIDS Unified Budget and Workplan (UBW).

At the global policy level, the decisions taken in 2009 by the Commission on Narcotic Drugs, the Programme Coordinating Board of UNAIDS and the Economic and Social Council indicate the existence of a common understanding within the United Nations about what a comprehensive package of HIV-related services for injecting drug users contains as outlined by the WHO, UNODC and UNAIDS.<sup>4</sup> Such a comprehensive package includes the following nine interventions, which are being provided by UNODC in the framework of a continuum of services that includes outreach, drug dependence treatment and primary prevention of drug abuse based on scientific evidence and other health, social and legal services, including in prison settings:

(a) needle and syringe programmes; (b) opioid substitution therapy and other drug dependence treatment; (c) HIV testing and counselling; (d) antiretroviral therapy; (e) prevention and treatment of sexually transmitted infections; (f) condom programmes for injecting drug users and their sexual partners; (g) targeted information, education and communication for injecting drug users and their sexual partners; (h) vaccination, diagnosis and treatment of viral hepatitis; (i) prevention, diagnosis and treatment of tuberculosis.

UNODC is the guardian of international standards and norms in crime prevention and criminal justice. The organisation is mandated to support Member States in putting into practice these standards and norms, in particular the United Nations Standard Minimum Rules for the Treatment of Prisoners (ECOSOC resolution 1984/47). For example, the ECOSOC Resolution 2006/22 invites UNODC to develop further tools and training manuals, based on international standards and best practices, in the area of penal reform and alternatives to imprisonment, in particular in the areas of prison management, legal advice and assistance and the special needs in prison of women and children, as well as of persons with mental illness and the physically challenged; to continue to provide advisory services and technical assistance to Member States, upon request, in the area of penal reform, including restorative justice, alternatives to imprisonment, HIV/AIDS in prisons and the special needs of women and girls in prisons; and to develop a programme of technical assistance for Africa in penal reform and provision of alternatives to imprisonment.

UNODC, a co-sponsor of UNAIDS, is the convening agency in the UNAIDS family for protecting drug users from becoming infected with HIV and ensuring access to comprehensive HIV services for people in prisons and other closed settings in accordance with the UNAIDS division of labour.<sup>5</sup> The division of labour stresses the comparative advantages of the Joint Programme as a whole — the 10 co-sponsoring United Nations bodies (11 as of 2012) and the secretariat — to enhance the efficiency and effectiveness of the global HIV response by the United Nations system. It aims at leveraging respective organizational mandates and resources to work collectively to deliver results, including strengthening joint work and maximizing partnerships.

UNODC, in line with its mandate, is responding to HIV/AIDS as it relates to drug use and in prison settings. Its work is focused on assisting countries in implementing large-scale and wide-ranging interventions to prevent HIV infection and in providing care and support to people living with HIV and AIDS. It also supports countries to prevent, treat and provide care and support to people in prisons and other closed settings. UNODC is supporting countries to assess situation and needs and to enhance human resources and the systems of government and civil society required for evidence-informed, comprehensive HIV responses. Its activities have been geared towards strengthening national capacity to address the stigma and discrimination attached to HIV and AIDS, scaling up delivery of HIV prevention, treatment, care and support, including monitoring and evaluation of those services, and increasing their coverage and sustainability.

In the period 2008-2012, the UNODC HIV/AIDS programme has been composed of 34 projects, which are directly managed and implemented by UNODC. The list of these projects, including their titles, geographic scope, duration, budget information and donors is provided in an appendix.

<sup>4</sup> WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users (World Health Organization, Geneva, 2009).

<sup>5</sup> UNAIDS Division of Labour 2010: Consolidated Guidance Note (Geneva, Joint United Nations Programme on HIV/AIDS, 2011).

Technical assistance is provided by Advisors based at headquarters and/or through the network of Advisors and Project Coordinators deployed in the field. Depending on national technical assistance requests and gaps/opportunities identified, new posts have been created or staff redeployed to other duty stations to ensure an adequate coverage and a targeted response in key countries.

UNODC has established partnerships among national and local governments, bilateral partners, multilateral organizations, foundations, the private sector, international and national civil society organisations and community-based organisations, such as the International Network of People who Use Drugs, and supported the establishment of international and regional networks, such as the HIV African Prison Partnership Network. In key countries, UNODC has facilitated the establishment of technical working groups comprising various stakeholders, including relevant government ministries/departments, counter-narcotic agencies, the national AIDS programme, civil society organisations, and UN and other multi- and bilateral agencies. These active technical and advocacy forums play an important role in advancing policy and legislation reforms and in scaling-up the agenda in each country, in conjunction with and as a part of the overall national AIDS strategies.

In all priority countries, UNODC works with UNAIDS Country Coordinators and UN Country Teams to promote and facilitate meaningful participation of civil society in the national response, including the Global Fund Country Coordinating Mechanisms, and supports the development and submission of Global Fund proposals, which take into account and reflect the needs of people who use drugs and people living and working in prison settings.

UNODC as the convening agency, together with WHO as one of its main partner agencies and the World Bank in its technical and financing roles engages in close and ongoing consultations with major bilateral and multilateral donors and foundations. These include the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the US President's Emergency Plan for AIDS Relief (PEPFAR), the Open Society Foundations, and others. The participation of these and other entities are expected to ensure a rapid and coordinated flow of financial resources to countries and programmes showing commitment to scaling-up responses.

UNODC has established an Informal Working Group on Injecting Drug Use and HIV, a global mechanism for resource flow coordination, which involves all major contributors at the global level, as well as a donor coordination group composed of Vienna-based missions supporting the work of UNODC in this area. In addition, UNODC has established in 2012 two thematic UN inter-agency working groups; one on Drug use and HIV, and another on Prison and HIV for the purpose of reviewing agency contributions in these two areas, discussing about challenges, and identifying opportunities and implementation modalities at the global, regional and country levels.

To ensure that a cohesive, coordinated and effective response is provided by UNODC, HIV/AIDS Section at UNODC headquarters works in close collaboration with other UNODC Sections and Units, such as Prevention, Treatment and Rehabilitation Section, Sustainable Livelihood Unit, Justice Section, Human Trafficking and Migrant Smuggling Section, Co-financing and Partnership Section, Statistics and Surveys Section, Independent Evaluation Unit, and Advocacy Section. Similarly, HIV/AIDS advisors and project coordinators deployed in the field contribute to the work of the Office in other areas and provide inputs, including funding, to the core functions of UNODC field offices including in the areas of office management, inter-agency coordination and country/regional strategy development, as required.

### 3. PURPOSE OF THE EVALUATION

The evaluation of the UNODC global HIV programme was requested by the UNODC Executive Committee, which, at its meeting of 13 July 2011, decided to include an In-Depth Evaluation of UNODC's HIV programme in the work programme of the Independent Evaluation Unit (IEU) for 2012.

The evaluation is formative in nature and seeks to derive recommendations, best practices and lessons learned, identify areas of improvement, clarify and tackle problems, get feedback, appraisal and record any achievements reached by UNODC with regard to its global programme on HIV/AIDS. The evaluation may suggest setting new strategic directions for UNODC to improve the efficiency and effectiveness of its global programme in accordance

with the relevant declarations, resolutions and decisions adopted by United Nations Governing Bodies (see pages 3-4 above).

This evaluation will also assess the programming principles required by the UN/UNODC human rights based approach and gender mainstreaming, in particular if the interventions evaluated contributed to the transformational change process that is at the heart of most programming by identifying and analyzing the inequalities, discriminatory practices and unjust power relations that are central to UNODC's mandate.

The main users of the evaluation will be UNODC senior management and staff working on implementation of the HIV/AIDS programme on global, regional and country settings, as well as the beneficiary Governments and donors, some of whom will be selected and be involved in the evaluation as Core Learning Partners (CLP). Other stakeholders, who have been partners in the implementation of the programme activities, including non-governmental organizations and private sector entities, will also be consulted as key informants during the evaluation.

#### 4. SPECIFIC OBJECTIVES OF THE EVALUATION

The in-depth evaluation of the UNODC HIV/AIDS programme will aim at identifying synergies across different HIV/AIDS projects implemented by UNODC and determine progress made towards the overall programming objectives as stated in UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012.

The evaluation has the following specific objectives:

1. To measure the extent UNODC global programme on HIV/AIDS has contributed to solve the needs and problems identified in the design phase as well as the organizational distribution of roles and responsibilities among partners aimed at achieving the objectives, outcomes and outputs as stated in UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012.
2. To measure UNODC global programme on HIV/AIDS degree of implementation, efficiency and quality delivered on outputs and outcomes as stated in UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012, against what was originally planned or subsequently officially revised.
3. To measure to what extent UNODC global programme on HIV/AIDS has attained results to the targeted populations, participants whether individuals, communities, institutions, etc. as stated in UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012.
4. To identify and document substantive lessons learned and good practices as to provide recommendations on key aspects that suggest strategic directions for UNODC in the context of the organization's HIV mandate and relevant declarations, resolutions and decisions adopted by United Nations Governing Bodies
5. To assess to which extent the findings and recommendations contained in previous evaluations of HIV related investments are or are not further substantiated by this evaluation.

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<sup>6</sup> UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNODC Strategic Programme Framework 2008-2012, and UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) are provided as part of the background documentation of the Evaluation.

## 5. SCOPE OF THE EVALUATION

The unit of analysis of the evaluation is the programmatic response of UNODC to HIV/AIDS, which the Organization is implementing in compliance with the relevant declarations, resolutions and decisions adopted by UN General Assembly (GA), Economic and Social Council (ECOSOC), Commission on Narcotic Drugs (CND), Commission on Crime Prevention and Criminal Justice (CCPCJ), and Programme Coordinating Board (PCB) of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The evaluation will cover the global project “HIV/AIDS prevention, treatment, care and support for people who use drugs and people in prison settings” (GLO/G32) as well as all UNODC country-level HIV/AIDS projects, which were operational in the period of 1 January 2008 – 31 December 2012.

In the period 2008-2012, UNODC HIV/AIDS programme was composed of 34 projects, which were managed and supported by UNODC’s HIV/AIDS Section (HAS), Drug Prevention and Health Branch (DHB), Division for Operations (DO). The list of all these projects, including their titles, geographic scope, duration, budget information and donors is provided in an appendix titled “UNODC HIV/AIDS projects 2008-2012 rev”.

The time period to be covered by the evaluation is 1 January 2008 – 31 December 2012. The rationale for selecting this period is related to the fact that during this period, the funding base and the geographic coverage of the HIV/AIDS programme activities of UNODC have grown substantially with increased diversity. The period also covers the UNODC medium term strategy for the years 2008-2012. The geographic coverage of the evaluation is global.

The Evaluation Team will carry out case analyses of UNODC HIV/AIDS projects in regions where UNODC has been implementing activities in the period 2008-2012; in Eastern Europe/Central Asia, East/South-East Asia, South Asia, Sub-Saharan Africa, North Africa and the Middle East, and Latin America. The details of the proposed field missions and organizations to be interviewed will be specified in coordination with UNODC field staff after selection of the individual projects for the case analyses has been completed by the international Evaluation Team.

Such projects, which have recently been evaluated covering HIV/AIDS activities in the period 2008-2012, will not be considered for the field missions; however, the evaluation reports of these projects will be duly considered as part of the present in-depth evaluation.<sup>7</sup>

## 6. EVALUATION CRITERIA AND KEY EVALUATION QUESTIONS

The evaluation questions will address relevance, efficiency, effectiveness, sustainability and impact, and the criteria related to partnerships and governance.

In addition, attention will be paid to the lessons learned, best practices, partnerships and cooperation and governance. These will be connected to the HIV programme concept and design, the project implementation and deliverables (outputs and outcomes), and management issues. The below evaluation questions are provided as indicative only, and they are required to be further refined by the Evaluation Team.

### Relevance

- a) To what extent have the objectives of the UNODC HIV/AIDS programme (as stated in UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012 been

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<sup>7</sup> With regard to East/South-East Asia, the final evaluation of the project MMR/J63 and the midterm evaluation of MMR/J69 (both in Myanmar); With regard to Eastern Europe/Central Asia, the final evaluation of the project XEE/J20 (Estonia, Latvia and Lithuania), the final evaluation of the project TDRUS/J17 (The Russian Federation), and the final evaluation of the project ROM/J19 (Romania).

consistent and relevant with regard to beneficiaries' requirements, country needs, global priorities and partners' and donors' policies?

- b) To what extent has the programme been aligned with the mandate, overarching strategies and policies of UNODC?
- c) To what extent the UN system's commitment to human-rights based approach and gender issues have been incorporated in the design of UNODC's HIV/AIDS programme?
- d) Have the objectives and expected results of the programme (outputs, outcomes and impact), considering relevant indicators, been clear, realistic and coherent in terms of contributing to the achievements of UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012?

### Efficiency

- a) To what extent have the resources/inputs (funds, expertise, staff time, etc) been converted to outputs in a timely and cost-effective manner?
- b) To what extent UNODC's HQ based management (HIV/AIDS Section, Drug Prevention and Health Branch and Division for Operations) support, coordination and monitoring have been efficient and appropriate for Field Offices for project implementation, advocacy, and communication with Donors and other stakeholders?
- c) What measures have been taken during the planning and implementation of the HIV/AIDS programme to ensure that resources are efficiently used?
- d) To what extent and in what ways has the organizational structure of UNODC, UNODC's HQ based management, including UNODC's financial and human resources management, and other global, regional and country level UN coordination and support mechanisms, including those related to Joint United Nations Programme on HIV/AIDS (UNAIDS), been supporting UNODC's HIV/AIDS programme to deliver its outputs?
- e) To what extent the allocation of UNODC HIV/AIDS resources to targeted groups takes into account the need to prioritize those most marginalized?

### Effectiveness

- a) To what extent has progress been made towards achieving the objectives and outcomes of the programme as stated in UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012?
- b) What are the reasons for the achievement and non-achievement of the programme objectives and outcomes?
- c) To what extent has a monitoring system been set up for relevant and reliable monitoring of results throughout the programme?
- d) To what degree were the results of UNODC HIV/AIDS achieved equitably distributed among the targeted stakeholder groups?

## Impact

- a) To what extent has the HIV/AIDS programme contributed, or is likely to contribute, to long-term impact and/or intermediate results (directly or indirectly, intended or unintended) for its beneficiaries, target groups, communities involved, and institutions related to the programme?

## Sustainability

- a) To what extent are the results (outcomes and impact) generated through the programme likely to be sustained in the countries after the end of UNODC's HIV/AIDS programme activities?
- b) Taking into consideration the relative contributions of other stakeholders to results, to what extent UNODC has contributed to increased coverage and sustainability of programmes for HIV prevention, treatment, care and support in countries where project activities have been implemented?
- c) Have the programme stakeholders and beneficiaries taken ownership of the objectives to be achieved by the programme? Are they committed to continue working towards these objectives after the end of the UNODC HIV/AIDS programme activities? Is programme stakeholders' and beneficiaries' engagement likely to continue, be scaled up, replicated or institutionalized after external funding ceases?
- d) Can the initiatives developed by the UNODC HIV/AIDS programme become domestically funded and/or integrated in national programmes (on prisons, drug use, health, HIV/AIDS)?
- e) To what extent do stakeholders have confidence that they will be able to build on the human right changes promoted by UNODC HIV/AIDS programme?

## Partnerships and cooperation

This evaluation criteria on partnerships and cooperation is related to the evolving nature and complexity of the HIV landscape, financing and development architecture, which has called for greater specificity of the role of UNAIDS as a Joint UN Programme within the wider constellation of actors to provide clear deliverables, maximize collective results and fully capitalize on the Joint Programme's comparative strengths aiming at leveraging respective organizational mandates and resources to work collectively to deliver results, including strengthening joint working and maximizing partnerships.

- a) To what extent have UN inter-agency coordination mechanisms been successfully established?
- b) To what extent have roles and responsibilities in terms of partnerships and cooperation been clearly defined, realistically set up and fulfilled in UNODC's HIV/AIDS programme?

## Programme management arrangements

- a) To what extent have HIV/AIDS programme's management arrangements been conducive to an effective programme implementation, including to mitigating risks and to assuring quality?

- b) To what extent did the interests and priorities of the different stakeholders converge and to what extent were they reconciled by the UNODC’s HQ based management (HIV/AIDS Section, Drug Prevention and Health Branch, and Division for Operations)?
- c) To what extent has UNODC’s HQ and Field-based Senior Management been supporting UNODC’s HIV/AIDS programme? What lessons can be drawn from the governance structure of UNODC?
- d) What lessons can be drawn from the programme management arrangements regarding implementation of UNODC’s thematic, regional and country programmes as these relate to the HIV/AIDS programme of UNODC?

### Human Rights Mainstreaming

This evaluation criteria should address the programming principles required by a human rights based approach of the interventions and should identify and analyze the inequalities, discriminatory practices and unjust power relations within the limits of UNODC’s mandate.

- a) Which groups benefited and which groups contributed to the interventions under review? (Groups need to be disaggregated by relevant criteria: disadvantaged and advantaged groups depending on their gender or status, etc)
- b) To which extent were power relations among duty bearers and rights holders changed as a result of UNODC HIV/AIDS programme?
- c) To what extent did the stakeholders of the interventions have a right to be consulted and participate in decisions about what will be evaluated and how the evaluation was conducted?

### 7. LESSONS LEARNED

Lessons learnt are “Generalizations based on evaluation experiences with projects, programs, or policies that abstract from the specific circumstances to broader situations. Frequently, lessons highlight strengths or weaknesses in preparation, design, and implementation that affect performance, outcome, and impact”.

Lessons learned are a key component of any knowledge management system and they are important for continuously improving the performance of organizations like UNODC. Sometimes these lessons will be derived from success and sometimes they will be derived from areas where there is room for improvement.

The purpose of a lesson learnt is to see what works and what does not. Lessons can be success stories that should be repeated or they can be areas in which change towards improvement is to take place. They can offer advice on how to improve processes (how things were done) or products (outputs).

The evaluation report should focus on the most important lessons, especially those with wider applicability and those that have the following characteristics:

CHECKLIST	
Knowledge can be applied to future activities	<input type="checkbox"/>
Supporting evidence is relevant: the more rigorous the evidence and the greater the triangulation of sources, the more meaningful the lesson is.	<input type="checkbox"/>
Formulation is concise and clear <sup>8</sup>	<input type="checkbox"/>

<sup>8</sup> Like recommendations, lessons learnt should be SMART and, in addition, clear, relevant, targeted and actionable

Context is relevant for future activities in the area or can be adapted	<input type="checkbox"/>
Clear application domain and target users are defined	<input type="checkbox"/>
Suggested practices and guiding actions are proposed	<input type="checkbox"/>
The “why” question is addressed.	<input type="checkbox"/>

This evaluation is interested to explore lessons learned in some key topics that are illustrated by the following questions:

- a) What lessons can be learned from the UNODC HIV/AIDS programme implementation in order to improve performance, results and effectiveness in the future?
- b) What best practices emerged from the programme implementation?
- c) Can these best practices be realistically replicated?
- d) What lessons can be drawn from unintended results?
- e) What lessons can be drawn from the working arrangements with partners (global, regional, and national), including working as a Cosponsoring agency of the Joint United Nations Programme on HIV/AIDS (UNAIDS)?
- f) What lessons can be drawn from the engagement with civil society and private sector stakeholders?

## 8. EVALUATION METHODOLOGY

This evaluation will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TORs and the availability of resources and the priorities of stakeholders. In all cases, consultants are expected to analyze all relevant information sources, such as reports, programme documents, internal review reports, programme files, strategic country development documents, mid- term evaluations and any other documents that may provide further evidence for triangulation on which their conclusions will be based. Consultants are also expected to use interviews, surveys or any other relevant quantitative and/or qualitative tools as a means to collect relevant data for the final evaluation. In any case a stakeholder analysis will be included as a part of the evaluation products.

The evaluation methodology should include participatory and collaborative techniques with special attention to the most vulnerable and produce information that can strengthen understanding of the evaluand at the global level with the aim to help building institutional capacity beyond those found in individual project evaluations.

The evaluation should involve multiple perspectives, views and assessments both within and outside the UNODC. Special attention should be paid to triangulation of different sources and types of data and other information, types of methods and analysis to enhance reliability of the evaluation findings. It is essential that the evaluation assesses and determines the effects of outcomes and impacts (intended or unintended) in different types of duty bearers and right holders in disaggregated fashion with special consideration of the ones in most vulnerable positions.

All evaluations of the United Nations system are guided by the principles of human rights and gender equality. Evaluation methods that are gender-sensitive and methods that explicitly address issues of marginalized, hard-to-reach and vulnerable populations are essential for conducting this evaluation.

The evaluation methodology should define a sampling strategy that will guarantee the highest degree of representation of the portfolio that the evaluand comprises, recognising the limitations of the portfolio; the sample is to be representative of what is done by UNODC on HIV/AIDS, incorporating a variety of HIV/AIDS projects,

which are of different background, size, scope, donor base, and management arrangements within UNODC, and designed and implemented under various national, regional and global policy and legal frameworks, including different policies and strategies of the UN and the donors in the area of HIV/AIDS. Moreover, all projects have a different duration, and have been at different stages in their implementation during the period 2008-2011, which the evaluation methodology and analysis of the evaluation results will need to take into consideration.

The DHB/HAS will propose a site selection prior to the contracting of the Evaluation Team, which will examine and further develop the selection and sampling techniques that are applicable for different data collection instruments, and identify target populations for each data collection instrument to be used. The sampling criteria should cover issues such as:

- thematic areas addressed by relevant UNODC Regional and Country Programmes;
- budgetary execution of the projects (small and large projects);
- substantive execution of the projects (the critical mass of activities have been delivered);
- specific target population (people who use drugs / people in prisons and other closed settings)?
- types of partnerships (government, civil society, private sector, and other national, regional and international partners including other UN agencies and donors);
- types of projects, projects at different stage or phase (ongoing and/or completed in the period 2008-2012) and their geographic focus;
- Level of absorption of a given country/political situation.

The evaluation will have to utilize a mixture of primary and secondary sources of data. The primary sources for the desk review will include, among others, interviews with key stakeholders (face-to-face or by telephone), the use of surveys and questionnaires, field visits for case studies, focus group interviews, observation and other participatory techniques. Secondary data sources will include the project documents and their revisions, progress and monitoring reports, previous project evaluation and audit reports, and relevant policy documents, among others. The methodology should consider in how far a global coverage of the programme through primary and secondary data sources is feasible and recommendable. In general, the evaluator will utilize different methods to address the stakeholders, including case study analysis conducted through the proposed field missions.

The Evaluation Team will perform a desk review of existing documentation as per the preliminary list of documents (see Annex II) to independently assess and validate evidence gathered from different sources of information, cross-checked and triangulated by primary research methods.

The Evaluation Team will summarize the desk review in an Inception Report, which will specify the evaluation methodology proposed in the Terms of Reference, determining the exact design, focus and scope of the evaluation, including the evaluation questions, the sampling strategy, and related data collection indicators, methods, sources of information, and instruments as well as include a detailed work plan for the evaluation.

The Evaluation Team is expected to deliver the Inception Report as one of the key deliverables, and share it with the programme manager and the Independent Evaluation Unit for comments. The inception report should ensure that the stakeholders have a common understanding of how the evaluation will be conducted. The Evaluation Team is responsible for the development of the inception report before departing for field missions.

An evaluation briefing at UNODC HQ in Vienna will be organized for the purpose of establishing an initial contact between the Evaluation Team and the Core Learning Partners (CLP), including the programme manager. Independent Evaluation Unit (IEU) of UNODC will facilitate the briefing and introduce the Evaluation Team to various partners and stakeholders. In the briefing the programme manager will ensure that all information is made available to the evaluators, and provide the evaluator with contact information of key stakeholders. During the briefing the Evaluation Team will receive inputs from the stakeholders that will support formulation of the evaluation questions. The team will be provided with an opportunity to seek clarifications regarding the Terms of Reference, exchange ideas about the evaluation methods, and discuss about the inception report with the IEU and relevant other staff of UNODC, and finalize the inception report. The list of CLP members, the key stakeholders, is provided in Annex III.

Case analyses of a sample of UNODC HIV/AIDS projects in Eastern Europe/Central Asia, East/South-East Asia, South Asia, Sub-Saharan Africa, North Africa and the Middle East, and Latin America will be carried out. The selection and implementation of the case analyses will also take into consideration all the recent project evaluations with regard to the period 2008-2012, which will be provided to the Evaluation Team as part of the background documentation.<sup>9</sup>

With regard to the case analyses, the Evaluation Team will undertake field missions as a means to collect evaluation data and information from UNODC HIV/AIDS projects, utilizing various participatory techniques including individual and group interviews. The details of the proposed field missions, such as the stakeholders and implementation partners, including Civil Society Organizations, to be interviewed, will be specified after the selection of the field projects for the case analyses.

The respective UNODC Field Offices will provide support to the Evaluation Team before, during and after the field missions. The required support will include, for example, provision of assistance in setting up meetings with key informants and stakeholders in consultation with the Team Leader, supporting in all logistical matters (including local translation, in-country travel, security<sup>10</sup>, and accommodation), making available all relevant project materials to the Evaluation Team, and arranging discussions with Field Office staff and the Evaluation Team. After the evaluation, the Field Offices will lead discussions about the recommendations with the stakeholders, and follow-up on their implementation.

De-briefing sessions for presentation of the preliminary findings will be organized both during the field missions and at the UNODC Headquarters in Vienna. The de-briefing sessions are expected to strengthen the ownership among the CLPs and promote understanding of the evaluation results. During the de-briefing sessions the Evaluation Team will present an oral report of its initial findings and preliminary conclusions, and the CLPs are offered an opportunity to provide feedback and seek further clarifications. The de-briefing sessions could also be used as an opportunity for identifying needs for follow-up interviews and conducting them as may be needed.

The Draft Evaluation Report prepared by the Evaluation Team, with comments from IEU, will be shared with the relevant Units and Sections at UNODC Headquarters and in the Field Offices for their comments, inputs and corrections of factual information. Relevant comments, inputs and corrections will be incorporated by the Evaluation Team to produce the final report.

In conducting the evaluation, the Evaluation Team has to conform to UNODC's Evaluation Policy including the Guiding principles for evaluation in the UNODC<sup>11</sup>, UNODC's evaluation report guidelines Standard format and guidelines of the UNODC for Evaluation Reports<sup>12</sup> (Annex IV), and UNODC Guidelines for Inception Reports<sup>13</sup>.

## 9. TIMEFRAME AND DELIVERABLES

The evaluation is planned to commence by June 2013. The field missions are planned to take place during August-September 2013. [the timeframe is tentative, and subject to changes depending on feasibility issues including timely completion of administrative procedures, field travel security considerations, timely issuance of visas, etc]

The Team Leader will have the overall responsibility for the quality and timely submission of all deliverables, as specified below;

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<sup>9</sup> With regard to the East/South-East Asia, the final evaluation of the project MMR/J63 and the midterm evaluation of MMR/J69 (both in Myanmar); With regard to Eastern Europe/Central Asia, the final evaluation of the project XEE/J20 (Estonia, Latvia and Lithuania), the final evaluation of the project TDRUS/J17 (The Russian Federation), the final evaluation of the project ROM/J19 (Romania)

<sup>10</sup> The Evaluation Team members are requested to undertake relevant UN security exams and be aware of and compliant with related security protocols. Security briefings have to be organized by the Field Offices immediately upon arrival of the Evaluation Team in a given country in order for all to understand UN and country specific security measures.

<sup>11</sup> [http://www.unodc.org/documents/evaluation/Guidelines/Final\\_Evaluation\\_Policy.pdf](http://www.unodc.org/documents/evaluation/Guidelines/Final_Evaluation_Policy.pdf)

<sup>12</sup> <http://www.unodc.org/unodc/en/evaluation/about-projects-.html>

<sup>13</sup> [http://www.unodc.org/documents/evaluation/IEUwebsite/Guidelines\\_for\\_Inception\\_Report.pdf](http://www.unodc.org/documents/evaluation/IEUwebsite/Guidelines_for_Inception_Report.pdf)

- Inception Report (containing preliminary findings of the desk review, refined evaluation questions, data collection instruments, sampling strategy, limitations to the evaluation, and timetable), and its submission to UNODC HIV/AIDS Section and Independent Evaluation Unit for comments, by August 2013 [tentative];
- Presentation of the draft evaluation findings and preliminary conclusions to the CLP and other key stakeholders at UNODC Headquarters in Vienna, by October 2013 [tentative];
- Draft Evaluation Report, and its submission to UNODC HIV/AIDS Section, involved parties, and UNODC Independent Evaluation Unit for comments by October-November 2013 [tentative];
- Final Evaluation Report, including an annex with Management Response<sup>14</sup>, by December 2013 [tentative];
- Presentation of the final evaluation findings and recommendations to the CLP and other key stakeholders at UNODC Headquarters in Vienna, by December 2013 [tentative].

After completion of the evaluation, the Evaluation Team must fill in the Evaluation Assessment Questionnaire<sup>15</sup> and submit it to the Independent Evaluation Unit.

All deliverables of the evaluation must conform to UNODC's Evaluation Policy including the Guiding principles for evaluation in the UNODC<sup>16</sup>, Standard format and guidelines of the UNODC for Evaluation Reports<sup>17</sup> (Annex IV), and UNODC Guidelines for Inception Reports<sup>18</sup>, as well as to the United Nations Evaluation Group's Standards for Evaluation in the UN System and Norms for Evaluation in the UN system<sup>19</sup>.

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<sup>14</sup> The Management Response is a written response from the UNODC Senior Management (if necessary in consultation with Governments and other stakeholders) to the evaluation process, findings and recommendations. The Management Response forms an integral part of the evaluation report and significantly increases transparency and accountability of the Organization. The Management Response process allows UNODC Senior Management to react to the evaluation, reflect on the project/programme's results and generate lessons that are applicable beyond a particular evaluation. Management Responses are seen as an opportunity for the UNODC Senior Management to provide an overall feedback, not only on the evaluation process and recommendations, but also on the rationale for the Evaluation Follow-up Plan.

<sup>15</sup> <http://www.unodc.org/unodc/en/evaluation/about-projects-.html>

<sup>16</sup> [http://www.unodc.org/documents/evaluation/Guidelines/Final\\_Evaluation\\_Policy.pdf](http://www.unodc.org/documents/evaluation/Guidelines/Final_Evaluation_Policy.pdf)

<sup>17</sup> <http://www.unodc.org/unodc/en/evaluation/about-projects-.html>

<sup>18</sup> [http://www.unodc.org/documents/evaluation/IEUwebsite/Guidelines\\_for\\_Inception\\_Report.pdf](http://www.unodc.org/documents/evaluation/IEUwebsite/Guidelines_for_Inception_Report.pdf)

<sup>19</sup> [http://www.unevaluation.org/normsandstandards/index.jsp?doc\\_cat\\_source\\_id=4](http://www.unevaluation.org/normsandstandards/index.jsp?doc_cat_source_id=4)

## ANNEX II. EVALUATION TOOLS

This annex contains the following sections :

1. Evaluation Matrix that outlines the tools used for collecting data
2. The project review template for assessing the performance of the 34 projects in the Global Programme
3. The traffic-light scoring system used for assessing the project portfolio
4. The online survey questionnaire

Evaluation Matrix

Questions on Relevance	Sources of Information	Data Collection instruments	Analysis to be performed
To what extent have the objectives of the UNODC HIV/AIDS programme (as stated in UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012 been consistent and relevant with regard to beneficiaries' requirements, country needs, global priorities and partners' and donors' policies?	<ol style="list-style-type: none"> <li>1. UNODC Representatives in the field</li> <li>2. HIV Advisors on the field</li> <li>3. Civil servant and organisations in the field involved in the</li> <li>4. Key partners in the implementation of the Programme at Global level</li> <li>5. Key relevant stakeholders inside UNODC (DHB/HIV advisors in the field, DO, OED, DPA, DTA)</li> <li>6. Beneficiaries of the project</li> </ol>	<ol style="list-style-type: none"> <li>1. Interviews with key informants from the groups mentioned in the sources column</li> <li>2. General purpose survey to the beneficiaries of the projects</li> </ol>	<ol style="list-style-type: none"> <li>1. Comparative analysis of documents</li> <li>2. Triangulation of info from interviews and with the survey</li> </ol>
To what extent has the programme been aligned with the mandate, overarching strategies and policies of UNODC?	<ol style="list-style-type: none"> <li>1. UNODC Strategic Programme Framework 2008-2012</li> <li>2. Key relevant stakeholders inside UNODC (DHB/HIV advisors in the field, DO, OED, DPA, DTA)</li> <li>3. Key informants among Member States</li> </ol>	<ol style="list-style-type: none"> <li>1. Interviews with key informants</li> <li>2. Survey HIV Advisors, Representatives in the Field, etc</li> </ol>	<ol style="list-style-type: none"> <li>1. Comparative analysis of documents</li> <li>2. Triangulation of info from interviews</li> </ol>
	<ol style="list-style-type: none"> <li>1. UNODC's Human Rights guidance note</li> <li>2. UNWOMEN's System Wide Exercises</li> <li>3. UNEG Guidance note on Evaluation Human Rights and Gender</li> <li>4. Key informants among beneficiaries, managers at HQ and the field, civil servants and donors</li> </ol>	<ol style="list-style-type: none"> <li>1. Desk review of reports and project documents</li> <li>2. Interviews in HQ UNODC and mission</li> <li>3. Interviews in the Field with beneficiaries and civil servants from the government</li> <li>4. Interview with member of UNAIDS HQ Human Rights Team</li> <li>4. Specific questions on a general purpose survey directed to beneficiaries</li> </ol>	<ol style="list-style-type: none"> <li>1. Comparative analysis of documents, guidance and agreements reached</li> <li>2. Triangulation of data + info from interviews and survey</li> </ol>
Have the objectives and expected results of the programme (outputs, outcomes and impact),	<ol style="list-style-type: none"> <li>1. Log frame of the Programme</li> <li>2. Key external partners UNAIDS/CSO</li> </ol>	<ol style="list-style-type: none"> <li>1. Interviews with key informants from external</li> </ol>	<ol style="list-style-type: none"> <li>1. Assessment of the HIV Global Programme Log Frame against the</li> </ol>

Questions on Relevance	Sources of Information	Data Collection instruments	Analysis to be performed
considering relevant indicators, been clear, realistic and coherent in terms of contributing to the achievements of UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012?	3. Key relevant stakeholders inside UNODC (DHB/HIV advisors in the field, DO, OED, DPA, DTA) 3. Key informants among Member States	partners UNAIDS/CSO relevant stakeholders inside UNODC (DHB/HIV advisors in the field, DO, OED, DPA, DTA) Representatives from Member States	strategic documents  2. Triangulation of information coming from the interviews and between the interviews and the analysis of the documents

Questions on Efficiency	Sources of Information	Data Collection instruments	Analysis to be performed
To what extent have the resources/inputs (funds, expertise, staff time, etc) been converted to outputs in a timely and cost-effective manner?	1. Financial consolidated reports 2. Narrative reports 3. Managers and staff in the field	1. Interviews to key informants 2. Survey directed to project managers and staff	1. Triangulation of data + info from interviews and survey
To what extent UNODC's HQ based management (HIV/AIDS Section, Drug Prevention and Health Branch and Division for Operations) support, coordination and monitoring have been efficient and appropriate for Field Offices for project implementation, advocacy, and communication with Donors and other stakeholders?	1. Financial consolidated reports 2. Narrative reports 3. Managers and staff in the field	1. Interviews to key informants at HQ and the field (counterparts and project personnel) 2. Survey directed to project managers and staff	1. 1. Triangulation of data + info from interviews and survey
What measures have been taken during the planning and implementation of the HIV/AIDS programme to ensure that resources are efficiently used?	1. Financial consolidated reports 2. Narrative reports 3. Managers and staff in the field and HQ	1. Interviews to key informants at HQ and the field (counterparts and project personnel) 2. Survey directed to project managers and staff	1. Triangulation of data + info from interviews and survey
To what extent and in what ways has the organizational structure of UNODC, UNODC's HQ based management, including UNODC's financial and human resources management, and other global, regional and country level UN coordination and	1. Financial consolidated reports 2. Narrative reports 3. Managers and staff in the field and HQ	1. Interviews to key informants at HQ and the field (counterparts and project personnel) and UNAIDS and other key	1. Triangulation of data info from interviews

Questions on Efficiency	Sources of Information	Data Collection instruments	Analysis to be performed
support mechanisms, including those related to Joint United Nations Programme on HIV/AIDS (UNAIDS), been supporting UNODC's HIV/AIDS programme to deliver its outputs?		external implementation partner informants	
To what extent the allocation of UNODC HIV/AIDS resources to targeted groups takes into account the need to prioritize those most marginalized?	Narrative progress reports Beneficiaries	1. General Purpose survey 2. Direct Observation	1. Triangulation of data info from interviews and direct observations

Questions on Effectiveness	Sources of Information	Data Collection instruments	Analysis to be performed
To what extent has progress been made towards achieving the objectives and outcomes of the programme as stated in UNAIDS Unified Budget and Workplan 2008-2009 and 2010-2011, UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), and UNODC Strategic Programme Framework 2008-2012?	1.Result/Outcome indicators 2.Progress reports 3.Beneficiaries 4.Project managers/ HIV Advisers 5.Civil servant and other counterparts 6.Member states	1.General purpose survey directed to beneficiaries  2.Interview with key informants in the field and HQ 3. Direct Observations	1.Triangulation of data + info from interviews and survey and direct observations
What are the reasons for the achievement and non-achievement of the programme objectives and outcomes?	1.Result/Outcome indicators 2.Progress reports 3.Beneficiaries 4.Project managers/ HIV Advisers 5.Civil servant and other counterparts 6.Member states	1. Desk review 2. Interview with key informants in the field and HQ	1. Triangulation of data + info from interviews
To what extent has a monitoring system been set up for relevant and reliable monitoring of results throughout the programme?	1. Monitoring system document 2.Progress reports 3.Beneficiaries 4.HIV Advisers 5.Civil servant and other counterparts 6.Member states	1. Desk review 2. Interview with key informants in the field and HQ 3. Direct observation	1.Triangulation of data + info from interviews and direct observations

Questions on Effectiveness	Sources of Information	Data Collection instruments	Analysis to be performed
To what degree were the results of UNODC HIV/AIDS achieved equitably distributed among the targeted stakeholder groups?	Narrative progress reports Beneficiaries	1. General purpose survey 2. Interview with key informants in the field and HQ 3. Direct observation	1. Triangulation of data + info from interviews and survey + direct observations

Questions on Impact	Sources of Information	Data Collection instruments	Analysis to be performed
To what extent has the HIV/AIDS programme contributed, or is likely to contribute, to long-term impact and/or intermediate results (directly or indirectly, intended or unintended) for its beneficiaries, target groups, communities involved, and institutions related to the programme?	1. Beneficiaries 2. Project managers/ HIV Advisers 3. Civil servant and other counterparts 4. Member states	1. General purpose survey 2. Interview with key informants in the field and HQ 3. Direct observation	1. Triangulation of data + info from interviews and survey + direct observations

Questions on Sustainability	Sources of Information	Data Collection instruments	Analysis to be performed
To what extent are the results (outcomes and impact) generated through the programme likely to be sustained in the countries after the end of UNODC's HIV/AIDS programme activities?	1. Counterpart organisations 2. Beneficiaries 3. Civil servant 4. Donors 5. Project managers and HIV advisers	1. General purpose survey 2. Interview with key informants in the field and HQ 3. Direct observation	1. Triangulation of data + info from interviews + direct observations
Taking into consideration the relative contributions of other stakeholders to results, to what extent UNODC has contributed to increased coverage and sustainability of programmes for HIV prevention, treatment, care and support in countries where project activities have been implemented?	HIV organisations Counterpart organisations Donors Project managers and advisers in the field	review country and strategic level Interview with key informants in the field and HQ Direct Observation	1. Triangulation of data + info from interviews + direct observations

Questions on Sustainability	Sources of Information	Data Collection instruments	Analysis to be performed
<p>Have the programme stakeholders and beneficiaries taken ownership of the objectives to be achieved by the programme? Are they committed to continue working towards these objectives after the end of the UNODC HIV/AIDS programme activities? Is programme stakeholders' and beneficiaries' engagement likely to continue, be scaled up, replicated or institutionalized after external funding ceases?</p> <p>Can the initiatives developed by the UNODC HIV/AIDS programme become domestically funded and/or integrated in national programmes (on prisons, drug use, health, HIV/AIDS)?</p>	<p>1, Beneficiaries 2. Partners organisations 3. Government Counterparts</p>	<p>1. Key informant Interviews 2. Focus groups 3. Direct observation</p>	<p>1. Triangulation of data + info from interviews + focus groups and direct observations</p>
<p>To what extent do stakeholders have confidence that they will be able to build on the human rights changes promoted by UNODC HIV/AIDS programme?</p>	<p>1, Beneficiaries 2. Partners organisations 3. Government Counterparts</p>	<p>Interviews to key informants Focus groups Direct Observation</p>	<p>1. Triangulation of data + info from interviews + focus groups and direct observations</p>

Questions on Partnership and Cooperation	Sources of Information	Data Collection instruments	Analysis to be performed
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To what extent have UN inter-agency coordination mechanisms been successfully established?	<ol style="list-style-type: none"> <li>1. Couterpart organisations</li> <li>2. Beneficiaries</li> <li>3. Civil servants</li> <li>4. Donors</li> <li>5. Project managers and HIV advisers</li> <li>6. HQ Advisers</li> <li>7. UN partners organisations</li> <li>8. Members states</li> <li>9. Partner Organisations</li> </ol>	<ol style="list-style-type: none"> <li>1. Document review</li> <li>2. Interview with key informants in the field and HQ</li> <li>3. Direct Observation</li> </ol>	1. Triangulation of data + info from interviews + direct observations
To what extent have roles and responsibilities in terms of partnerships and cooperation been clearly defined, realistically set up and fulfilled in UNODC's HIV/AIDS programme?	<ol style="list-style-type: none"> <li>1. Couterpart organisations</li> <li>2. Beneficiaries</li> <li>3. Civil servants</li> <li>4. Donors</li> <li>5. Project managers and HIV advisers</li> <li>6. HQ Advisers</li> <li>7. UN partners organisations</li> <li>8. Members states</li> <li>Partner organisations</li> </ol>	<ol style="list-style-type: none"> <li>1. Document review</li> <li>2. Interview with key informants in the field and HQ</li> <li>3. Direct Observation</li> </ol>	1. Triangulation of data + info from interviews + direct observations
Questions on Programme Management Arrangements	Sources of Information	Data Collection instruments	Analysis to be performed
To what extent have HIV/AIDS programme's management arrangements been conducive to an effective programme implementation, including to mitigating risks and to assuring quality?	<p>Counterpart organisations Beneficiaries Civil servants Donors Project managers and HIV advisers HQ Advisers Partner organisations</p>	<ol style="list-style-type: none"> <li>1. Document review</li> <li>2. Interview with key informants in the field and HQ</li> <li>3. Direct Observation</li> </ol>	1. Triangulation of data + info from interviews + direct observations and from documents

Questions on Programme Management Arrangements	Sources of Information	Data Collection instruments	Analysis to be performed
To what extent did the interests and priorities of the different stakeholders converge and to what extent were they reconciled by the UNODC's HQ based management (HIV/AIDS Section, Drug Prevention and Health Branch, and Division for Operations)?	Counterpart organisations Beneficiaries Civil servants Donors Project managers and HIV advisers HQ Advisers UN partners organisations Members states Partner organisations	1.Document review 2.Interview with key informants in the field and HQ 3. Direct Observation	1.Triangulation of data + info from interviews + direct observations and from documents
To what extent has UNODC's HQ and Field-based Senior Management been supporting UNODC's HIV/AIDS programme? What lessons can be drawn from the governance structure of UNODC?	Project managers and HIV advisers HQ Advisers HQ senior managers	1.Interview with key informants in the field and HQ 2. Direct Observation	1.Triangulation of data + info from interviews + direct observations
What lessons can be drawn from the programme management arrangements regarding implementation of UNODC's thematic, regional and country programmes as these relate to the HIV/AIDS programme of UNODC?	Interview with key informants in the field and HQ Direct Observation Counterparts Beneficiaries	1.Interview with key informants in the field and HQ 2. Direct Observation	1.Triangulation of data + info from interviews + direct observations

Questions on Human Rights	Sources of Information	Data Collection instruments	Analysis to be performed
a) Which groups benefited and which groups contributed to the interventions under review? (Groups need to be disaggregated by relevant criteria: disadvantaged and advantaged groups depending on their gender or status, etc)	<ol style="list-style-type: none"> <li>1. Beneficiaries</li> <li>2. Counterparts</li> <li>3. Partners organisations</li> <li>4. Civil servants</li> <li>5. Project managers</li> <li>6. -HIV advisers</li> </ol>	<ol style="list-style-type: none"> <li>1. Focus groups</li> <li>2. Interviews key informants</li> <li>3. Direct observation</li> <li>4. General purpose survey</li> </ol>	1.Triangulation of data + info from interviews + focus groupd, direct observations, general purpose survey
b) To which extent were power relations among duty bearers and rights holders changed as a result of UNODC HIV/AIDS programme?	<ol style="list-style-type: none"> <li>1. Beneficiaries</li> <li>2. Counterparts</li> <li>3. Partners organisations</li> <li>4. Civil servants</li> <li>5. Project managers</li> <li>6. -HIV advisers</li> </ol>	<ol style="list-style-type: none"> <li>1. Focus groups</li> <li>2. Interview key informants</li> <li>3. Direct Observation</li> </ol>	1.Triangulation of data + info from interviews + focus groupd, direct observations,
c) To what extent did the stakeholders of the interventions have a right to be consulted and participate in decisions about what will be evaluated and how the evaluation was conducted?	<ol style="list-style-type: none"> <li>1. Beneficiaries</li> <li>2. Counterparts</li> <li>3. Partners organisations</li> <li>4. Civil servants</li> <li>5. Project managers</li> <li>6. -HIV advisers</li> </ol>	<ol style="list-style-type: none"> <li>1. Focus groups</li> <li>2. Interview key informants</li> <li>3. Direct Observation</li> </ol>	1.Triangulation of data + info from interviews + focus group, direct observations,

Questions on Lessons Learnt	Sources of Information	Data Collection instruments	Analysis to be performed
What lessons can be learned from the UNODC HIV/AIDS programme implementation in order to improve performance, results and effectiveness in the future?	<ol style="list-style-type: none"> <li>1. Couterpart organisations</li> <li>2. Beneficiaries</li> <li>3. Civil servants</li> <li>4. Donors</li> <li>5. Project managers and HIV advisers</li> <li>6. HQ Advisers</li> <li>7. UN partners organisations</li> <li>8. Members states</li> <li>9. Partner organisations</li> </ol>	<ol style="list-style-type: none"> <li>1. Focus groups</li> <li>2. Interviews key informants</li> <li>3. Direct observation</li> <li>4. General purpose survey</li> <li>5. Document review</li> </ol>	1. Triangulation of data + info from interviews + direct observations, from documents analysis, general purpose survey
What best practices emerged from the programme implementation?	Apply the above	Apply the above	Apply the above
Can these best practices be realistically replicated?	Apply the above	Apply the above	Apply the above
What lessons can be drawn from unintended results?	Apply the above	Apply the above	Apply the above
What lessons can be drawn from the working arrangements with partners (global, regional, and national), including working as a Cosponsoring agency of the Joint United Nations Programme on HIV/AIDS (UNAIDS)?	Apply the above	Apply the above	

Project Review Sheet

1. Code			
2. Title		3. Project Type	
4. Duration & # of extensions		5. Implementing Countries	
6. Budget		7. Has project been evaluated?	
8. Thematic Type <sup>20</sup> :			
10. Government Counterparts:		9. Target Group	
12. Contribution to UNAIDS UBRAF, UBW		11. Implementing Partners	
13. Project Goal			
14. Project Outputs	Output 1		Output 2
	Output 3		Output 4
15. Progress towards Outputs	Output 1		Output 3
	Output 2		Output 4
16. Has project addressed issues of	Gender		Human Rights
	17. Programme Management		

arrangements		
18. Strengths of project		
19. Weaknesses identified		
20. Any best practice or lessons learnt		
21. Did the project produce any publications/articles		
22. Overall Assessment	Relevance	Efficiency
	Impact	Sustainability
	Effectiveness	Partnerships

1. Code: As per project document
2. Title: As per project document
3. Project Type: Select Regional or Country
4. Project duration: As per project document
5. Country/Countries of implementation: List single or multiple countries as per project document
6. Approved budget: As per project document
7. Has project been evaluated: Select “yes” or “no”
8. Thematic type: Select from the following either single or multiple  
Service Delivery, Policy, Advocacy, Capacity Building, Technical Assistance, Other (specify)
9. Target Group(s): As per project document
10. Government Counterpart(s): As per project documents
11. Implementing Partners: As per project documents
12. UNAIDS Contribution Period and Type: If the project directly impacts UNODC’s commitments to UNAIDS UBW, UBRAF, refer to the inception report desk review section and the UNAIDS UBW, UBRAF tables and input relevant Strategic Outcomes, Outputs and deliverables.
13. Goal: As per project document
14. Outputs: As per project document
15. Progress toward objectives. Include all progress reports and recommendations from evaluations performed or through this review
16. Has the project addressed issues of Gender, Human rights?: Assess from project reports and interviews, questionnaires from UNODC staff

17. Programme Management Arrangements: As per project document.
18. Strengths of project: Include all successes or innovations from design or implementation phases and include management issues
19. Weaknesses of project: Include all weaknesses, failures, and challenges from design to implementation and include management issues
20. Did the project produce any publications/articles: list all relevant publications (not annual reports or internal reports). Include any guidelines, policy reports, articles etc.
21. Identification of lessons learnt or best practice: Based on document review, interviews and responses from key informants
22. Overall Assessment: A simple scoring or traffic light system will be used

### Traffic Light scoring

GREEN: Performing well. Some improvements could be considered to improve efficiency/effectiveness/impact

**G**

GREEN/AMBER: Performing relatively well. Improvements should be made to improve efficiency/effectiveness/impact

**G A**

AMBER/RED: Relatively poorly performing. Significant improvements will need to be made to improve efficiency/effectiveness/impact

**R A**

RED: Poorly performing. Immediate and major changes are required to improve efficiency/effectiveness/impact

**R**

## Survey Tool

### Programme Stakeholder Survey

October 2013

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#### Survey Instructions

An independent research team is working with the United Nations Office on Drugs and Crime to conduct an independent evaluation of activities conducted between 2008 and 2012 under The Global Programme HIV/AIDS.

A core component of the independent evaluation is a survey of the project stakeholders. This means that we are interested in the views of people who have been directly involved with working with UNODC or a UNODC funded or supported activity, or if the work of UNODC ultimately may affect your work in the field of HIV among people who use drugs and in prisons and other closed settings. This survey enables the research team to gain insight on the project from a large number of partners who have been involved in diverse project activities in different parts of the world. This includes stakeholders (e.g., UN Joint Programme on HIV/AIDS Secretariat and its Co-Sponsors, Ministries of Health, civil society organizations and other nongovernmental organizations, bilateral and other multilateral donors) who have and have not been interviewed in person as part of this assessment. Even if you have participated in an interview, we would like to ask you to complete this survey.

We invite you to participate in this web-based survey on the Global Programme HIV/AIDS. We appreciate your honest and thoughtful responses. Your answers are an important contribution towards understanding the implementation of the project activities and how these have impacted on your organization's progress in the area of HIV and injecting drug use..

By clicking the link below or copying it into your internet browser you will be forwarded to the first page of the online questionnaire.

[insert link]

#### Confidentiality

Your participation is confidential which means that your responses cannot be traced to you in any way. Your identity and/or organizational affiliation will not be revealed in reports, presentations, or articles and will not be recognizable to anyone beyond the research team. We will not include your name or title or your partner organization in an acknowledgements or participant's list or in any other format. All responses will be reported in aggregate only. We do wish to know which countries have participated in the survey so that we can report (in aggregate) information on the regional representativeness of the survey.

Please share your most honest and complete answers so that your opinions can help provide a better understanding of the project and contribute to the identification of both good experiences and lessons learned.

#### Compensation and Freedom to Withdraw

There is no compensation for your participation in this study. Your participation is voluntary. You may choose not to participate at all, or you may refuse to answer certain questions or discontinue your participation at any time without any penalty. There are no right or wrong answers to these questions.

Please answer questions to the best of your ability. For some questions, you are offered the option of “Don’t know” and/or “Not Applicable.” If you do not know about a certain issue or the question asks about an issue you do not deal with in your position, please choose either the “Don’t know” or “Not Applicable” option. You may also skip the question altogether.

The survey should take about 15 to 20 minutes to complete. We would like to ask you to complete this survey now, or as soon as possible. We greatly appreciate your participation.

If you have a comment or a question about the survey or would like to qualify an answer in any way, please email us at [adan.ruiz-villalba@undoc.org](mailto:adan.ruiz-villalba@undoc.org)

Thank you for your participation!

## Section A: Current Work

In this section, we would like to learn more about your current position and the type of work that you do.

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A1. How would you describe your position (Please choose only one)

- Government official in criminal justice/law enforcement area (Justice, Interior, etc.)
- Government official in Health
- Government officer in prisons
- Prison authorities
- Government official - other
- NGO member
- NGO worker – other
- UNODC HQ staff
- UNODC national staff
- UNODC HQ adviser
- UNODC consultant
- Other (please specify) \_\_\_\_\_

A2. How long have you been employed by your current organization?

- Less than one year
- 1 to 2.9 years
- 3 to 4.9 years
- More than 5 years

A3. How long have you been working on HIV?

- Less than one year
- 1 to 2.9 years
- 3 to 4.9 years
- More than 5 years
- Not applicable

A4. How long have you been working with people who use drugs?

- Less than one year

- 1 to 2.9 years
- 3 to 4.9 years
- More than 5 years
- Not applicable

Section B: Personal Characteristics

B1. What is your age?

- 18-34
- 35-49
- 50-64
- 65 years or older

B2. Are you:

- Female
- Male
- Transgender

B3. In or with what region of the world do you work primarily? (Please choose only one)

- East Africa
- West Africa
- Mexico/Central America
- South America
- Middle East and North Africa
- Central Asia
- East Asia and the Pacific
- South Asia
- South-Eastern Europe
- Global

B4. In what country (ies) do/did you work when involved with the programme activity(ies)?

\_\_\_\_\_

(Please list only countries where you work(ed), not those in which you only attended a workshop.)

B.5. These questions are only to be answered by project managers:

How many beneficiaries did your project reached during the period of the evaluation 2008-2012?

\_\_\_\_\_

How many of them were women? \_\_\_\_\_

How many of them were men? \_\_\_\_\_

How many of them were part of a key population at higher risk for HIV (e.g., men having sex with men, sex workers, people who inject drugs, or another vulnerable population (e.g., people living with HIV, women, migrants/refugees/internally displaced persons)? \_\_\_\_\_

Section C: Relevance

C0.

MARK ONE (○) FOR EACH QUESTION						
	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Don't know/ Not applicable
a)..... The Government and other local stakeholders were involved in the design and identification of the project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b)..... The beneficiaries of the project were consulted and heard during the needs assessment and project planning phases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c)..... Donors and government are willing to contribute with resources to the solution of the problem						
d)..... HIV in key populations and other vulnerable populations is a priority at the national level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C1. What activities related to or provided by the UNODC HIV/AIDS Global Programme were you involved in?

- Please identify any of the UNODC HIV/AIDS Global Programme activities in which you were involved in some way (Check, “Yes, I was involved”). Please check all activities that apply (that is, all of the UNODC HIV/AIDS Global Programme activities you were involved in).
- For only those activities you were involved in (where you checked “Yes”), please also assess the activity/ies if they were relevant at ALL levels 1) in your country, 2) regionally and 3) globally.

Activity Type	Yes, was Involved	Very relevant	Relevant	Neither relevant nor irrelevant	Irrelevant	Very irrelevant
a) Targeted advocacy towards a gender sensitive approach, equity and human rights-based approach (this includes work aimed at: reducing stigma and discrimination, promoting human rights, gender equity, age equality),to criminal justice and treatment of prisoners	○	○	○	○	○	○
b) Targeted advocacy towards an equity approach (this includes work that is appropriately targeted towards different age groups, towards people in rural and urban areas, towards people from different socio-economic statuses, different educational backgrounds, different access levels to health and social programmes) c) Targeted advocacy towards a human rights-based approach (specifically, for reduction of stigma and discrimination, de-criminalization, improving legal and policy frameworks for people who use drugs and HIV						
d) Targeted advocacy towards a public health approach to criminal justice and treatment of prisoners (specifically, supporting international norms and standards)						
e) Support in reviewing, adapting, developing and/or implementing effective legislation and policies, including on alternatives to imprisonment	○	○	○	○	○	○
f) Support in developing and/or implementing comprehensive evidence-informed strategies: The comprehensive package of 15 interventions (the “harm reduction package”)	○	○	○	○	○	○
g) Assistance ensuring equitable access to evidence based HIV services for women in prisons and their accompanying children in addressing their special needs and implementing services on the ground	○	○	○	○	○	○

Activity Type	Yes, was Involved	Very relevant	Relevant	Neither relevant nor irrelevant	Irrelevant	Very irrelevant
h) Guidance documents, norms and standards and/or tools to assist countries with the implementation of a comprehensive response to HIV in prisons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D: Effectiveness  
D0. General Effectiveness

MARK ONE (○) FOR EACH QUESTION						
	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Don't know/Not applicable
a) The project has achieved all the objectives planned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) All the products and services were delivered to the targeted beneficiaries as planned with a reasonable degree of quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The project could have done more for the targeted population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Data/trends show that the targeted populations are improving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D1. Please read the following statements on the UNODC Global Programme HIV/AIDS.

- Please click the box that best describes how much you agree or disagree with each item.
- If you are unfamiliar with the activity, please choose “Don't know/Not applicable.”

MARK ONE (○) FOR EACH QUESTION						
	Stron gly Disag ree	Disag ree	Neith er Agree Nor Disag ree	Agr ee	Stron gly Agree	Don't know/ Not applica ble
e)..... The targeted advocacy towards a gender, equity and human rights-based approach (this includes work aimed at: gender awareness to criminal justice and treatment of prisoners actions was helpful to change the situation in my country/settings	○	○	○	○	○	○
f)..... The targeted advocacy towards an equity based approach (this includes programmes appropriately targeted to various age groups)						
g)..... The targeted advocacy towards a human rights-based approach (includes work aimed at reducing stigma and discrimination, decriminalization, legal and policy frameworks) to criminal justice and treatment of prisoners actions was helpful to change the situation in my country/settings						
h)..... The targeted advocacy towards a public health approach to criminal justice and treatment of prisoners actions was helpful to change the situation in my country/settings						
i)..... The support in reviewing, adapting, developing and/or implementing effective legislation and policies, including on alternatives to imprisonment, led to a change in the national legislation in my country or other countries	○	○	○	○	○	○
j)..... UNODC's support in developing and implementing the comprehensive package of 15 interventions and other evidence-informed strategies had a positive effect to beneficiaries of the programme	○	○	○	○	○	○

k)..... Assistance ensuring equitable access to HIV services for women in prisons and their accompanying children in addressing their special needs on the ground is producing effects in the targeted population	○	○	○	○	○	○
l)..... Guidance documents, norms and standards and tools to assist countries with the implementation of a comprehensive response to HIV in prisons had a positive effect on public policy	○	○	○	○	○	○

D2. Please describe any barriers or challenges you faced in implementing new guidelines, legislation, skills, or other information provided by the HIV project activities and services. Please also describe how you have attempted to overcome these barriers or challenges (English only) (400 characters).

Section E: Efficiency

E1. Please read the following statements regarding the allocation of resources.

- Please click the box that best describes how much you agree or disagree with each item.
- If you are unfamiliar with the activity, please choose “Don’t know/Not applicable.”

MARK ONE (○) FOR EACH QUESTION						
	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Don’t know/Not applicable

a) The project has been managed in a cost effective manner	<input type="radio"/>					
b) The programme activities supported in my country did not relate to other activities designed to combat HIV/AIDS among the targeted groups?	<input type="radio"/>					
c) The programme activities supported in my country duplicated, or overlapped with, existing activities to combat trafficking and/or smuggling	<input type="radio"/>					
d) The programme activities supported in my country complemented or reinforced other existing activities to combat trafficking and/or smuggling						
e) Partnerships and coordination have enhanced the substantive and financial delivery of the programme outputs or deliverables	<input type="radio"/>					

E2. Were there other resources or activities devoted to stopping HIV transmission that were mobilized as a result of the project?

- Yes
- No
- Don't know

E2a. If yes, who provided these resources? Please check all that apply.

- National government
- UNODC
- Other intergovernmental organization(s)
- EU
- Other foreign donor (for example, United States, Canada, Sweden, Norway, etc)
- Other international non-governmental organization(s) (for example, Red Cross, Terres des Hommes, etc)
- Other local non-governmental organization(s)
- Don't know

#### Section F: Impact

F1. Please describe what you think about the Global HIV/AIDS Programme main achievements have been, for example, new legislation, policies, new approaches based on harm reduction in close settings, etc. (English only) (450 characters)

#### Section G: Sustainability

G1. Are you familiar with any harm reduction/ efforts that have followed, arisen from, or happened because of HIV/AIDS Global Programme activities?

- Yes
- No
- Don't know

#### Section H: Additional Comments

H1. Please provide any additional comments or perspectives about UNODC HIV/AIDS Global Programme activities and efforts. (English only) (450 characters)

If you are satisfied with your responses please click the “Submit” button.  
Thank you for your participation.

**Submit**

## ANNEX III. LITERATURE AND DESK REVIEW

### UNODC

1. Thematic Framework: Addressing Health and Human Development Vulnerabilities in the Context of Drugs and Crime, 2009
2. UNODC Strategy 2008-2011
3. UNODC Strategy 2008-2011
4. UNODC 2010 CND report: Responding to HIV/AIDS and other blood-borne diseases
5. UNODC 2012 CND report: Responding to HIV/AIDS and other blood-borne diseases
6. UNODC Global Programme HIV/AIDS Projects: 34 sets of project documentation including project proposal/design, subsequent revisions, annual reports. Project codes: AFGJ76, BRAH34, BRAK02, CHNJ42, EGYK08, GLOG32, IDNK13, INDI81, IRNK13, IRNV04, KENI08, LAOK18, LIBI36, MMRJ63, MMRJ69, NPLJ80, NPLJ96, PAKJ85, PALI06, RACI29, RAFG60, RAFG66, RASH13, RASH71, ROMJ19, RUSJ12, RUSJ17, SAFG78, URYK52, VNMK16, XASJ72, XCAA01, XEEJ20, XSSV02, XWWK05
7. UNODC Project Evaluation Reports: ROMJ19, RUSJ12, MMRJ63, MMRJ69, XEEJ20, KENI08, RUSJ17, RAFG66, RASH13, RASH17, XASJ72
8. Office of Internal Oversight Services: Audit report of UNODC HIV/AIDS Programme, 2009
9. UNODC/WHO/UNAIDS: HIV/AIDS Prevention, Care Treatment and Support in Prison Settings, United Nations 2006
10. WHO/UNODC/UNAIDS: Technical Guide for Countries to set Targets for Universal access to HIV Prevention, Treatment and Care for Injecting Drug Users. 2012 Revision. Who 2012

### UNAIDS

1. UNAIDS Annual Report 2008
2. UNAIDS Annual Report 2009
3. UNAIDS Annual Report 2010
4. UNAIDS Annual Report 2011
5. UNAIDS Annual Report 2012
6. UNAIDS Division of Labour 2005
7. UNAIDS Division of labour 2010
8. UNAIDS UBW 2008-2009 M&E framework

9. UNAIDS UBW 2008-2009 Progress report
10. UNAIDS UBW 2010-2011 M&E Framework
11. UNAIDS UBW 2010-2011 Progress Report
12. UNAIDS UBRAF 2012-2015
13. UNAIDS Programme Coordination Board: UNAIDS UBRAF Performance Monitoring Report 2012

## ANNEX IV. KEY INFORMANTS

Number	Organisation
1.	“Central Asian Training and Information Centre on harm reduction”
2.	“Partner network” NGO
3.	AIDS and Viral Hepatitis Department of the Ministry of Health
4.	Association of AIDS service NGOs “AntiSpid”
5.	AusAID
6.	BOMU Hospital
7.	Brazilian Agency for Cooperation / Ministry of Foreign Affairs
8.	CCM
9.	CCM
10.	CCM Secretariat
11.	CDC
12.	CDC
13.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
14.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
15.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
16.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
17.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
18.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
19.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
20.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
21.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
22.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
23.	Coalition of African Parliamentarians Against HIV/AIDS - CAPAH
24.	CSO ‘Sotsium’
25.	Delegation of the EU
26.	Directorate of Dept. of Mental Health, Ministry of Health
27.	Directorate of Dept. of Mental Health, Ministry of Health
28.	Directorate of Dept. of Mental Health, Ministry of Health
29.	Directorate of Dept. of Mental Health, Ministry of Health
30.	EHA
31.	Embassy of Lithuania
32.	Global Fund
33.	Govt. of Mizoram
34.	Govt. of Mizoram
35.	Harm Reduction International
36.	ICAP
37.	IHRN
38.	In-But-Free
39.	Indian Drug User Forum
40.	International Drug Policy Consortium
41.	Kenya AIDS Network Consortium (KANCO)
42.	Kenya Red Cross
43.	Kenya Red Cross Society
44.	Kenya, Centres for Disease Control and Prevention (CDC)
45.	Kenya, Centres for Disease Control and Prevention (CDC)
46.	MDUF
47.	Ministry of Community Development, Mother and Child Health, MCDMCH
48.	Ministry of Health
49.	MS JS
50.	Muslim Education Welfare Association (MEWA)
51.	NACO
52.	NACO
53.	Nairobi Outreach Services Trust (NOSET)

54.	National AIDS and STIs Control Programme (NAS COP), Ministry of Health	76.	Police Academy	100.	UNAIDS
55.	National AIDS and STIs Control Programme (NAS COP), Ministry of Health	77.	Prison AIDS Advisory Committee	101.	UNAIDS
56.	National AIDS and STIs Control Programme (NAS COP), Ministry of Health	78.	Prison AIDS Advisory Committee	102.	UNAIDS
57.	National AIDS Control Council	79.	Prison AIDS Advisory Committee	103.	UNAIDS
58.	National AIDS Control Council	80.	Prison AIDS Advisory Committee	104.	UNAIDS
59.	National AIDS Control Council	81.	Prison AIDS Advisory Committee	105.	UNAIDS
60.	National AIDS Council	82.	Prison AIDS Advisory Committee	106.	UNAIDS
61.	National Authority for the Campaign Against Drug Abuse (NACADA)	83.	Prison AIDS Advisory Committee	107.	UNAIDS
62.	NGO "Alternative in narcology"	84.	Prison AIDS Advisory Committee	108.	UNAIDS
63.	NGO "Asteria"	85.	Prison HQ	109.	UNAIDS
64.	Norwegian Embassy	86.	Prisons HQ	110.	UNAIDS
65.	Norwegian Embassy, NORAD	87.	Reachout Trust, Mombasa	111.	UNFPA
66.	Office of the U.S. Global Aids Coordinator	88.	Red Crescent	112.	University of Manitoba
67.	Omari Project	89.	SHALOM	113.	University of Manitoba
68.	Penitentiary system	90.	SHALOM	114.	University of Minas Gerais
69.	PEPFAR	91.	Soros Foundation	115.	UNODC
70.	Permanent Mission Norway	92.	State service on drug control	116.	UNODC
71.	Permanent Mission, Australia	93.	Swedish Embassy India	117.	UNODC
72.	Permanent Mission, Czech Republic	94.	Swedish Embassy Zambia; Swedish/Norwegian Team on AIDS in Africa	118.	UNODC
73.	Permanent Mission, Netherlands	95.	UK Mission to the UN Vienna	119.	UNODC
74.	Permanent Mission, Romania	96.	UN Team on AIDS, Kyrgyzstan	120.	UNODC
75.	Permanent Mission, Spain	97.	UN Team on AIDS, Kyrgyzstan	121.	UNODC
		98.	UN Team on AIDS, Kyrgyzstan	122.	UNODC
		99.	UNAIDS	123.	UNODC
				124.	UNODC
				125.	UNODC
				126.	UNODC
				127.	UNODC
				128.	UNODC

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143.	UNODC
144.	UNODC
145.	UNODC
146.	UNODC
147.	UNODC
148.	USAID
149.	USAID
150.	WHO
151.	WHO
152.	WHO
153.	Zambia Prisons Services, HQ
154.	Zambia Prisons Services, HQ
155.	AIDS center
156.	Narcology centre
157.	Public health department, ministry of health
158.	Health Secretariat
159.	REDUC – Rede Brasileira de Redução de Danos e ABORDA
160.	Coordinator for Health in Prisons

# ANNEX V. DESK REVIEW

## Introduction

The desk review has been structured in a similar way to the overall evaluation design and consists of three levels:

Level 1: The roles, responsibilities and commitments that UNODC is responsible for as a UNAIDS Cosponsor in relation to the Division of Labour, the Unified Budget and Workplan 2008-2009 and 2010-2011 and the Unified Budget, Results and accountability Framework 2012-2015.

Level 2: The overarching strategies of UNODC and the specific results areas that the HIV Unit are working toward as part of the overall contribution of UNODC to its aims and objectives

Level 3: The implementation of projects at the country, regional and global levels.

The review highlights the areas where UNODC has committed resources and will be used as the overall framework for assessing the success and impact of the HIV portfolio in terms of meeting the commitments UNODC has made in its role as a UNAIDS Cosponsor.

Analysis of the projects and their relevance and impact against the key outputs of the UBW and UBRAF will form the bulk of the analytical phase of the evaluation and a project review template has been developed to provide an overall analysis of each individual project performance.

## Level 1: The Joint United Nations Programme on HIV/AIDS

### 1.1 Introduction

The Joint United Nations programme on HIV/AIDS (UNAIDS) is an innovative partnership of 11 United Nations Cosponsors<sup>21</sup> and the UNAIDS Secretariat. Its strength derives from the diverse expertise, experience and mandate of its Cosponsors and the added value of the Secretariat in leadership and advocacy, coordination and accountability.

UNAIDS was established to draw on the experience and strengths of the Cosponsors in developing coherent strategies and policies, providing technical assistance to build country and community capacity and mobilizing political and social support for action to prevent and respond to AIDS, while involving a wide range of sectors and institutions at the national level.

UNAIDS' mission is to lead and inspire the world in achieving universal access to HIV prevention, treatment, care and support by:

- Uniting the efforts of the United Nations System, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV;
- Speaking out in solidarity with the people most affected by HIV in defense of human dignity, human rights and gender equality;
- Mobilizing political, technical, scientific and financial resources and holding ourselves and others accountable for results;
- Empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact and bring about a prevention revolution;

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<sup>21</sup> UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, the World Bank and UN women

- Supporting inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts

## 1.2 The Division of Labour

In 2005 the Joint programme led a process to clarify and cost a Division of Labour for technical support to countries. This culminated in an agreement on a Division of Labour that more clearly differentiated the roles of the UNAIDS Cosponsors and Secretariat in providing, as well as managing, technical support.

In 2009, the Second Independent Evaluation of UNAIDS called for UNAIDS, as a Joint Programme, to be more “focused, strategic, flexible and responsive, efficient and accountable”. At the 33rd meeting of the Committee of Cosponsoring Organisations, executive heads agreed to a central structure and set of core principles for the review and revision of the Division of Labour. These were:

- The Joint Programme should develop (i) an updated Division of Labour structured around the 10 priorities and six crosscutting strategies outlined in the UNAIDS Outcome Framework and (ii) an accompanying consolidated Division of Labour guidance document.
- The core principles to govern the revision of the Division of Labour matrix should include:
  - Moving from concepts of Division of Labour to collaborating around priority objectives
  - National ownership and country priorities should be the overarching rubric for harmonizing and alignment, under which the Division of Labour coordination should occur, in the spirit of the Paris Declaration, the Accra Agenda for Action and the “Three Ones”.
  - Assuring mutual and reciprocal accountabilities among Cosponsors and the Secretariat, with a focus on delivering results
  - Clarity of terminology and operationalization of the concepts of Division of Labour, to ensure efficiency and effectiveness
  - A differentiation of Division of labour at the global, regional and country levels, premised on the technical competency, leadership and facilitating roles of the Secretariat and the Cosponsors at the various levels and how they deliver results
  - Allowing flexibility for the global Division of labour to be adapted to individual country circumstances and defining a process to be followed by UNAIDS in making such adjustments, based on (i) the comparative advantage and core mandates of the different Cosponsors; (ii) in-country presence or non-presence of the Secretariat or agencies; (iii) existing national capacities; and (iv) availability of funding for different functions and priorities at the country level.
  - Identifying various incentives, other than financial ones, for the Joint Programme to work together to deliver results
  - Enhancing systematic communication and dissemination of information to stakeholders on the working of the Joint Programme.

The review of interagency task teams highlighted several issues relevant to developing a future modus operandi for UNAIDS interagency work, pointing in particular to five core principles and values that should underpin all future arrangements.

The five core values are as follows.

1. Stronger governance and accountability with a clear focus on areas within the UNAIDS Division of Labour, a central role of the interagency mechanisms will be to ensure policy and programme alignment, monitoring of progress and achievements and periodic review of progress and results achieved.
2. Clearer focus on results the areas outlined in the UNAIDS Division of Labour provide firm foundations for future success. Delivering this collective success, however, means a clearer focus on results, requiring strong UNAIDS coordination within and between the areas.
3. Leadership one or more convening agencies will be designated for each area, in accordance with the revised Division of Labour, and be accountable for coordinating work within the relevant interagency mechanism. The convener or co-conveners, in close consultation with the other partner agencies, should take responsibility for marshaling resources for the interagency mechanism and maximize synergy

between agencies. Convening and co-convening agencies will be accountable to Cosponsor global coordinators and the secretariat for leadership and results within their area.

4. Reporting all interagency mechanisms will have the same accountability requirements and report periodically (once a year), in detail, and in an outcome focused way, both to the Cosponsor global coordinators and the Secretariat and, when relevant, to the governing body of the convening and co-convening agencies on progress, achievements, barriers and levers for success in global coordination within their area.
5. Alignment of UNAIDS global coordinating and technical mechanisms to maximize efficiency, these interagency mechanisms should not be over-reaching in their work in countries. Country-specific implementation should fall to the United Nations Joint Teams on HIV/AIDS and their national partners, with support from the global and regional levels as needed and appropriate.

The division of labour consolidates how the UNAIDS family will work collectively to take forward the agenda set out in the UNAIDS Strategy for 2011-2015 and deliver results toward achieving the Joint Programme's vision of zero new infections, zero AIDS-related deaths and zero discrimination and towards reaching its 10 related goals<sup>22</sup>.

The division of labour accentuates the comparative advantages of the Joint Programme as a whole – Cosponsors and Secretariat – to enhance efficiency and effectiveness. It aims at leveraging respective organizational mandates and resources to work collectively to deliver results, including strengthening joint working and maximizing partnerships.

	Division of Labour Area	Convener(s)	Agency Partners
1	Reduce the sexual transmission of HIV	World Bank UNFPA	UNDP, UNHCR, UNICEF, ILO, WHO, WFP, UNESCO
2	Prevent mothers from dying and babies from becoming infected with HIV	WHO UNICEF	UNFPA, WFP
3	Ensure that people living with HIV receive treatment	WHO	UNHCR, UNDP, UNICEF, WFP, ILO
4	Prevent people living with HIV from dying of tuberculosis	WHO	UNICEF, WFP, ILO, UNODC
5	Protect drug users from becoming infected with HIV and ensure access to comprehensive services for people in prisons and other closed settings	UNODC	WHO, UNICEF, UNDP, World Bank, UNFPA, UNESCO
6	Empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy	UNDP UNFPA	World Bank, WHO, UNESCO
7	Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS	UNDP	UNFPA, UNODC, UNESCO, WHO, UNICEF, UNHCR, ILO

<sup>22</sup> Adopted by Programme Coordinating Board at its 27<sup>th</sup> meeting in December 2010

	Division of Labour Area	Convener(s)	Agency Partners
8	Meet the HIV needs of women and girls and stop sexual and gender-based violence	UNDP UNFPA	UNICEF, UNESCO, WHO, UNHCR, WFP, UNODC, ILO
9	Empower young people to protect themselves from HIV	UNICEF UNFPA	WFP, UNHCR, UNESCO, ILO, WHO
10	Enhance social protection for people affected by HIV	UNICEF World Bank	WFP, UNDP, WHO, ILO, UNHCR
11	Address HIV in humanitarian emergencies	UNHCR WFP	WHO, UNFPA, UNODC, UNICEF, UNDP
12	Integrate food and nutrition within the HIV response	WFP	WHO, UNICEF, UNHCR
13	Scale up HIV workplace policies and programmes and mobilize the private sector	ILO	UNESCO, WHO
14	Ensure high-quality education for a more effective HIV response	UNESCO	UNFPA, ILO, WHO, UNICEF
15	Support strategic, prioritized and costed multisectoral national AIDS plans	World Bank	UNDP, UNHCR, UNESCO, WHO, UNODC, WFP, UNFPA, ILO, UNICEF

The convener and co-conveners and agency partners for each of the 15 areas of the Division of Labour are expected to identify the most appropriate interagency mechanism to suit the needs of each area based on the five established core values<sup>23</sup>. They may determine that an existing interagency mechanism, such as an interagency task team or reference group, is functioning well and will continue with current or revised terms of reference, membership and leadership or they may close down existing mechanisms and opt for another solution, allowing for flexibility to respond to the needs of the specific area.

Roles and responsibilities of the convening agency	Roles and responsibilities of partners
<ul style="list-style-type: none"> <li>• Coordinate partner agencies to better ensure that identified technical support needs and gaps are considered and addressed, when possible</li> <li>• Convene partnership group members for agenda-setting and planning</li> <li>• Facilitate and convene a collective interagency and partnership process on setting standards, providing normative guidance, policy development, planning and programming</li> <li>• Ensure leadership, advocacy, coordination and consultation under the designated area of responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure dissemination of all relevant policies, standards, strategic guidance, tools and other materials</li> <li>• Develop rights-based, evidence-informed advocacy on collectively agreed priorities</li> <li>• Build support and ownership and stimulate demand for appropriate responses</li> </ul>

<sup>23</sup> 1. Stronger governance and accountability. 2. Clearer focus on results. 3. Leadership. 4. Reporting. 5. Alignment of UNAIDS global coordinating and technical mechanisms.

Roles and responsibilities of the convening agency	Roles and responsibilities of partners
<ul style="list-style-type: none"> <li>• Advance the mandate and strategic focus of the area</li> <li>• Provide the managerial and human resources required to convene the area of work</li> <li>• Ensure collective analysis and timely reporting in accordance with the accountability frameworks outlined in the division of labour framework</li> <li>• Coordinate and lead the generation of strategic information in the area.</li> </ul>	

In the spirit of national ownership and to ensure the sustainability of the response, the Division of Labour will not be rigidly applied at country level but rather be used as a flexible framework by the Joint United Nations Team on AIDS to assign roles and responsibilities within the United Nations system based on:

- The comparative advantage and core mandates of the various Cosponsors
- The in-country presence or non-presence of the Secretariat and/or agencies
- The existing national capacity
- The availability of funding for various functions and priorities at the country level.

A focus will be given to consolidating joint reporting, monitoring and evaluation by strengthening, streamlining and consolidating all current reporting mechanisms, including reconciling to the extent possible:

- Reporting mechanisms for the Division of Labour with reporting requirements for the Unified Budget and Accountability Framework
- Reporting mechanisms for UNAIDS reports to the Programme Coordinating Board
- Reports from the Committee of Cosponsoring Organisations to the Programme Coordinating Board
- Reports from Cosponsors to their governing boards

Such reports will include results (indicators, baselines and targets) and annual implementation progress and financial reports.

### 1.3 Specific UNODC contributions, roles and responsibilities

Division of Labour area	Convener(s)	Other Agency Partners	UNODC responsibilities
Prevent people living with HIV from dying of tuberculosis	WHO	UNICEF, WFP, ILO	UNODC works with partners in developing and adapting tools and guidelines, strategies, building capacity and scaling up TB services at the national and subnational levels for drug users and in closed settings
Protect drug users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings	UNODC	WHO, UNICEF, UNDP, UNFPA, UNESCO, World Bank	UNODC has the mandate within the UN system to assist countries in addressing illicit drugs, crime prevention and criminal justice  It places UNODC in a unique position at the global, regional and country levels in terms of technical and political credibility and in convening and partnering with various counterparts including justice, interior and health ministries, narcotic drugs control offices, prison administrations, social services and civil society and community

Division of Labour area	Convener(s)	Other Agency Partners	UNODC responsibilities
			<p>based organisations</p> <p>UNODC advocates and assists countries in reviewing and adapting national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV</p> <p>UNODC builds the capacity of national stakeholders, including civil society, for enhanced policy and programme development, implementation and sound monitoring and evaluation</p> <p>UNODC provides technical assistance to countries implementing large-scale comprehensive HIV programmes, including drug dependence treatment and mobilizing resources</p> <p>UNODC, jointly with relevant partners, develops and/or adapts policy and programmatic tools and guidelines, documents good practices and maintains and disseminates strategic information and the evidence base of effective interventions.</p> <p>UNODC is the guardian of the UN Standard Minimum Rules for the treatment of prisoners and works on implementing and operationalizing the UN standards and norms in crime prevention and justice.</p> <p>In that role, UNODC assists Member States in implementing international standards and UN resolutions that demand that all inmates have the right to receive health care, including HIV prevention, treatment, care and support, without discrimination and equivalent to that available in the community.</p> <p>UNODC advocates for and assists countries in reviewing and adapting criminal justice policies and legislation in the context of HIV and promotes alternatives to imprisonment, including for drug-related offences.</p> <p>UNODC builds the capacity of policy-makers, prison administrations and other prison staff for enhanced policy and programme development, implementation and sound monitoring and evaluation.</p> <p>UNODC provides technical assistance to countries in implementing large-scale comprehensive HIV programmes in closed settings and mobilizing</p>

Division of Labour area	Convener(s)	Other Agency Partners	UNODC responsibilities
			<p>resources</p> <p>UNODC develops and/or adapts policy and programmatic tools and guidelines, documents good practices and maintains and disseminates strategic information and the evidence base of effective interventions in closed settings.</p>
Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS	UNDP	UNFPA, UNESCO, WHO, UNICEF, UNHCR, ILO	<p>UNODC advocates and assists countries in reviewing and adapting legislation and policies concerning narcotic drugs, criminal justice and HIV</p> <p>UNODC assists countries in understanding and addressing stigma and discrimination against people who use drugs and against people in closed settings</p> <p>UNODC strengthens the capacity of parliamentary, judicial and law enforcement agencies and civil society organisations to contribute to HIV responses.</p>
Meet the needs of women and girls to stop sexual and gender-based violence	UNDP UNFPA	UNICEF, UNESCO, WHO, UNHCR, WFP, ILO	UNODC supports countries in addressing the special needs of women who use drugs and of female prisoners by conducting situation and needs assessments, designing and implementing tailor-made comprehensive HIV services and developing appropriate monitoring and evaluation tools.
Address HIV in humanitarian emergencies	UNHCR WFP	WHO, UNFPA, UNICEF, UNDP	<p>UNODC builds the capacity of law enforcement personnel to effectively address their own HIV prevention, treatment and care needs and to ensure that law enforcement personnel facilitate access to effective HIV services by marginalized populations, including drug users and prisoners</p> <p>UNODC assists countries in legal and prison reforms in post-conflict areas.</p>
Support strategic, prioritized and costed multisectoral national AIDS plans	World Bank	UNDP, UNHCR, UNESCO, WHO, WFP, UNFPA, ILO, UNICEF	<p>UNODC supports the inclusion of a comprehensive, evidence-informed HIV response among people who use drugs and in prison settings in national AIDS strategic plans and efforts (working through its regional and national offices)</p> <p>UNODC provides technical support to and builds the capacity of justice, interior and health ministries and of narcotic drugs control offices, prison administrations, social services, civil society and community based organisations for</p>

Division of Labour area	Convener(s)	Other Agency Partners	UNODC responsibilities
			reviewing and aligning relevant sectoral policies and strategies and implementing a comprehensive HIV programme among drug users and in prison settings.

#### 1.4 UNAIDS Strategy 2011-2015

##### Global Commitments

- 1: Achieve universal access to HIV prevention, treatment, care and support
- 2: Halt and reverse the spread of HIV and contribute to the achievement of the Millennium Development Goals

##### Strategic Direction 1: Revolutionizing HIV prevention

More than 7000 people are newly infected with HIV every day. A revolution in prevention politics, policies and practices is critically needed. This can be achieved by fostering political incentives for commitment and catalyzing transformative social movements regarding sexuality, drug use and HIV education for all, led by people living with HIV and affected communities, women and young people. It is also critical to target epidemic hot spots, particularly in megacities, and to ensure equitable access to high-quality, cost-effective HIV prevention programmes that include rapid adoption of scientific breakthroughs.

Vision: To get to Zero New Infections

##### Goals

- Sexual transmission of HIV reduced by half, including among young people
- Vertical transmission of HIV eliminated and AIDS-related maternal deaths reduced by half
- All new HIV infections prevented among people who use drugs

##### Strategic Direction 2: Catalyzing the next generation of treatment, care and support

A total of 1.8 million people died from AIDS-related causes in 2009. Access to treatment for all who need it can come about through simpler, more affordable and more effective drug regimens and delivery systems.

Vision: To get to Zero AIDS-related Deaths

##### Goals

- Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment
- TB deaths among people living with HIV reduced by half
- People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

##### Strategic Direction 3: Advancing human rights and gender equality for the HIV response

Social and legal environments that fail to protect against stigma and discrimination or to facilitate access to HIV programmes continue to block universal access. Countries must make greater efforts to realize and protect HIV-related human rights, including the rights of women and girls; to implement protective legal environments for people living with HIV and populations at higher risk of HIV infection; and to ensure HIV coverage for the most underserved and vulnerable communities. People living with and at higher risk of HIV should know their HIV-related rights and be supported to mobilize around them. Much greater investment should be made to address the intersections between HIV vulnerability, gender inequality and violence against women and girls.

Vision: To get to Zero Discrimination

##### Goals

- Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half

- HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions
- HIV-specific needs of women and girls are addressed in at least half of all national HIV responses
- Zero tolerance for gender-based violence

Core Themes	
People:	Inclusive responses reach the most vulnerable, communities mobilized, human rights protected
Countries:	Nationally owned sustainable responses, financing diversified, systems strengthened
Synergies:	Movements united, services integrated, efficiencies secured across Millennium Development Goals

### 1.5 The UNAIDS Unified Budget and Workplan

The UNAIDS Unified Budget and Workplan (UBW) is a unique instrument in the United Nations system that has helped unite the UN family in supporting a global response to AIDS. As a joint budget and workplan of the 10 Cosponsors and the Secretariat of UNAIDS, the biennial Unified Budget and Workplan has continually evolved to meet the constantly changing demands of the response to HIV at global, regional and country levels.

The Global HIV evaluation covers three phases of workplans and activities and the table below outlines the different degrees of commitment/contribution to the overall workplans during the five year evaluation timeframe

#### Comparison of UNODC commitments

	2008-2009	2010-2011	2012-2015
Outcomes/Directions	5	5	9
Outputs	10	9	17
Deliverables	10	9	23

### 1.6 UNAIDS UBW 2008-2009

**Purpose:** Provide a results-based management and accountability framework to track linkages between financial investments and programmatic results. Monitoring and assessment of results will enable allocation of funds based on performance, and enhance organizational learning.

**Structure:** Based on lessons learnt the framework consists of;

- 7 Principal Outcomes and 14 Outcome Indicators: sets the common, high-level objectives involving all stakeholders in the AIDS response.
- 33 Key Outputs and 41 Output Indicators: delivered jointly by and attributed to Cosponsors and the Secretariat.
- 125 Broad Activities: individual Cosponsor, Secretariat and interagency areas of work, in line with the established division of labour and areas of responsibility.
- Focus of performance monitoring and evaluation will be at country level and majority of indicators measured at country level
- Indicators are both quantitative and qualitative

- Data sources for indicators have been clearly defined, with baselines established
- Framework strengthens tracking of expenditures against activities and enables linking of financial investments with the delivery of results
- Monitoring will be supplemented by targeted in-depth evaluations and case studies
- Reports will be produced annually, submitted to the PCB AND BE CONSIDERED AN AGENDA item

Core Principles:

- UN collaboration and harmonization
- Results orientation and performance management
- Focus on contributions of individual and collaborative efforts
- Collective accountability

The following table outlines the key contributions in terms of deliverables that were committed by UNODC in order to achieve the stated outputs and outcomes of the UBW. These areas provide the overall programmatic framework for implementation by UNODC as a convener or partner and the evaluation will measure the extent of contribution/progress to date.

Principle Outcome 2 Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts			
Key Output 4	Inclusion of the needs of the Most-at-risk, affected and vulnerable groups in National AIDS Strategies and Action Plans with appropriate resources allocated	UNODC Activity	Provision of technical assistance to relevant government agencies, including health, law enforcement, judiciary and social services and civil society organisations to facilitate the participation of injecting drug users, people vulnerable to human trafficking and prisoners in the development and implementation of AIDS policies and programmes
Principle Outcome 4 Enhance human resource and system capacities at all levels of government, civil society and other non-state partners to implement comprehensive AIDS responses, including improved availability and access to affordable HIV commodities			
Key Output 5	Improved capacity of countries to scale up joint HIV and TB planning, training, procurement and delivery of harmonized HIV and TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis	UNODC Activity	In collaboration with relevant partners, development, adaptation, dissemination and delivery of technical guidelines, tools and provision of technical support in strengthening the capacity of countries to scale up joint HIV/TB planning, training and delivery of harmonized HIV/TB services, including the provision of a package of prevention, care and support for HIV-related tuberculosis in prison, drug dependence treatment and immigration detention settings
Principle Outcome 5 Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination			
Key Output 1	Coordinated promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes, and improved government adherence to human rights	UNODC Activity	Advocacy, promotion and technical support to countries to develop human rights-based, gender-responsive and equitable AIDS policies and programmes, for prison settings, injecting drug users and people vulnerable to human trafficking in line with human rights

	treaties and other related international obligations		treaties and other related international standards
Key Output 2	Strengthened capacity of government and civil society to address AIDS related stigma and discrimination and other human rights issues especially in relation to most-at-risk populations	UNODC Activity	Building capacity of civil societies to reduce stigma and discrimination in improving access to HIV prevention and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking
Key Output 3	Strengthened capacity of government and civil society to overcome legal and policy barriers impeding equitable access to HIV prevention, treatment, care and support services and commodities, including those designed specifically for vulnerable and most-at-risk populations	UNODC Activity	Legal and policy reviews as they relate to prison settings, injecting drug users and people vulnerable to human trafficking and advocacy, promotion and technical support to governments and civil societies to develop or adapt legislation, policies, strategies for equitable access to HIV prevention, treatment, care and support services and commodities
Key Output 5	Strengthened human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors	UNODC Activity	Development of technical guidance and tools, provision of training and technical support for and advocacy with parliamentarians, judges and law enforcement officials on the human rights of women and men who are drug users, or living in prisons or vulnerable to human trafficking
Principal Outcome 6 Increased coverage and sustainability of programmes for those engaging in injecting drug use, sex between men and sex work			
Key Output 1	Accelerated support to governments and civil society to scale up effective HIV prevention, treatment, care and support services for those engaging in injecting drug use, sex between men, sex work, including in prison settings	UNODC Activity	Provision of support and technical assistance to countries for resource mobilisation, establishment of multisectoral working groups, assessment of programmatic needs and capacity-building towards the development, implementation and monitoring of effective HIV prevention, treatment and care services in prison settings, for injecting users and for people vulnerable to human trafficking
Key Output 2	Expanded dissemination and support for the use of evidence-informed policies and practices as well as improved coordination and harmonization of approaches among all partners to address the vulnerabilities and needs of most-at-risk populations	UNODC Activity	In collaboration with relevant national and international partners, including civil society organizations, develop, adapt and disseminate evidence-based guidelines and best practices related to AIDS prevention and care for injecting drug users, people vulnerable to human trafficking and in prison settings
Principal Outcome 7 Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel			
Key Output 1	Strengthened capacities at country level to prevent HIV	UNODC Activity	Development and dissemination of a Safe Mobility Toolkit for mobile and migrant

	among women and girls, reduce vulnerability of women and girls and reduce the impact of AIDS on women and girls, including reducing and eliminating gender-based violence and trafficking		populations, especially people vulnerable to human trafficking, gender-responsive operational tools and guidelines which address the needs of female injecting drug users and women and young girls living in prison settings and the provision of technical assistance to government and civil societies for their implementation
Key Output 4	Strengthened capacities and coordinated approaches of government and humanitarian actors to implement internationally accepted policies and standards and effective and sustainable multisectoral HIV or AIDS programmes for populations of humanitarian concern, including for food insecure households migrants and mobile populations, armed and uniformed groups	UNODC Activity	In collaboration with partners including civil societies, provision of advocacy, promotion and technical support for implementation of policies and programmes on HIV and the workplace, for uniformed groups including law enforcement, prisons, border guards and immigration detention center staff

### 1.7 UNAIDS UBW 2010-2011

The 2010-2011 Unified Budget and Workplan reflects UNAIDS' determination to take the Joint Programme to a new level of effectiveness. Peer review by the Cosponsors and Secretariat has aimed at reducing waste and duplication in the Unified Budget and Workplan and maximizing success in accelerating progress towards universal access.

Moving beyond process indicators and activities to monitor efforts and effectiveness, the Unified Budget and Workplan for 2010-2011 is an important tool to make the Joint Programme as a whole, as well as its individual parts, accountable for specific, concrete results.

Existing accountability mechanisms will be strengthened to enhance transparency and promote increased strategic impact.

The UBW has eight priority areas and based around the following core principles:

- Maximize synergies and capacities
- Advocate for a strong HIV specific response while linking the HIV response to broader development outcomes
- Enhance support to countries

The following tables outline the key contributions in terms of deliverables that have been committed by UNODC in order to achieve the stated outputs and outcomes of the UBW between 2010-2011. These areas provide the overall programmatic framework for implementation by UNODC as a convener or partner and the evaluation will measure the extent of contribution/progress to date.

Principal Outcome 3: Human Resources and systems of government and civil society enhanced to develop, implement and scale-up evidence informed comprehensive HIV responses			
Key Output 2	National AIDS strategies and action plans are costed, inclusive, multisectoral,	UNODC activity	Provide technical assistance to countries to develop evidence informed and costed AIDS strategies and action plans including the

	sustainable, prioritized and informed by scientific evidence, reflecting social and epidemiological data		needs of injecting drug users, prison population and people vulnerable to human trafficking
Principal Outcome 4: Human rights based and gender responsive policies and approaches to reduce stigma and discrimination are strengthened, including as appropriate focused efforts on sex work, drug use, incarceration and sexual diversity			
Key Output 1	Human rights based policies and programmes are coordinated and promoted in all settings and vulnerability to HIV reduced through an enabling legal environment and access to justice for those affected	UNODC activity	Provide technical support to countries to conduct legal and policy reviews as they relate to prison settings, injecting drug users and people vulnerable to human trafficking and advocate the adaption of legislation, policies and strategies for equitable access to HIV prevention, treatment and care services including commodities
Key Output 2	Stigma, discrimination and other key determinants of vulnerability addressed in HIV policies and programmes	UNODC activity	Build capacity of countries to reduce stigma and discrimination in improving access to HIV prevention, treatment and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking
Key Output 4	Human rights of most-at-risk populations are promoted and protected, including equitable access to services	UNODC activity	Advocate and provide technical assistance to countries to develop human rights-based, gender-responsive and equitable AIDS policies and programmes for prison settings, injecting drug users and people vulnerable to human trafficking in line with human rights treaties and other related international standards
Principal outcome 5: National capacities for scaling-up HIV prevention, treatment care and support are enhanced			
Key Output 6	Scaled-up and harmonized joint HIV/TB planning, training, procurement and delivery of HIV/TB services	UNODC activity	In collaboration with relevant partners, develop, adapt and disseminate technical guidelines and provide technical support to strengthen the capacity of countries to scale-up joint TB/HIV planning, training and delivery of harmonized HIV/TB services in prison, drug dependence treatment and immigration detention settings
Principal Outcome 6: Coverage and sustainability of programmes for HIV prevention, treatment, care and support are increased and address the vulnerability and impact associated with sex work, drug use, incarceration and sex between men			
Key Output 1	Evidence-informed policies and practices, and improved coordination and harmonization of approaches for HIV prevention, treatment and care for injecting drug users, sex workers, men who have sex with men and transgender people	UNODC activity	In collaboration with relevant national and international partners including civil society organisations, develop, document, adapt and disseminate evidence-based policy and programmatic tools, guidelines and best practices related to HIV prevention, treatment and care for injecting drug users, in prison settings and for people vulnerable to human trafficking
Output 2	HIV prevention, treatment, care and support services are scaled up with, by and for those	UNODC activity	Provide technical assistance to countries for resource mobilization, establishment of multisectoral working groups, assessment of

	engaging with drug use, sex between men, sex work and including those in prisons and other at risk settings		programmatic needs and capacity-building towards the development, implementation and monitoring and evaluation of evidence-informed comprehensive HIV prevention, treatment and care services for injecting drug users, in prison settings, and for people vulnerable to human trafficking
Principal Outcome 7: Increased coverage and sustainability of programmes including to address the vulnerability of, and impact on women and girls, young people, children, populations affected by humanitarian crisis and mobile populations			
Key Output 4	HIV policies and programmes implemented for populations affected by humanitarian crisis	UNODC activity	Provide technical assistance to countries for the development, implementation and monitoring and evaluation of evidence-informed, gender responsive comprehensive HIV prevention, treatment and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking who are also affected by humanitarian crisis
Key Output 5	Equitable access to comprehensive HIV prevention, treatment and care services through the workplace and for mobile populations	UNODC activity	In collaboration with relevant partners, advocate and provide technical support to countries to address the occupational health of law enforcement personnel with regards to HIV and to build their capacity to facilitate the provision of evidence – informed human rights-based comprehensive and gender responsive HIV services for injecting drug users, in prison settings and for people vulnerable to human trafficking

### 1.8 UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework

The 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) has been developed to translate UNAIDS strategy into action.

The UBRAF is designed as a framework rather than a work plan. It allows reporting and review that focuses on the achievement of strategic goals outcomes and outputs of the Joint programme while also making available more information on specific results as necessary.

The following tables outline the key contributions in terms of deliverables that have been committed by UNODC in order to achieve the stated outputs and outcomes of the three strategic directions of the UNAIDS strategy 2011-2015. These areas provide the overall programmatic framework for implementation by UNODC as a convener or partner and the evaluation will measure the extent of contribution/progress to date.

Strategic Direction 1	Revolutionize HIV Prevention	
Goal A1	Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work	
Outcomes	A1.1 Evidenced informed combination prevention policies and programmes for young people prioritized to specific localities and contexts	A1.2: evidence informed combination prevention policies and programmes prioritized to specific localities, contexts and key populations including MSM, sex workers, transgender people and migrants at risk of HIV

		are implemented	
Outputs	A1.1.1 Strengthened capacity of young people, youth led organizations, key service providers and partners to develop, implement, monitor and evaluate HIV prevention programmes	A1.2.1: Informed vocal and capable organizations of MSM, sex workers and transgender people engaged as partners to advance universal access to HIV prevention, treatment care and support, in major municipalities and at least one comprehensive HIV programme in place providing non-judgmental, non-stigmatizing and relevant services	
Deliverables	<p>Joint (UNICEF, UNFPA, WHO): Service Integration. Develop and/or review SRH/HIV policies and programmes including comprehensive intervention packages for young people (young people who use drugs, young prisoners)</p> <p>Individual: Access to condoms. a) increase access to male and female condoms and to STI prevention and treatment for people living in prisons, other closed settings and for people who use drugs. b) support countries in removing legal barriers to access condoms in prisons and other closed settings.</p>	<p>Joint (UNFPA) Policies. Implement HIV prevention policies and programmes among uniformed services, people living in prisons and other closed settings</p> <p>Joint (UNICEF, UNFPA, UNDP, UNESCO, WHO) strengthen capacity among UN staff, global and regional and national level partners to advocate for and programme with people who use drugs, MSM, sex workers, transgender people and PLHIV as agents of change.</p>	
Goal A2	Vertical transmission of HIV eliminated and AIDS related maternal mortality reduced by half		
Outcomes	A2.1: In countries with the greatest number of HIV-positive pregnant women-generalised epidemic settings (22 priority countries): HIV incidence reduced among women of reproductive age, unmet need for family planning reduced, ARV drugs provided to pregnant women with HIV, coverage of care and support for HIV-infected mothers, infants and partners scaled up.	A2.2 In low and concentrated epidemic settings HIV incidence reduced among women of reproductive age, unmet need for family planning reduced, ARV drugs provided to pregnant women with HIV, coverage of care and support for HIV-infected mothers, infants and partners scaled up.	
Outputs	A2.1.2. Maternal and child health systems and services strengthened	A2.2.1 PMTCT service delivery decentralized and integrated into routine antenatal, delivery and postnatal care settings and other SRH services (FP, STI etc)	A2.2.3 PMTCT policy and programmes expanded including ARV, SRH, primary prevention and nutritional support
Deliverables	Individual. Advocate and promote provision of PMTCT services for women living in prisons and other closed settings	Individual. advocate and support countries to provide PMTCT services to	individual: advocate and promote provision of PMTCT services for women living in prisons

		female drug users and women living in and/or released from prisons and other closed settings	and other closed settings
<b>Goal A3</b>	<b>All new HIV infections prevented among people who use drugs</b>		
<b>Outcomes</b>	A3.1 Strengthened regulations, policies and legislative reforms, which are evidence informed and human rights focused and support harm reduction and drug dependence treatment services for people who use drugs (in at least 20 countries)		A3.2 a) expend needle and syringe programmes to regularly reach people who inject drugs; b) expand OST to regularly reach people who inject opioids; c) increased coverage of other evidence based drug dependence treatment services for people who use opioids and/or stimulant drugs; d) expanded (doubled) access to timely and uninterrupted ARV therapy for people using drugs and living with HIV and for people in prisons and other closed settings.
<b>Outputs</b>	A3.1.1 Review and adaptation of national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV have been facilitated	A3.1.2 Evidence base developed which supports public health approaches for HIV prevention, treatment and care services including drug dependence treatment for people who use drugs and those living in prisons and other closed settings	A3.2.1 HIV prevention, treatment care and support provided, with drug treatment for people using drugs and HIV Prevention, Treatment, Care and Support provided for people living in prisons and other closed settings
<b>Deliverables</b>	<p>Joint (UNICEF) Advocate and assist countries in reviewing and adapting national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV, including protection of young people who inject drugs and access to services.</p> <p>Joint (UNDP) Support countries in protecting the human rights of people who use drugs, working in partnership with people who use drugs and their organisations and other civil society partners, to</p>	<p>Joint (WHO) Synthesize evidence and advocate for public health approaches for HIV prevention, treatment and care among people who use drugs (injection and non-injection), ATS &amp; cocaine use, hazardous alcohol use and drug dependence treatment</p> <p>Joint (World Bank) undertake synthesis and analysis of global epidemics of HIV among people who inject drugs</p>	<p>Joint (UNICEF, UNFPA, UNESCO) Support countries to implement youth friendly education, harm reduction and drug dependence treatment services</p> <p>Joint (UNFPA, WHO) Facilitate selection, approval, procurement and distribution of affordable prevention and treatment medicines and commodities for people who use drugs including OST drugs, sterile injecting equipment and condoms both in community and in prisons and other closed settings</p> <p>Joint (WHO, World Bank) provide technical support to countries for setting targets, national strategic planning and strengthening services in collaboration with PLHIV and networks of people who use drugs to deliver comprehensive HIV prevention</p>

	<p>address the intersections of drug use and sexual transmission, including prisons and closed settings</p> <p>Individual. provide technical assistance and build capacity of countries to review and align national policies and operational plans on illicit drugs and criminal justice with national HIV strategic plans</p>	<p>conducted</p> <p>Individual. support countries to strengthen their national M&amp;E systems to track progress of the HIV response among people who use drugs and among people living in prison and other closed settings</p>	<p>treatment and care including drug dependence treatment</p> <p>Joint (WHO) Provide guidance to countries on prevention and management of active viral hepatitis in the context of HIV infection including global case definition of chronic liver disease for use in resource poor settings in an HIV context (main focus on people who use drugs)</p>
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Strategic Direction 2	Catalyze the next phase of treatment, care and support	
Goal B1	Universal access to ARV therapy for people living with HIV who are eligible for treatment	
Outcome	B1.3 Equitable access to treatment, care and support for key populations is ensured and monitored by countries to inform policy and programme implementation	
Output	B1.3.1 policies and programmes address equitable access to treatment, care and support for children, women and men, with a particular focus on key populations	
Deliverables	Individual. Advocate and support countries to increase access to ARV and to ensure continuity of care for people who use drugs and for people living in and/or released from prisons and other closed settings	
Goal B2	TB deaths among people living with HIV reduced by half	
Outcome	B2.1 More people living with HIV diagnosed and receiving treatment for TB	B2.2 Burden of TB among people living with HIV reduced
Outputs	B2.1.1 Country systems strengthened and HIV/TB collaborative activities implemented to reduce the burden of TB and HIV for people living with HIV	B2.2.1 access TO art and IPT who are eligible and for all TB patients irrespective of CD4 count
Deliverables	<p>Joint (UNICEF, WHO) a) Support the implementation of HIV/TB collaborative activities within national AIDS and TB planning and programmes and to integrate TB and HIV control efforts into other programmes. b) Engage the infected and affected community in a meaningful collaboration to address HIV and TB</p> <p>Individual. Advocate and provide TA to countries to implement joint HIV/TB programme and activities and to ensure continuity of access for people who use drugs and for people living in and/or released from prisons and other closed settings</p>	Joint (UNICEF, WFP, WHO) Collaborate to support the nationwide implementation of the three Is' HIV/TB collaborative activities within national AIDS and TB programmes
Goal B3	PLHIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support	
Outcome	B3.3 People and households affected by HIV have increased access to care, protection	

	and support
Output	B3.3.2 Strengthened national care and support systems (both government and non government)
Deliverables	Individual. Advocate, promote and build capacity of national partners including civil society organizations to provide social protection services including reintegration and rehabilitation programmes for people who use drugs and for people living in and/or released from prisons and other closed settings

<b>Strategic Direction 3</b>	<b>Advance human rights and gender equality for the HIV response</b>		
Goal C1	Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half		
Outcome	C1.1 Parliamentarians and governments in an increasing number of countries with legal barriers that hinder access to HIV prevention, treatment, care and support actively promote proposals for reform including attention to specific needs of women, young people, refugees, IDP, MSM, sex workers and migrants	C1.2 Stigma and discrimination reduced and access to justice increased for people living with HIV and other key populations in all countries	
Outputs	C1.1.1 Movements for HIV related law reform are catalyzed and/or supported	C1.1.2 National coalitions for relevant law and regulation reform are actively advocating for removal of legal barriers to HIV prevention, treatment, care and support including attention to specific needs of women, young people, refugees, MSM, sex workers, IDPs and migrants	C1.2.1 Evidence on stigma and discrimination and its impact is developed updated and used to inform programmes and policies in countries with key populations acting as change agents in all countries (and in relevant global forums and processes)
Deliverables	Joint (UNHCR, UNICEF, UNDP, UNFPA, ILO, UNESCO, WHO, World Bank) a) strengthen and update evidence base on HIV and law reform and make it available to key stakeholders, b) facilitate dialogue between parliamentarians, human rights bodies, the judiciary, legal profession, religious leaders, public health leaders, civil society and key populations, c) advocate for under 18 year olds to have the	Joint (UNHCR, UNICEF, UNDP, UNFPA, ILO, UNESCO) Build capacity in countries to undertake legislative review and reform punitive laws to 1) implement the ILO HIV and AIDS recommendation, 2) address the needs of people who use drugs and people living in prisons and other closed settings, 3) address the needs of populations in humanitarian settings, 4) the rights of men having sex with men,	Joint (UNDP, ILO, UNESCO) Strengthen country capacity to provide evidence to address stigma and discrimination towards key populations, especially 1) the needs, rights and responses in the education sector, 2) in key sectors employing vulnerable workers and 3) among people who use drugs and people in closed settings

	right to the full participation in society, including access to anonymous and confidential HIV testing	sex workers and transgender populations, 5) address age of consent laws and 6) include rights to health, education and access to anonymous confidential HIV testing and counseling for under 18 year olds and 7) take action to deal with the negative consequences of punitive laws and practices	
Goal C3	HIV-specific needs of women and girls are addressed in at least half of all national HIV responses		
Outcome	C3.1 Gender transformative HIV strategies are operationalized as part of the UNAIDS agenda for Accelerated Country Action for Women, Girls, Gender Equity and HIV (2010-2014)		
Outputs	C3.1.1 Strategic actions for women and girls are incorporated into national AIDS strategic plans, with appropriate budgets for implementation, monitoring and evaluation	C3.1.2 Strategic action on HIV incorporated into national gender plans and women's human rights action framework, with appropriate budgets for implementation, monitoring and evaluation	
Deliverables	Joint (UNFPA, UNICEF, WFP, UNDP, UNESCO, ILO, WHO) Undertake consultative process in countries to 1) identify key issues faced by women and girls in the context of HIV 2) support the implementation of the UNAIDS Agenda for Women and Girls	Individual. Support countries to address the needs of female drug users and prisoners through gender based situation and needs assessments, comprehensive HIV services, M&E tools and strategic information	
Goal C4	Zero tolerance for gender-based violence		
Outcome	C4.2 Countries implement a comprehensive set of actions to address and prevent violence against women		
Output	C4.2.1 Countries integrate GBV in their multisectoral HIV strategies and plans		
Resources	Core resources: no		
Deliverables	Joint (UNHCR, UNICEF, WFP, UNDP, UNFPA, ILO, UNESCO, WHO) Provide additional resources and technical support 1) to hyper-endemic countries to mainstream gender equity into national AIDS responses, 2) with food assistance to increase awareness of the links between GBV and food insecurity, 3) tailored interventions to address sexual violence, 4) expanding access to comprehensive sexuality education programmes, 5) promoting inclusion of GBV in Global Fund proposals and 6) addressing vulnerability of female prisoners to GBV		

## Level 2: UNODC Global Programme on HIV/AIDS

### 2.1: UNODC Organizational Structure

UNODC comprises of four divisions, each with a director that reports directly to the Office of the Executive Director. The four divisions are:

Division for Operations  
 Division for Treaty Affairs  
 Division for Policy Analysis and Public Affairs  
 Division for Management

Within the Division for Operations, there are two branches

- Integrated Programme and Oversight Branch
- Drug prevention and health branch
  - Prevention, Treatment and rehabilitation Section
  - HIV/AIDS Section
  - Sustainable Livelihoods Unit
- Justice section

The HIV/AIDS section works with a large number of sections across all four divisions, including, among others, Strategic Planning Unit, Co-financing and Partnership Section, the Research and Trend Analysis Branch (all under the Division for Policy Analysis and Public Affairs) and the Secretariat of the International narcotics Control Board (under the Division for Treaty Affairs).

### 2.2: Thematic Programme

Addressing health and human development vulnerabilities in the context of drugs & crime

The Thematic Programme Framework outlines the broad UNODC strategy to address health and human development issues in the context of illicit drugs and crime. It is anchored in the mandates of UNODC and based around the following principles:

- To protect the health of individuals and society from the dangerous effects of drugs.
- To address the health and social problems of drug users, drug dependent individuals and people living in prison settings.
- To protect populations vulnerable to HIV, human trafficking, organized crime and violence.

UNODC, in collaboration with its partners, provides normative guidance to countries including civil society, and is involved in capacity building, programme development and implementation, resource mobilization and monitoring and evaluation. The overall guiding principle is that interventions need to be based on solid scientific evidence, need to be culture and gender sensitive, and need to be in line with human rights. Interventions need to be comprehensive, complementing each other, and interventions need to be rolled out on a large scale, otherwise they will have very little impact or none at all.

The thematic programme consists of a framework designed to address the three key vulnerabilities that create the guiding principles to direct the work of UNODC's HIV unit.

Table 1: Thematic Framework

	Objectives	Outcomes	HIV/AIDS Activities
Vulnerabilities related to drug use	Increased coverage of evidence-based services	1. Key countries have established/scaled up	Facilitating the establishment of national technical working

	Objectives	Outcomes	HIV/AIDS Activities
	related to drug use in the community	<p>evidence based drug use prevention interventions</p> <p>2. Key countries have established/scaled up low cost and evidence based drug dependence treatment services integrated in a recovery orientated continuum of care</p> <p>3. Key countries has established/scaled up evidence based HIV/AIDS prevention, treatment, care and support services integrated in a recovery orientated continuum of care for drug users, in particular injecting drug users</p>	<p>group on HIV prevention and care among drug users involving all stakeholders</p> <p>Providing assistance to countries for:</p> <ul style="list-style-type: none"> <li>• Assessments related to drug use</li> <li>• Development of strategies for scaling up programmes</li> <li>• Review of existing HIV policies</li> <li>• Assessment of training needs and building capacity</li> <li>• Effective coordination and sound M&amp;E</li> </ul> <p>Developing policy and programmatic tools and guidelines, documenting good practices and increasing, maintaining and disseminating the evidence base of effective interventions</p> <p>Coordinating and harmonizing activities related to HIV prevention and care among drug users at the global level, in particular by improving and maintaining working relations with UNAIDS and other key partners.</p>
Vulnerabilities related to prison settings	Individuals living in prison settings less vulnerable to drug use and HIV/AIDS	<p>1. Countries have access to good practice on preventing drug use in prison settings</p> <p>2. Countries have developed and implemented legislation, strategies, training and awareness raising that address drug dependence in the criminal justice system</p> <p>3. Countries have established/scaled-up evidence based HIV/AIDS prevention treatment, care and support policies and programmes integrated in a</p>	<p>Provide prisoners with prevention, care, treatment and support for HIV/AIDS that is equivalent to that available to people in the community outside of prison</p> <p>Implement evidence based prevention interventions to stop the spread of HIV (&amp; other infections) among prisoners, prison staff, and the broader community</p> <p>The overall strategy of the HIV work in prisons is to support countries in</p>

	Objectives	Outcomes	HIV/AIDS Activities
		recovery orientated continuum of care in prison settings	<p>Reviewing and adapting legislations, policies and strategies that effectively contribute to scaling up of evidence-informed HIV prevention and care interventions and in the context of 'Three Ones' at the country level</p> <p>Backstopping and facilitating HIV country and regional activities through advocacy, advisory services and training assistance</p> <p>Developing policy and programming tools and guidelines, documenting good practices and increasing, maintaining and disseminating the evidence base of effective interventions</p> <p>Coordinating and harmonizing activities related to HIV prevention and care in prison settings at the global level and improving and maintaining working relations with UNAIDS (secretariat and its cosponsors) and other key partners.</p> <p>Contributing to the work of developing alternatives to imprisonment and linkages to health interventions and programmes.</p>
Vulnerabilities relating to human trafficking	Individuals, who might be/have been trafficked, less vulnerable to drug use and HIV/AIDS	<p>1. Countries have access to good practice on drug prevention and treatment interventions for individuals who might be/have been trafficked</p> <p>2. Countries have established, scaled up policies and programmes for individuals vulnerable to human trafficking</p>	<p>UNODC supports countries to provide individuals vulnerable to human trafficking (as well as refugees and internally displaced persons), particularly women and girls, with comprehensive, gender-sensitive, HIV prevention and care in countries of origin and destination.</p> <p>In addition, countries are encouraged to set in place large-scale awareness and advocacy campaigns on the</p>

	Objectives	Outcomes	HIV/AIDS Activities
			<p>nature and extent of human trafficking and the related HIV risks and response.</p> <p>UNODC also supports countries to provide at-risk groups with information on HIV transmission and how to protect them from entering a trafficking situation and being infected with HIV (Safe Mobility Package).</p>

### Overall Targets for Framework

The framework includes some measurable indicators listed in table 2. The targets were set for 2010 and the evaluation will analyse the results obtained both up to the 2010 targets and any subsequent progress up to 2012.

Table 2: Operational Targets relating to HIV/AIDS activities

Objective	Outcome	Indicator
Increased coverage of evidence-based services related to drug use in the community	Key countries has established/scaled up evidence based HIV/AIDS prevention, treatment, care and support services integrated in a recovery orientated continuum of care for drug users, in particular injecting drug users	Number of countries that developed, adopted and implemented strategies and programmes on HIV/AIDS as related to DUs/IDUs.  Target 2010: 35 countries
Individuals living in prison settings less vulnerable to drug use and HIV/AIDS	Countries have established/scaled-up evidence based HIV/AIDS prevention treatment, care and support policies and programmes integrated in a recovery orientated continuum of care in prison settings	Number of countries that developed, adopted and implemented strategies and programmes on HIV/AIDS as related to prison settings  Target 2010: 35 countries
Individuals, who might be/have been trafficked, less vulnerable to drug use and HIV/AIDS	Countries have established, scaled up policies and programmes for individuals vulnerable to human trafficking	Number of countries that developed, adopted and implemented strategies and programmes on HIV/AIDS as related to human trafficking  Target 2010: 18 countries

### 2.3: Partnerships

The UNODC HIV section has developed and maintains partnerships across a broad range of stakeholders at the global, regional and country level. Partnerships have been forged as part of the UBRAF DoL with UN agencies, notably WHO and with the UNAIDS Secretariat where both the HIV section and the UNODC

Global HIV Coordinator regularly attend meetings and participate in different forums and events.

At the country level, UNODC works with UN Theme Groups on AIDS, and specific national technical working groups on areas in which UNODC has a lead role within the broad framework of the UN Implementation Support Plans. For such working groups, UNODC advocates including all stakeholders, such as health, law enforcement and criminal justice sectors, as well as non-governmental organizations and people living with or affected by AIDS.

Regional and Global partnerships have also been established with Civil Society Organisations such as INPUD and IDPC and the strengthening of partnerships at the country level is a priority for the UNODC country teams.

#### 2.4: UNODC Strategy 2008-2011

The UNODC strategy for the period 2008-2011 concentrated on three overall themes:

1. Rule of Law
2. Policy and Trend Analysis
3. Prevention, treatment and reintegration, and alternative development

The HIV components are clustered around Prevention, treatment and reintegration, and alternative development and support the following objectives and results:

**Objective:** Reduction of opportunities and incentives for illicit activities and gains, and reduction of drug abuse, HIV/AIDS (as related to injecting drug abuse, prison settings and trafficking in human beings), criminal activity and victimization with a special focus on women and children, as well as dissemination of information and successful practices in those areas

**Result area 3.3: HIV/AIDS prevention and care (as related to injecting drug users, prison settings and trafficking in human beings)**

- 3.3.1 Expand member states' capacity to reduce the spread of HIV/AIDS among injecting drug users, in conformity with relevant international conventions and the established mandates of UNODC
- 3.3.2 Expand member states' capacity to reduce the spread of HIV/AIDS in prison settings
- 3.3.3 Expanding, in consultation with the Member States concerned, the capacity of relevant entities of civil society to respond to HIV/AIDS among injecting drug users and in prison settings, in accordance with relevant international conventions and the established mandates of UNODC

#### 2.5: Strategy 2012-2015

The strategy for the period 2012-2015 differed slightly from the previous strategy and was based upon the results of the 2008-2011 strategy and subsequent evaluation. The strategy includes seven subprogrammes that correspond with the UNODC Strategic Framework 2012-2013.

The subprogrammes are:

1. Countering transnational organized crime, illicit trafficking and illicit drug trafficking
2. Countering corruption
3. Terrorism prevention
4. Justice
5. Prevention, treatment and reintegration, and alternative development
6. Research, trend analysis and forensics
7. Policy support

Activities undertaken by the HIV Unit are under subprogramme 5 and the objectives and areas of work are the same as the previous strategy and providing continuity in terms of expected results and accomplishments.

Objective: Reduction of drug abuse and HIV/AIDS (as related to injecting drug abuse, prison settings and trafficking in human beings)

Result area 5.3: HIV/AIDS and care (as related to drug users, in particular injecting drug users and based on scientific evidence, in prison settings and trafficking in human beings)

5.3.1 Expand Member States' capacity to reduce the spread of HIV/AIDS among drug users, in particular injecting drug users and based on scientific evidence, in conformity with relevant international conventions and the established mandates of UNODC

5.3.2 Expand Member States' capacity to reduce the spread of HIV/AIDS in prison settings

5.3.3 Expanding, in consultation with the Member States concerned, the capacity of relevant entities of civil society to respond to HIV/AIDS among drug users, in particular injecting drug users and based on scientific evidence, and in prison settings, in accordance with relevant international conventions and the established mandates of UNODC

### Level 3: Country Projects

#### Introduction

The HIV/AIDS portfolio consists of 34 individual projects that are hugely varied in terms of duration, budget, geography, target group and other variables. Because of this it is important to categorize projects before any detailed analysis can be conducted. The following tables provide a broad range of classifications that will assist in guiding the evaluation of the portfolio performance.

The selected categories will be analysed as part of the overall evaluation and a project review template has been designed to enable a comprehensive review of each project as part of the evaluation methodology.

#### 3.1 Single and Multi- country Projects:

Table 1 categorizing projects in terms of single or multi-country projects:

URYK52	MMRJ69	INDI81	23 Single Country Projects
AFGJ76	NPLJ80	IRNK13	
BRAH34	NPLJ96	KENI08	
BRAK02	PAKJ85	RUSJ17	
BRAK57	PALI06	SAFG78	
CHNJ42	ROMJ19	VNKM16	
EGYK08	RUSJ12	LIBI36	
LAOK18	MMRJ63		
RACI29	RAFG60		10 Regional multi-Country Projects
RASH13	XCEA01		
RASH71	XEEJ20		
XASJ72	XSSV02		
RAFG66	XWWK05		
GLOG32			1 Global multi-country Project

#### 3.2 Geographical Distribution:

In the period 2008-2012, UNODC has been implementing HIV/AIDS projects in the following regions:

Table 2 Projects by Region (excluding GLOG32)

	Asia	Eurasia	Latin America	MENA	Africa	Total
Regional	RASH13 RASH17 XWWK05	XCEA01 RACI29 XEEJ20			XSSV02 XASJ72 RAFG60 RAFG66	10
Country	AFGJ76 CHNJ42 MMRJ63 NPLJ96 PAKJ85 INDI81 LAOK18 MMRJ69 NPLJ80 VNKM16	ROMJ19 RUSJ12 RUSJ17	BRAK02 BRAK57 BRAH34 URYK52	LIBI36 EGYK08 IRNK13 PALI06	SAFG78 KENI08	23
	13	6	4	4	6	33

## 3.3 Duration of the project implementation:

Table 3: Categorization of projects by duration:

>10 years	GLOG32				1 project
5-10 years	INDI81	SAFG78	PALI06	RASH13	16 projects
	XEEJ20	RAFG60	ROMJ19	RASH71	
	BRAH34	MMRJ63	RUSJ12	RAFG66	
	NPLJ80	MMRJ69	RUSJ17	KENI08	
3-5 years	NPLJ96	LAOK18	VNMK16	XASJ72	12 projects
	XWWK05	RACI29	XCEA01	AFGJ76	
	PAKJ85	LIBI36	XSSV02	BRAK57	
1-2 years	BRAK02				5 projects
	CHNJ42				
	EGYK08				
	IRNK13				
	URYK52				

Table 3.1: Categorization of projects by year of commencement

2002-2004	RAFG66, GLOG32, RASH13, BRAH34, SAFG78, KENI08, RAFG60, RASH71	8 projects
2005-2007	PALI06, RACI29, ROMJ19, RUSJ12, RUSJ17, XEEJ20, CHNJ42, MMRJ63, INDI81	9 projects
2008-2010	AFGJ76, BRAK02, NPLJ96, PAKJ85, XASJ72, MMRJ69, NPLJ80, EGYK08, IRNK13, XWWK05, LAOK18, LIBI36, VNMK16, XCEA01	14 projects
2011-2012	URYK52, BRAK57, XSSV02	3 projects

## 3.4 Funding-Size/per Project:

Table 4: Projects Categorized According to their funding volume:

BRAK57				Significant >\$20mil (3 Projects)
GLOG32				
BRAH34				
RUSJ17		XSSV02		High Large >\$5mil -<\$20mil (6 Projects)
XCEA01		RASH13		
XEEJ20		XASJ72		
RACI29	EGYK08	MMRJ63	PALI06	Medium Large >\$1mil -<\$5mil (20 Projects)
XWWK05	KENI08	MMRJ69	ROMJ19	
AFGJ76	RAFG60	NPLJ80	VNMK16	
INDI81	LAOK18	NPLJ96	RUSJ12	
RAFG66	LIBI36	PAKJ85	RASH71	
CHNJ42				
SAFG78				

IRNK13 BRAK02	Medium > \$100,000-<\$500,000
URYK52	Small < or = \$100,000

### 3.5 Completed/On-going:

Table 5: Categorization by “status of completion”:

NPLJ96	URYK52	BRAH34	RUSJ12	Operationally Completed (20 Projects)
XASJ72	XWWK05	BRAK02	RUSJ17	
RAFG66	XEEJ20	PAKJ85	SAFG78	
CHNJ42	EGYK08	PALI06	IRNK13	
MMRJ63	AFGJ76	ROMJ19	RACI29	
RAFG60		LIBI36		On-going Projects (14 Projects)
GLOG32		MMRJ69		
RASH13		NPLJ80		
RASH71		VNMK16		
INDI81		XCEA01		
KENI08		XSSV02		
LAOK18		BRAK57		

### 3.6. Evaluated Projects:

Table 6: Categorization according to Evaluation status:

RASH13		KENI08		Evaluated (10 Projects)
XASJ72		MMRJ69		
RAFG66		ROMJ19		
XEEJ20		RUSJ12		
MMRJ63		RUSJ17		
RASH71	BRAK02	LAOK18	SAFG78	Not Evaluated (24 Projects)
GLOG32	BRAK57	LIBI36	VNMK16	
RACI29	CHNJ42	NPLJ80	XCEA01	
RAFG60	EGYK08	NPLJ96	XSSV02	
AFGJ76	INDI81	PAKJ85	URYK52	
BRAH34	IRNK13	PALI06	XWWK05	

Projects that have recently been evaluated covering HIV/AIDS activities in the period 2008- 2012, will not be considered for the field missions. However, the evaluation reports of these projects will be duly considered as part of the project review methodology and explained under the methodology section of the inception report.

Additionally, there are several forthcoming evaluations of projects including RASH71, VNMK16, XCEA01 and XSSV02.

### 3.7 Target Groups

Table 7: Classification based on specific target groups:

IDU/DU	Prisoners	Both		Drug Demand Reduction	Multiple vulnerable groups
INID81	BRAKO2	AFGJ76	GLOG32	PALI06	BRAH34
MMRJ63	EGYK08	IRNK13	KENI08	RAFG60	BRAK57
RASH13	VNMG16	LIBI36	NPLJ80	RAFG66	
LAOK18	XSSV02	NPLJ96	PAKJ85		
MMRJ69	CHNJ42	RACI29	RASH71		
XWWKO5	SAFG78	ROMJ19	RUSJ12		
	XASJ72	RUSJ17	XCEA01		
		XEEJ20			
6	7	15		3	2

(RUSJ12 & URYK52 do not have clearly defined target groups beyond support to government and organisations)

There will be a more detailed analysis of the target groups selected as beneficiaries in the main evaluation and as part of the overall planned project review.

### 3.8 Countries Implementing Projects

Table 8: Categorization of participating countries based on global, regional or country level implementation

	Global	Regional	Country
Asia	Afghanistan India Nepal Pakistan Bangladesh Iran  Myanmar Cambodia Vietnam Indonesia China Thailand	Afghanistan Bangladesh 2 Bhutan 2 India 2 Maldives 2 Nepal 2 Pakistan 3 Sri Lanka 2 Iran	Afghanistan India Iran Nepal Pakistan  China Laos Myanmar 2 Vietnam  Palestine
Africa	Kenya S. Africa Nigeria Senegal Egypt	Kenya Ethiopia Malawi Mozambique 2 Namibia 2 Swaziland 2 Tanzania Zambia 2 Benin Cote D'Ivoire Cape Verde Ghana Togo	Egypt Kenya Libya South Africa
E.Europe & C.Asia	Russia Georgia	Azerbaijan Kazakhstan 2 Kyrgyzstan 2 Tajikistan 2 Turkmenistan 2 Uzbekistan 2 Estonia	Romania Russia 2

	Global	Regional	Country
		Latvia Lithuania	
Latin America	Panama C.Rica Argentina Brazil		Brazil 3 Uruguay

## 3.9 Donors

Table 8: Donor profiles

Type of Donor	Summary		Number of projects funded			
	num	%	1	2-5	6-10	10+
Governments	19	56%	Rep. Ireland India Spain Germany France Canada Luxemburg Czech Republic Kazakhstan	Australia Norway Austria USA Brazil UK Italy Switzerland	Netherlands	Sweden
United Nations	8	23%	World Bank UNOPS WHO One UN Mozambique One UN Uruguay	One UN Vietnam	UNDP	UNAIDS
Foundations	3	9%	Open Society Foundations Drosos Foundation	OPEC Fund		
Civil Society	3	9%	GNP+ TISS AIDS-Life			
Other	1	3%	Global Fund			

## ANNEX VI. PROJECT PORTFOLIO DETAILS

Project code	Project title	Geographic Scope	Duration	Overall budget (US\$)	Total Approved Budget (US\$)	Expenditure in US\$ (status Feb 2013)	Expenditure in % (status Feb 2012)	Donors
GLOG32	HIV/AIDS prevention, treatment, care and support for people who use drugs and people in prison settings	Global	2002-2013	52,268,126	48,430,259	42,094,376	86.92%	Australia, Foundation Open Society, Netherlands, Norway, One UN - Vietnam, The Global Network of People, UNAIDS, UNDP, UK, USA
RACI29	Effective HIV/AIDS prevention and care among vulnerable populations in Central Asia	Regional (Central Asia)	2006-2010	4,812,990	4,812,990	4,812,986	100.00%	Ireland, Italy, OPEC Fund, sweden, Austria, UNAIDS, UK, World Bank
RASH13	Prevention of transmission of HIV among drug users in the SAARC countries - Phase II	Regional (South Asia)	2003-2013	16,551,700	13,366,181	12,908,488	96.58%	Australia, Germany, India, Sweden, Tata Institute of Social Sciences, The global fund to fight AIDS, UNAIDS, UNDP, UK
RASH71	Prevention of Spread of HIV Among Vulnerable Groups in South Asia	Regional (South Asia)	2005-2013	3,164,100	2,557,916	2,497,722	97.65%	Sweden, UNAIDS, UNDP, UK

Project code	Project title	Geographic Scope	Duration	Overall budget (US\$)	Total Approved Budget (US\$)	Expenditure in US\$ (status Feb 2013)	Expenditure in % (status Feb 2012)	Donors
XASJ72	HIV Prevention, Care, Treatment and Support in Prison Settings in Southern Africa	Regional (Southern Africa)	2008-2012	5,468,369	5,448,370	5,448,366	100.00%	One UN - Mozambique, Sweden
RAFG66	Implementation of demand reduction components of national action plans in West Africa	Regional (West Africa)	2002-2012	1,894,012	1,892,207	1,892,670	100.02%	France, Italy, Netherlands, Spain, Sweden
RAFG60	Programme Development and Advocacy for Drug Demand Reduction and HIV/AIDS in Africa	Regional (Africa)	2004-2013	1,067,656	1,067,656	1,035,815	97.02%	Canada, Sweden, UNAIDS, UNDP
AFGJ76	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Afghanistan	Afghanistan	2008-2012	3,622,686	2,635,682	2,635,681	100.00%	Norway, UNAIDS
BRAH34	Drug Abuse, HIV/AIDS and STD Prevention Project	Brazil	2004-2012	79,895,940	79,898,727	79,700,175	99.75%	Brazil, Sweden
BRAK02	HIV Prevention and Care: Strengthening the health services coverage at the prison system	Brazil	2010-2011	388,185	364,723	11,567	3.17%	Brazil
BRAK57	Improving Management, Surveillance, Prevention and Control of STD, AIDS and Viral Hepatitis among Drug Users, Sex Workers, Prison Population and People Living with HIV/AIDS	Brazil	2012-2015	32,304,600	31,683,933	3,387,416	10.69%	Brazil
CHNJ42	Strengthening the role of law enforcement in China's HIV response	China	2008-2010	2,457,800	624,037	626,497	100.39%	Sweden, UNAIDS

Project code	Project title	Geographic Scope	Duration	Overall budget (US\$)	Total Approved Budget (US\$)	Expenditure in US\$ (status Feb 2013)	Expenditure in % (status Feb 2012)	Donors
EGYK08	Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt	Egypt	2009-2011	1,000,500	1,000,446	338,763	33.86%	Drosos Foundation
INDI81	HIV /AIDS Project Design in Four North Eastern States of India	India	2007-2013	1,720,900	1,474,411	1,163,337	78.90%	UNAIDS
IRNK13	Promotion of HIV/AIDS Prevention and Care Programmes for Female Injecting Drug Users in I. R. of Iran	Iran	2009-2011	219,300	217,419	217,486	100.03%	Netherlands, Switzerland
KENI08	Prevention of Drug Abuse and HIV and AIDS in high-risk setting with vulnerable populations in Kenya	Kenya	2005-2013	4,097,100	3,152,074	3,102,950	98.44%	Sweden, UNAIDS, UNDP, USA
LAOK18	Reduce the spread of HIV harm associated with Injecting Drug Use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR	Lao PDR	2010-2014	3,220,600	1,458,600	857,140	58.76%	Australia
LIBI36	Prevention of drug abuse and HIV/AIDS among drug users, injecting drug users and vulnerable populations in the Libyan Arab Jamahiriya	Libya	2009-2013	6,039,500	1,970,693	1,190,526	60.41%	Libyan Arab Jamahiriya
MMRJ63	UNODC Partnership for the Reduction of Injecting Drug Use, HIV/AIDS and Related Vulnerability in Myanmar	Myanmar	2007-2012	3,414,400	3,384,873	3,365,773	99.44%	UNOPS
MMRJ69	Reducing the spread of HIV/AIDS among drug users through the HAARP Country Flexible Program	Myanmar	2008-2013	4,816,574	4,633,574	4,633,507	100.00%	Australia

Project code	Project title	Geographic Scope	Duration	Overall budget (US\$)	Total Approved Budget (US\$)	Expenditure in US\$ (status Feb 2013)	Expenditure in % (status Feb 2012)	Donors
	for Myanmar							
NPLJ80	HIV Prevention Care and Treatment for Female IDUs, Female Prisoners and Women living with HIV and AIDS in Nepal	Nepal	2008-2013	3,034,800	2,331,932	2,222,593	95.31%	Norway
NPLJ96	Technical Assistance to a co-ordinated response for the prevention of HIV among drug users in Nepal: advocacy, capacity building and monitoring and evaluation	Nepal	2008-2011	1,078,100	1,078,100	1,093,633	101.44%	UNAIDS, UNDP
PAKJ85	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Pakistan	Pakistan	2008-2012	2,977,238	2,274,323	2,272,211	99.91%	Norway
PALI06	Drug control and related crime cooperation programme between the Palestinian Authority and UNODC for the prevention of drug abuse, drug trafficking and related criminal activities	Palestinian Authority	2005-2011	1,529,826	1,529,826	1,537,504	100.50%	Italy, Sweden, UNDP
ROMJ19	HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania	Romania	2006-2012	3,441,320	3,441,320	3,448,462	100.21%	Netherlands
RUSJ12	Support to HIV/AIDS and Drug Use Prevention Programs in Russia	Russian Federation	2006-2012	3,700,000	3,455,089	3,455,067	100.00%	Sweden, USA

Project code	Project title	Geographic Scope	Duration	Overall budget (US\$)	Total Approved Budget (US\$)	Expenditure in US\$ (status Feb 2013)	Expenditure in % (status Feb 2012)	Donors
RUSJ17	Scaling up, and improving access to, HIV/AIDS prevention and care programmes for injecting drug users and in prison settings in the Russian Federation	Russian Federation	2006-2011	18,431,456	18,267,468	18,267,674	100.00%	Netherlands
SAFG78	Drug abuse prevention and HIV/AIDS awareness creation amongst juvenile prisoners in South Africa	South Africa	2005-2010	730,391	730,391	730,390	100.00%	Luxembourg, USA
VNMK16	HIV prevention, care, treatment and support in prisons including pre-trial detention centres in Vietnam	Vietnam	2010-2013	1,569,000	1,031,489	953,589	92.45%	One UN - Vietnam, UNAIDS
XCEA01	OFID/UNODC Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups In Central Asia and Eastern Europe –Phase II	Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Azerbaijan, Ukraine and Moldova	2010-2013	6,000,000	5,067,836	3,936,533	77.68%	AIDS - Life, Kazakhstan, OPEC Fund, UNAIDS, Czech Republic, Switzerland, USA
XEEJ20	HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania	Estonia, Latvia and Lithuania	2006-2011	6,052,751	6,052,751	6,083,258	100.50%	Netherlands

Project code	Project title	Geographic Scope	Duration	Overall budget (US\$)	Total Approved Budget (US\$)	Expenditure in US\$ (status Feb 2013)	Expenditure in % (status Feb 2012)	Donors
XSSV02	HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa	Ethiopia, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar) and Zambia	2011-2014	6,491,850	5,572,236	3,335,920	59.87%	Austria, Sweden, WHO
URYK52	Support to the reform of institution for people deprived of liberty	Uruguay	2011-2012	65,563	65,563	65,557	100.00%	One UN Uruguay
XWWK05	Sub regional project for the provision of comprehensive HIV prevention and care services to Afghan refugee drug users in Iran and Pakistan and returnees in Afghanistan	Iran, Pakistan, Afghanistan	2009-2012	1,888,569	1,152,729	1,152,727	100.00%	Netherlands, Sweden
Total	n=34 projects				262,125,824	220,476,359		

## ANNEX VII. UNODC HIV/AIDS PROJECT ANALYSIS

Project code	Project title	Geographic Scope	Total Approved Budget (US\$)	Expenditure in US\$ (status Feb 2012)	Expenditure in % (status Feb 2012)	Relevance	Efficiency	Effectiveness	Impact	Sustainability	Partnership	Legislation	Policy	Capacity	Data / Info / Research	Package of intervention	Mechanisms	Tolols	Advocacy	Prison	Other	Outputs completed	Evaluations
GLOG32	Drug abuse and HIV/AIDS prevention	Global	47,857,187	36,334,539	75.92%	Fair	Fair	Good	Fair	Good	Good	n / a	n / a	n / a	n / a	n / a	n / a	n / a	n / a	n / a	y	ongoing	n
RACI29	Effective HIV/AIDS prevention and care among vulnerable populations in Central Asia	Regional (Central Asia)	4,888,106	4,760,531	97.39%	High	Fair	Good	Good	Good	Good	y	y	y	y	y	y	y	y			y	y
RASH13	Prevention of transmission of HIV among drug users in the SAARC countries - Phase II	Regional (South Asia)	13,387,748	12,087,106	90.28%	High	N/A	Good	Good	Low	Good		y	y	y	y	y	y	y			y	y
RASH71	Prevention of Spread of HIV Among Vulnerable Groups in South Asia	Regional (South Asia)	2,557,916	2,357,976	92.18%	High	Fair	Good	Fair	Fair	Good									y		y	y
XASJ72	HIV Prevention, Care, Treatment and Support in Prison Settings in Southern Africa	Regional (Southern Africa)	5,468,369	5,037,470	92.12%	High	Fair	Good	Fair	Low	Good	y	y	y				y		y		y	n
RAFG66	Implementation of demand reduction components of national action plans in West Africa	Regional (West Africa)	1,894,012	1,866,652	98.56%	Low	Low	Low	Good	Low	Good	y								y		y	y

RAFG60	Programme Development and Advocacy for Drug Demand Reduction and HIV/AIDS in Africa	Regional (Africa)	1,067,656	1,067,656	100.00%	Low	Fair	Good	Low	Low	Low	y	y									n	n	
AFGJ76	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Afghanistan	Afghanistan	2,567,852	2,328,685	90.69%	High	Fair	Good	n/a	Low	Good	y	y	y	y							y	y	n
BRAH34	Drug Abuse, HIV/AIDS and STD Prevention Project	Brazil	79,895,940	79,895,620	100.00%	High	Hi	High	High	High	Good	y	y	y		y	y					y		n
BRAK02	HIV Prevention and Care: Strengthening the health services coverage at the prison system	Brazil	364,723	11,039	3.03%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Cancelled
BRAK57	Improving management, surveillance, prevention and control of STD, AIDS, and Viral hepatitis among Drug Users, Sex Workers, Prison Population and People Living with HIV/AIDS		32,041,069	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	early
CHNJ42	Strengthening the role of law enforcement in China's HIV response	China	748,907	624,036	83.33%	Low	Low	Low	Low	Low	Low		y	y									n	n
EGYK08	Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt	Egypt	1,000,446	766,890	76.65%	High	Fair	n/a	n/a	Low	Good		y	y	y	y							n	n
INDI81	HIV /AIDS Project Design in Four North Eastern States of India	India	1,420,400	998,656	70.31%	High	Good	Good	Fair	Low	High		y	y	y	y	y	y	y	y	y	y	y	n
IRNK13	Promotion of HIV/AIDS Prevention and Care Programmes for Female Injecting Drug Users in I. R. of Iran	Iran	217,419	216,639	99.64%	High	Fair	Good	Low	Low	Good		y	y	y								ongoing	n
KENI08	Prevention of Drug Abuse and HIV and AIDS in high-risk setting with vulnerable populations in Kenya	Kenya	3,546,074	2,658,809	74.98%	Fair	Fair	Good	Fair	Low	Good	y	y	y	y								y	y

LAOK18	Reduce the spread of HIV harm associated with Injecting Drug Use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR	Lao PDR	1,458,600	530,614	36.38%	High	Low	Fair	n/a	Low	High	y	y	y	y	y	y	y	y	ongoing	n
LIBI36	Prevention of drug abuse and HIV/AIDS among drug users, injecting drug users and vulnerable populations in the Libyan Arab Jamahiriya	Libya	6,039,400	1,007,664	16.68%	High	Low	Low	n/a	n/a	Good	y	y	y	y	y	y	y	y	n	n
MMRJ63	UNODC Partnership for the Reduction of Injecting Drug Use, HIV/AIDS and Related Vulnerability in Myanmar	Myanmar	3,407,293	3,407,228	100.00%	Good	Fair	Good	Low	Low	Good	y	y	y	y	y	y	y	y	y	y
MMRJ69	Reducing the spread of HIV/AIDS among drug users through the HAARP Country Flexible Program for Myanmar	Myanmar	4,633,574	3,502,785	75.60%	High	Fair	Good	low	Low	High	y	y	y	y	y	y	y	y	y	y
NPLJ80	HIV Prevention Care and Treatment for Female IDUs, Female Prisoners and Women living with HIV and AIDS in Nepal	Nepal	2,331,932	1,824,835	78.25%	High	Good	Good	Good	Good	Good	y	y	y	y	y	y	y	y	y	n
NPLJ96	Technical Assistance to a co-ordinated response for the prevention of HIV among drug users in Nepal: advocacy, capacity building and monitoring and evaluation	Nepal	1,078,100	1,078,061	100.00%	High	Good	Good	Good	Low	Good	y	y	y	y	y	y	y	y	y	n
PAKJ85	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Pakistan	Pakistan	2,274,323	1,832,547	80.58%	High	Fair	Good	Fair	Low	Good	y	y	y	y	y	y	y	y	y	y
PALJ06	Drug control and related crime cooperation programme between the Palestinian Authority and UNODC for the prevention of drug abuse, drug trafficking and related	Palestinian Authority	1,529,826	1,529,823	100.00%	High	Fair	Good	n/a	n/a	Fair	y	y	y	y	y	y	y	y	y	n





## Scoring of the project portfolio

Code	Project title	Design		Delivery	
GLOG32	HIV/AIDS prevention, treatment, care and support for people who use drugs and people in prison settings	A	R	A	R
RACI29	Effective HIV/AIDS prevention and care among vulnerable populations in Central Asia	R		G	A
RASH13	Prevention of transmission of HIV among drug users in the SAARC countries - Phase II	G	A	G	A
RASH71	Prevention of Spread of HIV Among Vulnerable Groups in South Asia	G	A	G	A
XASJ72	HIV Prevention, Care, Treatment and Support in Prison Settings in Southern Africa	G	A	A	R
RAFG66	Implementation of demand reduction components of national action plans in West Africa	R		R	
RAFG60	Programme Development and Advocacy for Drug Demand Reduction and HIV/AIDS in Africa	R		R	
XCEA01	OFID/UNODC Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups In Central Asia and Eastern Europe –Phase II	G	A	G	A
XEEJ20	HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania	G	A	G	A
XSSV02	HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa	G	A	G	A
XWWK05	Sub regional project for the provision of comprehensive HIV prevention and care services to Afghan refugee drug users in Iran and Pakistan and returnees in Afghanistan	G		G	
AFGJ76	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Afghanistan	G	A	G	A
BRAH34	Drug Abuse, HIV/AIDS and STD Prevention Project	G	A	G	A
BRAK02	HIV Prevention and Care: Strengthening the health	NA		NA	

Code	Project title	Design		Delivery	
	services coverage at the prison system				
BRAK57	Improving Management, Surveillance, Prevention and Control of STD, AIDS and Viral Hepatitis among Drug Users, Sex Workers, Prison Population and People Living with HIV/AIDS	A	R	NA	
CHNJ42	Strengthening the role of law enforcement in China's HIV response	R		R	
EGYK08	Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt	G	A	G	A
INDI81	HIV /AIDS Project Design in Four North Eastern States of India	G	A	G	A
IRNK13	Promotion of HIV/AIDS Prevention and Care Programmes for Female Injecting Drug Users in I. R. of Iran	G	A	G	A
KENI08	Prevention of Drug Abuse and HIV and AIDS in high-risk setting with vulnerable populations in Kenya	R		A	R
LAOK18	Reduce the spread of HIV harm associated with Injecting Drug Use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR	G	A	A	R
LIBI36	Prevention of drug abuse and HIV/AIDS among drug users, injecting drug users and vulnerable populations in the Libyan Arab Jamahiriya	A	R	A	R
MMRJ63	UNODC Partnership for the Reduction of Injecting Drug Use, HIV/AIDS and Related Vulnerability in Myanmar	G	A	G	A
MMRJ69	Reducing the spread of HIV/AIDS among drug users through the HAARP Country Flexible Program for Myanmar	G	A	G	A
NPLJ80	HIV Prevention Care and Treatment for Female IDUs, Female Prisoners and Women living with HIV and AIDS in Nepal	A	R	G	A

Code	Project title	Design		Delivery	
NPLJ96	Technical Assistance to a co-ordinated response for the prevention of HIV among drug users in Nepal: advocacy, capacity building and monitoring and evaluation		R	A	R
PAKJ85	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Pakistan	G	A	G	A
PALI06	Drug control and related crime cooperation programme between the Palestinian Authority and UNODC for the prevention of drug abuse, drug trafficking and related criminal activities		R	A	R
ROMJ19	HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania	G	A	G	
RUSJ12	Support to HIV/AIDS and Drug Use Prevention Programs in Russia		R	A	R
RUSJ17	Scaling up, and improving access to, HIV/AIDS prevention and care programmes for injecting drug users and in prison settings in the Russian Federation	G		R	
SAFG78	Drug abuse prevention and HIV/AIDS awareness creation amongst juvenile prisoners in South Africa	G	A	G	A
URYK52	Support to the reform of institution for people deprived of liberty	A	R	G	A
VNMK16	HIV prevention, care, treatment and support in prisons including pre-trial detention centres in Vietnam	A	R	A	R

## Project Reviews

### Introduction

The evaluation team visit a limited number of project sites during the field missions phase of the evaluation, however the scope of the evaluation comprises all the interventions of the HIV/AIDS Global programme between the years 2009-2012. In order for the evaluation to cover the 34 projects included in the global portfolio, the evaluation team has administered a survey to a large number of stakeholders worldwide with relevant questions on: Relevance, Efficiency, Effectiveness, Impact, Sustainability, Partnerships, etc.

Nevertheless, to obtain more data to better triangulate the findings of this evaluation, the consultants' team carried out a thorough review and assessment of the archival record of reports for each project of the global portfolio, translating the result into 34 project review sheets.

These review sheets, are part of a larger body of evidence that was contrasted with other sources of data to be able to produce the findings and recommendations of the evaluation. Therefore, the project review sheets is one among four pillars on which data and evidence for the evaluation was collected and analyzed.

The review is based only in annual reports from the UNODC Profi system and the evaluations completed and available for each programme until December 2012, so the limitations and internal threats to validity inherent to the sources consulted have been partially overcome through a proper triangulation of the different sources already indicated in report section covering the methodology.

The text below provides the reader with the key to understand the evaluation criteria used in the review and assessment of the global portfolio.

An additional assessment in the areas of public health, human rights, gender, equity, and strategic information are also included and described in Appendix X of the report.

The body of the report listed the scores provided using the "traffic light system to address the technical design. When relevant, comments are provided for each project review of this Appendix

### Information

1. Code: As per project document
2. Title: As per project document
3. Project Type: Select Regional or Country
4. Project duration: As per project document
5. Country/Countries of implementation: List single or multiple countries as per project document
6. Approved budget: As per project document
7. Has project been evaluated: Select "yes" or "no" include a link to the evaluation report.
8. Thematic type: Select from the following either single or multiple  
Service Delivery, Policy, Advocacy, Capacity Building, Technical Assistance, Other (specify)
9. Target Group(s): As per project document
10. Government Counterpart(s): As per project documents

11. Implementing Partners: As per project documents

12. Blank for comments

13. Goal: As per project document

14. Outputs: As per project document

15. Progress toward objectives. Include and assessment on completion based on the annual progress reports from profi and findings recommendations from evaluations performed until December 2012.

16. Has the project addressed issues of Gender, Human rights?: Assess from project reports and interviews, questionnaires from UNODC staff.

When the information was contradictory or not reliable it is used n/a, meaning not applicable. More information on these aspects can be found in the appropriate section of the report.

17. Programme Management Arrangements: As per project document.

18. Strengths of project: Include all successes or innovations from design or implementation phases and include management issues

19. Weaknesses of project: Include all weaknesses, failures, and challenges from design to implementation and include management issues.

When the information was contradictory or not reliable it is used n/a, meaning not applicable

20. Did the project produce any publications/articles: list all relevant publications (not annual reports or internal reports). Include any guidelines, policy reports, articles etc.

When the information was contradictory or not reliable it is used n/a, meaning not applicable

21. Identification of lessons learnt or best practice: Based on document review, interviews and responses from key informants.

When the information was contradictory or not reliable it is used n/a, meaning not applicable

22. Overall Assessment: A simple scoring or traffic light system will be used based on low, fair, good and excellent or partial achievements have been attained for each of the evaluation criteria.

When the information was contradictory or not reliable it is used n/a, meaning not applicable

1. Code	RACI29	Score: Green/Amber	
2. Title	Effective HIV/AIDS prevention and care among vulnerable populations in Central Asia	3. Project Type	Sub Regional project
4. Duration & # of extensions	01/01/2006-31/12/2010	5. Implementing Countries	Sub Region West Central Asia; Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan
6. Budget	Approved: USD 4,812,990; overall: USD 4,888,106; 1 extension; 3 revisions	7. Has project been evaluated? Yes, in 2010: <a href="http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/final_evaluation_tdrac_i29_rev1.pdf">http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/final_evaluation_tdrac_i29_rev1.pdf</a>	
8. Thematic Type: HIV/AIDS; Drugs; framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: The target groups of the project are the national HIV/AIDS authorities of the participating countries (policy and legal advice), as well as their staff who receive training (capacity building components). In particular, national services and officials dealing with prison settings and IDUs will benefit from the project activities. The Regional DR Centre in Pavlodar and its staff seconded to the project will benefit from trainings and possible equipment purchases. The visibility of this centre will be increased through regional cooperation, elaboration of best practices for the region and knowledge sharing. Indirect beneficiaries are problem drug users and people living in prison settings (including prison staff).	

10. Government Counterparts: National HIV/AIDS authorities, under Ministry of Health or other line Ministry		11. Implementing Partners: National HIV/AIDS authorities, under Ministry of Health or other line Ministry
13. Project Goal	<p><b>Drug Control Objective:</b> Establish favourable environment in 5 Central Asian countries and Azerbaijan to better implement HIV/AIDS prevention and care activities among injecting drug users and in prison settings through addressing normative policy, programmatic aspects and capacity building</p> <p><b>Immediate Objective 1:</b> To improve the legal and policy frameworks related to HIV/AIDS among injecting drug users and in prison settings with the view to establish favourable environments for rapid, large-scale and comprehensive interventions</p> <p><b>Immediate Objective 2:</b> To improve coordination between service providers for injecting drug users and in the field of prison settings</p>	<p><b>Immediate Objective 3:</b> To assist in developing and implementation of a comprehensive package of interventions for HIV/AIDS prevention and care among drug users and in prison settings</p> <p><b>Immediate Objective 4:</b> To develop professional and educational standards for HIV/AIDS and drug use service systems in all project countries</p> <p><b>Immediate Objective 5:</b> To provide sustainable capacity building opportunities for HIV/AIDS service providers for injecting drug users and in prison settings</p> <p><b>Immediate Objective 6:</b> To document and disseminate lessons learned within the region and also to a wider audience outside Central Asian countries</p>
14. Project Outputs	<p><b>Output 1.1:</b> Country specific reviews of policy and legal issues related to HIV/AIDS prevention and care among injecting drug user and in prison settings are carried out and documented, including in local languages, and made available to policy makers and national programme designers</p>	<p><b>Output 3.1:</b> Updated data on epidemiology and risk patterns of HIV/AIDS among IDUs and in prison settings is available</p> <p><b>Output 3.2:</b> Under the leadership and ownership of the</p>

	Output 1.2: A toolkit of adapted international instruments, guidelines and policies	countries, large-scale national programmes addressing drug use, particularly injecting drug use, and HIV/AIDS, including in prison settings, are up and running effectively
	Output 2.1: Multi-sectoral coordination mechanism established for all stakeholders addressing HIV/AIDS among IDUs and in prison settings	Output 4.1: Adapted professional and educational standards for HIV/AIDS and drug use service systems at country level in the region to facilitate development and implementation of the comprehensive package
	Output 5.1: Country-specific policy & programmatic tools & guidelines, including targeted advocacy materials & training curricula and modules, for the development and implementation of the comprehensive HIV/AIDS prevention and care programmes for IDUs and in prison settings are in place  Output 5.2: A critical mass of sufficiently qualified trainers at relevant medical/prison departments and institutes  Output 5.3: A critical mass of trained and certified professionals on drug use and HIV/AIDS including in prison settings at country level	Output 6.1: Experiences acquired systematized and lessons learned disseminated through UNODC publications, web-site, e-mail list servers and expert networking
15. Progress towards Outputs	Output 1. Completed.	Output 3. Completed.
	Output 2. Completed.	Output 4. Completed.
16. Has project addressed issues of	Gender  Yes.	Human Rights  Yes.

17. Programme Management arrangements	The project has been implemented by the UNODC Regional Office for Central Asia (ROCA). Administrative and managerial support of the project team from HQ and ROCA has been adequate and effective in helping the project team produce most deliverables in timely manner.
18. Strengths of project	Institution-specific competitive advantage of UNODC in engaging with law enforcement and criminal justice ministries and agencies must be at the core of the UNODC strategy when advocating, through various available channels, for the adherence of all state and non-governmental bodies and organizations to international human rights standards in their policies and practices thus ensuring humanization of attitudes towards IDUs in community and custodial settings.
19. Weaknesses identified	Delays in implementation and slight technical
20. Any best practice or lessons learnt	Transformation of the project from concentrating on the previously proposed trainings at the service delivery level towards technical assistance in policy development and institutional capacity building became a turning point enabling the project to achieve positive results.
21. Did the project produce any publications/articles	Yes.
22. Overall Assessment	Relevance. High. Because the extent of the problem and the focus of the assistance
	Efficiency. Fair.

	<p><b>Impact. Good.</b> The advocacy and technical assistance provided within the project have demonstrated a certain impact in terms of OST introduction (Tajikistan) and scale up (Kyrgyzstan) with Azerbaijan, and Kazakhstan gradually moving towards higher OST coverage.</p> <p>The credibility of UNODC enabled this regional project to mobilize decision-makers and technical experts from the various sectors such as law enforcement, health, education, and civil society and helped create a conducive environment for multi-sectoral collaboration thereby enabling major stakeholders to perceive various perspectives of and links between drug use, HIV, human rights, and most importantly, to find “right” solutions and make relevant decisions. It also helped to a certain extent synchronize activities implemented within HIV-related projects supported by other international and bilateral organizations.</p>	<p><b>Sustainability</b> Good prospects with a high level of national ownership as each of the outputs was achieved with the active and meaningful involvement of national decision makers and technical officers who fully shared responsibility for the products quality and suitability.</p>
	<p><b>Effectiveness. Good</b></p> <p>Despite multiple implementation challenges the project demonstrated good effectiveness and efficiency and produced most of the planned outputs having achieved a range of project results. The key project outputs include (i) legislative review with recommendations that contributed to the process of national legislative and policy reform, (ii) development of the 5-year action plans (and operational plans) for OST scale up for the four countries along with advocacy booklets and fact sheets on OST that became a basis for the countries’ move towards improving access to one of the most effective HIV prevention intervention; development of country roadmaps for initiating upgrade of the monitoring system to</p>	<p><b>Partnerships. Good</b></p> <p>The project has been active in building partnerships and managing multi-sectoral and participatory process at the national and regional levels allowing for broad advocacy of the project agenda including sensitive issues of human rights, OST, harm reduction as they relate to IDUs and prison inmates, as well as for experience and knowledge sharing</p>

	<p>measure  access of IDUs and prison inmates to HIV-related services,  elaborating a system of alternatives to incarceration, thus widening  spectrum of HIV related health services for  most-at risk populations, (iii) development of professional and  educational standards as well as of a set of teaching modules and a  manual for ToT on management of HIV-related lowthreshold  services that allowed to update the system of professional  knowledge transfer</p>	

1. Code	RASH13	Score: Green/Amber	
2. Title	Prevention of transmission of HIV among drug users in the SAARC countries - Phase II INFORMATION: Phase I was from 2003-2008; Phase two 2007-2012 planned – therefore two ProDocs; both will be inserted and pointed out, if difference exists in the ProDocs)	3. Project Type	Sub regional project
4. Duration & # of extensions	11/08/2003-31/10/2015; 1 new document for Phase II; 4 revisions	5. Implementing Countries	SubRegion Soth Asia; SAARC countries; Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka
6. Budget	Approved: USD 13,492,928; Overall: USD 16,551,700;	7. Has project been evaluated? Mid-term evaluation Phase II, 2010: <a href="http://www.unodc.org/documents/evaluation/EvalR eports-other-organisations/RASH13_Mid_term_review_2010.pdf">http://www.unodc.org/documents/evaluation/EvalR eports-other-organisations/RASH13_Mid_term_review_2010.pdf</a>	

8. Thematic Type: Drug Demand Reduction and HIV/AIDS prevention; Drugs; framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: The project will concentrate in the seven SAARC countries i.e., Bangladesh, Bhutan, India, Nepal, Maldives, Pakistan and Sri Lanka. The target group will be policy makers, planners, academicians and NGOs service providers working in the field of drugs and HIV/AIDS. Indirect target group will be young drug abusers who are at risk of HIV infection and those who are infected and affected.
10. Government Counterparts: National Counterparts in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka dealing with drugs and hiv/aids		11. Implementing Partners: NGOs and CBOs working with young people on drug and HIV/AIDS issues, national competent authorities for drug demand reduction and HIV/AIDS prevention in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The Inter-country team of UNAIDS and CPAs will serve in an advisory capacity. The implementation partners would include the National AIDS Control Organizations and the Country Programme Advisers of UNAIDS as well as the Theme Group Chairs in the region and relevant competent authorities responsible for Drug Demand Reduction.
13. Project Goal	<p>PHASE I</p> <p>Goal To reduce the spread of HIV among drug using populations in the SAARC countries.</p>	<p>PHASE II</p> <p>Goal To reduce the spread of HIV among drug-using populations in SAARC countries.</p>

	<p>Overall objective To foster regional cooperation for mainstreaming HIV /AIDS concerns in drug demand reduction programs of the SAARC countries.</p>	<p>Purpose 1.1.1. To assist governments and communities to scale up comprehensive HIV prevention and care programs for drug users especially among IDUs and their regular sex partners.</p>
14. Project Outputs	<p>PHASE I</p> <p>Immediate Objective</p> <p>To strengthen capacities of national governments and civil society organizations to mount a comprehensive and effective response to prevent the spread of HIV/AIDS amongst injecting drug users in the SAARC region.</p> <p>Output I Implementation and coordination arrangements for implementing the projects at the regional and national level are in place.</p> <p>Output II A regional project management, monitoring and evaluation system is in place.</p> <p>Output III Necessary mechanisms and instruments for developing regional and national strategic direction and for mounting responses planned under the project are in place.</p>	<p>PHASE II</p> <p>Objective: To ensure commitment of national authorities and development partners to scale up comprehensive HIV prevention and care programs for IDUs.</p> <p>Output 1.1: Regional and national advocacy strategies for promoting evidence-based HIV prevention among drug using populations developed or strengthened.</p> <p>Indicative Key Activities 1.1.1 to 1.1.13 are shown in the Logframe in Annex 1.</p> <p>Output 1.2: Improved access to quality information on the status and impact of the HIV epidemic</p>

	<p><b>Immediate Objective:</b> To strengthen technical capacities of governments and civil society organizations for improving the quality of services provided and accelerating the pace of response to prevent the spread of HIV among drug users in the SAARC countries.</p> <p><b>Output I</b> Critical elements in preventing the transmission of HIV among IDUs are identified and accepted for mounting an effective response by stakeholders in the region</p> <p><b>Output II</b> Feasibility studies utilizing standardized Protocols on Peer based Community Outreach, Low-cost Community-based Care and Support, NSEP and Oral substitution are completed and the experience gained is available for adoption and scale up by countries of the region.</p> <p><b>Output III</b> Service providers are in the position to offer quality services for injecting drug users and “other drug” users in the region.</p>	<p><b>Objective:</b> To demonstrate the effectiveness of risk reduction approaches</p> <p><b>Output 2.1:</b> Intervention toolkits developed by Project H13 in Phase I are widely disseminated and countries in the region adopt them in the local languages and additional resources developed as required.</p> <p><b>Output 2.2:</b> NGOs from Phase I and new NGOs supported to provide and demonstrate quality services to drug-using populations</p> <p><b>Output 2.3:</b> Demonstration sites demonstrate the “comprehensive community based approach” leading to adoption of safer practices by clients.</p> <p><b>Output 2.4:</b> National/Regional Learning Centres established.</p> <p><b>Output 2.5:</b> Strengthen technical capacity of the respective Governments and Non Governmental Organisations for rigorous Monitoring and Evaluation</p> <p><b>Output 2.6:</b> Transition Plan and Exit Strategy for Partner NGOs</p>
	<p><b>Immediate Objective</b> To facilitate the scaling up process, in the countries of the region through mechanisms established in the “fast track”.</p> <p><b>Output I</b> Best practices are documented and IEC material disseminated in the region for adaptation, replication and for developing a wide-scale response to the epidemic</p> <p><b>Output II</b> Governments and other civil society organizations are further strengthened to carry forward an expanded response to the HIV</p>	<p><b>Objective:</b> Governments plan and implement risk reduction interventions essential to a comprehensive response to HIV prevention among drug users especially IDU and their regular sex partners</p> <p><b>Output 3.1:</b> Costed ‘roll-out’ plans on essential IDU interventions, phased operational targets, clear geographic and group priorities, human resource and management, procurement, M&amp;E and QA/QC</p> <p><b>Output 3.2:</b> Secure commodity supply for</p>

	<p>epidemic among IDUs</p> <p>Output III Facilitate the exchange of knowledge/information/skills within the region on HIV/AIDS risk reduction interventions among IDUs</p> <p>Output IV A uniform Drug Abuse Monitoring System is in place in the 7 SAARC countries.</p>	<p>scaled-up risk reduction programs</p>
		<p>Objective: To effectively and efficiently manage the project and to provide monitoring, evaluation and reporting on project activities and outputs</p> <p>Output 4.1: Project Activities are planned with stakeholders</p> <p>Output 4.2: Management and coordination arrangements for implementing the project at the regional and national level are in place.</p> <p>Output 4.3: Project Reports developed and submitted in a timely manner.</p> <p>Output 4.4: Monitoring and Evaluation</p>
15. Progress towards Outputs	<p>Output 1</p> <p>Phase I</p> <p>Attained</p> <p>Phase II</p> <p>Attained</p>	<p>Output 3</p> <p>Phase I</p> <p>Attained</p> <p>Phase II</p> <p>Attained.</p>
	<p>Output 2</p> <p>Phase I</p>	<p>Output 4</p> <p>Phase I</p>

	Attained Phase II	Attained Phase II attained
16. Has project addressed issues of	Gender Yes	Human Rights
17. Programme Management arrangements	Regional coordinator, national officers and administrative support	
18. Strengths of project	<p>It is necessary to provide technical and M&amp;E support within the counterpart ministries The implementation by partners needs to be based on proposals submitted by NGOs and after assessing their capacity in the field. The practice of working based on TOR reduces accountability. It is necessary to shift from a project to a program mode Linkages need to be established with national HIV programs Monitoring and review of the program needs to be strengthened Quantum of funding and continuity needs to be ensured IDU interventions need to be provided under a comprehensive programme rather than being spread across a portfolio of projects</p> <p>Prison and street children interventions need to be scaled up</p>	
19. Weaknesses identified	<p>Uncertainty in the overall resource level Inadequacy of strategy and vision in the project document</p>	

	Leadership break and team coming together only in stages The project itself has been of an evolving nature because the areas were new Political issues and climate in Maldives, Nepal and Bangladesh	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. Highly relevant	Efficiency. Unknown.
	Impact Good. The project despite the constraints it has faced has been able to perform to achieve the outputs envisaged and also bring about a transformation in the climate in the different countries to implement prevention programs on drug driven HIV among vulnerable population.	Sustainability. Low likelihood
	Effectiveness. All outputs attained or surpassed.	Partnerships. Good and relevant ones.

1. Code	RASH71	Score: Green/Amber	
2. Title	Prevention of Spread of HIV Among Vulnerable Groups in South Asia	3. Project Type	Sub regional project
4. Duration & # of extensions	01/01/2005-31/12/2013; 6 extensions; 7 revisions	5. Implementing Countries	SubRegion South Asia; Bangladesh, Bhutan, India,

			Nepal, Maldives, Sri Lanka
6. Budget	Approved: USD 2,557,916; overall: USD: 3,164,100	7. Has project been evaluated? Evaluation 2007: <a href="http://www.unodc.org/documents/evaluation/ProjEvals-2007/RASH71_Evaluation_Report_2007.pdf">http://www.unodc.org/documents/evaluation/ProjEvals-2007/RASH71_Evaluation_Report_2007.pdf</a>	
8. Thematic Type: Drug demand reduction; Drugs and Crime; framework: Health and Livelihoods (Drugs and HIV)		<p>9. Target Group: The direct beneficiaries of the project will include drug users belonging to high-risk groups, like incarcerated drug users, drug using street children, young people practising high-risk behaviour, persons afflicted or affected by drug use and HIV/AIDS, persons from communities, such as youth leaders, and key community influencers. Project beneficiaries will also include the staff (policy-makers, programme planners and service providers) of government and non-government organisations in the field of drug abuse and HIV/AIDS prevention.</p> <p>The indirect beneficiaries would include youth and the public at large who will benefit from prevention activities and drug addicts who will be receiving better treatment and rehabilitation services thus facilitating their recovery and social reintegration.</p>	
10. Government Counterparts: National Counterparts for Drug Demand Reduction and HIV/AIDS control in countries in South Asia		11. Implementing Partners: national competent authorities for drug demand reduction and HIV/AIDS prevention at the national levels and NGOs and CBOs working on drug related HIV/AIDS issues in the identified vulnerable groups. The project will work in close coordination with the Regional Theme Group on HIV/AIDS and the UNAIDS Country Coordinators.	

13. Project Goal	<p><b>DRUG CONTROL OBJECTIVE</b> Substance abuse among selected vulnerable and high-risk groups is reduced and evidence-based interventions are in place to reduce drug-related HIV vulnerabilities</p> <p>Immediate objective To enhance institutional and technical capacities of relevant ministries and civil society partners to mount effective intervention programmes to reduce the risk of substance-related transmission of HIV among selected high-risk groups.</p>	
14. Project Outputs	<p>Output 1 Implementation, coordination monitoring and evaluation arrangements for implementing the project at the regional and national level are in place.</p>	<p>Output 3 Twelve pilot prison-based programmes in HIV prevention among incarcerated drug users in place.</p>
	<p>Output 2 Service providers working with drug using vulnerable groups are in a position to serve their clients in selected high-risk settings and reduce the risk of HIV.</p>	<p>Output 4 Twelve pilot initiatives among street children are established and best practice areas are identified.</p>
	<p>Output 5 Ten care and support pilot initiatives for HIV prevention among IDUs in referral, relapse prevention, self-help groups for income generation/alternative activity, HIV/STI prevention and counselling, IDU risk reduction, and counselling on psychosocial issues, are established.</p>	<p>Output 6 Sixteen peer-led interventions initiated by Project RAS/G23 for reduction of risk-taking behaviour amongst young people are supported.</p>
15. Progress towards Outputs	Output 1	Output 4

	Completed.	Completed.
	Output 2	Output 5
	Completed.	Completed.
	Output 3	Output 6
	Completed.	Completed.
16. Has project addressed issues of	Gender	Human Rights Yes.
17. Programme Management arrangements	The implementation arrangement at the UNODC ROSA is through the Project Implementation Team consisting of: <input type="checkbox"/> <input type="checkbox"/> Project Coordinator <input type="checkbox"/> <input type="checkbox"/> Project Officer, <input type="checkbox"/> <input type="checkbox"/> Prison Expert, <input type="checkbox"/> <input type="checkbox"/> Administrative Support Staff	
18. Strengths of project	<ul style="list-style-type: none"> <li>• Involvement of the prison management and ownership</li> <li>• Change from denial to problem recognition and scaling up</li> <li>• Positioning of interventions where nothing existed</li> </ul>	
19. Weaknesses identified	<ul style="list-style-type: none"> <li>• Monitoring and review of the program needs to be strengthened</li> <li>• Inadequacy of strategy and vision in the project document</li> <li>• Leadership break and team coming together only in stages</li> <li>• The project itself has been of an evolving nature because the areas were new</li> </ul>	

20. Any best practice or lessons learnt	Linkages need to be established with national HIV programs	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. Highly relevant.	Efficiency. Fair with some problems with human resource management.
	Impact. Fair It seems there are some long term impacts in prisons interventions.	Sustainability. Fair. bit with interest to be considered further investment.
	Effectiveness. Good. All outputs completed.	Partnerships. Good and relevant ones.

1. Code	XASJ72	Scoring: Amber/Red	
2. Title	HIV Prevention, Care, Treatment and Support in Prison Settings in Southern Africa	3. Project Type	Sub regional project
4. Duration & # of extensions	17/03/2008-31/03/2012;	5. Implementing Countries	SubRegion - Southern Africa; Mozambique, Namibia, Swaziland, Zambia
6. Budget	Approved: USD 5,448,262; Overall: USD 5,468,369; 2 extensions; 3 revisions	7. Has project been evaluated? No evaluation conducted (from UNODC)	

<p>8. Thematic Type: Drugs; health and livelihoods (drugs and HIV)</p>	<p>9. Target Group: Targeting the following government and civil society organizations and groups the programme will have impact on HIV programmes in prisons throughout each country:</p> <ul style="list-style-type: none"> <li>- Governments, policy makers at country level will directly benefit from increased capacity to respond to HIV/AIDS and indirectly other developmental needs among prisoners.</li> <li>- The prison community, including prisoners and staff who will have increased access to HIV/ AIDS and other health services.</li> <li>- NGO's at local level will also have increased capacity to work with Governments on the national response, focusing on prison settings.</li> </ul> <p>In addition, when developing specific programme activities, priority and specific consideration will be given to vulnerable groups in prison such as women, children/youth, migrants, Injecting Drug Users (IDUs) and men who have sex with men.</p>
<p>10. Government Counterparts: Ministries of Justice - Mozambique, Namibia, Swaziland, Zambia</p>	<p>11. Implementing Partners: Government and NGOs</p>
<p>13. Project Goal</p>	<p>Objectives</p> <p>In order to contribute to the overall national HIV response and to the reduction of HIV infections in Southern African countries, the programme has the following objectives:</p>

	<p>To reduce the risks of HIV transmission in prison settings in southern African countries</p> <p>To reduce the HIV related mortality in prison settings in southern African countries</p>	
14. Project Outputs	<p>Outcome 1: Governments and civil society organizations have the capacity to implement HIV and related risk reduction strategies in prison settings</p> <p>Expected outputs</p> <ul style="list-style-type: none"> <li>• A report on training needs of prison staff and health service providers;</li> <li>• Curricula and training materials which will be also be transferable to other regions;</li> <li>• A self-sustaining, ongoing, renewable HIV/AIDS prison setting education ‘package’ which will be transferable to other regions;</li> <li>• A critical mass of HIV/AIDS competent prison staff, including implementing partners;</li> <li>• A critical mass of sufficiently qualified trainers comprising of prison staff and implementing partners in each of the participating countries.</li> <li>• Improved Health service delivery in prisons</li> </ul>	<p>Outcome 3: At regional level, there is increased leadership and prioritization of HIV in prisons response</p> <p>Expected outputs</p> <ul style="list-style-type: none"> <li>• Greater national and regional coordination of actors in the field of HIV/AIDS as it relates to prison settings.</li> <li>• A regional level working committee on HIV in prisons established</li> <li>• Discussion forums are setup at national and regional levels.</li> <li>• Greater exposure of practices in Southern African countries at international level.</li> </ul>
	<p>Outcome 2: At country level, there are legislation, prison policy and prison rules that promote effective and sustainable responses to HIV/AIDS in prisons</p> <p>Expected outputs</p> <ul style="list-style-type: none"> <li>• A report on strengths, weaknesses and gaps in existing</li> </ul>	<p>Outcome 4: At country, there is accessible data on HIV and behaviours among prisoners and prison staff to guide the HIV in prison settings response</p> <p>Expected outputs</p>

	<p>legislation in each of the countries;</p> <ul style="list-style-type: none"> <li>• A toolkit of adapted international instruments, guidelines and policies;</li> <li>• A legislative guide for the implementation of HIV/AIDS prevention and care programmes in prison settings in countries of the region;</li> </ul>	<ul style="list-style-type: none"> <li>• Research studies conducted on selected thematic areas;</li> <li>• Best practice case studies developed;</li> <li>• Surveillance systems in place in at least four countries</li> <li>• Information, including materials developed, in English and local languages at country level, on HIV/AIDS prevention and care in prison settings and disseminated widely.</li> </ul>
	<p>Outcome 5: At country level, there is an increase in coverage of HIV/AIDS services among prisoners and prison staff</p> <p>Expected outputs</p> <ul style="list-style-type: none"> <li>• Strategies, programmes on HIV/AIDS prevention and care in prisons and implementation plans are in place.</li> <li>• Prison staff and health service providers have skills and tools to promote and implement effective prevention activities as well as care, treatment and support to prisoners affected and living with HIV/AIDS;</li> <li>• Links with other initiatives in and out of prisons established. <ul style="list-style-type: none"> <li>▪ Increased access to preventive commodities in prisons</li> </ul> </li> </ul>	<p>Outcome 6: Reduction in HIV transmission resulting from IDU in prison settings.</p> <p>Expected Outputs:</p> <ul style="list-style-type: none"> <li>▪ Prisoners are aware of the link between IDU and HIV transmission</li> <li>▪ Prisoners are able to protect themselves from HIV transmission resulting from IDU</li> <li>▪ Prisoners have access to drug treatment</li> </ul>
15. Progress towards Outputs		Attained outcome 5 and 6

	Attained outcome 1 and 2	
	Attained outcome 3 and 4	Output
16. Has project addressed issues of	Gender Yes	Human Rights
17. Programme Management arrangements	Regional coordinator in Pretoria and national coordinators	
18. Strengths of project	Ownership of the governments and institutions Short time of implementation	
19. Weaknesses identified	Lack of Monitoring and performing indicators.	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes	

22. Overall Assessment	Relevance. Highly relevant	Efficiency. Fair.
	Impact. Fair. Not measured but promising intermediate outcomes	Sustainability. Low likelihood.
	Effectiveness. Good. All outputs attained but no measure of success built into the project	Partnerships. Good. Potential ones and relevant.

1. Code	RAFG66	The project was completed with only the component on prisons truly successful. Many lessons learnt not to be repeated	
2. Title	Implementation of demand reduction components of national action plans in West Africa	3. Project Type	Sub Regional project
4. Duration & # of extensions	09/08/2002-30/04/2012; 4 extensions; 6 revisions	5. Implementing Countries	SubRegion - West Centr Africa; Cote d'Ivoire, Ghana, Benin, Cape Verde, Togo
6. Budget	Approved: USD 1,891,314; Overall: USD 1,894,012;	7. Has project been evaluated? Yes, was evaluated: <a href="http://www.unodc.org/documents/evaluation/Independent_Project_Evaluations/2013/RAF_G66_final_report_08JUL2013.pdf">http://www.unodc.org/documents/evaluation/Independent_Project_Evaluations/2013/RAF_G66_final_report_08JUL2013.pdf</a>	
8. Thematic Type: Prevention, treatment and rehabilitation, HIV/AIDS and Criminal Justice Reform; Drugs; framework: Health and Livelihood (Drugs and HIV)		9. Target Group: NO CLEAR EVIDENCE IN DOCUMENTS; mentioned are: drug abuse and HIV/AIDS prevention among youth, children and women; university-campuses; student's hostels; etc. school children; unemployed youth; NGOs	
10. Government Counterparts: Interministerial Drug Control Committees, Ministry of Health and Justice of Benin, Côte d'Ivoire, Cape Verde, Ghana and Togo		11. Implementing Partners: Interministerial Drug Control Committees, Ministry of Health and Justice	

		of Benin, Côte d'Ivoire, Cape Verde, Ghana and Togo; UNICEF, UNESCO, UNFPA
12. Contribution to UNAIDS UBRAF, UBW		
13. Project Goal (NO PROJECT DOCUMENT IN THE SYSTEM; project revision from 2006 used)	Immediate Objective I: To create a West African knowledge-base, information and reference point on drug abuse methodologies and approaches to drug abuse prevention, treatment and rehabilitation, and standards/lessons learned in demand reduction	Immediate Objective II: Apply preventive demand reduction measures in social or health programmes and to implement treatment and rehabilitation programmes according to National Action Plans (NAPs) of Benin, Cape Verde and Togo (Phase II) and to significantly reduce the transmission of HIV/AIDS and provide effective care to HIV infected prisoners in the beneficiary countries.
14. Project Outputs	Output I: A Demand Reduction Resource Centre for West Africa fully operational in Dakar by February 2005 (end of Phase 1)	Output III (New) HIV/AIDS prevention and care in prisons: By the end of the project, technical assistance will have been provided to the selected project countries to carry out impact-oriented and sustainable HIV/AIDS prevention and care through Information, Education and Communication (IEC) and Voluntary Counseling and Testing (VCT) in selected prisons of the beneficiary countries.
	Output II: Based on NAPs, preventive demand reduction measures carried out through social or health programmes, and treatment and rehabilitation projects	

	implemented in Côte d'Ivoire and Ghana by February 2005 (Phase 1) Benin, Cape Verde, Togo by February 2007 (Phase 2)	
15. Progress towards Outputs	Output 1  A much needed Resource and Information Centre (RIC) was established in Dakar by 2004. But this component of G66 did not fully achieve its aims. Waste of resources.	Output 3  With some exceptions, prevention programs could be established within prisons involving inmates and staff. IEC initiatives were carried out while VCT were scarce.  Although this component was added towards the end of phase two of project G66 and seemed narrow and restricted, its impact has been overall remarkable
	Output 2  DDR components of NAPs were implemented in the beneficiary countries. There were however far less comprehensive than what was proposed in the original NAPs due to a relatively short duration and a lack of overall financial resources.	Output 4
16. Has project addressed issues of	Gender  Not mentioned in the evaluation report	Human Rights
17. Programme Management arrangements	Project manager at national level.	

18. Strengths of project	n/a	
19. Weaknesses identified	Lack of planning according to secured human and financial resources.Frequent changes in staff. Negative impact on project implementation.	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	n/a	
22. Overall Assessment	Relevance.	Efficiency
	The relevance of G66 was unquestionable as an attempt to find responses to the problems of DU in the region. But a large part of its raison d'être was the fact that, once they were elaborated, the NAPs could not be funded.	The efficiency was low because of many reasons, high turn over of the managers, no support from HQ,
	Impact	Sustainability
	G66 helped to put key DU issues on the agenda. Surprisingly, it was for a large part the third component, DU/ HIV- Aids prevention and care in prisons which proved to be an eye-opener to decision-makers which came to support it. It paradoxically	No sustainability planned for.

	<p>mobilized more the judiciary authorities than those i</p>	
	<p>Effectiveness</p> <p>The region is certainly better off by having benefitted from G66. It clearly made a difference despite the fact that objectives-outcomes were only partially attained.</p>	<p>Partnerships</p> <p>G66 being a regional project, transnational cooperation was important. Contacts with the EU have been numerous in preparation of the project.</p> <p>There is also an ongoing partnership between UNODC and ECOWAS established since the 90s which translated into the Regional Action Plans for fighting the abuse and illicit trafficking of drugs</p> <p>While the objective to involve NGOs and CSOs in project G66 was explicit, this could not be implemented. Much remains to be done in the strengthening and mobilization of civil society</p>

1. Code	RAFG60	Scoring: Red	
2. Title	Programme Development and Advocacy for Drug Demand Reduction and HIV/AIDS in Africa	3. Project Type	Sub Regional Project
4. Duration & # of extensions	17/05/2004-30/04/2013	5. Implementing Countries	Sub Region - Africa
6. Budget	Approved: USD 1,067,656; Overall: USD 1,067,656; 4 extensions; 5 revisions	7. Has project been evaluated? No information	

8. Thematic Type: Prevention Treatment and Rehabilitation; HIV/AIDS; Advocacy; Drugs; framework: Health and livelihoods		9. Target Group: The direct beneficiaries of this project will be the African Union, ECA, African regional organisations and Governments, national drug control and HIV/AIDS coordinating bodies. Indirectly, African demand reduction experts and institutions (through the advice and expertise of the project staff), and the drug abuser population as well as vulnerable and risk groups will benefit from the project. Ultimately, this project will also benefit the African population at large, since it will considerably contribute to reducing the socio-economic costs of drug abuse and related HIV/AIDS.
10. Government Counterparts: African Governments		11. Implementing Partners: African Union; UNAIDS, UNDP
13. Project Goal	<p>Drug control objective: To reduce drug abuse and HIV/AIDS in Africa</p> <p>Immediate objective: Develop and implement demand reduction components of the OAU/AU Plan of Action and the UNODC Strategy, and provide technical support and advice for ongoing demand reduction projects in Africa</p>	
14. Project Outputs	Output 1. Drug abuse and HIV/AIDS prevention integrated into larger health and development programme (e.g., IPAA, NEPAD) through provision of the required demand reduction expertise to UNODC Field Offices in Africa, African Governments, OAU/AU, ECA and UN agencies, and a smooth and effective communication	Output 3. African Governments political awareness and commitment to drug control issues, and related HIV/AIDS, are raised, and their capacity enhanced to mainstream drug abuse and HIV/AIDS prevention in their national strategies through the

	flow established between the project and all UNODC Field Offices in Africa and the OAU/AU drug focal unit to ensure maximum consultation to identify FO priority DR needs and to assist them	provision of technical and advisory services
	Output 2. At least 5 new integrated demand reduction projects (including HIV/AIDS-incorporating projects) are designed and approved, and at least, three of them are implemented in priority beneficiary countries	Output 4. National drug control and HIV/AIDS coordinators, as well as national planners, in selected countries in Africa, assisted to mainstream drug abuse and related HIV/AIDS in their national strategies
15. Progress towards Outputs	Output 1. Completed	Output 3. Completed
	Output 2. Completed	Output 4. Completed
16. Has project addressed issues of	Gender n/a	Human Rights n/a
17. Programme Management arrangements	n/a	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	

21. Did the project produce any publications/articles			n/a
22. Overall Assessment			
	Relevance. Low or no relevance in the Harm reduction or HIV field.	Efficiency. Fair. All funds were spent	
	Impact. Low	Sustainability. Low	
	Effectiveness. Good. It is reported that all outputs were delivered	Partnerships. Low.	

1. Code	XCEA01	Implementation: Green/Amber	
2. Title	OFID/UNODC Partnership on Effective HIV/AIDS Prevention and Care among Vulnerable Groups In Central Asia and Eastern Europe –Phase II	3. Project Type	regional project
4. Duration & # of extensions	01/01/2010-30/09/2016;	5. Implementing Countries	Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Moldova and Ukraine
6. Budget	Approved: USD 9,460,416; Overall: USD 14,753,497; 1 extension; 2 revisions	7. Has project been evaluated? Not evaluated yet.	
8. Thematic Type: Prevention, treatment and reintegration, and alternative development; Drugs; health			
9. Target Group: Since the project aims at			

<p>and livelihoods (drugs and HIV)</p>	<p>improving availability, coverage and quality of HIV services for injecting drug users and prisoners in Central Asia and selected countries of Eastern Europe, these two groups are the ultimate project's beneficiaries.</p> <p>However, a prerequisite for increased accessibility of services are the improved technical capacities of a vast body of policy- and decision-makers as well as service providers in human-rights-based and gender-sensitive programming and planning, management, monitoring and evaluation. Thus policy and decision makers at national and provincial level, managers and other staff of governmental and non-governmental organizations working in the area of healthcare, social protection, law enforcement and justice sectors that are already involved in tackling drug-related health and social harms will directly benefit from the project. Along with the development of existing human resources capacities, the project will work with professional education systems in order to mainstream HIV into the systems of graduate and continuous training of health, social and law enforcement professionals.</p>
<p>10. Government Counterparts: Ministries of Health, Welfare/Social Protection, Education, Justice, Interior, and Drug Control Agencies of Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Moldova and Ukraine</p>	<p>11. Implementing Partners: Ministries of Health, Welfare/Social Protection, Education, Justice, Interior, and Drug Control Agencies of Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Moldova and Ukraine Partner org.: UNAIDS, WHO, CDC-Central Asia, DFID, Eurasian Harm Reduction Network, USAID, GFATM, Soros Foundation</p>
<p>13. Project Goal</p>	<p>Project Objective: Improved availability, coverage and quality of</p>

	HIV services for injecting drug users and prisoners in Central Asia (i.e. Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan), and Azerbaijan, Ukraine and Moldova;	
14. Project Outputs	<p>Outcome 1: Harmonized human-rights-based &amp; evidence-based strategies &amp; interventions incorporated in national programmes on drug control, prevention &amp; treatment of HIV &amp; Tuberculosis, &amp; relevant sections of programmes on criminal justice reform to ensure more effective &amp; coherent national response to HIV epidemics as it relates to injecting drug use &amp; prison settings.</p> <p>Output 1.1: Relevant officials and experts from the Law Enforcement, Criminal Justice, Health and Welfare/Social Protection sectors are sensitised and trained on sectoral HIV strategic programming and IDU and prison-related sectoral HIV strategy development</p> <p>Output 1.2: Relevant sectoral (law enforcement, prisons, welfare/social protection) HIV policy frameworks, programmes and strategies are reviewed/updated/developed in line with the international guidelines on HIV prevention and care among IDUs and in prison settings.</p>	<p>Outcome 3: Improved management of HIV-related services to ensure continuity of care and provision of integrated and easily accessible, evidence-based, large-scale and comprehensive services for MARPs in community and prisons nationally or in selected territories of the project countries</p> <p>Output 3.1: Clinical protocols, technical guidelines and standards of HIV-related services for drug users and inmates of custodial settings developed, pilot tested and officially endorsed by relevant authorities and other stakeholders</p> <p>Output 3.2: A technical description of the model of integrated and easily accessible services system that would allow for the implementation of evidence-informed, large-scale and comprehensive interventions for MARPs in community and prisons developed and endorsed by provincial stakeholders in selected territories</p> <p>Output 3.3: Network of Resource Centres on HIV in Ukraine and Moldova is able to provide technical support and capacity building to local IDU-targeted service providers using standardised set of training modules and technical assistance mechanisms.</p> <p>Output 3.4: Relevant service providers from</p>

		<p>state-run and non-governmental low-threshold community-based and specialist services in selected territories of the project countries gained knowledge and skills necessary for providing comprehensive quality HIV prevention, treatment and care services in the community and prison settings;</p> <p>Output 3.5: Strengthened infrastructure of selected sites providing HIV-related services for drug users and people in custodial settings.</p>
	<p>Outcome 2: Strengthened professional education system on health care, social protection, law enforcement and prison systems for improved provision of integrated, evidence-based and comprehensive HIV services including drug dependence treatment for people who use drugs and prisoners</p> <p>Output 2.1 Updated occupational standards for health care and social protection service providers including for outreach workers, law enforcement and prison personnel introduced nationally or in selected territories</p> <p>Output 2.2 Updated training curricula on evidence-informed and human-rights-based HIV prevention, treatment and care for drug users and in prison settings developed and endorsed by relevant authorities</p> <p>Output 2.3 Training manual on evidence-informed and human-rights-based HIV prevention, treatment and care for drug users and in prison settings developed, pilot tested, printed and submitted for use by selected professional training institutions</p> <p>Output 2.4: Professionals of the selected schools of medicine and nursing schools, training institutions for social workers, law enforcement and prison personnel trained as trainers based on the updated curricula and the manuals</p>	<p>Outcome 4: Strengthened national capacity for monitoring and evaluation of the access to HIV-related services for drug users and prisoners in accordance with international standards and recommendations.</p> <p>Output 4.1: Baseline data on drug users and prisoners and accessibility of comprehensive package of HIV prevention, treatment and care services for them are available for policy and programme enhancement as well as for resource mobilization</p> <p>Output 4.2: Action Plan for the update of the national M&amp;E system with regard to the access of drug users and prisoners to HIV-related services developed and endorsed by relevant national authorities</p> <p>Output 4.3: Relevant national experts are trained and provided with resources and tools to conduct systematically and on regular basis monitoring and evaluation of HIV programmes targeted at IDUs and prisoners</p>

15. Progress towards Outputs	Outcome 1. Ongoing.	Outcome 3 Ongoing.
	Outcome 2. Ongoing.	
16. Has project addressed issues of	Gender	Human Rights
	Yes	Yes
17. Programme Management arrangements	ROCA is managing the project.	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. Highly relevant.	Efficiency. It seems fair.

	Impact. Unknown. To be measured.	Sustainability. Unknow.
	Effectiveness. Good. The outputs are being delivered and services provided are still early to measure results.	Partnerships. Good.

1. Code	XEEJ20	Score: Green/Amber	
2. Title	HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania	3. Project Type	Sub regional project
4. Duration & # of extensions	21/11/2006-31/12/2011; 2 extensions; 3 revisions	5. Implementing Countries	SubRegion, Eastern Europe; Estonia, Latvia, Lithuania
6. Budget	Approved: USD 6,083,264; the same as overall	7. Has project been evaluated? Evaluation 2011: <a href="http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/ProEvals-2011/final_evaluation_report_xeej20_rev.pdf">http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/ProEvals-2011/final_evaluation_report_xeej20_rev.pdf</a>	
8. Thematic Type: Drugs; Health and Livelihoods		9. Target Group: The 'end' target groups are injecting drug users and persons in detention. However, the early efforts in the project will target all actors in the legislative, administrative and operational environments – including legislators, policy makers, health and social professionals, law enforcement personnel and civil society organizations active in the field of HIV prevention and care.	
10. Government Counterparts: Estonia: National Institute of Health Development; Ministry of Social Affairs; Ministry of Justice; Latvia: National AIDS prevention centre; Ministry of Health; Ministry of Justice; Lithuania: Vilnius Center for Addictive Disorders; Ministry of Health; Ministry of Justice.		11. Implementing Partners: All the project activities will be performed under the supervision and coordination of UNODC in close collaboration with	

		the UN Theme Group and UN Country Team on AIDS where existent. The National Multisectoral Commission for the surveillance, control and prevention of HIV/AIDS, the National Anti-Drug Agency, Prison Administration and selected civil society organizations will act as implementing partners according to their expertise and area of intervention.
13. Project Goal	<p>Overall goal: To assist the Estonia, Latvia and Lithuania to halt and reverse the HIV/AIDS epidemics among injecting drug users and in prison settings</p> <p>1.2. Objective 1: Build national and regional consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons</p>	<p>1.3. Objective 2: Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings</p> <p>1.4. Objective 3: Generate and share strategic information to keep the programme on track and to respond appropriately to the evolving HIV/AIDS epidemics among injecting drug users and in prison settings</p>
14. Project Outputs	<p>Output 1 1.1. National HIV/AIDS strategies and action plans amended</p>	<p>Output 3 3.1 All stakeholders are provided with strategic information and analysis on which they can base policy decisions concerning HIV/AIDS prevention and care among injecting drug users and in prison settings</p>
	<p>Output 2 2.1 Improved institutional and professional capacity to address HIV/AIDS among injecting drug users and in prisons</p>	

	2.2 Increased access to HIV/AIDS prevention and care services for injecting drug users and in prison settings	
15. Progress towards Outputs	Output 1 Delivered.	Output 3 Delivered.
	Output 2 Delivered	Output 4 n/a
16. Has project addressed issues of	Gender Yes.	Human Rights Yes.
17. Programme Management arrangements	Regional Office.	
18. Strengths of project	n/a	
19. Weaknesses identified	Monitoring of project outputs and activities during implementation was limited,	
20. Any best practice or lessons learnt	n/a	

21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. Highly relevant	Efficiency. Fair. Some financial problems and M&E but overall it was fair.
	Impact. Very good	Sustainability. Good. likelihood.
	Effectiveness. Good. All outputs were produced both and strategic (consensus in policy) and operational level and objectives (capacity building)attained to a limited extent (the coverage of the services are not enough MMT, etc)	Partnerships. High. Extremely relevant and good partnership both at government and CSO level.

1. Code	XSSV02	Score: Green/Amber	
2. Title	HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe)	3. Project Type	Sub regional project
4. Duration & # of extensions	01/03/2011-31/12/2015; 1 extension; 1 revision	5. Implementing Countries	SubRegion – Sub-Saharan Africa; Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe

6. Budget	Approved: USD 12,286,453; overall is the same	7. Has project been evaluated? No evaluation.
8. Thematic Type: Prevention, Treatment and Reintegration; Drugs and Crime; health and livelihoods (drugs and HIV)	<p>9. Target Group: primary beneficiaries of this programme are the prisoners and the staff members. However, in order to reach these two groups, a prerequisite is ensuring that the technical capacities of several stakeholders, including decision and policy-makers and service providers, are improved and in line with an approach that is evidence-informed, human rights-based and gender sensitive. Consequently, the project targets stakeholders at the policy-making, prison management and service provider levels ensuring a comprehensive enhancement of capacities nationally and regionally to ensure that prisoners and staff benefit directly from better programming and planning, management, monitoring and evaluation.</p> <p>UNODC specifically targets national ministries/departments/services, the prison community, civil society organizations and regional bodies with the programme. In targeting, UNODC implies greater and meaningful involvement of people living with HIV, prisoners, staff and specifically women in the decision making and service delivery processes.</p>	
10. Government Counterparts: Governments of the countries	11. Implementing Partners: Partner organizations: Civil Society (all countries), World Health Organisation (WHO), UNAIDS, UNFPA, UNICEF. In the selected countries, UNODC works in close collaboration with national ministries/department/services (Health, Justice, Interior, Corrections), Civil Society Organizations,	

		UNAIDS cosponsors, bi-lateral and multi-lateral agencies, as well as stakeholders from regional bodies.
13. Project Goal	OBJECTIVE: Prevention of new HIV infections specifically related to incarceration in selected countries in Sub-Saharan Africa.	
14. Project Outputs	<p>OUTCOME 1: Strengthened national capacity to implement evidence-informed HIV and AIDS prevention, treatment, care and support (PTC&amp;S) interventions in Prison settings in selected countries in Sub-Saharan Africa.</p> <p>Output 1.1 Policy-makers, Managers, Parliamentarians and other key national and regional stakeholders are sensitized on HIV and AIDS in prison settings.</p> <p>Output 1.2 Prisoners, Prison Staff and Health Professionals have access to human rights based and evidence-informed HIV and AIDS capacity building opportunities.</p> <p>Output 1.3 HIV and AIDS prevention, treatment, care and support included in the core curricula of the national prison training academies, and "continuing education" on HIV and AIDS promoted in the workplace.</p> <p>OUTCOME 2: More effective national HIV and AIDS responses in prison settings through development and implementation of activities, which are evidence-informed and appropriately coordinated.</p>	<p>OUTCOME 3: Improved availability and management of evidenced-informed HIV and AIDS interventions in prison settings.</p> <p>Output 3.1 Regional guidelines and standards for the provision of HIV and AIDS services in prison are endorsed.</p> <p>Output 3.2 Evidence-informed HIV and AIDS interventions, which are accessible to prisoners and prison staff, are in place in prisons.</p>

	<p>Output 2.1 At national and regional levels there is accessible information on HIV and AIDS in prison settings to inform the development of responses that meet the needs of target populations.</p> <p>Output 2.2 Effective regional and national coordination mechanisms are in place.</p> <p>Output 2.3 At national level, the development of enabling environments to address HIV in prison settings supported by the results of legislative and policy framework reviews.</p>	
15. Progress towards Outputs	Outcome 1. In progress	Outcome 3. In progress.
	Outcome 2. In progress	
16. Has project addressed issues of	Gender	Human Rights Yes
17. Programme Management arrangements	Project coordinator.	
18. Strengths of project	Relevance and interest	
19. Weaknesses identified	Ambitious.	

20. Any best practice or lessons learnt			n/a
21. Did the project produce any publications/articles			Yes
22. Overall Assessment	Relevance. Highly relevant.	Efficiency. Good rate of financial delivery, some delays in recruitment.	
	Impact. Unknown. To be determined.	Sustainability. Unknown To be seen.	
	Effectiveness. Good. Ongoing delivery.	Partnerships. Fair. Still need to forge some new ones	

1. Code	XWWK05	Score: Green	
2. Title	Sub regional project for the provision of comprehensive HIV prevention and care services to Afghan refugee drug users in Iran and Pakistan and returnees in Afghanistan	3. Project Type	Sub regional project
4. Duration & # of extensions	20/04/2009-19/04/2012; 0 extensions; 0 revisions	5. Implementing Countries	Sub Region West Asia; Iran, Pakistan, Afghanistan
6. Budget	Approved: USD 1,152,671, overall: USD 1,888,569;	7. Has project been evaluated? No evaluation	
8. Thematic Type: Prevention, Treatment, and Reintegration, and Alternative Development; Drugs;		9. Target Group: The primary target group consists	

health and livelihoods	of Afghan injecting and non- injecting drug users, registered refugees inclusive living in Pakistan and Iran <sup>24</sup> and those who return or have returned to Afghanistan <sup>25</sup> . The secondary target group includes governmental and civil society, including service provider organizations, in the three countries that will benefit from capacity building and the coordinated sub regional network of HIV prevention and care services for Afghan refugees/returnees.
10. Government Counterparts: Afghanistan: Ministries of Public Health, Refugees and Repatriation and Counter Narcotics Pakistan: Ministry of Narcotics Control, National HIV/AIDS Control Programme Iran: Iranian Drug Control Headquarters, Bureau of Aliens and Foreign Immigrant Affairs	11. Implementing Partners: Non Governmental Organizations (to be determined) in the three countries Partner org.: UNHCR, IOM, UNAIDS
13. Project Goal	Objective: To reduce the prevalence of HIV and other blood borne infections amongst Afghan refugee injecting and non-injecting drug users in Iran and Pakistan and those having returned to Afghanistan and their host communities by mid 2011.
14. Project Outputs	<p>Outcome 1.1:</p> <ul style="list-style-type: none"> <li>Improved evidence base of availability, accessibility and utilization of HIV prevention and care services, including activities to minimize the harms associated with substance use, for Afghan injecting and non-injecting drug users (by gender) who are registered refugees in Iran and considered as persons of concern to UNHCR in Pakistan as well as those returning voluntarily or having returned to</li> </ul>
<p>Outcome 1.3:</p> <ul style="list-style-type: none"> <li>Strengthened Monitoring and Evaluation capacity for provision of comprehensive HIV prevention and care services to Afghan refugee drug users in Iran and Pakistan and returnees in Afghanistan.</li> </ul> <p>Output 1.3.1:</p>	

<sup>24</sup> Throughout the document will be simply referred to as Afghan refugees

<sup>25</sup> Throughout the document will be simply referred to as Afghan returnees

	<p>Afghanistan.</p> <p>Output 1.1.1:</p> <ul style="list-style-type: none"> <li>• Mapping of existing HIV prevention and care and drug treatment services (particularly opioid substitution treatment) available for injecting and non-injecting Afghan refugees and returnees, including assessment of the needs for improving the service delivery.</li> </ul> <p>Output 1.1.2:</p> <ul style="list-style-type: none"> <li>• Assessment of drug use and HIV situation among injecting and non-injecting drug using Afghan refugees in Iran and Pakistan as well as among returnees in Afghanistan within the framework of the voluntary repatriation operation.</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of a comprehensive Monitoring and Evaluation system for HIV prevention and care and substance use treatment services for Afghan injecting drug users in Pakistan and Iran and upon return.</li> </ul>
	<p>Outcome 1.2:</p> <ul style="list-style-type: none"> <li>• Improved availability, quality, coverage and impact of HIV services, free of stigma and discrimination, provided for injecting and non-injecting drug users by governmental and civil society organizations (directly involved in the project implementation) in the three countries.</li> </ul> <p>Output 1.2.1:</p> <ul style="list-style-type: none"> <li>• Training for health and other service providers (including peer educators and outreach workers) on comprehensive HIV service provision, including on female vulnerability to HIV and drug use, specific issues related to female drug users and/or HIV positive, spouses of drug users and domestic violence to Afghan refugees and returnees.</li> </ul> <p>Output 1.2.2:</p>	<p>Outcome 1.4:</p> <ul style="list-style-type: none"> <li>• Improved coordination among the key governmental and civil society bodies for provision of comprehensive HIV prevention and care and drug treatment services to Afghan refugees and returnees in accordance with culturally sensitive, non-stigmatizing, and human rights based approaches.</li> </ul> <p>Output 1.4.1:</p> <ul style="list-style-type: none"> <li>• Establishment of a sub-regional coordination mechanism between governmental bodies and civil society organizations in Iran, Afghanistan and Pakistan to support</li> </ul>

	<ul style="list-style-type: none"> <li>Increased capacity to deliver a comprehensive HIV prevention and care services in the three countries to reach Afghan refugees and returnees, who are using drugs.</li> </ul> <p>Output 1.2.3:</p> <ul style="list-style-type: none"> <li>Service providers in the three countries have best practice documents available in the local languages.</li> </ul>	<p>continuation of HIV prevention and care service delivery to Afghan refugees and returnees.</p> <p>Output 1.4.2:</p> <ul style="list-style-type: none"> <li>Advocacy programmes and training for key religious leaders, governmental bodies, police forces/judiciary and policy decision makers on provision of comprehensive HIV prevention and care and drug treatment services to Afghan refugees and returnees.</li> </ul> <p>Output 1.4.3:</p> <ul style="list-style-type: none"> <li>Regional directory of HIV and drug use services, indicating organizational profiles and type of services offered, to promote networking, referrals, guidance and support developing a robust and sustainable sub-regional referral system for HIV and drug use services in Iran, Pakistan and Afghanistan.</li> </ul>
<p>15. Progress towards Outputs</p>	<p>Outcome 1</p> <p>Outputs have been delivered</p>	<p>Outcome 3</p> <p>Outputs have been delivered</p>
	<p>Outcome 2</p> <p>Outputs have been delivered</p>	<p>Outcome 4</p> <p>Outputs have been delivered</p>

16. Has project addressed issues of	Gender Yes	Human Rights Yes.
17. Programme Management arrangements	n/a	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	n/a	
22. Overall Assessment	Relevance. Good relevance.	Efficiency. Good rate of efficiency
	Impact. Fair. Still too early to determine.	Sustainability. Fair. Some Likelihood
	Effectiveness. Good effectiveness rate, outputs delivered and results are being measure, drop in centers established, referrals and access to OST and other services harm reduction services provided	Partnerships. Fair. With government and CSO.

1. Code	AFGJ76	Score: Green Amber	
2. Title	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Afghanistan.	3. Project Type	Regional Project
4. Duration & # of extensions	01/04/2008-31/12/2012; 2 extensions; 4 revisions	5. Implementing Countries	Afghanistan, Pakistan (PAKJ85) and Nepal (NPLJ80)
6. Budget	Approved: USD 2,631,897 (proposed: USD 3,622,656)	7. Has project been evaluated? No	

8. Thematic Type: Prevention, treatment, and reintegration, and alternative development; Drugs; Framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: The primary target group comprises female injecting and non-injecting drug users in three selected cities and female prisoners within two female prisons. The secondary target group includes service providers from non-governmental organizations, governmental healthcare clinics, drug treatment facilities in the community and healthcare clinics in female prison settings who will receive training.
10. Government Counterparts: Afghan Ministry of Public Health; Ministry of Counter Narcotics		11. Implementing Partners
13. Project Goal	Project Objective 1: To establish and/or strengthen existing comprehensive HIV prevention, treatment and care service for female injecting and non-injecting drug users in the community and in prison settings.	Project Objective 2: To develop an enabling environment in Afghanistan to provide gender sensitive approaches to comprehensive HIV prevention, treatment, and care services to female injecting and non-injecting drug users.
14. Project Outputs	1.1 Outcome: Characteristics, magnitude and service needs of female injecting and non-injecting drug users determined. Service coverage of comprehensive HIV prevention, treatment, care and support mapped in three cities and two female prisons in Afghanistan and service delivery gaps identified. 1.1.1 An HIV and drug use rapid situation assessment and needs analysis of female injecting and noninjecting drug users in Kabul, Herat and Mazār-i-Sharif and in female prisons in Kabul and Herat, supplemented by the use of existing secondary data. Assessments of current gaps in service delivery,	Output 2 (relation to objective 2) 2.1 Outcome: An enabling environment developed which provides conditions that support gender sensitive comprehensive approaches to HIV prevention, treatment and care services. 2.1.1 Output: A National Advocacy Group established within Afghanistan's Harm Reduction Working Group and strengthened to develop a national advocacy strategy on gender sensitive comprehensive HIV programmes.

	<p>ethnographic studies on cultural and religious barriers to health care access and operations research on drug use and sexual networks.</p> <p>1.2 Outcome: Knowledge and skills of service providers from non-governmental organizations, governmental healthcare clinics, drug treatment facilities in the community and healthcare clinics in female prison settings improved for the provision of gender-sensitive comprehensive HIV services to women.</p> <p>1.2.1 Output: Capacity building and training of service providers from non-governmental organizations, governmental healthcare clinics, drug treatment facilities in the community and healthcare clinics in female prison settings for the provision of gender-sensitive comprehensive HIV services to women.</p> <p>1.3 Outcome: Physical infrastructures for female injecting and non-injecting drug users strengthened financially and technically.</p> <p>1.3.1 Output: Establishment of one mobile outreach unit for female injecting and non-injecting drug users in each of the selected three cities in Afghanistan.</p> <p>1.3.2 Output Establishment and strengthening of existing community based in home drug dependence treatment (including substitution therapy) for female injecting and non-injecting drug users.</p> <p>1.3.3 Output Establishment and/or strengthening of existing women’s support groups. Direct service provision of comprehensive HIV packages sustained and developed with gender</p>	<p>2.1.2 Output: Increase awareness among key religious and political leaders, governmental counterparts, legislative 10 and law enforcement bodies, drug treatment and rehabilitation centres and civil society service providers on gender sensitive comprehensive HIV programmes in the three selected cities in Afghanistan.</p> <p>2.1.3 Output: Include strategies on comprehensive HIV prevention, treatment and care for injecting drug users, female drug users, female sex work drug users and female partners of male injecting drug users in the Afghanistan National Strategic Framework on HIV/AIDS of the National AIDS Control Program and/or the Harm Demand Strategy on IDUs and HIV/AIDS Prevention in Afghanistan of the Ministry of Counter Narcotics.</p> <p>2.1.4 Output: Advocate for and assist in the introduction of opioid substitution therapy, anti-retroviral therapy and condom distribution in the community and in prison settings.</p>
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	<p>sensitive components.</p> <p>1. 4 Outcome: Direct service provision of comprehensive HIV packages sustained and developed with gender sensitive components.</p> <p>1.4.1 Output: Increase number of female injecting and non-injecting drug users reached with HIV prevention, treatment and care comprehensive packages.</p> <p>1.4.2 Output: Improve knowledge and decrease risk behaviour among female injecting and non-injecting drug users.</p> <p>1.4.3 Output: Increase condom use, use of opioid substitution therapy and needle and syringe exchange (or reduce reusing of injecting equipment) among female injecting and non-injecting drug users.</p>	
15. Progress towards Outputs	Outcome 1. Completed	Output 3 n/a
	Outocme 2 Completed	Output 4 n/a
16. Has project addressed issues of	<p>Gender</p> <p>Gender. Yes, for women. The project is tailored to the needs of female PWID and the partners of male PWID.</p>	<p>Human Rights</p> <p>Yes, it addressed the needs in particular of female PWID in prisons who previously had no access to HIV services.</p>
17. Programme Management arrangements	National coordinator.	
18. Strengths of project	Conducting a rapid assessment on the needs of female PWID in Afghanistan as little data previously existed, 2) Helping to capacitate the Govt of Afghanistan to develop a working group on PWID and HIV, 3) helping to improve the enabling environment for HIV related work with PWID to take place, 4) Addressing the needs of female PWID in a multisectoral	

	fashion through both community outreach and in the prison setting, 5) Assisting with the initiation and scale up of harm reduction services	
19. Weaknesses identified	Although services for female PWID is a gap area, it is not clear why only women PWID were identified for this project as they represent only a small proportion of all PWID in Afghanistan. Were there UNODC projects that addressed the needs of male PWID? If not, why not? 2) Mobile vans in the community, while important to reach women who would otherwise not have access to harm reduction services and prevention messages, were primarily arranged for only women. Mobile services can be costly (in terms of the gains achieved) and not to also focus on males may not have been cost effective. Lastly, mobile services could have also been used to provide HIV testing and counseling but individuals served only received referrals (not sufficiently effective, especially with key populations). However, the services appeared to provide an important gap need with NSP exchange.	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	n/a	
22. Overall Assessment	Relevance. Highly relevant	Efficiency. Fair.
	Impact. To be measured.	Sustainability. Low likelihood as reported in 2012.
	Effectiveness. Good. Outputs were delivered and reports show intermediate results such in the case of VCT and standards within prisons.	Partnerships. Relevant and good.

1. Code	BRAH34	Score: Green/Amber	
2. Title	Drug Abuse, HIV/AIDS and STD Prevention Project	3. Project Type	Project of Government of Brazil
4. Duration & # of extensions	11/11/2004-01/01/2012; 4 extensions; 6 project revisions	5. Implementing Countries	Brazil
6. Budget	Approved: USD 79,470,769 (overall budget: USD 79,895,940)	7. Has project been evaluated? No, but the previous	

		phase (project BRAE02) has been evaluated in 2004 ( <a href="http://www.unodc.org/documents/evaluation/ProjEvals-2004/ProjEval-2004-2.pdf">http://www.unodc.org/documents/evaluation/ProjEvals-2004/ProjEval-2004-2.pdf</a> )
8. Thematic Type: Prevention and reduction of drug abuse; Drugs; Framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: With nationwide coverage, the project is geared towards the population as a whole, with an emphasis on the segments of the population that are most vulnerable to HIV infection, drug abuse, and violence, as well as on groups that are excluded - or in the process of being excluded - throughout the different stages in their life cycle, namely: <ol style="list-style-type: none"> <li>1. People living with HIV/AIDS</li> <li>2. Indigenous populations</li> <li>3. Sex Workers</li> <li>4. Drug Users</li> <li>5. Miners</li> <li>6. Transvestites</li> <li>7. Truck drivers</li> <li>8. Women</li> <li>9. Low-income population</li> <li>10. Men who have sex with men</li> <li>11. Prison population</li> <li>12. Military and police personnel</li> <li>13. People in rural camps and settlements</li> <li>14. People living on the streets</li> </ol>
10. Government Counterparts: Ministry of Health		11. Implementing Partners: National STD and AIDS Program, Ministry of Health
13. Project Goal	Development objective – To contribute to improve the quality of	Immediate objective 3 – To support the

	<p>population health in Brazil, by strengthening the mechanisms of controlling the transmitting and non-transmitting diseases and associated risk elements.</p> <p>Control objective – To reduce the incidence of STD/HIV/Aids and other blood-borne diseases among drug users and other vulnerable population.</p> <p>Immediate objective 1 – To expand the coverage and improve the quality of interventions and care aimed at drug abuse, HIV/AIDS, and STD prevention.</p> <p>Immediate objective 2 – To strengthen and increase the national capacity of carrying out and fostering research and technological development in the treatment and prevention of drug abuse, HIV/AIDS, and STDs.</p>	<p>decentralization of the funding (direct from Government) and implementation of program activities to the states, municipalities, and civil society organizations.</p> <p>Immediate Objective 4 – To promote international technical cooperation in the fields of prevention, care, and treatment of drug abuse, HIV/AIDS, and STDs.</p>
14. Project Outputs	<p>Outputs immediate objective 1</p> <p>Output 1.1 – To have developed strategy and supported prevention, treatment, and care actions, with special emphasis on care to the most vulnerable segments of the population, including the revitalization of laboratory and pharmaceutical framework.</p> <p>Output 1.2 – To have designed strategy and supported actions aimed at preventing drug abuse, HIV/AIDS, and STD infection - and to have promoted health.</p> <p>Output 1.3 – To have designed strategies and promoted human rights of people living with HIV and AIDS and most vulnerable social groups aiming at reducing the discrimination and associated stigma.</p>	<p>Output 2 (immediate objective 2)</p> <p>Output 2.1 – To have strengthened the national capacity for scientific and technological research and development.</p> <p>Output 2.2 – To have improved methods for behavioral interventions aimed at sexual diversity and harm reduction.</p>
	<p>Output 3 (immediate objective 3)</p> <p>Output 3.1 – To have fostered, supported and strengthened the managerial capacity of states, municipalities, civil society organizations, and project executors.</p>	<p>Output 4 (immediate objective 4)</p> <p>Output 4.1 – To have promoted the networking and exchange of knowledge and technologies between countries, with special emphasis on Latin America, the Caribbean, and Africa.</p>

15. Progress towards Outputs	<p>Output 1</p> <ul style="list-style-type: none"> <li>• 4% IDUs were reached that is a 4% of the target</li> <li>• 97% of the sanitary indigenous districts reached by prevention activities</li> <li>• 36% out of 50% sexually active population HIV tested.</li> <li>• 23 billion condoms made available (147% more)</li> <li>• 59% out of 95% of women received prophylactic treatment during prenatal care and childbirth.</li> <li>• 68% out of 80% schools carried out sex education activities regularly</li> <li>• 80.7 out of 95% MSM report condom use in the most recent sexual intercourse.</li> <li>• Study on performance of 3 model of female sexual condom (100%)</li> </ul>	<p>Output 3</p> <ul style="list-style-type: none"> <li>• 90% of all municipalities and states qualified to finance interventions and with monitoring systems in place.</li> </ul>
	<p>Output 2</p> <p>50% of all technical institutions supported received technological training</p> <p>105% of projects directed at improving the behavioral interventions in the field of sexual diversity harm reduction</p>	<p>Output 4</p> <ul style="list-style-type: none"> <li>• 100% of international seminars hold UNGASS</li> <li>• 20% of international cooperation projects and CSO</li> <li>• 160 % of all technical mission to other countries</li> </ul>
16. Has project addressed issues of	Gender. Yes it has addressed them extensively through specific outputs in the project targeted to female population	Human Rights. Yes it has addressed them extensively by supporting the regulations, training etc.
17. Programme Management arrangements	The main arrangement consisted of a tripartite annual review meetings held among UNODC, the Secretary of Health and the World Bank.	

	UNODC had a programme manager and a team working throughout the implementation of the project.	
18. Strengths of project	Integrated response with an important financial contribution of the government of Brazil through a World Bank loan. This model had the positive effect of reaching out to the numerous diverse and geographically distant relevant and disadvantaged populations	
19. Weaknesses identified	Linkages between the local services and the health system were not working on IDU population. Highly ambitious project with a complex web of partners and coordination.	
20. Any best practice or lessons learnt	Probably but not reported as such.	
21. Did the project produce any publications/articles	As one of the outputs was completely devoted to improve research, research; the annual reports mentioned at least 17 full key research publications, many other publications and learning tools were produced. The monitoring reports are showing a high degree of dissemination of publications across the countries that can be count by dozen of thousands.	
22. Overall Assessment	Relevance. High. The project was indeed relevant to the needs of the population and the problems it wanted to address.	Efficiency. The government owned the project from the very beginning there is no information available on the reports pertaining to efficiency.
	Impact. High. It is clear that the project has generated impacts on relevant populations as well as the institutions involved. The impacts have been reported including not intended ones such as the work and effects on the prisons reform.	Sustainability. High seems to be high due to the full ownership and complete commitment of the government that is already planning for a new phase of the project through different instruments
	Effectiveness. High. The annual reports show that overall the project has reached the populations and institutions planned in the project document. There were some shortcomings with IDU populations but some other such were reached beyond the planned targets.	Partnerships. Good. By the number, relevance and role of the institutions that participated in the project. There is a clear good performance in tis criteria.

1. Code	BRAK02	Score: N/A project terminated. Change of priorities of the Government	
2. Title	HIV Prevention and Care: Strengthening the health services coverage at the prison system	3. Project Type	Country project
4. Duration & # of extensions	17/03/2010-30/09/2011 (planned start date: 11/2008); no extension; no revision.	5. Implementing Countries	Brazil
6. Budget	Approved: USD 11,567; Overall: USD 388,185	7. Has project been evaluated? no	
8. Thematic Type: HIV and AIDS prevention and care; Drugs; Health and Livelihoods (Drugs and HIV)		9. Target Group: Health staff of prison units; Security agents of prison units; Managers and technical staff of prison units; Prisoners; Prisoners' family members; Local communities and relatives of prisoners.	
10. Government Counterparts: Ministry of Health		11. Implementing Partners: Executing agency: National Penitentiary Department – Ministry of Justice	
13. Project Goal	Project objective: To support the implementation of the National Health Policy for the Penitentiary System by enhancing the quality of services regarding STI/HIV and AIDS provided to the prison population (capacity building).	2.2.2 – Outcomes: Health professionals as well as security agents and administration staff will be provided with training material (for on-site training and distance training) thus allowing both the upgrade and the replication of the training for professionals newly admitted to the system and thereby addressing the management of health services in prison units, with a focus on prevention, testing and care to HIV and AIDS.	
14. Project Outputs	Outputs:	Output 2	

	1. Assessment of training needs of health staff and other actors within prison units of the states qualified in the PNSSP, with emphasis on actions towards prevention of and care for HIV and AIDS in prison settings, carried out.	2. A training program (on-site training and distance training) on IST/HIV and AIDS for health and other prison staff, aiming at improving the quality of the STI/HIV and AIDS health care services available, developed.
	Output 3 3. Training of trainers within the states qualified in the PNSSP to use the training material thus allowing its validation and the replication in the future carried out.	Output 4 4. Training of health and security professionals of prison units within the state of Minas Gerais by trainers trained in the state in partnership with the state Penitentiary School carried out.
	Output 5 5. Training material (on-site training and distance training) including proper application methods presented to the states qualified in the PNSSP in partnership with the state Penitentiary Schools.	
<b>PROJECT TERMINATED BECAUSE OF CHANGE OF PRIORITIES BY THE GOVERNMENT</b>		
15. Progress towards Outputs	Output 1 n/a	Output 3. n/a
	Output 2 n/a	Output 4. n/a
N/A		
16. Has project addressed issues of	Gender n/a	Human Rights n/a
N/A		
17. Programme Management arrangements	n/a	

18. Strengths of project		n/a	
19. Weaknesses identified		n/a	
20. Any best practice or lessons learnt		n/a	
21. Did the project produce any publications/articles		n/a	
22. Overall Assessment		Relevance n/a	Efficiency n/a
		Impact n/a	Sustainability n/a
		Effectiveness n/a	Partnerships n/a

1. Code	BRAK57	Score: Not enough information to assess, project at an early stage	
2. Title	Improving Management, Surveillance, Prevention and Control of STD, AIDS and Viral Hepatitis among Drug Users, Sex Workers, Prison Population and People Living with HIV/AIDS	3. Project Type	Country
4. Duration & # of extensions	31-05-2012 to 31-05-2015	5. Implementing Countries	Brazil
6. Budget	Approved: \$32,041,069	7. Has project been evaluated? No	

8. Thematic Type: HIV and AIDS prevention and care (as relating to injecting drug users, prison settings and vulnerability to trafficking in human beings)		9. Target Group: Vulnerable populations: sex workers, drug users, prison population and people living with HIV/AIDS.
10. Government Counterparts: Brazilian Ministry of Health, via its Department of STD, AIDS and Viral Hepatitis / Health Surveillance Secretariat		11. Implementing Partners: National HIV/AIDS authorities, under Ministry of Health or Health Secretariats, Unified Health System Collegiate Bodies, Civil Society Organizations, Governmental Organizations, Research and Study Support Foundations, among others.
13. Project Goal	This project's actions will contribute to strengthening the health system through (i) promoting results- and evidence-based management; (ii) coordinating and integrating prevention services and primary healthcare services; (iii) implementing and consolidating a robust monitoring and evaluation system; and (iv) implementing performance-based funding mechanisms for state and municipal health services and civil society organizations.	
14. Project Outputs	Output 1 Partnerships established for the strengthening of the capacity building in the provision of access to prevention, assistance and to the promotion of quality of life for people living with HIV/AIDS, drug users, prison population and sex workers.	
	Output 2 Results based management and financing mechanisms developed.	

15. Progress towards Outputs	Output 1. n/a	
	Output 2. n/a	
16. Has project addressed issues of	Gender n/a	Human Rights n/a
17. Programme Management arrangements	The project will hold tripartite meetings, with the participation of the Department of STD, AIDS and Viral Hepatitis, the External Relations Ministry (Brazilian Cooperation Agency - ABC) and the United Nations Office on Drugs and Crime (UNODC).	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	n/a	
22. Overall Assessment	Relevance	Efficiency n/a
	Impact	Sustainability

	n/a	n/a
	Effectiveness	Partnerships
	n/a	n/a

1. Code	CHNJ42	Score: Red	
2. Title	Strengthening the role of law enforcement in China's HIV response	3. Project Type	Country project
4. Duration & # of extensions	17/01/2008-30/04/2010; no extension (1 reduction); 2 approved project revisions.	5. Implementing Countries	China
6. Budget	Approved: USD 624,037; proposed budget: USD 628, 727	7. Has project been evaluated? No	
8. Thematic Type: HIV/AIDS prevention; Drugs; Framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: detainees; people living with HIV/AIDS in closed settings; management of Ministry of Public Security + Ministry of Justice; medical and non-medical of training and resource center staff	
10. Government Counterparts: National Narcotics Control Commission		11. Implementing Partners: WHO, UNAIDS	
13. Project Goal	<p><b>MAIN OBJECTIVE</b></p> <p>To strengthen law enforcement action to prevent the further spread of HIV/AIDS in China by: creating a coordinating body within the National Narcotics Control Commission; institutionalizing HIV/AIDS prevention in the education institutions of the Ministry of Public Security and the Ministry of Justice, capacity building, and; offering prevention, care and treatment to those in confined settings.</p>	<p><b>OBJECTIVE 3</b></p> <p>To strengthen the capacity of law enforcement agencies to develop and implement coordinated, multi-sector, rights-based, harm-reduction policies.</p> <p><b>OBJECTIVE 4</b></p> <p>To improve access to HIV/AIDS prevention, care, treatment and support to all residents within</p>	

	<p><b>OBJECTIVE 1</b> To provide the Government of the People’s Republic of China with a comprehensive analysis report and recommendations for an effective response by law enforcement to HIV/AIDS in closed settings and in the affected community.</p> <p><b>OBJECTIVE 2</b> To create an enabling environment for effective approaches by strengthening the capacity of the National Narcotics Control Commission (NNCC) to develop a multi-sector response to HIV/AIDS and promoting law enforcement as a lead agency in preventing the spread of HIV/AIDS among injecting drug users including within detention facilities.</p>	<p>confined settings through the establishment of effective linkages between these settings and services and resources in the community.</p> <p><b>OBJECTIVE 5</b> To improve availability and access to HIV/AIDS treatment, care and support services in detention centers, including Voluntary Counseling and Testing (VCT), and strengthening effective linkages between closed settings and HIV/AIDS treatment and care services and resources in the community. [The provision of treatment for those confined (Anti-retroviral treatment and treatment of opportunistic infections) will depend on the national law in force at the time of implementation]</p>
14. Project Outputs	<p><b>OUTPUT 1.1 - OBJECTIVE 1</b> A comprehensive situational assessment report is provided to the Government of the People’s Republic of China that includes: (1) an analysis of the existing HIV situation in China’s closed settings and in the related community; and, (2) recommendations appropriate to the Chinese context and based on successful international experiences with HIV prevention and care in closed settings and in the related community.</p>	<p><b>OUTPUT 2.1 – OBJECTIVE 2</b> A dedicated unit within the National Narcotics Control Commission (NNCC) is established to oversee activities on law enforcement issues related to injecting drug use and HIV transmission, including HIV/AIDS in closed settings.</p> <p><b>OUTPUT 2.2 – OBJECTIVE 2</b> Leaders, managers, policy makers and program planners in the Ministry of Public Security, in the Ministry of Justice and in the NNCC are fully engaged in supporting HIV prevention.</p> <p><b>OUTPUT 2.3 – OBJECTIVE 2</b> The drug awareness campaigns developed by NNCC and targeting the general public and the</p>

		high-risk groups are responsive to and meet the new challenges posed by an increasing number of drug-related HIV infections.
	<p><b>OUTPUT 3.1 – OBJECTIVE 3</b> Specialist HIV/AIDS prevention training and resource centers are established in two police academies (Ministry of Public Security) and in two police colleges (Ministry of Justice) in two of the ten provinces most affected by HIV and drug use.</p> <p><b>OUTPUT 3.2 – OBJECTIVE 3</b> By the end of the project all law enforcement officers and staff working in the closed settings in two of the ten Provinces, Regions and Municipalities most affected by HIV and drug use who have attended the regular training at police academies and police colleges will have had access to training on HIV/AIDS prevention and care. The training provided will be consistent with international best practices adapted to the situational context and Chinese culture.</p>	<p><b>OUTPUT 4.1 – OBJECTIVE 4</b> Best practices in drug related HIV/AIDS prevention and care approaches are actively promoted in four selected closed settings and applied through the establishment of effective linkages between the settings and the external services.</p>
	<p><b>OUTPUT 5.1 – OBJECTIVE 5</b> Increased availability of HIV/AIDS treatment, care and support services for residents of four selected closed settings, including Voluntary Counselling and Testing (VCT) services and improved referral linkages with community HIV/AIDS treatment and care services.</p>	
15. Progress towards Outputs	Output 1	Output 3

	Partially completed.	Partially completed
	Output 2	Output 4
	Partially completed	Partially completed
16. Has project addressed issues of	Gender n/a	Human Rights n/a
17. Programme Management arrangements	Part of an UN Joint Programme	
18. Strengths of project	n/a	
19. Weaknesses identified	Overambitious	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. Low.	Efficiency. Low, money was not fully spent.
	Impact. Low.	Sustainability. Low.
	Effectiveness. Low. Limited to small outputs and activities that do not address the problem	Partnerships. Unknow

1. Code	EGYK08		
2. Title	Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt	3. Project Type	Country Project
4. Duration & # of extensions	02/04/2009-31/12/2011; no extensions; no revision.	5. Implementing Countries	Egypt
6. Budget	Approved: USD 338,763; total budget: USD 1,000,500	7. Has project been evaluated? No	
8. Thematic Type: Prevention. Treatment and reintegration and alternative development; Drugs; Framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: The primary target group: prison inmates in 2 adult prison settings and juveniles in El Marg Juvenile Detention Centre in Greater Cairo. The secondary target group: prison staff and health care service providers who will be receiving capacity building trainings on the provision of HIV prevention, treatment, care services in the prison settings. The tertiary target group: selected NGO(s) who will receive capacity building to provide psychosocial support, as well as, HIV and drug use post release aftercare.	
10. Government Counterparts: Ministry of Health and Population; Ministry of Social Solidarity; Ministry of Interior.		11. Implementing Partners: National AIDS Programme/Ministry of Health and Population; UNAIDS Egypt	
12. Contribution to UNAIDS UBRAF, UBW			
13. Project Goal	<p><b>Project Objective:</b> Increasing the prison population' access to HIV prevention, medical treatment and care services during detention in prison settings and after release through aftercare services in two adult prisons and one juvenile detention centres in Egypt.</p>		

	<p>The project envisages building on the HIV services provided by project XAMJ07 through the following activities:</p>	
<p>14. Project Outputs</p>	<p><b>Outcome 1:</b> Improved access by prison populations to comprehensive HIV prevention, medical treatment and care services in adult prisons settings and the Juvenile Detention Centre.</p> <p><b>Outputs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One voluntary, anonymous and confidential HIV testing and counselling services established in each prison</li> <li><input type="checkbox"/> Advocacy towards the provision of HIV prevention commodities (condoms and needles if possible)</li> <li><input type="checkbox"/> HIV and drug use awareness mechanism created for newly admitted prisoners</li> <li><input type="checkbox"/> Health care workers trained on confidential treatment and case management for comprehensive HIV treatment and treatment of opportunistic infections.</li> <li><input type="checkbox"/> Health care workers trained on the national guidelines for STI management</li> <li><input type="checkbox"/> Network between current HIV prevention and care services and TB programme in prisons and system of referral created with respect to confidentiality</li> <li><input type="checkbox"/> Training and advocacy strategy developed for the prison population on de-stigmatization and on the rights of people living with HIV and drug users</li> </ul> <p>11</p> <p><i>Specifically in juvenile detention centres:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment of HIV and drug use situation in Marg detention</li> </ul>	<p><b>Outcome 2:</b> Established access by released adult prisoners and juveniles to comprehensive HIV and drug use aftercare services.</p> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Network structure between the prison authorities, Ministry of Social Solidarity and civil society organizations and formal system of referral for aftercare created</li> <li><input type="checkbox"/> The capacities of NGO(s) to deliver psychosocial support and aftercare services are strengthened and services are provided</li> </ul>

	<p>centre</p> <p><input type="checkbox"/> National policy for HIV prevention in juvenile detention centres is drafted and integrated into National HIV/AIDS Strategic Plan.</p> <p><input type="checkbox"/> Development of a national HIV strategy for juvenile detention centers</p>	
	Output 3	Output 4
15. Progress towards Outputs	<p>Output 1.</p> <p>All activities under the output have been implemented to a certain extent; services are being provided, including capacity building (7 trainings, 135 people trained), test services, advocacy and change in the regulatory framework in prisons. Most the services have stopped or are delayed due to the political events occurred during 2011 that had an impact on the 3 out of the 4 prisons included in the project.</p>	<p>Output 3</p> <p>n/a</p>
	<p>Output 2</p> <p>The referral network of government and civil society is still under constructions. The first steps have been take, identification of the NGOs and standard procedures developed.</p>	<p>Output 4</p> <p>n/a</p>
16. Has project addressed issues of	<p>Gender</p> <p>The reports do not show this topic has been addressed.</p>	<p>Human Rights</p> <p>There are some references that training have a component on human right issues related to the</p>
17. Programme Management	A manager at the regional office in charge of the project and support from the regional office.	

arrangements		
18. Strengths of project	There is evidence of good ownership from the government and interest in continuing and expanding the project.	
19. Weaknesses identified	External political shocks have affected the project and will continue to affect it in the near future. Shortage of expertise to provide the trainings. Delays in procurement and low financial delivery.	
20. Any best practice or lessons learnt	The governance mechanism that is an inclusive is a potential good practice to consider for the future.	
21. Did the project produce any publications/articles	It is reported tools and capacity building materials have been generated.	
22. Overall Assessment	Relevance. High relevance at country level operating in 4 prisons with a target group of 20.000 inmates	Efficiency. Medium, delays and
	Impact. No evidence yet, it is too soon to confirm or deny.	Sustainability. It could be in question in light of the country context.
	Effectiveness. It is still early to be able to confirm or deny effectiveness but the project has delivered some promising initial results, specially in one of the prisons on a few hundred inmates (VTC, counseling and etc), prison staff, etc.	Partnerships. Initially a good level of partnership with the government that will have to be complemented with CSOs.

1. Code	INDI81	Score: Green/Amber	
2. Title	HIV /AIDS Project Design in Four North Eastern States of India	3. Project Type	Country Project
4. Duration & # of extensions	25/10/2007-31/12/2013; 1 extension; 2 revisions.	5. Implementing Countries	India (Nagaland, Manipur, Mizoram and Meghalaya)
6. Budget	Approved: USD 1,475,959; overall: USD 1,720,900	7. Has project been evaluated? No (but UNAIDS conducted two evaluations) and there is an upcoming joint evaluation.	
8. Thematic Type: HIV/AIDS; Drugs; framework: Health and Livelihoods (Drugs and HIV)			
		9. Target Group: HIV/AIDS population, specifically women and in particular in rural areas. And stakeholders of HIV/AIDS prevention at all levels in the four states.	
10. Government Counterparts: National AIDS Control Organisation; State AIDS Control Societies; Department of Social Justice and Empowerment; Department of Women and Child; Department of Education.		11. Implementing Partners: NGOs, CBOs, UNAIDS	
13. Project Goal			
The overall goal of the UN-NACO project is to contribute to the national response in reducing the risk and impact of HIV/AIDS in four states of Northeast India, namely Nagaland, Manipur, Mizoram and Meghalaya. Objective: To develop state specific innovative interventions which will augment the response to the HIV epidemic.			
14. Project Outputs			
Output 1: Youth-friendly HIV prevention activities implemented in Nagaland		Output 2: Risk reduction initiative primarily through community-based detoxification services	

		established in Manipur
	Output 3: Risk reduction initiative primarily through advocacy to strengthen on-going HIV risk reduction activities among IDUs established in Mizoram	Output 4: Population and content specific HIV/AIDS awareness and education initiative in Meghalaya established
15. Progress towards Outputs	Output 1 Completed.	Output 3. Completed. The majority of outputs have been completed and the project is almost finished, closing date December 2013. A joint evaluation is undergoing.
	Output 2 Completed.	Output 4 Completed.
16. Has project addressed issues of	Gender Yes.	Human Rights Yes.
17. Programme Management arrangements	Regional office support and national coordinator with project assistance deployed at Mizoram and the other sites.	
18. Strengths of project	Good ownership of government in the case of Mizoram.	
19. Weaknesses identified	Sustainability, strategy exit not present.	
20. Any best practice or lessons learnt	The process of creating trust with CSO and other counterparts of the government.	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. Highly relevant given the context of risk behavior happening at the local level.	Efficiency. Good. the rate of outputs per unit of outputs seems to be positive.
	Impact. Fair. The main intermediate impact is the behavior of	Sustainability. Low. At risk if no other donors pick

	national institutions addressing the HIV/AIDS issues at local level.	up.
	Effectiveness. Good. The project has completed the majority of its outputs and the evaluation team could witness some cases of the direct results on some populations.	Partnerships. High. Partnership with CSO and other key partners such as faith-based organizations.

1. Code	IRNK13	Score: Green/Amber	
2. Title	Promotion of HIV/AIDS Prevention and Care Programmes for Female Injecting Drug Users in I. R. of Iran	3. Project Type	Country Project
4. Duration & # of extensions	17/06/2009-31/12/2011; no extension; 1 revision	5. Implementing Countries	Iran
6. Budget	Approved: USD 217,487; Overall: 219,300	7. Has project been evaluated? No	
8. Thematic Type: Prevention, treatment, and reintegration and alternative development; Drugs; framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: Immediate project beneficiaries to the project are the female affected by drug use and female prisoners. Moreover, the target groups of this project consist of all relevant Harm Reduction and demand reduction decision/policy-making agencies/institutions in the Islamic Republic of Iran and relevant experts. Accordingly, these will include: <input type="checkbox"/> Female injecting drug users (with particular attention to IDU sex workers) <input type="checkbox"/> Spouses of injecting drug users and male prisoners <input type="checkbox"/> Female prisoners <input type="checkbox"/> NGOs and CBOs <input type="checkbox"/> Relevant experts <input type="checkbox"/> Relevant research institutes	

		<input type="checkbox"/> Relevant training centres
10. Government Counterparts: Drug Control HQ, Iran		11. Implementing Partners: UNFPA; UNAIDS, NGOs
13. Project Goal	<p>2.2.1 Project objective</p> <p>The first immediate objective of the project is to develop necessary infrastructures for promotion of HIV prevention and care programmes for female IDUs in the community as well as in prison settings. Improvement of the HIV prevention and care services for female prisoners is the other envisaged immediate objective for this project.</p>	
14. Project Outputs	<p>2.2.2. Outcome</p> <p>1. Comprehensive package for HIV prevention, treatment, care and support to female injecting and non-injecting drug users, spouses of male injecting drug users and female prisoners developed based on the needs assessment</p> <p>2. Enabling environment developed which would support gender and culture sensitive approaches to HIV prevention, treatment, care and support services to female injecting and non-injecting drug users, spouses of male users and female prisoners</p> <p>3. Entrance of females with minor offences sentenced to imprisonment decreased</p> <p>2.2.3. Outputs</p> <p>1. Gathering available information, compiling an assessment regarding HIV epidemic among target groups and gathering successful HIV prevention, care and treatment programmes at regional and international levels;</p> <p>2. Supporting the development of practical guidelines or training</p>	Output 2

	<p>materials tailored in accordance with the prevailing social and cultural context and norms of Iran;</p> <p>3. Providing training of trainers based on developed guidelines;</p> <p>4. Supporting the improvement of HIV and STI care and treatment services for female prisoners and in after care centers;</p> <p>5. Development of a drug treatment court model for females with minor offences is explored;</p> <p>6. Exploring other alternatives to incarceration for females with minor offences.</p>	
15. Progress towards Outputs	Outcome 1. Completed	
	Outcome 2. Ongoing but already partially delivered.	
16. Has project addressed issues of	<p>Gender</p> <p>Yes.</p>	<p>Human Rights</p> <p>Yes.</p>
17. Programme Management arrangements	National Office.	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	

21. Did the project produce any publications/articles	Yes.		
22. Overall Assessment	Relevance. High.		Efficiency. Fair.
	Impact. Low.		Sustainability. Low
	Effectiveness. Good.		Partnerships. Good.
1. Code	KENI08	Score: Amber/Red	
2. Title	Prevention of Drug Abuse and HIV and AIDS in high-risk setting with vulnerable populations in Kenya	3. Project Type	Country project
4. Duration & # of extensions	09/03/2005-31/12/2013; 1 extension; 1 revision	5. Implementing Countries	Kenya
6. Budget	Approved: USD 3,125,074; Overall: USD 4,097,100	7. Has project been evaluated? Yes (2007: <a href="http://www.unodc.org/documents/evaluation/ProjEvals-2007/projeval-2007-6_rev.pdf">http://www.unodc.org/documents/evaluation/ProjEvals-2007/projeval-2007-6_rev.pdf</a> ); Final (2013-not yet finalized)	
8. Thematic Type: Prevention and reduction of drug abuse; Drugs; framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: The immediate beneficiaries of this project are staff of the following entities: <input type="checkbox"/> A number of public VCT centres in Nairobi and the Coast Province, and NGOs including a youth network. <input type="checkbox"/> In Nairobi: The Mathare Psychiatric Hospital, the Global Youth Network Centre at Railways building, the Asumbi Halfway House, and the Nairobi Central Prison.	

		<ul style="list-style-type: none"> <li><input type="checkbox"/> In Mombasa: The Coast General Hospital, the Muslim Education Welfare Association, the Reach Out Rehabilitation Centre, and the Mombasa Central Prison</li> <li><input type="checkbox"/> In Malindi/Lamu: The Omary Project.</li> <li><input type="checkbox"/> A satellite system of collaborating institutions set up to act as feeder and aftercare centres in the project sites for the above-mentioned centres.</li> <li><input type="checkbox"/> Two prisons, one each in Nairobi and the Coast Province</li> </ul> <p>Moreover, the following populations catered for by the above institutions:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug users, including injecting drug users, their families and their communities including HIV positive drug abusers and their families or partners.</li> <li><input type="checkbox"/> Other vulnerable populations, including prison inmates and sex workers.</li> </ul>
10. Government Counterparts: Ministry of Health; Government of Kenya		11. Implementing Partners: Government; partially UNAIDS
13. Project Goal	<p>Long-term objective: To reduce drug abuse, injecting drug use and related HIV/AIDS in Kenya.</p> <p>Immediate objective: To enhance the capacity of govt. institutions and NGOs in Kenya to prevent HIV/AIDS among injecting drug users (IDUs) and other vulnerable populations; and to reduce the HIV infection risk in those populations.</p>	
14. Project Outputs	Output 1. 120 Government and NGOs staff in	Output 2. A national network of drug and

	Kenya trained annually to design and implement HIV/AIDS prevention programmes, including outreach, among IDUs and other vulnerable populations (including outreach), manage and run treatment and rehabilitation centres, and provide care and referral for drug abusers and those HIV positive.	HIV/AIDS prevention and care-providers created, with a satellite system in each site.
	Output 3. Outreach programmes in project sites running to reduce HIV infection among IDUs and SWs and provide care for them, with condom distribution and medical management.	Output 4. Information, educational and advocacy materials developed and distributed in all project sites
	Output 5. A baseline and end-of-project serological and behavioural survey report on prevalence of HIV/AIDS risk behaviours among IDUs in project sites.	
15. Progress towards Outputs	Output 1 Fully completed	Output 3. Fully completed
	Output 2. Fully completed	Output 4. Fully attained.
16. Has project addressed issues of	Gender n/a	Human Rights Yes.
17. Programme Management arrangements	n/a	
18. Strengths of project	The project has been able to change the policy environment by sensitizing key players and facilitating the development of	

	national policies and guidelines for more evidence-based HIV prevention, treatment and support for MARPs, particularly for people who use drugs.	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes	
22. Overall Assessment	Relevance. Design problems.	Efficiency. Fair. It was considered financially and technically efficient.
	Impact. Fair. The project just finished when intermediate impacts start showing.	Sustainability. Low. There is some likelihood of sustainability.
	Effectiveness. Good. Objectives were achieved.	Partnerships. Good. CSO and government..

1. Code	LAOK18	Score: Amber/Red	
2. Title	Reduce the spread of HIV harm associated with Injecting Drug Use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR.	3. Project Type	Country Project
4. Duration & # of extensions	04/02/2010-30/09/2014, no extension and revision	5. Implementing Countries	Lao
6. Budget	Approved: USD 1,458,600; Overall: USD 3,220,600	7. Has project been evaluated? No	
8. Thematic Type: Prevention, treatment and reintegration and alternative development; Drugs;		9. Target Group: People vulnerable to IDU and their	

framework: health and livelihoods (drugs and HIV)		partners, including drug users who are at risk of switching to injecting, current injecting drug users as well as their sexual partners.
10. Government Counterparts: Lao Commission on Drug Control and Supervision (LCDC), Ministry of Health; Centre for HIV, AIDS (CHAS) and MoPS		11. Implementing Partners: WHO; Lao Commission on Drug Control and Supervision (LCDC), Ministry of Health; Centre for HIV, AIDS (CHAS) and MoPS
13. Project Goal	2.2.1 Project Objective To reduce HIV transmission associated with drug use among men and women in Lao PDR.	
14. Project Outputs	Objective 1: Improve coordination and collaboration in support of Lao PDR harm reduction policies that prevent HIV among drug users Outcome 1: National Task Force on HIV and Drug Use strengthened Output 1: Endorsed National Harm Reduction Policy and 5 year work plan Outcome 2: Two Pilot Provincial Task Forces established Output 1: Multisectoral task forces established in 2 provinces	Objective 2: Increased technical and management capacity to deliver effective services and support to drug users Outcome 1: Country baseline information Output 1: Compendium of all drugs and HIV research reports including a data gap analysis edited and printed Output 2: Rapid Assessment from 4 provinces results published into a report and merged with the results of the RA in the four previous provinces done under HR3 Outcome 2: Develop capacity of service providers to provide harm reduction services and prevent HIV and AIDS Output 1: Core group of service providers trained in harm reduction to enable them to subsequently train others Output 2: Assessment of the local service providers

		in 2 selected provinces to engage in harm reduction services for injecting drug services by national program officers Output 3: Providers of services for ham reduction selected and their capacities strengthened
	Objective 3: Increased awareness and understanding of drug use and HIV issues Outcome 1: Strengthening the capacity of Lao high level officials to advocate for harm reduction Output 1: High level officials involved in National Harm Reduction advocacy and policy Outcome 2: Enhanced capacity of law enforcement in harm reduction and effective engagement of public security Output 1: Capacity gap analysis of law enforcement professionals when it comes to harm reduction, HIV and AIDS and drug use assessed and results compiled in a report	
15. Progress towards Outputs	Objective 1 Ongoing	Objective 3 Ongoing
	Objective 2 Ongoing	
16. Has project addressed issues of	Gender Yes	Human Rights
17. Programme Management	Regional Adviser, national coordinator, assistant and driver	

arrangements							
18. Strengths of project	Relevance for the country and partnerships						
19. Weaknesses identified	Delays and lack of normative and national guidelines on harm reduction						
20. Any best practice or lessons learnt	n/a						
21. Did the project produce any publications/articles	Yes						
22. Overall Assessment	<table border="1"> <tr> <td>Relevance. Highly Relevant</td> <td>Efficiency. Low. by the low financial delivery rate.</td> </tr> <tr> <td>Impact. Not yet.</td> <td>Sustainability. Low</td> </tr> <tr> <td>Effectiveness. Fair. Some outputs delivered but many of them are still ongoing the project was supposed to finish in 2012 and got an extension to January 2013, an evaluation should have been conducted already.</td> <td>Partnerships. Excellent.</td> </tr> </table>	Relevance. Highly Relevant	Efficiency. Low. by the low financial delivery rate.	Impact. Not yet.	Sustainability. Low	Effectiveness. Fair. Some outputs delivered but many of them are still ongoing the project was supposed to finish in 2012 and got an extension to January 2013, an evaluation should have been conducted already.	Partnerships. Excellent.
Relevance. Highly Relevant	Efficiency. Low. by the low financial delivery rate.						
Impact. Not yet.	Sustainability. Low						
Effectiveness. Fair. Some outputs delivered but many of them are still ongoing the project was supposed to finish in 2012 and got an extension to January 2013, an evaluation should have been conducted already.	Partnerships. Excellent.						

1. Code	LIBI36	Score: Amber/Red	
2. Title	Prevention of drug abuse and HIV/AIDS among drug users, injecting drug users and vulnerable populations in the Libya.	3. Project Type	Country project
4. Duration & # of extensions	27/11/2009-31/12/2015; 1 extension; 3 revisions	5. Implementing Countries	Libya

6. Budget	Approved: USD 1,970,693; Overall: USD 5,915,196	7. Has project been evaluated? no
8. Thematic Type: Prevention, treatment, and reintegration and alternative development; Drugs; framework: Health and Livelihoods (Drugs and HIV)	<p>9. Target Group: The immediate beneficiaries of this project are staff of the following entities:</p> <p>I) In Tripoli: The National Centre for Infectious Diseases Prevention and Control (NCIDPC), the National Treatment and Rehabilitation Centre, the Tajourah Drug Rehabilitation Centre, the Al Razi psychiatric hospital, the National Centre for the Prevention of Drug Abuse (Gaddhafi Foundation) and the Watasamou NGO; the Boy Scouts and Girl Guides, and schools;</p> <p>II) In Benghazi, the main psychiatric hospital, the National Centre for the Prevention of Drug Abuse; the Boy Scouts and Girl Guides, and schools;</p> <p>III) One VCT Centre providing HIV testing and counselling across the country;</p> <p>IV) One prison in Tripoli.</p> <p>Moreover, the following populations catered for by the above institutions:</p> <p>I) Drug users, their families and their communities;</p> <p>II) Injecting drug users, including those living with HIV and their families or partners;</p> <p>III) Prison inmates</p> <p>IV) Young people, school students and communities at large</p>	
10. Government Counterparts: Ministry of Health, Government of Libya; General People's Committee for Health and Environment	11. Implementing Partners: UNDP	

13. Project Goal	<p>Overall objective</p> <p>The main objective of the project is to enhance the capacity of the Libyan Government as well as governmental and non-government organizations to develop and upgrade national capacities and measures for providing treatment for drug use and HIV prevention and care among injecting drug users.</p>	<p>2.2.2. Outcomes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Effective interventions for drug prevention, rehabilitation and aftercare services for drug users launched</li> <li><input type="checkbox"/> Intervention strategies for HIV prevention and care among IDUs and in prison settings designed and implemented by both government and NGOs resulting in improved knowledge of HIV and decreased risk behaviour among IDUs</li> <li><input type="checkbox"/> Intervention strategies for HIV prevention and care in prison settings established</li> </ul>
14. Project Outputs	<p>Output 1</p> <p>Output 1.1: Rehabilitation guidelines and provision of training for a pool of professionals and specialized staff in governmental institutions and NGOs to carry out rehabilitation activities developed</p> <p>Output 1.2: Long-term rehabilitation institutions established</p> <p>Output 1.3: Support groups of former drug users to provide after care services for drug users established</p> <p>Output 1.4: Drug prevention programmes in the community launched</p>	<p>Output 2</p> <p>Output 2.1: A national strategy on drug use and HIV, within the National AIDS Programme established</p> <p>Output 2.2: Outreach programmes for the prevention of HIV among IDUs implemented</p> <p>Output 2.3: One Voluntary Counselling and Testing (VCT) service and increase access to care services to IDUs living with HIV executed</p> <p>Output 2.4: Training centre for ongoing capacity building for prevention of HIV among IDUs developed</p> <p>Output 2.5: A baseline and end-of-project serological and behavioural survey report on HIV prevalence and risk behaviours among IDUs in project sites developed</p>
	<p>Output 3</p> <p>Output 3.1: Training prison staff on drug use and HIV prevention and care implemented</p>	

15. Progress towards Outputs	Output 1 Rehabilitation guidelines and provision of training for a pool of professionals and specialized staff in governmental institutions and NGOs to carry out rehabilitation activities developed. The rest of sub outputs have not been delivered	Output 3 n/a
	Output 2 A national strategy on drug use and HIV, within the National AIDS Programme established	Output 4 n/a
16. Has project addressed issues of	Gender	Human Rights
17. Programme Management arrangements	HIV regional adviser in El Cairo with support from the regional office, a national project manager, 1 assistant and 6 staff from the center of control of diseases.	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	

20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Some tools and capacity building products.	
22. Overall Assessment	Relevance. Highly relevant since the capacity is almost inexistent	Efficiency. To be explore in light of the new phase
	Impact. n/a	Sustainability. n/a
	Effectiveness. Low because of the irruption of the armed conflict.	Partnerships. Good initial partnership with government counterparts, CSO need to be included

1. Code	MMRJ63	Score: Green/Amber	
2. Title	UNODC Partnership for the Reduction of Injecting Drug Use, HIV/AIDS and Related Vulnerability in Myanmar	3. Project Type	Country project
4. Duration & # of extensions	18/09/2007-01/01/2012, 3 extensions; 4 revisions	5. Implementing Countries	Myanmar
6. Budget	Approved: USD 3,365,299; Overall: USD 3,414,400	7. Has project been evaluated? In-Depth Evaluation with MMRJ69 ( <a href="http://www.unodc.org/documents/evaluation/indepth-evaluations/Final_Report_MMRJ63_and_MMRJ69_02OCT2012rev.pdf">http://www.unodc.org/documents/evaluation/indepth-evaluations/Final_Report_MMRJ63_and_MMRJ69_02OCT2012rev.pdf</a> )	
8. Thematic Type: HIV/AIDS; Drugs; framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: The main target groups are drug users, injecting drug users, young people at “most	

		risk” and vulnerable to drug use and to IDUs in the community as well as their sexual partners
10. Government Counterparts: Central Committee for Drug Abuse Control (CCDAC; government); National Aids Programme		11. Implementing Partners: Central Committee for Drug Abuse Control (CCDAC; government); Partner Org.: 1) Myanmar Business Coalition on AIDS; 2) Marie Stopes International; 3) Oasis-PLWH group; 4) Youth Empowerment Association; 5) Voluntary Social Workers Association and 6) Township Project Management Committees.
13. Project Goal	Project Objective: Prevent and reduce injecting drug use, HIV/AIDS and related vulnerability through strengthening CBOs and Township Project Management Committees in five priority townships in Myanmar.	
14. Project Outputs	Outcome 1: Community based IDU and related HIV/AIDS prevention, health protection, diagnosis, treatment, referral and rehabilitation services and networks are operational in five project townships.  Output 1: Increased access to quality assured prevention, counseling, VCT, STIs, primary health care, infection containment, drug treatment and rehabilitation support and services. Output 2: Strengthened organizational, programmatic, managerial and Technical capacities of partner selfhelp, PLWH groups, TPMCs and CBOs for IDU related HIV/AIDS prevention and reduction.	

15. Progress towards Outputs	Output 1 The community services are being delivered according to the plan but there are some drawbacks in service quality and outreach to beneficiaries.	Output 2 The capacities have been strengthened but the extent of the support has not been adequate to the needs and the quality is questionable.
16. Has project addressed issues of	Gender The evaluation reports discrimination still being an issue.	Human Rights
17. Programme Management arrangements	Project advisers with local teams.	
18. Strengths of project	Ownership of the local populations.	
19. Weaknesses identified	Quality of services, limited reach and sustainability.	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes.	

22. Overall Assessment	Relevance. Good. The project tackles key national health issues. However the evidence is not based on epidemiological data or other robust evidence based research. The context and profile of drug users have changed while the project is designed to tackle mainly injecting drug user of opium.	Efficiency. Fair. Funding and procurement delays, shortages of some medicines and supply. High staff turn over. The monitoring system has improved through a computerized software There is room for improvement in efficiency.
	Impact. Low. Limited to a small number of individuals and not be able to measure.	Sustainability. Low. In spite of the interest of the government there is a low likelihood that the project will keep going after the support is gone unless a new donor takes over.
	Effectiveness. Good. The services have been delivered according to the plan but there are some drawbacks including issues of quality, distribution channels of harm reductions.	Partnerships. Good. UNODC is a well-respected partner both by the government and at the community level.

1. Code	MMRJ69	Score: Green/Amber	
2. Title	Reducing the spread of HIV/AIDS among drug users through the HAARP Country Flexible Program for Myanmar	3. Project Type	Country project
4. Duration & # of extensions	17/03/2008-31/12/2012, 1 extension; 2 revisions	5. Implementing Countries	Myanmar (18 townships)
6. Budget	Approved: USD 4,516,030; Overall: USD 4,816,574; 1 extension; 2 revisions	7. Has project been evaluated? In-Depth Evaluation with MMRJ63 ( <a href="http://www.unodc.org/documents/evaluation/indept_h- evaluations/Final_Report_MMRJ63_and_MMRJ69_02OCT2012rev.pdf">http://www.unodc.org/documents/evaluation/indept_h- evaluations/Final_Report_MMRJ63_and_MMRJ69_02OCT2012rev.pdf</a> )	
8. Thematic Type: HIV/AIDS prevention and care; Drugs and Crime; framework: Health and		9. Target Group: Drug users, injecting drug users,	

Livelihoods (Drugs and HIV)		young people at “most risk” and vulnerable to drug abuse and to IDUs in the community as well as their sexual partners
10. Government Counterparts: Central Committee for Drug Abuse Control (CCDAC); Ministry of Health		11. Implementing Partners: Central Committee for Drug Abuse Control (CCDAC); Marie Stopes International (MSI), Substance Abuse Research Association (SARA), National Drug and Alcohol Research Centre (NDARC), Myanmar Council of Churches (MCC) and Myanmar Baptist Convention (MBC)
13. Project Goal	<p><b>Project Objective</b> To reduce HIV transmission associated with (injecting) drug use among an estimated 35,000 - 50,000 drug users including female IDUs and their sexual partners by 5% through comprehensive risk reduction and sexual and reproductive health services in 18 township sites.</p>	
14. Project Outputs	<p><b>Outcome 1:</b> Increased national and sub-national level understanding about the necessity and value of sharing information about governments and community led efforts to address drug use within HIV policies, strategies and programmes</p> <p><b>Output 1:</b> Institutional capacity building to establish a supportive policy environment for effective approaches to HIV/AIDS and injecting drug use</p> <p><b>Output 2:</b> Advocate for supportive and synergistic procedures and practices at the workplace of law enforcement and other uniformed services personnel</p>	<p><b>Outcome 3:</b> Increased experience among communities of initiating and managing efforts to address drug use and HIV issues</p> <p><b>Output 1:</b> Prevented and reduced measurably, HIV among young DUs / IDUs and their sexual partners in CFP townships through increased access to comprehensive care</p> <p><b>Output 2:</b> Support community ownership and responsiveness to drug misuse and social evils Support community based drug demand reduction</p>

		and HIV prevention initiatives
	<p>Outcome 2: Increased expertise in the practical use of approaches and methods that will assist in reducing the HIV harm associated with drug use among men and women in Myanmar</p> <p>Output 1: Range of comprehensive services to (injecting) drug users and related communities at various geographical areas being advocated, granted and operational</p> <p>Output 2: Accelerate drug education and HIV education for drug users and young people</p>	<p>Outcome 4: Strengthened cooperation of Myanmar in the region and plan other country specific activities</p> <p>Output 1: Regional Cooperation addressing the HIV epidemic among injecting drug users is well enhanced</p> <p>Output 2: Programme will be effectively managed and monitoring and evaluation reports submitted</p>
15. Progress towards Outputs	<p>Output 1</p> <p>The capacities have been strengthen but the extent of the support has not been adequate to the needs and the quality is questionable.</p>	<p>Output 3</p> <p>Communities have progressed in their capacity to deal with HIV/AIDS related problems with still many limitations awaiting to be addressed.</p>
	<p>Output 2 The community services are being delivered according to the plan but the there are some drawbacks in service quality and outreach to beneficiaries.</p>	<p>Output 4 In spite of the progress there is still a need to improve management and the monitoring function.</p>
16. Has project addressed issues of	<p>Gender</p> <p>The evaluation reports discrimination still being an issue.</p>	<p>Human Rights</p> <p>n/a</p>

17. Programme Management arrangements	Project advisers with local teams.	
18. Strengths of project	Ownership of the local populations.	
19. Weaknesses identified	Quality of services, limited reach and sustainability.	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes	
22. Overall Assessment	Relevance. High. The project tackles key national health issues. However the evidence is not based on epidemiological data or other robust evidence based research. The context and profile of drug users have changed while the project is designed to tackle mainly injecting drug user of opium	Efficiency. Fair.
	Impact. Low. Limited to a small number of individuals and not be able to measure.	Sustainability. There is a low likelihood that the project will keep going after the support is gone unless a new donor takes over
	Effectiveness. Good. The services have been delivered according to the plan but there are some drawbacks including issues of quality,	Partnerships. High UNODC is a well-respected partner both by the government and at the

	distribution channels of harm reductions.	community level.
1. Code	NPLJ80	Score: Green/Amber
2. Title	HIV Prevention Care and Treatment for Female IDUs, Female Prisoners and Women living with HIV and AIDS in Nepal	3. Project Type Country project
4. Duration & # of extensions	05/05/2008-31/12/2015; 3 extensions; 3 revisions	5. Implementing Countries Nepal
6. Budget	Approved: USD 3,044,327; Overall: 3,308,941;	7. Has project been evaluated? No info (not evaluated with UNODC)
8. Thematic Type: HIV/AIDS prevention and care; Drugs; framework: Health and Livelihoods (Drugs and HIV)	9. Target Group: Primary target group: individual female drug users, female IDUs, female prisoners, female partners of IDUs and prisoners. Civil society initiatives and networks representing the project beneficiaries. Secondary target group: medical practitioners, especially in female specific services, outreach workers, prison and NGO staff that will receive training, and any relevant staff in Government Departments. These target groups will participate in the project design, steering and monitoring.	
10. Government Counterparts: Government of Nepal: Ministry of Home Affairs, Ministry of Health and Population, Ministry of Women, Children and Social Welfare	11. Implementing Partners: Government of Nepal: Ministry of Home Affairs, Ministry of Health and Population, Ministry of Women, Children and Social Welfare , NGOs and CBOs	
13. Project Goal	Objective 1: To determine the characteristics and service needs of	Objective 3: Establishment and strengthening of

	<p>female injectors and female prisoners, for the provision of comprehensive prevention, treatment, care and support services. Objective 2: To develop an enabling environment for gender and culture sensitive approaches to HIV prevention, treatment, care and support services.</p>	<p>physical infrastructures for female injecting and non-injecting drug users.</p> <p>Objective 4: Provide training and build capacity of service providers from governmental and civil society organisations, for gender-sensitive services to female injecting and non-injecting drug users and women living with HIV and AIDS.</p> <p>Objective 5: Direct service provision of drug use and HIV comprehensive package in a gender and culture -sensitive manner.</p> <p>Objective 6: Service provision to female prisoners.</p> <p>Objective 7: Support to female drug user and Women living with HIV and AIDS networks</p> <p>Objective 8: Conduct end of project evaluation</p>
14. Project Outputs – PLEASE NOTE: no outputs given; only outcomes, activities and indicators!	<p>Outcome 1: Characteristics and service needs of female injectors and female prisoners determined and research conducted on female IDU and prisoners to inform project roll-out and further programming.</p>	<p>Outcome 3: Physical infrastructures for female injecting and non-injecting drug users strengthened financially and technically, with increased accessibility.</p>
	<p>Outcome 2: Deliver advocacy and communication strategy successfully geared towards opinion and decision makers, and communities.</p>	<p>Outcome 4: Capacity, knowledge and skills of service providers from governmental and civil society organisations increased for the provision of gender-sensitive services for female injecting and non-injecting drug users and women living with HIV and AIDS.</p>
	<p>Outcome 5: Comprehensive package of services for HIV prevention, treatment and care among female IDUs and, to a lesser</p>	<p>Outcome 6: Services for female prisoners provided, in support of project interventions in</p>

	extent their partners and families, delivered through efficient partnerships and contracting of technical assistance on selected activities.	prisons, including RAS/ H71.
	Outcome 7: Effective support and advocacy strategy delivered for female drug user and Women living with HIV and AIDS networks, significantly contributing to the network's Exposure and achievements.	Outcome 8: End of Project evaluation conducted
15. Progress towards Outputs	<p>Outcome 1</p> <p>Achieved through mapping of services (2008), epidemiological studies, bio behavioral study completed 2011 and rapid assessments (2010-11)</p> <p>Outcome 2</p> <p>The advocacy efforts are still undergoing but some initial results have been achieved with government counterparts.</p> <p>Outcome 3</p> <p>In progress through 12 NGOs and 2 networks covering different areas of the country have been providing the comprehensive package to over 4,000 repeated visits. 59,048 condoms distributed. 3 centers are offering home-based care.</p>	<p>Outcome 4</p> <p>9 drop in centers established.</p> <p>Outcome 5</p> <p>The reports show that the capacity building initiatives have been delivered 2010-11 to prison staff Ngos and female IDU and othe civil servantin the health ministry and ministry of home affairs.</p> <p>Outcome 6</p> <p>1,723 female DU have been reached by harm reduction services</p> <p>Outcome 7</p> <p>Completed.</p> <p>Outcome 8</p>

		To be conducted in 2014
16. Has project addressed issues of	Gender	Human Rights
17. Programme Management arrangements	1 Adviser (already gone) 1 national coordinator and 1 assistant supported by the regional office.	
18. Strengths of project	Good targeted interventions with a lot of support from CSO.	
19. Weaknesses identified	UN partnerships are weak, the government is not yet fully on board the political situation of the country has not been stable and this has affected the project.	
20. Any best practice or lessons learnt	The process of engaging with CSO could be of interest for other countries.	
21. Did the project produce any publications/articles	Yes capacity building tools and advocacy publications.	
22. Overall Assessment	Relevance. High relevance demonstrated by the studies and the testimony of the major stakeholders in the country.	Efficiency. Good. The rate of outputs per the unit of inputs seems to show a positive relation.
	Impact. Good prospects.	Sustainability. Good. The likelihood of sustainability from the standpoint of CSO is already clear. The government counterparts will need to be approach once gain after the elections.

	Effectiveness. Good. The project has been effective with the majority of services	Partnerships. Excellent partnerships with CSO but weak access to UN partners, perhaps some support from the regional office will help in accessing the right level of decision-making.

1. Code	NPLJ96	Score: Amber/Red	
2. Title	Technical Assistance to a co-ordinated response for the prevention of HIV among drug users in Nepal: advocacy, capacity building and monitoring and evaluation	3. Project Type	Country project
4. Duration & # of extensions	29/11/2008-31/12/2011	5. Implementing Countries	Nepal
6. Budget	Approved: USD 1,093,634; overall: USD 1,093,634; 3 extensions; 7 revisions	7. Has project been evaluated? No information – no UNODC evaluation. DFID evaluation undertaken, made it available to UNODC HQ IEU.	
8. Thematic Type: Prevention, treatment and reintegration and alternative development; Drugs; Health and Livelihoods (Drugs and HIV)		9. Target Group: The primary target group includes drug users particularly injecting drug users, prisoners, civil society and networks representing the project beneficiaries.  The secondary target group are staff members of NGO and civil servants who will receive training. These target groups will participate in the project design, steering and monitoring.	
10. Government Counterparts: Ministry of Home Affairs in coordination with Ministry of Health and Population		11. Implementing Partners: Ministry of Home Affairs in coordination with Ministry of Health and Population	

13. Project Goal	Objective 1: Attain and strengthen a supportive, conducive and sustainable environment for effective HIV and AIDS interventions for injecting drug users and in prison settings	Objective 2: Monitor and evaluate processes and impact and establish best practice and quality standards.
14. Project Outputs – PLEASE NOTE: NO OUTPUTS; only outcomes, activities and performance indicators.	<p>Outcome 1.1: Renewed advocacy and support to the national response for HIV prevention, treatment and care for injecting drug users and prisoners. Advocacy and communication strategy delivered and successfully geared towards opinion and decision makers, and communities.</p> <p>Outcome 1.2: Institutional framework for a multi-sectoral and coordinated partnership is strengthened; IDU and prison related activities are mainstreamed with the national HIV/AIDS response</p>	<p>Outcome 2.1: Quality standards are developed</p> <p>Outcome 2.2: Monitoring and Evaluation: Improved availability &amp; utilization of data on programme impact and trends over time &amp; related behaviours driving the epidemic</p>
15. Progress towards Outputs	<p>Outcome 1.1</p> <p>The national strategy for HIV/AIDS was produced and various advocacy activities were delivered, the strategy at national level was drafted.</p> <p>Outcome 1.2</p> <p>These outputs seem to have concentrated in some specific cases. The reports don't show a national mainstreamed HIV/AIDS response in prisons yet in place.</p>	<p>Outcome 2</p> <p>The reports show that project teams conduct regular monitoring visit. However this is not what the project document stated.</p>

16. Has project addressed issues of	Gender Yes.	Human Rights n/a
17. Programme Management arrangements	1 Adviser (already gone) 1 national coordinator and 1 assistant supported by the regional office.	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. High. It was indeed relevant to national context where HIV/AIDS does not seem to be high enough in the political agenda.	Efficiency. Good. The efficiency seems to be good, given the rate of outputs per inputs allocated, including the provision of services to 13,468 drug users, the distribution of 888,848 syringes and 222,364 condoms

	Impact. Good. After 2 years after completion it seems there have been impacts in partnerships and has increased awareness among the government counterparts.	Sustainability. Low. Some of the activities are not clearly sustainable such as the advocacy ones, the services delivered will depend on the specific CSOs and other donors
	Effectiveness. Good. The report doesn't show a clear causal linkage between the outputs produced and the outcomes delivered but it contributed to the general objectives of the project through different causal means.	Partnerships. Good. There is evidence that partnerships are working at country level.

1. Code	PAKJ85	Score: Green/Amber	
2. Title	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Pakistan	3. Project Type	Country Project
4. Duration & # of extensions	01/04/2008-31/12/2014	5. Implementing Countries	Pakistan
6. Budget	Approved: USD 2,753,229; Overall: USD 3,274,323; 3 extensions, 4 revisions	7. Has project been evaluated? Mid-term evaluation (not UNODC; <a href="http://www.unodc.org/documents/evaluation/EvalR eports-other-organisations/PakJ85_Mid_Term_Evaluation_2010.pdf">http://www.unodc.org/documents/evaluation/EvalR eports-other-organisations/PakJ85_Mid_Term_Evaluation_2010.pdf</a> )	
8. Thematic Type: Prevention, treatment and reintegration, and alternative development; Drugs; framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: The primary target group comprises female injecting and non-injecting drug users and spouses of male injecting drug users in three selected cities, female prisoners within two female prisons and women living with HIV. The secondary target group is medical practitioners (especially in female specific services) lady health workers, outreach	

		workers, prison and NGO staff that will receive training.
10. Government Counterparts: Ministry of Narcotics Control/National HIV/AIDS Control Programme		11. Implementing Partners: Ministry of Narcotics Control/National HIV/AIDS Control Programme; UNFPA, WHO, UNAIDS
13. Project Goal	<p>Objective 1: To determine the characteristics and service needs of female injecting and noninjecting drug users, spouses of male injecting drug users and female prisoners, for provision of comprehensive HIV prevention, treatment care and support.</p> <p>Objective 2: To develop an enabling environment, which provides conditions that support gender and culture sensitive approaches to HIV prevention, treatment, care and support services to female injecting and non-injecting drug users, spouses of male users and female prisoners.</p> <p>Objective 3: Establishment of physical infrastructure for female injecting drug users.</p>	<p>Objective 4: Capacity building and training for medical practitioners and service providers from governmental and civil society organisations, in provision of gendersensitive services to female injecting drug users and spouses of male injecting drug users.</p> <p>Objective 5: Direct service provision of the comprehensive package in a gender and culture - sensitive manner.</p> <p>Objective 6: Service delivery to female prisoners.</p> <p>Objective 7: Monitoring and Evaluation.</p>
14. Project Outputs	<p>1.1 Outcome Comprehensive service packages for HIV prevention, treatment, care and support to female injecting and non-injecting drug users, spouses of male injecting drug users and female prisoners developed based on the needs assessment.</p> <p>1.2 Outputs 1.2.1 Conduct rapid situation assessments and needs analysis of female injecting and non-injecting drug users, spouses of HIV positive male injecting drug users in</p>	<p>3.1 Outcome Infrastructure with trained staff for mobile service delivery to female injecting drug users established.</p> <p>3.2 Outputs 3.2.1 Establishment of three mobile units for the female injecting and non-injecting drug users and spouses of male injecting drug users; 3.2.2 Training of mobile unit personnel; 3.2.3 Three mobile units procured including</p>

	<p>three cities and female prisoners in two female prisons, using existing secondary data, supplemented by second generation surveillance surveys;</p> <p>1.2.2 Ethnographic studies – religious and cultural barriers, religious and cultural solutions to access;</p> <p>1.2.3 Conduct operations research on drug use and sexual networks, and HIV risk behaviours.</p>	<p>appropriate equipment.</p>
	<p>2.1 Outcome Enabling environment developed which would support gender and culture sensitive approaches to HIV prevention, treatment, care and support services to female injecting and non-injecting drug users, spouses of male users and female prisoners.</p> <p>2.2 Outputs 2.2.1 Development of gender and culture sensitive advocacy and communication materials;</p> <p>2.2.2 Promotion of gender and culture sensitive and rights-based programme approaches among governmental and civil society service providers through the workshops and seminars;</p> <p>2.2.3 Policy advocacy for recognition of the need to establish female-specific interventions among injecting drug users and in prison settings;</p> <p>2.2.4 Formation of support groups among female injecting and non-injecting drug users, spouses of male injecting drug users, prisoners and women living with HIV and AIDS.</p>	<p>4.1 Outcome A team of medical practitioners and service providers from governmental and civil society organisations, trained in providing the gender-sensitive and culturally appropriate services to female injecting drug users and spouses of male injecting drug users.</p> <p>4.2 Outputs 4.2.1 Conduct training and skills-needs assessment among existing and potential service providers e.g. drug treatment services, harm reduction, ARV, pre- and post- natal care and gynaecology. Develop gender sensitive training materials and manuals, adapted to specific local social and cultural context;</p> <p>4.2.2 Skills development, including for peer educators, in specific technical areas (e.g., needle and syringe programmes, condom promotion, HIV counselling, referral to other services);</p> <p>4.2.3 Training of peer educators on HIV and STI prevention, early detection and treatment measures.</p>
	<p>5.1 Outcome The female injecting drug users and spouses of male injecting drug users regularly availing services from the drop-in-centres.</p> <p>5.2 Outputs</p>	<p>6.1 Outcome Comprehensive HIV prevention, treatment and care services for female prisoners established in two female prisons and utilized.</p> <p>6.2 Outputs</p>

	<p>5.2.1 Development and distribution of gender and culture sensitive and female appropriate HIV prevention information, education and communication materials, including information on harm reduction, drug safety, HIV/AIDS, sexually transmitted infections, and violence prevention;</p> <p>5.2.2 Establishment of three Drop-In-Centres based primary health, harm reduction services, drug dependence services, sexual and reproductive health services, needle and syringe programmes, condom promotion and distribution, abscess management, HIV counselling and testing, CD4 and viral load monitoring referral services;</p> <p>5.2.3 Referral for drug dependence treatment, notably oral substitution therapy; voluntary counselling and HIV testing; antiretroviral therapy (ART) (where indicated); management and referral for opportunistic infections, and prevention of mother-to-child transmission services;</p> <p>5.2.4 Provision of peer-led outreach services (e.g. HIV education, behaviour change communication material distribution, needle and syringe distribution; condom promotion and distribution; referral for STI treatment, general health and voluntary counselling and HIV testing);</p> <p>5.2.5 Financial and technical support for gender and culture sensitive VCT in existing facilities.</p>	<p>6.2.1 Awareness raising of national decision-makers (e.g. Ministry of Interior, Prison Administration) on the need to address the vulnerability of female prisoners to HIV/AIDS and drug use and to provide harm reduction, drug use prevention and HIV information;</p> <p>6.2.2 Develop and deliver gender sensitive training and other information materials and manuals, adapted to locally specific social and cultural contexts to prison staff and service providers on the provision of comprehensive HIV, gender-sensitive services free of stigma and discrimination;</p> <p>6.2.3 Training of prison-based peer educators on HIV and STI prevention, early detection and treatment;</p> <p>6.2.4 Comprehensive HIV prevention, treatment and care services provided;</p> <p>6.2.5 Prevention of Mother To Child Transmission (PMTCT).</p>
	<p>7.1 Outcome: Regular flow of reports from the project sites.</p> <p>7.2 Output: 7.2.1 Development, institutionalisation and implementation of M&amp;E frame work including list of indicators and regular data collection system.</p> <p>7.2.2 Provision of: <input type="checkbox"/> Quarterly activity reports summarizing project activity during</p>	

	<p>the reporting period;</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Financial reports in accordance with standard UNODC procedures;</li> <li><input type="checkbox"/> Half yearly and Annual project progress reports;</li> <li><input type="checkbox"/> In house mid-term review (self assessment);</li> <li><input type="checkbox"/> End-of-project completion report;</li> <li><input type="checkbox"/> End of project completion evaluation.</li> </ul> <p>7.2.3 Beneficiaries who will be trained under this project will be required to submit a report on their studies and training and measures they consider relevant for their respective offices to follow-up on the studies and or training.</p> <p>7.2.4 The evaluation will be carried out in a fully transparent way and reports will be made available to the Government Counterparts, other implementing partners and the UNAIDS family.</p> <p>7.2.5 Quality and Impact indicators to be developed jointly between host governments, UNODC and donors.</p>	
15. Progress towards Outputs	Outcome 1. Delivered Outcome 2. Delivered	Outcome 5. Delivered.
	Outcome 3. Delivered. Outcome 4. Delivered.	Outcome 6. Delivered.
16. Has project addressed issues of	Gender  Yes.	Human Rights  Yes.
17. Programme Management arrangements	n/a	
18. Strengths of project	n/a	
19. Weaknesses identified		

	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	n/a	
22. Overall Assessment	Relevance. Very High	Efficiency. OK
	Impact. Fair. Some initial impacts were reported	Sustainability. Low likelihood.
	Effectiveness. Good. All services and products were delivered	Partnerships. Good and relevant.

1. Code	PALI06	Score: Amber/Red	
2. Title	Drug control and related crime cooperation programme between the Palestinian Authority and UNODC for the prevention of drug abuse, drug trafficking and related criminal activities	3. Project Type	Country Project
4. Duration & # of extensions	30/08/2005-30/06/2011; 4 extensions; 4 revisions	5. Implementing Countries	Palestinian Territory, occupied
6. Budget	Approved: USD 1,537,506; overall: USD 1,537,508	7. Has project been evaluated? No information	
8. Thematic Type: Prevention and reduction of drug abuse; Drugs; framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: Palestinian people, especially young people who will increase the knowledge and awareness of drug abuse prevention; High Committee for Drug Control; Rapid Situation Assessment Team; Staff from community mental health centres, UNRWA's health centres, social workers, NGOs, staff at treatment and rehabilitation	

		facilities.
10. Government Counterparts: Government; Ministries of Interior, Health and Social Affairs.		11. Implementing Partners: UNSCO, UNRWA, UNDP; Government; Ministries of Interior, Health and Social Affairs.
13. Project Goal	<p>Drug control objective: To establish a coordinated demand reduction programme in the Palestinian Autonomous Areas aimed at strengthening demand reduction capacity, and to plan and implement effective demand reduction measures, with a view to prevent drug abuse and/or to reduce the number of drug users.</p> <p>Immediate objective 1: Strengthen the capacity of the Inter-ministerial High Committee for Drug Control to develop and implement a National Strategic Action Plan on Demand Reduction.</p> <p>Immediate objective 2: Carry out a Rapid Situation Assessment (RSA) of the drug abuse problems, its linkage to HIV/AIDS and related crime carried out with special focus on youth from or grown up in refugee camps. Based on the RSA study a sustainable system for monitoring of the drug abuse situation and the implementation of the Action Plan been established. The assessment will be conducted to:</p> <ul style="list-style-type: none"> <li>▪ Determine in more detail the magnitude and characteristics of the drug problem, its linkage to HIV/AIDS and related crime, with a specific focus on youth from or grown up in refugee camps;</li> <li>▪ Determine risk and protective factors for drug abuse and related crime;</li> <li>▪ Design strategies and interventions that respond to the needs of the target groups;</li> <li>▪ Ascertain the availability of community resources that could be mobilized for such interventions.</li> </ul>	<p>Immediate Objective 3 Upgrade the capacities and skills of staff from the Community Mental Health Centres (Ministry of Health), social workers (Ministry of Social Affairs) working in local districts, UNRWA's Health Centres in refugee camps, drug control authorities, and three NGOs, to provide preventive, early detection, treatment and counseling services on drug abuse and related HIV/AIDS.</p> <p>Immediate objective 4 Upgrade four to six NGOs and youth centres in the Palestinian Autonomous Areas (West bank and Gaza) to design and implement centre, community and refugee camps -based drug abuse and related crime awareness raising, and peer-based prevention activities.</p> <p>Immediate Objective 5 Focusing on injecting drug users, upgrade the capacity of four NGOs, two community mental health centres and two UNRWA health centres in the Palestinian Autonomous Areas (West bank and Gaza) to provide outreach services, including early detection, intervention, treatment and referral for drug abuse and related HIV/AIDS prevention, for high risk groups and hard-to-reach-drug-users, with special focus on youth from refugee camps.</p>

		<p>Immediate objective 6:</p> <p>Establish and/or upgrade the treatment and rehabilitation capacities of two small public and two NGO/private facilities (one in Gaza and one at the West Bank) to function as resource centres for provision of treatment and rehabilitation of drug users with special focus on youth from or grown up in refugee camps</p>
<p>14. Project Outputs</p>	<p>Output 1.1 The structure, working arrangements and membership of the Inter-ministerial High Committee for Drug Control reviewed and, if required, amended.</p> <p>Output 1.2 A National Strategic Action Plan on Demand Reduction prepared by the High Committee.</p>	<p>Output 3.1 Develop a resource package consisting of preventive, early detection, counseling -services, and training curriculum.</p> <p>Output 3.2 A core group of 50 to 60 staff trained, on train-the-trainers basis, in preventive, early detection and counseling -services (25 to 30 staff from West bank and 25 to 30 staff from Gaza)</p> <p>Output 3.3. Establish and/or upgrade two hot-line services (one in West bank and one in Gaza) to provide preventive and counseling services on drug abuse and related HIV/AIDS</p>
	<p>Output 2.1</p>	<p>Output 4.1</p>

	<p>Prepare and implement a Rapid Situation Assessment of drug abuse issues and related crime focusing on youth from or grown up in refugee camps.                  Output 2.2                  Establish a sustainable system for monitoring the drug abuse situation and the implementation of the Action Plan.</p>	<p>Develop a training programme and manual on designing and implementing centre, community and refugee camp -based drug abuse, and related crime, awareness raising and peer-based prevention activities.                  Output 4.2                  Complete training of a core group from the NGOs and youth centres on train-the-trainers basis                   Output 4.3.                  Pilot projects implemented by the NGOs and youth centres</p>
	<p>Output 5.1.                  A resource package resource/training package and manuals for outreach workers prepared                  Output 5.2.                  Having provided training to a core group of outreach workers from the NGOs and health centres on train-the-trainers basis                  Output 5.3.                  Pilot projects implemented by the NGOs in cooperation with health centres.</p>	<p>Output 6.1                   Establish a structure, and a framework for cooperation and coordination within treatment facilities.                   Output 6.2.                  Develop a professional consensus and research evidence-based treatment and rehabilitation protocol.                  Output 6.3                  Develop a resource package, including training programme, curriculum and materials to train treatment and rehabilitation staff                  Output 6.4.                  Test the training programme on a group of 25-30 people from the public, NGOs and private treatment</p>

		and rehabilitation centers.  Output 6.5  Upgrade the drug abuse treatment facilities in selected prisons for future replication.
15. Progress towards Outputs	Output 1. Completed.	Output 3 Completed.
	Output 2 Completed.	Output 4 Completed.
	Output 5 Completed.	Output 6 Completed.
16. Has project addressed issues of	Gender	Human Rights. Yes.
17. Programme Management arrangements	Cairo office in charge and national coordinator with local staff.	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes.	

22. Overall Assessment	Relevance. Yes,	Efficiency. Fair.
	Impact. Unknown.	Sustainability. Unknown.
	Effectiveness. All outputs completed.	Partnerships. Fair.

1. Code	ROMJ19	Score: Green	
2. Title	HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania	3. Project Type	Country project
4. Duration & # of extensions	01/01/2006-31/03/2012; 1 extension; 1 revision	5. Implementing Countries	Romania
6. Budget	Approved: USD 3,424,307; Overall: USD 3,441,320	7. Has project been evaluated? Evaluation 2011: <a href="http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/ProEvals-2011/ROM_J19_Final_Report_Draft_8DEC_2011_rev.pdf">http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/ProEvals-2011/ROM_J19_Final_Report_Draft_8DEC_2011_rev.pdf</a>  Evaluation 2009: <a href="http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/ProEvals-2011/unodc_rom_midterm_evaluation_report_final_rev.pdf">http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/ProEvals-2011/unodc_rom_midterm_evaluation_report_final_rev.pdf</a>	
8. Thematic Type: HIV/AIDS; Drugs; framework: Health and Livelihoods (Drugs and HIV)		9. Target Group: Injecting drug users, prison inmates, civil society organizations and service providers active in the field of HIV/AIDS prevention and care will represent the target groups. This will also include local and central government agencies, prisons and associated personnel and	

		decision makers.
10. Government Counterparts: National Multisectoral Commission for the surveillance, control and prevention of HIV/AIDS, National Anti-Drug Agency, Ministry of Health, Ministry of Interior		11. Implementing Partners: The National Multisectoral Commission for the surveillance, control and prevention of HIV/AIDS, the National Anti-Drug Agency, Prison Administration and selected civil society organizations
13. Project Goal	<p>IMMEDIATE OBJECTIVE 1:</p> <p>Increase access to comprehensive HIV/AIDS prevention and care services for injecting drug users and in prison settings in Romania</p> <p>IMMEDIATE OBJECTIVE 2:</p> <p>Create a supportive environment and ensure sustainability of HIV/AIDS prevention and care services for injecting drug users and in prison settings</p>	<p>IMMEDIATE OBJECTIVE 3:</p> <p>Generate and share strategic information to keep the programme on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among injecting drug users and in prison settings</p>
14. Project Outputs	<p>Output 1.1</p> <p>Action plans developed for scaling up comprehensive HIV/AIDS prevention and care services for injecting drug users and in selected prison settings</p> <p>Output 1.2</p> <p>Enhanced knowledge, skills and competencies of the service providers in delivering effective HIV/AIDS prevention and care services to injecting drug users and in prisons</p> <p>Output 1.3</p>	<p>Output 3.1</p> <p>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 injecting drug users and in prison settings in Romania</p>

	<p>A comprehensive package of HIV/AIDS prevention and care services are available and accessible:</p> <ul style="list-style-type: none"> <li>• Reaching more than 35% injecting drug users in Bucharest and at least 35% Injecting drug users in other localities</li> <li>• In selected prison settings</li> </ul>	
	<p>Output 2.1</p> <p>Agreed national strategy for addressing HIV/AIDS among injecting drug users and in prison settings in place</p> <p>Output 2.2</p> <p>Additional resources are mobilized from internal and external sources to rapidly scale up and sustain the HIV/AIDS prevention and care response for injecting drug users and in prison settings</p>	
15. Progress towards Outputs	<p>Output 1</p> <p>All outputs have been completed as per the project documents.</p>	<p>Output 3</p> <p>All outputs have been completed as per the project documents.</p>
	<p>Output 2</p> <p>All outputs have been completed as per the project documents.</p>	<p>Output 4</p> <p>n/a</p>
16. Has project addressed issues of	Gender	Human Rights

	No references in the evaluation report.	Yes.
17. Programme Management arrangements	Team comprised of national experts implemented the project with support from HQ.	
18. Strengths of project	The project itself is considered a good practice, including the quality of work	
19. Weaknesses identified	Coverage in OSP should have been better. Quality of services at the	
20. Any best practice or lessons learnt	Partnerships and entry point at selected prisons.	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. High. The final independent evaluation report shows evidence that this project is addressing the right needs	Efficiency. Good allocation of resources and rate of outputs per unit of inputs.
	Impact. High. Up high in the national agenda, harm reduction academy. High awareness among the population.	Sustainability. Good. Favorable environment that continued the support up to 2012. In 2013 the funds decreased and the services were at risk to disappear.

	Effectiveness. Excellent. All products were delivered and all the objectives were met.	Partnerships. Excellent. The right ones both with CSOs and the national government.
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1. Code	RUSJ12	Score: Amber/Red	
2. Title	Support to HIV/AIDS and Drug Use Prevention Programs in Russia (INFORMATION: ProDoc not fully filled with information; reference was made to the Grant agreement, this information is therefore from the grant agreement).	3. Project Type	Country project
4. Duration & # of extensions	29/08/2006-31/12/2012; 3 extensions (until 12/2014), 1 reduction to 12/2012; 5 revisions.	5. Implementing Countries	Russia
6. Budget	Approved: USD 3,433,228; Overall: USD 3,700,000	7. Has project been evaluated? Evaluation 2011: <a href="http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/ProEvals-2011/tdrusj12_evaluation_report_final_6july2011rev.pdf">http://www.unodc.org/documents/evaluation/ProEvals-2009/ProEvals-2010/ProEvals-2011/tdrusj12_evaluation_report_final_6july2011rev.pdf</a>	
8. Thematic Type: HIV/AIDS prevention; Drugs; Health and Livelihoods (Drugs and HIV)		9. Target Group: civil society organizations providing drug treatment and rehabilitation services and HIV/AIDS prevention and treatment services; medical services of the federal service of detention places and prisons; civil society organizations providing outreach work; officers in FDCS and FSIN, detainees; recently release HIV positive persons and injecting drug users.	
10. Government Counterparts: Leningrad and Orenburg Oblast Prison and Health Authorities; Federal Drug Control Service; Federal service of detention places and prisons, Ministry of Justice; Ministry of Health, National Addiction Research Center.		11. Implementing Partners: UNAIDS	

13. Project Goal	<p>Overarching Goal: To increase the growth in access to effective HIV/AIDS and drug treatment and rehabilitation services in order to increase adherence to antiretroviral treatment and to reduce the impact of the IDU-driven HIV/AIDS epidemic in Russia</p>	<p>Distinct objectives: 1) To advocate for the introduction of medication assisted treatment pilot programs for opiate addicts; 2) To introduce multi-sectoral pre-release HIV/AIDS prevention and care services for detainees in the Leningrad and Orenburg Oblasts. 3) To introduce sustainable awareness raising programs for prison officers on the rights of high risk groups (e.g. IDUs, PLWHA and sex workers) to access comprehensive treatment and rehabilitation programs at places of detention.</p>
14. Project Outputs	<p>Output 1 Increased awareness and knowledge on the delivery of effective HIV/AIDS and drug treatment programs, including medication assisted treatment of opiate dependence, for high risk groups among public health workers, Federal Drug Control Service officers and prison staff.</p>	<p>Output 3 Operational multi-sectoral pre- and post-release services in St. Petersburg, Orenburg for HIV positive detainees and IDUs.</p>
	<p>Output 2 Increased capacity to deliver effective drug treatment, rehabilitation and HIV/AIDS prevention and treatment services for IDUs and PLWHA in the places of detention.</p>	<p>Output 4 Monitoring and evaluation system of HIV/AIDS treatment and rehabilitation interventions strengthened.</p>
15. Progress towards Outputs	<p>Output 1. This output was fully delivered</p>	<p>Output 3. The model of services was established.</p>
	<p>Output 2. 4,307 detainees including HIV-positive IDUs and PLWHIV were covered by drug use and HIV/AIDS prevention and behaviors change programs</p>	<p>Output 4. It was partially accomplished but needed further work to be completed.</p>

16. Has project addressed issues of	Gender Yes.	Human Rights
17. Programme Management arrangements	The project has been coordinated by UNODC Office for the Russian Federation. According to the project document and the The project team is composed of an national coordinator and a administrative assistant.	
18. Strengths of project	Pioneer work and opening a new path.	
19. Weaknesses identified	No exit strategy. Absence of legal instruments to back up good work.	
20. Any best practice or lessons learnt	Model of collaboration between national authorities.	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. Low. Issues with the focus of the design.	Efficiency. Fair. Could improve but was on average as a UNODC project.
	Impact. Fair. The project helped open minds of professionals and decision makers on issues relating to IDUs and PLWHIV detainees and ex-prisoners.	Sustainability. Low. Project has closed and did not continued over time.
	Effectiveness. Good. outputs were delivered as planned with some delays.	Partnerships. Fair. Right partnerships but involving high level decision makers would have been the

		ideal

1. Code	RUSJ17	Score: Amber/Red	
2. Title	Scaling up, and improving access to, HIV/AIDS prevention and care programmes for injecting drug users and in prison settings in the Russian Federation	3. Project Type	Country project
4. Duration & # of extensions	01/01/2006-31/12/2011; 1 extension, 3 revisions	5. Implementing Countries	Russia
6. Budget	Approved: USD 18,262,67; the same for overall	7. Has project been evaluated? Evaluation 2009: <a href="http://www.unodc.org/documents/evaluation/ProEvals-2009/final_rusj17_rev.pdf">http://www.unodc.org/documents/evaluation/ProEvals-2009/final_rusj17_rev.pdf</a>	
8. Thematic Type: HIV/AIDS; Drugs & Crime; Health and Livelihoods		9. Target Group: The 'end' target groups are injecting drug users, people in prisons and other places of detention and people recently released from prison and other places of detention. However, many of the project activities will target all actors in the legislative, administrative and operational environments – including legislators, policy makers, health care workers, and civil society organizations in the field of HIV and drug use prevention, treatment, and rehabilitation. Given the growing recognition that law enforcement strategies and tactics may effects on HIV prevention efforts, a number of the project activities specifically target the police, the Federal Drug Control Service and other law enforcement agencies.	

10. Government Counterparts: Ministry of Health and Social Development, Ministry of Interior, the Russian Federation		11. Implementing Partners: The Ministry of Health and Social Development, Ministry of Interior, Prison Administrations and selected civil society organizations
13. Project Goal	<p>Overall goal Assist the Russian Federation to halt and reverse the HIV/AIDS epidemics among injecting drug users and in prison settings</p> <p>Immediate Objective 1: Build national consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons</p>	<p>Immediate Objective 2: Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings</p> <p>Immediate 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 injecting drug users and in prison settings</p>
14. Project Outputs	<p>Output 1: 1.1. National HIV/AIDS Strategies and Action Plans amended</p>	<p>Output 3 3.1 Government agencies, 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 injecting drug users and in prison settings in countries</p>
	<p>Output 2 2.1 Improved institutional and professional capacity and accreditation 2.2 Increased access to HIV/AIDS prevention and care services for injecting drug users and in prison settings</p>	

15. Progress towards Outputs	Output 1. Partially achieved.	Output 3. Achieved.
	Output 2. Achieved.	Output 4. n/a
16. Has project addressed issues of	Gender yes	Human Rights n/a
17. Programme Management arrangements	National coordinator and administrative assistant	
18. Strengths of project	First in this kind a pioneer.	
19. Weaknesses identified	Complexity and very ambitious design	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes.	

22. Overall Assessment	Relevance. Highly relevant	Efficiency. Fair. Complexity of the operations somehow efficient
	Impact. Unknown.	Sustainability. Low likelihood
	Effectiveness. Fair, but further implementation of activities is needed.	Partnerships. Good. Relevant and working

1. Code	SAFG78	Score: Green/Amber	
2. Title	Drug abuse prevention and HIV/AIDS awareness creation amongst juvenile prisoners in South Africa	3. Project Type	Country project
4. Duration & # of extensions	10/02/2005-30/09/2010;	5. Implementing Countries	South Africa
6. Budget	Approved: USD 730,391; overall: USD 726,917; 2 extensions; 4 revisions	7. Has project been evaluated? No information on evaluation	
8. Thematic Type: Drugs; health and livelihoods (drugs and HIV)		9. Target Group: The primary target group comprises juvenile prisoners (18-25 years) sentenced and incarcerated within the following three prisons: Ekuseni (KwaZulu-Natal), Baviaanspoort (Pretoria) and Leeuwkop (Gauteng/Johannesburg) <sup>26</sup> . The three prisons have been pre-selected on the basis of: a) presence of long-term juvenile prisoners, b) management cooperation, including available and committed staff, and c) geographic location (easy access). The DCS staff of the three target-prisons, through both	

		participation and observation, will become a secondary target-group. Should additional funding become available, additional prisons will be selected for participation in the project.
10. Government Counterparts: Department of Correctional Services		11. Implementing Partners: INFORMATION: it seems that the implementing partners were not yet found when the prodoc was create (Output 1, Activities: “1.1. Recruit Implementing Partner (IP)”)
13. Project Goal	<p>Drug Control Objective</p> <p>To reduce drug abuse and create awareness on HIV/AIDS.</p> <p>Immediate Objective</p> <p>To reduce the level of drug abuse and related risk behaviour which may lead to the spread of HIV/AIDS amongst juvenile prisoners in three target prisons in South Africa.</p>	
14. Project Outputs	<p>Output 1</p> <p>A resource established amongst the inmates and staff in each of the three target juvenile prisons, capable of providing drug education to fellow inmates and prison staff combined with a counselling service.</p>	<p>Output 3</p> <p>Policy changes within the prison system initiated, including increased staff participation in HIV/AIDS and drug prevention programmes.</p>
	<p>Output 2</p> <p>Roll-out plan for both drug abuse and HIV/AIDS prevention and education designed and implementation initiated.</p>	<p>Output 4</p> <p>Project promoted as a model for the implementation of similar interventions in juvenile prisons.</p>

15. Progress towards Outputs	Output 1. Delivered.	Output 3. Delivered.
	Output 2. Delivered.	Output 4. Delivered.
16. Has project addressed issues of	Gender	Human Rights
17. Programme Management arrangements	n/a	
18. Strengths of project	n/a	
19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. Highly relevant.	Efficiency. Low too many delays in implementation.
	Impact. Good, with reported impacts on direct beneficiaries.	Sustainability. Unknown.
	Effectiveness. Good, all outputs delivered	Partnerships. Good.



1. Code	URYK52	Score: Green/Amber	
2. Title	Support to the reform of institution for people deprived liberty	3. Project Type	Country
4. Duration & # of extensions	16/09/2011-30/06/2013; 2 extensions; 2 revisions	5. Implementing Countries	Uruguay
6. Budget	Approved: USD 65,563; Overall: USD 65,563;	7. Has project been evaluated? No	
8. Thematic Type: Drugs; health and livelihoods (drugs and HIV)			
		9. Target Group: Prison staff Civil servants Inmates	
10. Government Counterparts: Gobierno de la República Oriental del Uruguay Oficina de Planeamiento y Presupuesto Ministerio del Interior Junta Nacional de Drogas.		11. Implementing Partners: Ministry of interior  Coordinadora Residente de las Naciones Unidas en Uruguay Oficina Subregional de la OIT para el Cono Sur UNIFEM para Brasil y el Cono Sur UNOPS Oficina para Proyectos de Argentina, Paraguay y Uruguay.	
13. Project Goal			
El Programa Conjunto habrá contribuido a mejorar las condiciones de reclusión mediante el apoyo al desarrollo de proyectos piloto en las áreas de salud / drogas y educación y trabajo.			

14. Project Outputs	Output 1 1. Mejorada la atención integral en salud y consumo de sustancias en el grupo meta de la Unidad de Punta Rieles	Output 3
	Output 2	Output 4
15. Progress towards Outputs	Output 1 Study tours to Argentina and Chile delivered. The international and national seminars on health in prisons took place as scheduled (more than 100 hundred). Coordination instruments are in place to improve services from the Health Ministry and the National Administration for Rehabilitation.	Output 3
	Output 2	Output 4
16. Has project addressed issues of	Gender  Nothing reported.	Human Rights  Nothing reported, presumably part of the trainings.
17. Programme Management arrangements	Consultant in charge of the project with support of the regional office in Brazil and the Uruguay office of the UN.	
18. Strengths of project	Simple and targeted to the relevant institutions and people.	

19. Weaknesses identified	n/a	
20. Any best practice or lessons learnt	n/a	
21. Did the project produce any publications/articles	Yes, capacity building products and a strategic policy documents.	
22. Overall Assessment	Relevance. High relevance for the country context where there was no capacity in this field.	Efficiency. Fair.
	Impact. Good. Health in prisons is now higher in the national agenda.	Sustainability. High. Likely, the government has showed and increasing interest in the project.
	Effectiveness. Good. All products have been delivered but the results have not been described yet. Presumably the new knowledge is being applied in prisons.	Partnerships. Good with the government counterpart very satisfied.

1. Code	VNMJ04	Score: Amber/Red	
2. Title	Drug abuse and HIV prevention among ethnic minorities in northwest Viet Nam	3. Project Type	Country project
4. Duration & # of extensions	28/12/2007-31/03/2012; 3 extensions; 6 revisions	5. Implementing Countries	Viet Nam
6. Budget	Approved: USD 1,631,169; Overall: USD 1,819,011	7. Has project been evaluated? Evaluation 2012: <a href="http://www.unodc.org/documents/evaluation/Independent_Project_Evaluations/2012/H68_J04_Terminal_Report_February_20_2012_rev.pdf">http://www.unodc.org/documents/evaluation/Independent_Project_Evaluations/2012/H68_J04_Terminal_Report_February_20_2012_rev.pdf</a>	

8. Thematic Type: Prevention, treatment, and rehabilitation; Drugs; Health and Livelihoods (Drugs and HIV)		9. Target Group: Local ethnic minority drug users, particularly young IDUs, and their families in the project sites, and the surrounding local community affected by drug use and HIV/AIDS make up the primary target group. The secondary target group consists of female quasi-heads of households. As women are considered to be among the most vulnerable members of the vulnerable and poor ethnic minority communities in the remote highland areas the project will continue to ensure specific consideration as to ethnic minority women's involvement and benefits from local project supported and introduced activities. This will include specific involvement in local credit and grant programmes, as well as explicit participation in community aftercare management and relapse prevention activity planning, and a particular focus on the needs of female participants in community drug treatment programming. Other tertiary target populations include young people; outreach workers, community health professionals, peer educators and other locally-recruited ethnic minority project personnel in the project sites; as well as local authorities and law enforcement personnel.
10. Government Counterparts: Committee for Ethnic Minorities		11. Implementing Partners: Committee for Ethnic Minorities (CEM)
13. Project Goal	Overall objective: To scale-up HIV prevention, and drug abuse prevention, treatment and relapse prevention programmes among highland ethnic minority populations in Viet Nam.	Specific Objectives: 1. To consolidate and to expand in

	<p>Immediate Objective: To provide TA to reinforce HIV prevention and drug abuse prevention, treatment and relapse prevention programming among highland ethnic minority populations in project sites of Son La, Dien Bien, Yen Bai and Lao Cai provinces; and, to consolidate and to devolve to local communities in these provinces the implementation and management capacity and responsibility necessary for the long-term sustainability of these programmes.</p>	<p>immediately adjacent project locations of Son La, Dien Bien, Yen Bai and Lao Cai on-going community-based programmes on prevention of and intervention against HIV and drug abuse.</p> <p>2. To consolidate and to expand in immediately adjacent project locations of Son La, Dien Bien, Yen Bai and Lao Cai on-going community-based drug abuse treatment, rehabilitation, relapse prevention, and law enforcement support infrastructure and programming.</p> <p>3. To consolidate and to expand in immediately adjacent project locations of Son La, Dien Bien, Yen Bai and Lao Cai on-going community-based household capacity-building and vulnerability reduction programming including microcredit and grant schemes, and vocational training.</p> <p>4. To devolve to local communities in these project sites the implementation and management capacity responsibility necessary for the long-term sustainability of these programmes.</p>
<p>14. Project Outputs</p>	<p>Output 1 A surveillance report assessing baseline HIV risk behaviour in conjunction with companion biological data is produced for project sites and distributed.</p>	<p>Output 3 Community-based drug abuse treatment and relapse prevention facilities and programmes developed and implemented.</p>
	<p>Output 2</p>	<p>Output 4</p>

	Community-based drug abuse and HIV prevention and intervention programmes are developed and implemented.	Community-based policing support programmes developed and initiated.
	Output 5 Terminal evaluation to assess the effectiveness of prevention, treatment, and relapse prevention activities, and to elicit lessons learned, conducted, presented, and published.	
15. Progress towards Outputs	Output 1. Completed.	Output 3. Completed.
	Output 2. Completed.	Output 4. Completed.
	Output 5. Completed.	
16. Has project addressed issues of	Gender n/a	Human Rights n/a
17. Programme Management arrangements	Project Coordinator.	
18. Strengths of project	n/a	
19. Weaknesses identified	Particularly in design where there is an inconsistency rooted in what appeared to be the inherent limitation in securing long-term funding commitment on the part of UNODC, deviating the project from its expansionary goal and more into the technical capacity building for local stakeholders.	

20. Any best practice or lessons learnt	Better networking with other agencies ensures a higher degree of participation from other sectors, organizations, and national counterparts – especially PEPFAR, USAID and the Ministry of Health. Multiple funding entries have been shown to have caused lack of coordination and fragmented response as every funder runs activities.	
21. Did the project produce any publications/articles	Yes.	
22. Overall Assessment	Relevance. High.	Efficiency. Fair. There were some problems and delays with funding and human resources turn over.
	Impact. Low. A few intermediate impacts observed by evaluators in partners.	Sustainability. Low partial prospects in small organizations.
	Effectiveness. Good, outputs achieved and some effects observed by evaluators	Partnerships. Fair.

## Review of the design/relevance of project portfolio

### Introduction:

In addition to the primary criteria for the evaluation: Relevance, Efficiency, Effectiveness, Impact, Sustainability, the criteria listed in the table below were developed to go beyond these criteria to ensure that an examination of key criteria in the areas of public health, human rights, gender, equity, and strategic information were also reviewed in detail and addressed for each project in UNODCs HIV project portfolio.

Note that the technical design aspect of the portfolio review examined design at the outset of the project only.

The body of the report listed the scores provided using the “traffic light system to address the technical design. Comments are provided in Table 2 of this Appendix for each project.

Table 1. Criteria for Technical Design

Criteria for Examining Technical Design of the 34 Project Portfolio
<b>1. Public health impact criteria: Is the project designed in a manner that:</b>
Is evidence-based (e.g., international norms and standards, peer-reviewed interventions, studies, reviews and guidelines)
Has the potential to reduce HIV incidence (NSP, OST, ART)
Will lead to improved case detection (HTC, sufficient lab/diagnostic infrastructure)
Has ancillary impact of reducing common comorbid conditions among PWID (HBV, HCV, TB, STI, mental health, drug addiction that is harmful to the individual)
Is responsive to the epidemiological context?
<b>2. Human-rights based criteria: Is the project designed in a manner that:</b>
Meets international human rights and ethics norms and standards
Is designed to help ensure that personal risk is minimized and benefits to the individual and society are maximized (standards met for working with vulnerable populations)
Is evidence based
Respects personal will, freedom, is voluntary and ensures informed consent and “respects stages of readiness”
Describes that any adverse events related to the programme will be monitored and addressed; allows for a system of redress for beneficiaries
Includes affected populations in all aspects of the process and helps to empower them
<b>II. Equity and gender sensitive; and vulnerable groups sensitive: Is the project designed in a manner that:</b>
Accounts for male, female and transgender PWID (where applicable/based on the epidemiology)
Is inclusive of the views of the affected populations (PWID, PLHIV)?
Were these populations included in the project design?
Age inclusive and marginalized populations (e.g., youth; children in and of the streets)
Addresses and can stratify by other equity measures as indicated such as rural/urban, socioeconomic status, etc.
<b>1. Legal and policy environment: Is the project designed in a manner that:</b>
Will address and may lead to reduction of legal and policy barriers (i.e., laws and policies are revised, updated or created) in the country, region or at global level that are hindering the scale up of the “Comprehensive Package”
Is there at least one staff member who has the technical capability to address legal and policy barriers
<b>Strategic information including M&amp;E: Is the project designed in a manner that:</b>
Has monitoring of the project been built in to the project design?
The above ensures a continual learning cycle to conduct real time project improvements
Has a project evaluation built in up front the project design
Has a transparent process with stakeholders to evaluate and improve the project
Helps to ensure sustainability
Do the epidemiologic data exist to know the who, when where of needed policies and interventions? IBBS, size estimation, rapid assessments etc.

## List of projects with comments on technical design

Code	Title	Grade and Comments
Global projects		
GLOG32	HIV/AIDS prevention, treatment, care and support for people who use drugs and people in prison settings	Amber/Red: Reasons: The global plan in its design functions primarily as a mechanism for funding staff, globally. While, as a funding mechanism, this is reasonable, a coherent, broad design and strategy for addressing HIV among PWID and in prisons, is not well defined. It is key to note that the monitoring indicators and plans were in line with international norms at the time it was written, but with the lack of detail, it is difficult to assess how the international standards and the use of HIV technical personnel will execute and improve the HIV epidemic. Addressing legal and policy barriers and a clear emphasis on expanding global use of evidence based harm reduction strategies is unclear.
Regional projects		
RACI29	Effective HIV/AIDS prevention and care among vulnerable populations in Central Asia	
RASH13	Prevention of transmission of HIV among drug users in the SAARC countries - Phase II	Amber/Green Reasons: This project document details the important UNODC role at the time in South Asia and the importance of addressing the scale up of the comprehensive package. The document describes how it will seek to scale this up with focus on equity, gender and human rights. However, the overall quality of the document could have benefited from additional technical support. Project objectives are not always well defined.
RASH71	Prevention of Spread of HIV Among Vulnerable Groups in South Asia	Green/Amber Reasons: This project, in contrast to RASH13 was very well written, focused and comprehensive in its technical design to address critical gaps in South Asia's response to HIV among PWID and other vulnerable populations. In addition to clear evidence based objectives, it has a strong gender, equity and human rights focus.
XASJ72	HIV Prevention, Care, Treatment and Support in Prison Settings in Southern Africa	Green/Amber Reasons: This document provides a clear rationale for a regional UNODC technical focus on prison settings in Southern Africa. Legal and policy framework improvements, including attention to a rights-based approach are addressed. One of the objectives, to invest in human resources, while important may be beyond the scope of UNODCs regional staffing ability. Providing capacity building may have been better suited to an NGO, so that UNODC could focus on the higher political level commitments.
RAFG66	Implementation of demand reduction components of national action plans in West Africa	Red Comments: This project aimed to significantly contribute to reduce the HIV prevalence in West African prisons by reducing the demand for drugs. It also aimed to reduce HIV incidence by providing knowledge and counseling to prisoners, without implementing the comprehensive package of evidence based interventions.
RAFG60	Programme Development and Advocacy for Drug Demand Reduction and HIV/AIDS in Africa	Red Comments: Similar to RAFG66, this project aims to reduce HIV transmission through demand reduction activities that are not directly related to the comprehensive package of services. Furthermore, the project does not appear to adequately address the human rights and legal and policy issues of reducing HIV transmission in the context of a

		generalized epidemic. Establishing an IDU working group is noted.
XCEA01	OFID/UNODC Partnership on Effective HIV/AIDS Prevention and Care among Vul Groups In Central Asia and Eastern Europe –Phase II	Green/Amber Comments: This project document is an ambitious design and highly detailed, evidence based and technically sound. A focus on gap populations, equity and human rights are detailed. M&E and legal and policy issues are addressed. Caution that there is a focus also on training and capacity building, which may pull needed resources away from the higher level agenda.
XEEJ20	HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania	Green/Amber Comments: This project clearly delineated the need for improving the legal framework and development of policies that will address evidence based approaches in this Region. As with XCEA01, there is a concern that there is too great a focus on training, while worthy, may not be the best use of UNODC staff given the higher political and legal needs. Furthermore, it is unclear how a regional training center can achieve sustainability if it is not fully integrated into existing relevant educational institutions and curricula.
XSSV02	HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa	Green/Amber Comments: This project document aimed to address critical gaps in HIV among PWID and HIV, including TB in prisons in this Region. Focusing on the development of regional norms and standards based firmly in the international norms and standards is detailed and evidence based. There is a concern, that as in other projects, there is too much focus on training and capacity building.
XWWK05	Sub regional project for the provision of comprehensive HIV prevention and care services to Afghan refugee drug users in Iran and Pakistan and returnees in Afghanistan	Green Comments: This project document clearly describes how the design will address HIV reductions in transmission. It is based on the comprehensive package of services and addresses equity and human rights. Furthermore, the project focuses on the needs of refugees and migration, an area that is often overlooked.
Country projects		
AFGJ76	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Afghanistan	Green/Amber Comments: Evidence-based project design; met an unmet need of female PWID, both in regard to improving the evidence-base, strengthening of systems that serve female PWID and in service delivery for female PWID. Gender, equity and human rights based activities and planning. More attention may be required to address linkages to HIV testing and counseling, care, treatment and other prevention, as it is based on referral. Integration of these in the NSP services would improve access.
BRAH34	Drug Abuse, HIV/AIDS and STD Prevention Project	Green/Amber Comments: This project was seeking to improve the equitable nature of Brazil's HIV programme by addressing rural/urban, gender disparities, MSM, sex workers, prison settings and others and seeking to address reduction in stigma & discrimination in its design. Evidence-based design and sound use of M&E, indicators and targets. Project had very ambitious goals and was quite broad, thus caution was needed to ensure targets were met and that gains/achievements were occurring at realistic intervals.
BRAK02	HIV Prevention and Care: Strengthening the health services	N/A Comments: "Project terminated due to shifting country priorities"

	coverage at the prison system	
BRAK57	Improving Management, Surveillance, Prevention and Control of STD, AIDS and Viral Hepatitis among Drug Users, Sex Workers, Prison Population and People Living with HIV/AIDS	
CHNJ42	Strengthening the role of law enforcement in China's HIV response	Red Comments: The design to strengthen law enforcement action (PWID in prisons), to create a coordinating body and institutionalize HIV prevention, build capacity and offer prevention, care and treatment in closed settings when such bodies and services didn't exist was important; working with law and drug enforcement bodies. However, the design did not address gender, equity or human rights. As the UN, UNODC must be clear on these issues even in politically sensitive contexts and work to develop solutions to instituting needed services in these contexts. Further, sustainability was not clear, SI not clearly detailed.
EGYK08	Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt	Green/Amber Comments: Main outcomes of improving access by prison populations to HIV prevention, treatment, care and support services in two adult prison settings and one juvenile detention center, and establishing access by released adult prisoners and juveniles to comprehensive HIV and drug use aftercare services was evidence based in design and equitable given the epidemiologic context. Anonymous VCT services was appropriate given the period of time, but was unlikely to be able to meet targets. Indicators and contribution to the knowledge base are well documented. Human rights based trainings sought to improve the care of PWID in prisons, but not clear that it will reach sufficient staff.
INDI81	HIV /AIDS Project Design in Four North Eastern States of India	Green/Amber Comments: Based on the epidemiologic and socio political context, this project was designed to address unmet needs related to HIV in four states of NE India. Clear addressing of gender, equity and human rights, with notable focus on women, their children and orphans who were affected by HIV. However, it appears that there was not sufficient staffing or oversight possible for this project, with a disproportionate focus on training. While training is important, given the lack of resources, the needs in the NE of India may have been better met by addressing higher level legal and policy levels of engagement. Not clear how the project could be properly monitored in this context or sustained. This project, while important, lacked sufficient focus to make a broader impact on the HIV epidemic in that region.
IRNK13	Promotion of HIV/AIDS Prevention and Care Programmes for Female Injecting Drug Users in I. R. of Iran	Green/Amber Comments: The primary goal of the project was to promote necessary infrastructures for promotion of HIV prevention and care programmes for female PWID in the community as well as for females in prison settings. Design addressed gender, equity and legal rights of female PWID, especially among those incarcerated, and sought to reduce sentences for some classes of female offenders. However, the report does not

		specifically address the epidemiologic context or cite data to justify this project. The project document also does not specifically discuss how it will be monitored, provides no clear targets and a design for sustainability is also lacking in clarity.
KENI08	Prevention of Drug Abuse and HIV and AIDS in high-risk setting with vulnerable populations in Kenya	<p>Red</p> <p>Comments: This project sought to address prevention and reduction of drug abuse among PWID in Kenya. While there was a significant gap in this aspect of the HIV response and it is commendable that UNODC both documented and sought to address the needs of PWID, the following gaps in the technical design were noted:</p> <ul style="list-style-type: none"> <li>• The project document, even considering the time/context, is written with stigmatizing language, suggesting a belief that persons with drug addiction issues are psychiatric patients. While there are common comorbidities among PWID, including increased risk of mental disorders, starting a governmental program with this assumption was dangerous and could result in the development of a PWID care system that does not meet the needs of its clients, does not suggest a rights based or client centred approach.</li> <li>• The document notes that the HIV epidemic among PWID is due to being under the influence of substances and engaging in casual sex, however, this is also potentially stigmatizing, is not referenced by the epidemiologic context and does not reflect the primary mode of transmission (i.e., needle sharing)</li> <li>• The goal of addressing drug abuse given the project's design is not clear. How will this have a significant impact on reducing HIV transmission among PWID in the context of a generalized epidemic?</li> <li>• SI and M/E strategy are unclear.</li> </ul>
LAOK18	Reduce the spread of HIV harm associated with Injecting Drug Use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR	<p>Green/Amber</p> <p>Comments: Through a phased in design approach, the project sought to address a gap area for PWID in Lao PDR. Equitable approach to gender and human rights issues discussed, however regarding rights, the approach may not have an impact or be sustained. Interventions are evidence based and directly related to reducing HIV transmission. Addressing the legal and policy context. Detailed plans to improve SI and monitor the project. Pilots planned in order to maximize effectiveness during project implementation. Caution should be made regarding a focus on drug abuse and mental illness which is stigmatizing and may reflect a design that does not have a client centred approach. Further information on the legal environment regarding closed settings in Lao needed further detail.</p>
LIBI36	Prevention of drug abuse and HIV/AIDS among drug users, injecting drug users and vulnerable populations in the Libyan Arab Jamahiriya	<p>Amber/Red</p> <p>Comments: Project design reflects an evidence based approach, inclusion of issues of equity, including gender, and referencing of the epidemiologic context. Design was addressing established gap areas, including addressing drug treatment needs and access to ART among PWID, male and female. Scale up of VCT was at the time, appropriate but lacks the ability to sufficiently impact the proportion of PWID who will know their status and have earlier access to care, treatment and prevention. However,</p>

		the project does not appear to address the human rights context in Llibya, nor how the legal and policy frameworks will be more enabling. M&E system not clear.
MMRJ63	UNODC Partnership for the Reduction of Injecting Drug Use, HIV/AIDS and Related Vulnerability in Myanmar	Green/Amber Comments: This project well details and focuses on building the capacity of affected populations for advocacy and strengthening of civil society. M&E and SI strengthening and oversight are extremely clear, focused and appear realistic to achieve. Equity issues related to location and age are well addressed. Use of evidence based models and existing epidemiology are evident. Interventions planned are designed to have the maximum impact on reducing HIV transmission and scaling up prevention services. Direct rights based and legal reform do not appear to be well addressed and should have been further elucidated.
MMRJ69	Reducing the spread of HIV/AIDS among drug users through the HAARP Country Flexible Program for Myanmar	Green/Amber Comments: This project is written with existing evidence and the epidemiologic profile and appears sound in design. The project addresses gender and equity and some aspects of human rights and legal reform. However, it would have been important to illustrate how the planned legal review would be used to move the legal reform agenda, especially for PWID and in closed settings.
NPLJ80	HIV Prevention Care and Treatment for Female IDUs, Female Prisoners and Women living with HIV and AIDS in Nepal	Amber/Red Comments: While addressing the unmet need of female PWID and female PWID in prisons is important, there is no clear epidemiologic or sociocultural explanation for why UNODC's HIV programme in Nepal is primarily focusing on female PWID, when males are the overwhelming majority of PWID affected. Funding for only females appears to place UNODC in the role of an NGO rather than a UN body that drives a more strategic agenda. Only one activity relates directly to harm reduction, in which materials are developed.
NPLJ96	Technical Assistance to a co-ordinated response for the prevention of HIV among drug users in Nepal: advocacy, capacity building and monitoring and evaluation	Red Comments: The project document states that workshops and study tours were planned in a brief period of time for a significant amount of money (474,000 USD) without a clear justification. The outputs appear unrealistic, including an impact evaluation, which would not be possible given the project description.
PAKJ85	HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Pakistan	Green/Amber Comments: This project, focusing on HIV treatment and care for female PWID and spouses of male PWID, including women in sex work clearly details the gap areas and needs of females in Pakistan given the epidemiologic profile. Performance indicators and M&E systems appear well planned, including for common co morbid conditions of PWID (HBV, HCV). Strengthening SI component clear with additional operations research planned. This is an ambitious but well detailed project. An increased focus on legal reform should have been more clearly detailed.
PALI06	Drug control and related crime cooperation programme between the Palestinian	Red Comment: The project document indicates that HIV transmission will be addressed through demand reduction strategies-prevention and treatment of drug use, with much of the funds being dedicated to study tours and subcontracts to outside parties. The contract appears to be using HIV

	Authority and UNODC for the prevention of drug abuse, drug trafficking and related criminal activities	funds with demand reduction strategies in mind.
ROMJ19	HIV/AIDS prevention and care among injecting drug users and in prison settings in Romania	Green/Amber Comments: This project document clearly delineates the needs of PWID in Romania, the gap areas and how it intends to improve the situation using a holistic framework. It addresses the need for legal framework and improvements, need to develop M&E systems and seeks to rapidly improve the HIV epidemic among PWID.
RUSJ12	Support to HIV/AIDS and Drug Use Prevention Programs in Russia	Red Comments: This project, funded primarily by USAID, sought to address HIV among PWID through study tours, training programmes, and assisting detention centres. The strategy is not well detailed and does not appear that it would have an impact on HIV in Russia among PWID. Furthermore, the project was designed to promote Abstinence, Be Faithful, Condoms, or ABC, which was not an effective strategy for addressing the epidemic among PWID, and was therefore not evidence based. Human rights issues were not detailed adequately, especially in the area of detention centres. The needs of the affected communities was also not clear.
RUSJ17	Scaling up, and improving access to, HIV/AIDS prevention and care programmes for injecting drug users and in prison settings in the Russian Federation	Green Comments: In contrast to RUSJ12, this project evidenced a coherent design which aimed to tackle at a high political level, the legal and policy barriers to improving PWIDs access to the evidence based interventions that would make an impact on the epidemic and improve their health, including in prisons and closed settings. While the overall portfolio of projects for Russia does not appear coherent, see comments on RUSJ12, this project outlines the key issue for addressing HIV in Russia. Note again that the technical review considered the initial design and therefore commenting on the current situation and impact is not relevant in this part of the review.
SAFG78	Drug abuse prevention and HIV/AIDS awareness creation amongst juvenile prisoners in South Africa	Green/Amber Comments: This project, designed for 2004 to 2006, at a time when treatment and focus on HIV had many challenges in South Africa, sought appropriately to address the needs of juvenile prisoners. The project details the gap area of youth in prison and their lack of information on HIV and its relation to drug use. Addressing a young cohort appears to be a sound approach.
URYK52	Support to the reform of institution for people deprived of liberty	Amber/Red Comments: The design of this project appears to be prepared for little impact on HIV in Uruguay. The rationale, while focusing on legal and policy issues, does not appear to be well linked to the project outcomes which include pilot projects broadly in health, drugs and education and work. Given the small amount of funds dedicated to this work, it is unclear how the project goals would be achieved.
VNMG16	HIV prevention, care, treatment and support in prisons including pre-trial detention centres in Vietnam	Amber/Red Comments: This project design had some strengths including focusing on populations affected by drugs that had unmet needs such as ethnic minorities in remote, rural regions of Vietnam. However, even with these intentions, the technical merit of this project was not well detailed and was allocating resources to deliverables which would not necessarily improve

		the legal and policy, and HIV related needs of PWID in Vietnam.
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## ANNEX VIII. KEY INFORMANT ONLINE SURVEY

### Introduction

A survey of the project stakeholders was conducted as one of the core components of the UNODC Global HIV/AIDS Programme's evaluation. This survey was an integral piece of the larger evaluation, providing an opportunity to individuals with a stake in UNODC's policies and programmes to share their views, confidentially. These individuals could be persons who were interviewed by the team or who had no previous interaction with the Evaluation Team.

The survey tool was developed from a standard evaluation paradigm eliciting responses in a likert-type format or in open-ended responses based on the categories (used in the larger evaluation): 1) relevance, 2) efficiency, 3) effectiveness, 4) impact, and 5) sustainability. For these categories, there were sub questions, including questions on gender, equity and human rights, respectively (See Appendix Online survey tool). Participants were not asked to give their name, but could provide the name of their organization if they wished. A Russian language version was developed as well.

### Methods

#### Sample

A convenience sample of participants from 1) UNODC global, regional and country staff, 2) all individuals surveyed on the 6 country visits and within their civil society, stakeholder and beneficiary networks, 3) International, regional and country harm reduction organization staff, and 4) UNAIDS, WHO and other multilateral staff were sent the survey and asked to participate. The letter of invitation also invited participants to purposively send the survey to relevant stakeholders and counterparts within their organizations and within civil society. Due to this design, which aimed to maximize inclusiveness, a denominator of all potentially eligible participants is not possible to determine and therefore no response rate is provided.

The survey tool was shared through a link in the emailed invitation letter. The survey was open, on-line for two weeks in December, 2013. Responses are sent to the online survey platform (Adobe Forms Central, Inc.), and as such no identifying information such as email addresses were obtained. The survey responses were held in a password protected file managed by the survey administrators (UNODC Independent Evaluation Unit: Mr Adan Ruiz Villalba, Emanuel Lohninger; Miriam Lewis Sabin, Independent Consultant).

Once on the web survey page, survey participants were invited in their capacity as a key informant/stakeholder to participate in this web-based survey on the Global Programme HIV/AIDS. Participants were informed that The United Nations Office on Drugs and Crime (UNODC) independent evaluation unit was conducting an independent evaluation of activities of the UNODC Global Programme HIV/AIDS for the implementation period 2008 and 2012. Participants were reminded that their input could not be traced back to them and were asked for their honest and thoughtful responses. Participants were also informed that their responses would be an important contribution towards understanding the implementation of the project activities and how these have impacted on their organization's progress in the area of HIV and injecting drug use.

Participants were reminded that their responses were confidential, their participation was voluntary and that there was no compensation for their participation in the survey. Lastly, if there were any questions, participants could send an email to the UNODC Independent Evaluation Unit.

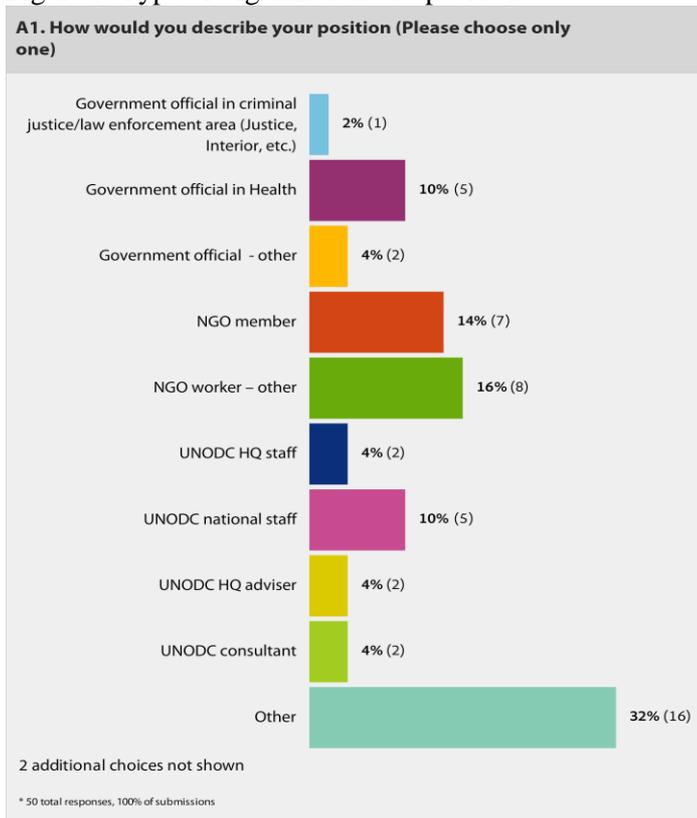
### Results

A total of 50 responses were received during the two-week survey period. All participants who submitted a survey completed the survey. It is not possible to calculate a response rate as others shared the survey outside the Evaluation Team. Of the 50 responses, 3 were completed using the Russian language version of the survey. The responses were translated by a native Russian language speaker from the UNODC Independent Evaluation Unit.

**Participant characteristics**

In regard to the positions of individuals who responded to the survey, the majority responded in an “Other” category, with NGOs leading the second largest response category. All 50 respondents answered this question.

**Figure 1. Type of organization and position**

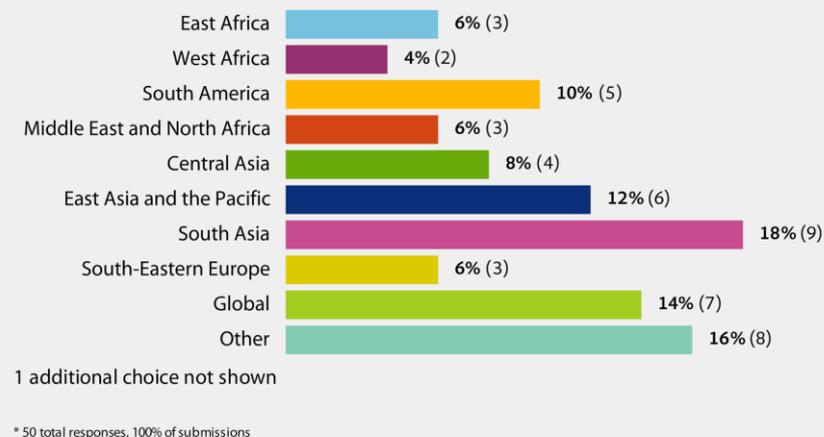


Eighty four percent (42/50) reported that they have been working in the field of HIV for over 5 years and approximately 78% (39/50) of respondents had been working in their organization for at least 3 years. The majority was between the ages of 35-64 years old. Fifty eight percent of respondents (29/50) were male, the rest were female, with no one indicated transgender. In regard to regions of the world where the respondents work primarily, all UNODC regions were represented.

In regard to regional representation, 18% of responses (9/50) came from all areas. South Asia, 14% (7/50) from working at the Global level.

**Figure 2. Region represented by respondent**

**B3. In or with what region of the world do you work primarily?  
(Please choose only one)**



In an open-ended question, participants were asked in what country/ies they currently or previously worked when involved in the programme activity/ies (Table 1). Sixty-four countries are represented, as well as global and other regional representation (noted in the Other category). After work at the global level (n=6), programme work in Brazil (n=5) was the highest.

Table 1. Countries worked while involved in UNODC related programme activities

Number	Country	Count
1.	Afghanistan	3
2.	Algeria	1
3.	Australia	1
4.	Bangladesh	4
5.	Belarus	1
6.	Belgium	1
7.	Benin	1
8.	Bhutan	1
9.	Bolivia	1
10.	Brazil	5
11.	Cambodia	1
12.	Cote D'Ivoire	1
13.	Dominican Republic	1
14.	Egypt	1
15.	El Salvador	1
16.	Estonia	1
17.	Equatorial Guinea	1
18.	France	1
19.	Georgia	2
20.	Germany	1
21.	Guatemala	1
22.	Ghana	1
23.	Guinea Bissau	1
24.	Haiti	1
25.	Honduras	1
26.	India	2
27.	Indonesia	1
28.	Iran	1
29.	Jordan	1

30.	Kazakhstan	3
31.	Kenya	3
32.	Krgyzstan	2
33.	Lebanon	1
34.	Libya	1
35.	Lithuania	1
36.	Malaysia	2
37.	Malawi	1
38.	Maldives	2
39.	Mauritius	1
40.	Moldova	1
41.	Morocco	1
42.	Mongolia	1
43.	Myanmar	2
44.	Namibia	1
45.	Nepal	4
46.	Nicaragua	1
47.	Pakistan	1
48.	Philippines	1
49.	Russian Federation	2
50.	Senegal	2
51.	Sudan	1
52.	Sri Lanka	3
53.	Swaziland	1
54.	Switzerland	1
55.	Tajikistan	2
56.	Tanzania	1
57.	Thailand	3
58.	Tunisia	1
59.	Ukraine	2
60.	United States of America	1
61.	Uzbekistan	4
62.	Vietnam	3
63.	Yemen	1
64.	Zimbabwe	1
65.	Other: Global	6
66.	Other: Latin America and Caribbean Countries	1

Four additional text field questions were asked only of project managers regarding programme beneficiary characteristics:

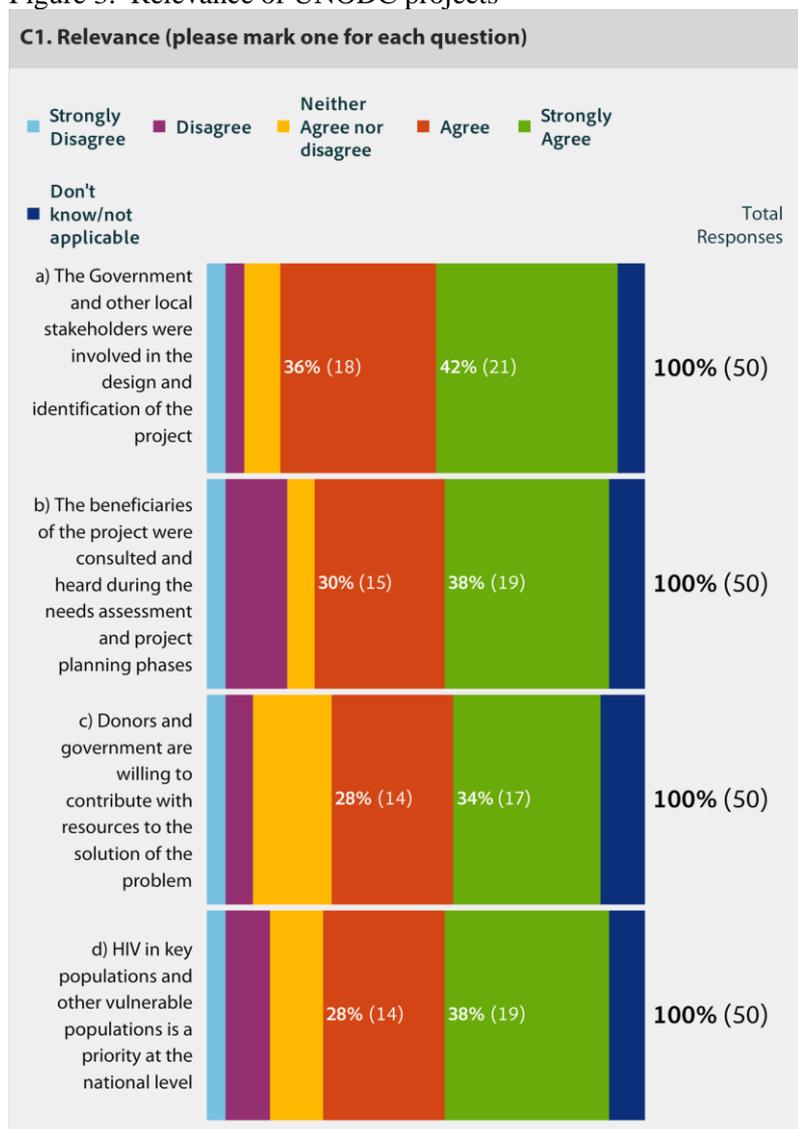
- How many beneficiaries did your project reach during the period of the evaluation (2008-2012)?
  - Among respondents, 28/50 did not enter data on this question. Among those who answered, the range of key populations served was 300 – 1,000,000. Note it is not possible to determine in some cases whether these numbers are for the entire life of the project or only per year if the respondent did not clarify this.
- How many of them were women?
  - Among respondents 24/50 did not enter data on this question. Among those who answered, the range of women to the population served varied from: 0% - 100% or 133 women – 500,000 women. Note: it is not possible to determine in some cases whether women served are over the life of a project or for one year. Note: some UNODC programmes only serve women clients.
- How many of them were men?
  - Among respondents, 29/50 did not enter data on this question. Among those who answered, the range of men to the population served varied from 0% - 100% or 100 men – 550,000 men. Note: it

is not possible to determine in some cases whether men served are over the life of a project or for one year. Note: some UNODC programmes only serve male clients.

- How many of them were part of a key population at higher risk for HIV?
  - Among respondents, 27/50 did not enter data on this question. Among those who answered, all noted that their organizations served key populations.

Relevance: Participants were asked four questions regarding how relevant the UNODC programme was based on standard categories of criteria for judging programme relevance. All 50 respondents answered all Relevance questions. As seen in Figure 3, all Relevance questions had a majority of respondents answer in the green or Strongly Agree category, followed by the Agree category. Each category had respondents who did find the projects relevant.

Figure 3. Relevance of UNODC projects



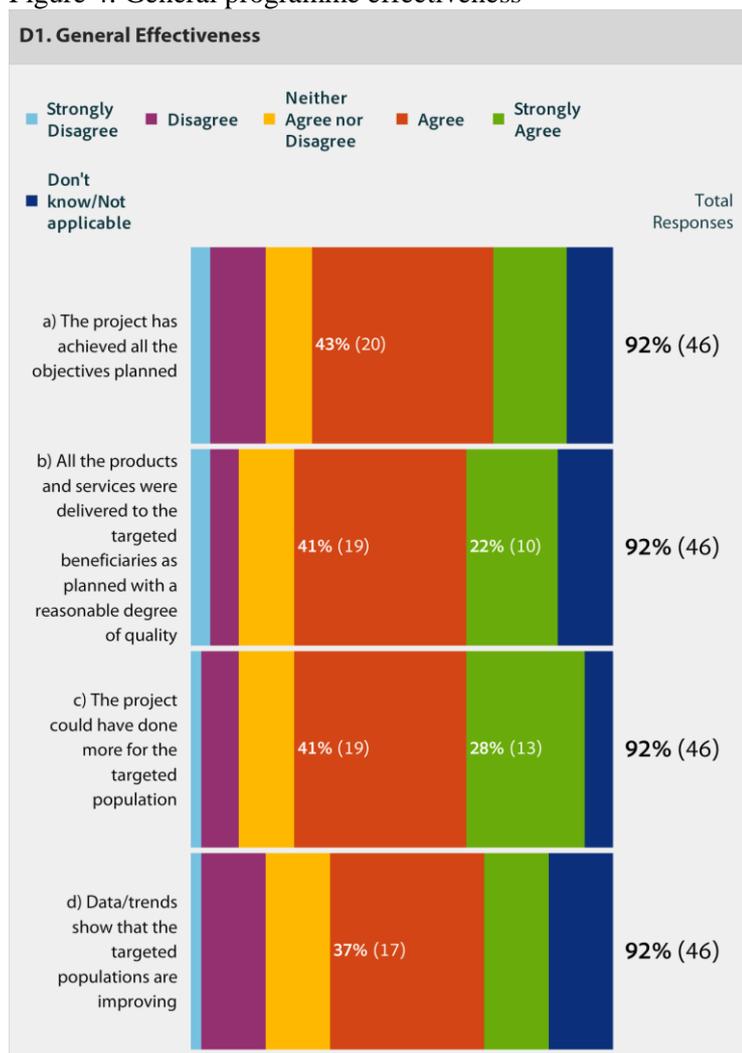
Participants were next asked about what activities were they involved in and how relevant they were (note: the questions in this category were to be answered only by those directly involved in UNODC project implementation):

- Seventy four percent (25/35) noted that targeted advocacy towards a gender sensitive approach to criminal justice and treatment of prisoners was either Very Relevant or Relevant
- Sixty three percent (24/38) noted that targeted advocacy towards an equity approach (includes work appropriately targeted towards different age groups, people in both rural and urban areas, different backgrounds) was either Very Relevant or Relevant

- Ninety percent (34/40) noted that targeted advocacy towards a human rights based approach (specifically, reduction of stigma and discrimination, de-criminalization, improving legal and policy frameworks for people who use drugs) was either Very Relevant or Relevant
- Eighty eight percent (36/41) noted that UNODCs public health approach was either Very Relevant or Relevant
- Eighty one percent (30/37) noted that they were involved in support for reviewing, adapting, developing and/or implementing effective legislation and policies including on alternatives to imprisonment and that these activities were Very Relevant or Relevant
- Eighty eight percent (35/40) reported that their work on support in developing and/or implementing comprehensive, evidence-informed strategies (the comprehensive harm reduction package) was very relevant or relevant.
- Seventy nine percent (29/37) rated assistance in ensuring equitable access to evidence based HIV services for women in prisons and their accompanying children as Very relevant or Relevant
- Lastly, in regard to the relevance of working on guidance documents, norms and standards and/or tools to countries with the implementation of the comprehensive response to HIV in prisons, 84% (32/38) reported this to be Highly Relevant or Relevant.

Effectiveness: Participants were next asked about what activities were they involved in and how effective in their opinion these activities were. Four initial questions asked about general effectiveness (Figure 4). This section was followed by eight questions on effectiveness to be answered only by those directly involved in UNODC project implementation.

Figure 4: General programme effectiveness



Note: Percentages in the image are based on the denominator of 50.

Forty-six respondents answered these questions. As shown above, the majority of respondents agreed or strongly agreed that “the project has achieved all the objectives planned”. A similar majority agreed or strongly agreed (63%, 29/46) that “all the products and services were delivered to the targeted beneficiaries as planned with a reasonable degree of quality”. Conversely, 70% (32/46) agreed or strongly agreed that “the project could have done more for the targeted population”, and a variety of responses were elicited regarding whether “data/trends show that the targeted populations are improving.

Participants were then asked to what extent they agreed or disagreed with a series of statements on project effectiveness (note: all 50 participants answered each question. Not applicable was an option):

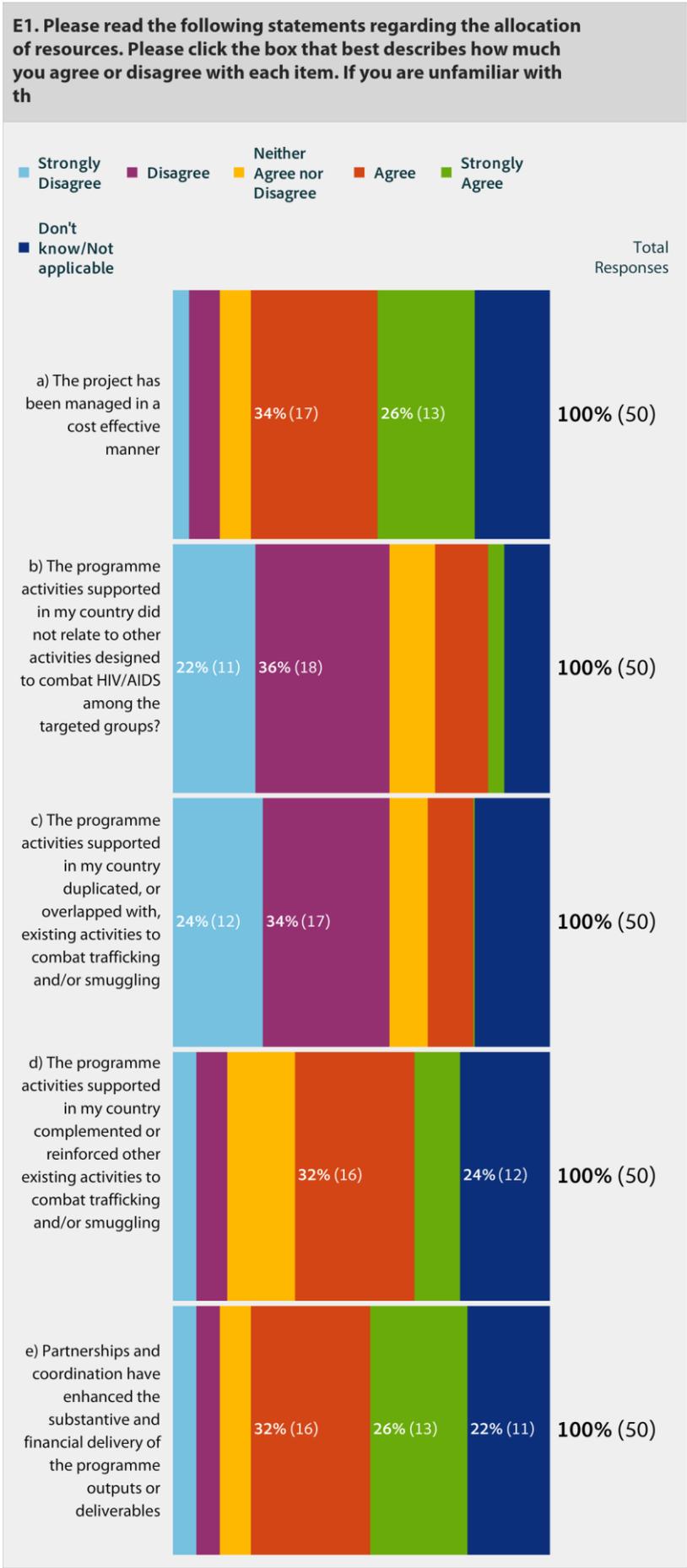
- 54% (n=27) of respondents agreed or strongly agreed that “the programme targeted advocacy towards a gender, equity and human rights-based approach (this includes work aimed at: gender awareness to criminal justice and treatment of prisoners actions was helpful to change the situation in my country/settings”, while 12% (n=6) strongly disagreed or disagreed with this statement.
- 58% (n=29) agreed or strongly agreed that “the programme targeted advocacy towards an equity based approach” (this includes programmes appropriately targeted to various age groups), while 12% (n=6) disagreed with this statement (no one strongly disagreed)
- 62% (n=31) agreed or strongly agreed that “the programme targeted advocacy towards a human rights-based approach (includes work aimed at reducing stigma and discrimination, decriminalization, legal and policy frameworks) to criminal justice and treatment of prisoners actions was helpful to change the situation in my country/settings”, while 10% (n=5) disagreed or strongly disagreed with this statement
- 54% (n=27) agreed or strongly agreed that “the programme targeted advocacy towards a public health approach to criminal justice and treatment of prisoners actions was helpful to change the situation in my country/settings”, while 14% (n=7) disagreed or strongly disagreed with this statement
- 48% (n=24) agreed or strongly agreed that “the programme's support in reviewing, adapting, developing and/or implementing effective legislation and policies, including on alternatives to imprisonment, led to a change in the national legislation in my country or other countries”, while 24% (n=12) disagreed or strongly disagreed with this statement
- 70% (n=35) agreed or strongly agreed that “UNODC’s support in developing and implementing the comprehensive package of 15 interventions and other evidence-informed strategies had a positive effect to beneficiaries of the programme”, while 8% (n=4) strongly disagreed or disagreed with this statement
- 44% (n=22) agreed or strongly agreed that “UNODC's assistance ensuring equitable access to HIV services for women in prisons and their accompanying children in addressing their special needs on the ground is producing effects in the targeted population”, while 14% (n=7) disagreed or strongly disagreed with this statement
- 60% (n=30) agreed or strongly agreed that “guidance documents, norms and standards and tools to assist countries with the implementation of a comprehensive response to HIV in prisons had a positive effect on public policy”, while 16% (n=8) disagreed or strongly disagreed with this statement

The final question in the Relevance section asked participants in an open-ended format to describe any barriers or challenges faced in implementing new guidelines, legislation, skills, or other information provided by the HIV projects, activities and services and how these barriers and challenges were overcome. Several convergent themes emerged in the answers:

- Punitive government laws (Most common theme)
- Stigma and discrimination
- Insufficient staffing for project implementation (Least common theme)
- Prison staff and management not open to harm reduction interventions
- Among some respondents, “no barriers” was noted

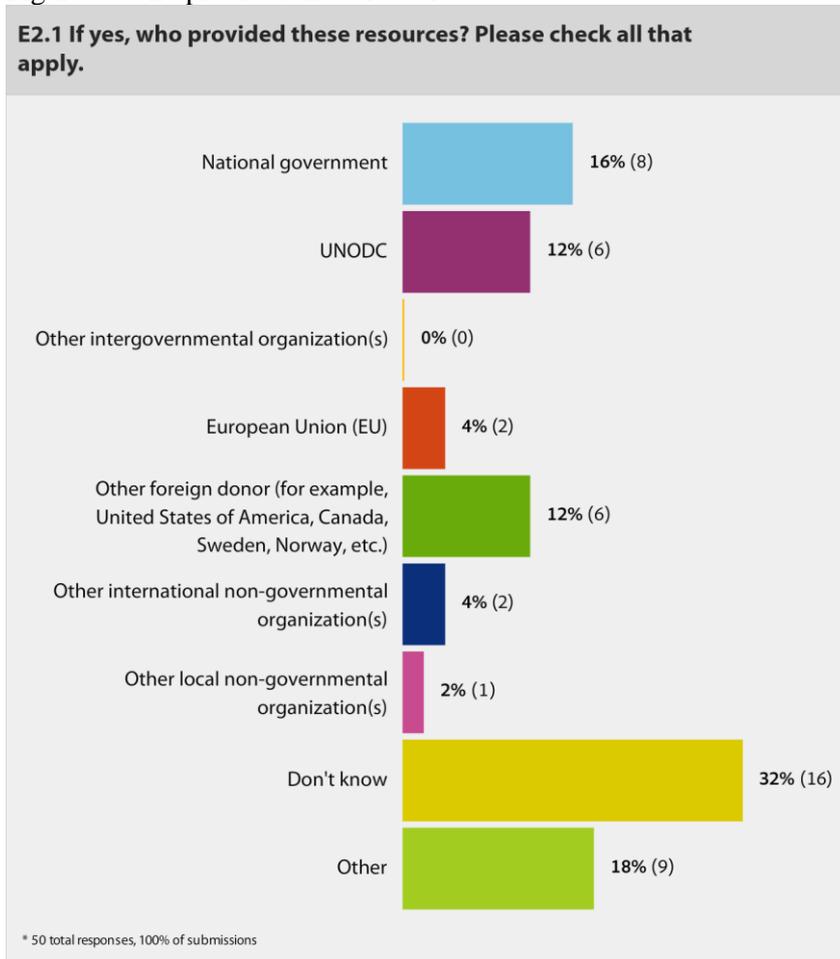
**Efficiency:** Participants were next asked about how efficient the projects were that they were involved in. Five initial questions asked about general efficiency (Figure 5). All 50 participants responded to these questions. This section was followed by a question on whether any resources or activities “devoted to stopping HIV transmission were mobilized as a result of the project” (n=50). Finally, among those participants answering “Yes” to the HIV question, they were asked who provided the resources for these activities. All 50 participants self reported they met the criteria to answer this question and all responded.

Figure 5. Efficiency of resource allocation



We asked if there were other resources or activities devoted to stopping HIV transmission that were mobilized as a result of the project. 64% (32/50) said “Yes”, 5 said “No” and 13 (26%) responded with “Don’t know”. Among those who answered yes to this question, we asked who provided the resources. Figure 6 shows these results. As shown, the answer receiving the most responses was “Don’t know” (32%, 16/50). An “Other” donor agency category received 18% (9/50) responses, while national governments received the third highest response with 16% (8/50).

Figure 6: Who provided these resources?



**Impact:** Participants were asked an open-ended question, asking them to describe what they considered the UNODC Global HIV/AIDS Programme’s main achievements have been (e.g., new legislation, policies, new approaches based on harm reduction in closed settings, etc.). The following convergent themes emerged in the analysis of these responses:

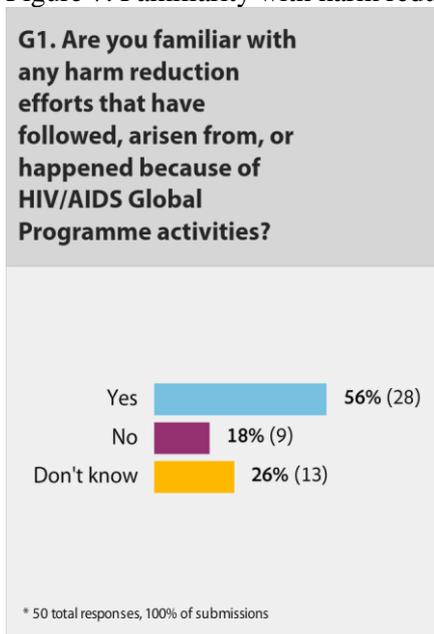
- 46/50 participants responded to this question
- There was a diversity of opinions on what the main achievements have been with a number of respondents noting achievements and deficits.
- A less prevalent theme involved persons who noted deficits, two relating to what they indicated was a lack of senior leadership on promotion of harm reduction and one related to a lack of country-level leadership on compulsory detention and closure of needle and syringe exchange
- Themes related to achievements were as follows (in order of theme prominence):
  - Helping to reduce stigma and discrimination at country-level
  - Bringing the issue of women who use drugs and are living with HIV to multiple national governments and helping to institute harm reduction or prison related programmes for women and HIV
  - Addressing the issues of harm reduction, closed settings and HIV at the global and national levels

- Development of policies, guidance and standard operating procedures where none previously existed
- Training staff in addressing HIV and drug use/harm reduction
- Several responses noted that UNODC has tried to effect change but has not been able to at a sufficient scale due to political impediments at the country level
- UNODC’s involvement in the Technical Guide
- Helping to reduce

Sustainability: Participants were asked a question as to whether they were familiar with any harm reduction efforts that have followed, arisen from

Respondents were then asked if they were familiar with any harm reduction efforts that have followed, arisen from, or happened because of the UNODC HIV programme activities. As seen in Figure 7, while the majority of respondents 56% (28/50) responded with “Yes” to this question, 26% (13/50) indicated that they didn’t know if any harm reduction efforts had occurred, while 18% (9/50) said “No”.

Figure 7. Familiarity with harm reduction efforts arising from UNODC HIV programme activities



Additional comments: A final open-ended question provided the opportunity for participants to add any other comments or perspectives on UNODC’s Global HIV/AIDS Programme activities and efforts.

- 31/50 respondents did not leave additional comments. Of the remaining 19 respondents, the responses were varied with two weak themes emerging:
  - Some respondents requested that UNODC acquire more funding to 1) increase staffing, or 2) to allow programmes in country to continue
  - Two responses noted an effect on putting women who use drugs on national agendas
  - Two responses noted this survey was not responsive to the specific needs of people who use drugs, closed settings and HIV
  - Two responses referred to the variability of UNODC programmes by country. It was noted that some staff are not sufficiently technical or that some programmes are stronger than others

Note on conclusions and recommendations: Conclusions and recommendations from the survey are reflected in the overall conclusions and recommendations section of the larger evaluation report.