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FINAL EVALUATION REPORT

Project number:

AD/RER/04/II8

Project title:

Assistance for the development of a regional project on the diversification of HIV prevention and treatment services for injecting and other drug users in South-Eastern Europe

Thematic area:

HIV/AIDS

Countries:

Original project: Albania, Bosnia and Herzegovina (BH Federation and Republic of Srpska), Bulgaria, Croatia, Former Yugoslav Republic of Macedonia, Romania, Serbia and Montenegro (including Kosovo under UNSCR 1244) and Turkey;

Project revision: Bosnia and Herzegovina (BH Federation and Republic of Srpska), Montenegro and Serbia (including Kosovo under UNSCR 1244)

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CONTENTS

<i>Abbreviations and acronyms</i>	3
<i>Summary matrix of findings, supporting evidences and recommendations</i>	4
EXECUTIVE SUMMARY	6
I. INTRODUCTION	9
<i>A. Background and context</i>	9
<i>B. Purpose and scope of the evaluation</i>	10
<i>C. Executing Modalities of the programme or project</i>	11
<i>D. Methodology</i>	11
<i>E. Limitations to the evaluation</i>	12
II. MAJOR FINDINGS and ANALYSIS	12
<i>A. Relevance of the project</i>	12
<i>B. Attainment of the project objectives</i>	13
<i>C. Achievement of the project outputs</i>	15
<i>D. Institutional and management arrangements and constraints</i>	17
III. OUTCOMES, IMPACT AND SUSTAINABILITY	18
<i>A. Outcomes</i>	18
<i>B. Impact</i>	19
<i>C. Sustainability</i>	20
IV. LESSONS LEARNED AND BEST PRACTICES	20
<i>A. Lessons learned</i>	20
<i>B. Best practices</i>	20
V. RECOMMENDATIONS	21
<i>A. Issues resolved during the evaluation</i>	21
<i>B. Actions recommended</i>	21
VI. OVERALL CONCLUSIONS	23
ANNEXES	25
<i>Annex 1: Terms of Reference of the evaluation</i>	25
<i>Annex 2: List of persons interviewed and project document reviewed</i>	33
<i>Annex 3: Evaluation assessment questionnaire</i>	34

Abbreviations and acronyms

BiH (BH) – Bosnia and Herzegovina

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

EU – European Union

FYRM - Former Yugoslav Republic of Macedonia

IDU – Injection Drug Users

MoU – Memorandum of Understanding

NGO – Non-Governmental Organization

SEE – South-East Europe

TNA – Training Needs Analysis

ToR – Terms of Reference

ToT – Training of Trainers

TWG – Technical Working Group

UNODC – United Nations Office on Drugs and Crime

UNSCR – United Nations Security Council Resolution

WHO – World Health Organisation

Summary matrix of findings, supporting evidences and recommendations

Findings: problems and issues identified	Supporting evidences	Recommendations
1. The overall objective is designed in a way to be a preparation of national stakeholders to a new program	Description of the overall objective. No regional strategy on HIV/AIDS prevention among IDU that will integrate programming of regional and national programs and projects.	<p>Develop a SEE regional strategy on prevention of HIV/AIDS among IDUs which might include establishing regional centre on demand reduction treatment and rehabilitation and HIV prevention.</p> <p>Develop a new accelerated regional program of targeted technical assistance to prevent, control and sustain a reduction of HIV infection among injecting and other drug users. HIV/AIDS prevention among IDU in prison settings should be also a focus of future programming.</p> <p>In creating synergy in development new project initiatives UNODC should cooperate with other international agencies which operate in this field such as WHO's Collaborating Centre for Capacity Building in HIV/AIDS Surveillance (based in Zagreb).</p> <p>The EU/EMCDDA's training schemes and other EU funded initiatives might be of the great support in this regard.</p>
2. There is a great need for further technical assistance and capacity building activities in the field of HIV/AIDS prevention. This has been recognised in all trainings and emphasised in many meetings with national stakeholders.	As a result of the project action and stakeholder initiatives, UNODC Project staff and national focal points have developed numerous project proposals.	UNODC or UNAIDS country offices should work together with national stakeholders in developing and implementation of new projects.
3. The original project has not been designed together with national institutions	After being presented to national stakeholders, the project was drastically revised where almost entire project action have been replaced with 6 training modules	In order to create sense of ownership and active participation, national stakeholders should be involved in a process of project design
4. The original project document has been drastically changed after the country study trips. However, there is no written document that clearly explained changed activities of project implementation	There is no project document that explains the changes of the original project design.	If there are changes in the original project document, they should be written in a project revision and properly archived.
5. Although all governments signed MoU, willingness of institutions to actively participate in project implementation drastically varies among the countries	There is no evidence that signing authorities and relevant institutions were informed by national focal point on project implementation and achieved results	Reports on project implementation and achieved results should be introduced within MoU. There should be regular presentation of project results to higher authorities.
6. National focal points were not fully committed in working with TWGs and UNODC staff	National focal points did not react efficiently to the project implementation requirements	The role and responsibilities of national focal points should be clearly stated. Their engagement on the project should be calculated in numbers of working hours and that should be counted as their financial contribution of a national counterpart.
7. The impact of the project results directly correlate with capacity of national focal points	Impact of project in Bosnia and Herzegovina was high mostly due to high mobilization capacity of	UNODC should require from national counterpart that appointed focal points have enough authority and good capacity to mobilise national stakeholders

Findings: problems and issues identified	Supporting evidences	Recommendations
to mobilize national stakeholders	their focal points.	
8. Some of the TWGs were created as virtual networks of members that never met each other and therefore their results were much weaker than in case where TWGs have had regular meetings.	TWGs in majority of countries have been created as virtual networks of people who communicated mostly via phone or e-mail.	UNODC should monitor activities of TWGs, help them in developing annual working agenda and sometimes participate in their meetings. Chairmanship in TWGs should be rotation-based.
9. Once when return from training, participants did not have obligation to inform their institution or colleagues about training activity they participated on.	Although some of provided trainings have had a ToT character, there were no follow-up trainings organised by participants in their host institutions.	UNODC should require from beneficiaries of training activities and their host institutions to organize internal trainings where trained people will disseminate their knowledge to local stakeholders. This should be a rule for participants of ToTs.
10. Although some of the countries and their institutions have great knowledge and experience in dealing with HIV/AIDS prevention among IDU, their best practices were not properly shared within the network.	Mechanisms for transferring lessons learnt and best practices are not well developed	There should be developed mechanisms for sharing best practices among SEE countries. Experience of countries which are advanced in this field (Bulgaria and particularly Romania) should be transferred to other countries.

EXECUTIVE SUMMARY

a) A short description of the project evaluated including its objectives

The UNODC AD/RER/04/118 is a regional project on prevention of HIV/AIDS among Injecting Drug Users, funded by UNAIDS and Governments of Ireland, Sweden and Switzerland and implemented by UNODC Project office in Belgrade, Serbia. The project originally targeted all countries of South-East Europe (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Former Yugoslav Republic of Macedonia, Romania, Montenegro and Serbia (including Kosovo under UNSCR 1244) and Turkey.

Based on availability of left-over funds, in December 2007 the project team proposed a project revision which covered following countries of the Western Balkans: Bosnia and Herzegovina (BH Federation and Republic of Srpska), Montenegro and Serbia (including Kosovo under UNSCR 1244). This 'second' phase of the project was focused on implementation of two workshops and series of smaller activities for participants from mentioned countries.

The project lasted from September 2006 and until end of 2008.

The overall objective of the project was to 'develop and harmonize professional skills and resource base for the countries of South Eastern Europe in preparation for an accelerated program of targeted technical assistance to prevent, control and sustain a reduction of HIV infection among injecting and other drug users'. The project aimed to 'provide priority assistance to build the basic foundation on which to develop and launch a large scale regional project focused on the delivery and diversification of HIV prevention and treatment services'. Besides, the project planned to focus on 'developing common competencies in South Eastern Europe in relation to advocacy, epidemiology, specialist trainer-training skills and coordination of existing networks, resource materials and best practices'. The project also aimed to link, complement and dovetail with a number of existing initiatives and particularly with the work of the UNAIDS Theme Groups.

The final evaluation was conducted by Dragisa Mijacic, independent consultant from Belgrade. The evaluation lasted 13 working days, starting from December 10 2008. Chosen evaluation methodology combined analysis of primary and secondary data. The presented report is based on findings of such analysis.

Based on the Terms of Reference, the overall purpose of the final evaluation is 'to determine what the project has achieved and if it has attained its objectives successfully and efficiently, taking into account the prevailing conditions (political, financial, technical, levels of cooperation etc.) during its implementation'.

The evaluation focused in assessing and measuring the project's outputs, outcomes and impacts, both positive and negative. Special attention was based on extent to which the needs of the beneficiaries are met as well as what has been achieved in terms of sustainability. The evaluation also tried to identified lessons learnt and good practices from the project implementation which might be used to improve future project planning, design and management.

The evaluation report is written in line with UNODC procedures.

b) The major findings of the evaluation

The evaluation has shown that original project document has been changed at the very early stage of its implementation. The project implementation started two years after project has been designed. The filed mission to countries that participated to the project has shown substantial changes in training needs. Therefore, the original project proposal has been changed and the new proposal aimed to organise 6 training modules. However, the changes on original project document were not well documented and archived. This created difficulties in evaluation of the project since it was hardly possible to evaluate implementation of original activities versus achieved results.

Attainment of overall and specific objectives is satisfactory. Implementation of training modules was a full success. All trainings were implemented efficiently. Participants evaluated all trainings with high marks for all evaluation criteria (usefulness and applicability of training, quality of trainers, logistics and organization, etc). Based on ProFI, the project team efficiently implemented 99.8% of all project activities. The project implementation was highly cost-efficient as well.

The intervention model has been well chosen and appropriate for achieving efficiency. Having one project office located in the Region proved to be a good strategy.

Quality of outputs and outcomes varies from level of involvement of national focal points and TWGs. The project achieved best results in countries where TWGs were active and have regular or periodic meetings. The best results are achieved in both entities of Bosnia and Herzegovina.

Changing attitudes among government officials involved in the project and creating a partnership between government institutions and non-governmental organizations are main outcomes of the project. These partnerships might remain sustainable in the future since in some cases they create spillover effects and synergy in coordination of project activities.

Achieved impact is limited since the project characterised small scale activities for too many countries. Training modules were organized for one or two participants per country, which is not sufficient to cover great needs of involved countries. However, in some countries trained staff have been involved as consultants on workshops financed by the Global Fund programmes, which can be credited as an impact of this project.

There is no clear strategy for sustaining project results in the future. National counterparts do not have sufficient funds to continue with similar activities. Although the project was supposed to develop a new accelerated program on technical assistance for prevention of HIV/AIDS among IDUs, it has not been achieved as a result. Some small scale project proposals have been developed, yet they remain unfunded so far. The project did not develop fundraising skills among national stakeholders.

c) Lessons learned and best practices

The project did not create mechanisms for recording lessons learnt and best practices, which is certainly one of the weaknesses of the project.

Project designing should not be only based on secondary data but also on empirical evidences in the field and willingness of national institutions to actively participate in the project implementation. In this regard, signing of MoU is not sufficient and there is a need for other modalities that will create local ownership and active institutional involvement in project actions.

National focal points should be bound to project implementation by contract. Their engagement should be paid by host institution as a contribution to the project. The best results are achieved if national focal points are highly respective persons with strong mobilisation power within national institutional framework.

The project would achieve better results if national counterparts created a formal institutional network with periodical meetings than if they were connected informally, via phones and e-mails.

Creating a good network requires specific communication and social skills which are much beyond formal interaction between parties involved.

After coming back from trainings, participants should be obliged to organise a short meeting with their colleagues and spread knowledge, handouts and other received training materials.

d) Recommendations and conclusions.

There should be a developed new accelerated regional program of targeted technical assistance to prevent, control and sustain a reduction of HIV infection among injecting and other drug users. During interviews with stakeholders it was emphasised creation of the regional centre on demand reduction treatment and rehabilitation and HIV prevention. It is also recommendable UNODC to search for synergy with other international agencies which operate in this field such as WHO's Collaborating Centre for Capacity Building in HIV/AIDS Surveillance (based in Zagreb) and EU funded projects such as EMCDDA's training schemes.

In case there is no resources for a new regional program, UNODC or UNAIDS country offices should work together with national stakeholders in developing and implementation of new country specific project(s). Some of them are already drafted by the project staff and national focal points.

In order to create sense of ownership and active participation, national stakeholders should be involved in a process of project design.

If there are changes in the original project document, they should be written in a project revision and properly archived.

Regular reports on project implementation and achieved results should be introduced within MoU.

The role and responsibilities of national focal points should be clearly stated. Their engagement on the project should be calculated in numbers of working hours and that should be counted as their financial contribution of a national counterpart.

UNODC should require from national counterpart that appointed focal points have enough authority and good capacity to mobilise national stakeholders.

UNODC should monitor activities of TWGs, help them in developing annual working agenda and sometimes participate in their meetings. Chairmanship in TWGs should be rotation-based.

UNODC should require from beneficiaries of training activities and their host institutions to organize internal trainings where trained people will disseminate their knowledge to local stakeholders. This should be a rule for participants of ToTs.

I. INTRODUCTION

A. Background and context

The UNODC AD/RER/04/II8 is a regional project on prevention of HIV/AIDS among Injecting Drug Users (IDU), funded by UNAIDS and Governments of Ireland, Sweden and Switzerland and implemented by UNODC Project office in Belgrade, Serbia. The project originally targeted all countries of South-East Europe (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Former Yugoslav Republic of Macedonia, Romania, Montenegro and Serbia (including Kosovo under UNSCR 1244) and Turkey. In the second (revised) phase the project, which was funded by left-over funds, the project was focusing on following countries of the Western Balkans: Bosnia and Herzegovina (BH Federation and Republic of Srpska), Montenegro and Serbia (including Kosovo under UNSCR 1244).

The overall objective of the project was to ‘develop and harmonize a professional skills and resource base for the countries of South Eastern Europe in preparation for an accelerated program of targeted technical assistance to prevent, control and sustain a reduction of HIV infection among injecting and other drug users’. The project aimed to ‘provide priority assistance to build the basic foundation on which to develop and launch a large scale regional project focused on the delivery and diversification of HIV prevention and treatment services’. Besides, the project planned to focus on ‘developing common competencies in South Eastern Europe in relation to advocacy, epidemiology, specialist trainer-training skills and coordination of existing networks, resource materials and best practices’. The project also aimed to link, complement and dovetail with a number of existing initiatives and particularly with the work of the UNAIDS Theme Groups.

The project started with its implementation in September 2006 by signing of MoU with all national counterparts in the project which was combined with regional fact-finding mission and presentation of the project. One of the first activities was a launch meeting held in Belgrade with all national focal points, where participants were discussing on establishment of the Technical Working Groups (TWG) at the national level.

During the initial activities, Training Needs Analysis (TNA) was done through survey questionnaire with all stakeholders and based on findings the action plan of project activities was developed. The project started with implementation two years after it was design. During those two years a lot of training activities has been conducted by other partners that work in this field. In that regard TNA was necessary to identify all changes and to redesign project activities in order to fit with newly identified needs. Therefore, further implementation of the project activities is based on implementation of the trainings which came as an outcome of the TNA. However, those changes have not been recorded in a proper manner since there is no document(s) that describe changes of initial project design.

Based on availability of left-over funds, in December 2007 the Project Team proposed a project revision which covered implementation of two workshops and series of smaller activities for participants from Bosnia and Herzegovina (both entities), Montenegro and Serbia (including Kosovo under UNSCR 1244).

The final evaluation was carried out by Dragisa Mijacic, independent consultant from Belgrade. The evaluation lasted 13 working days, starting from December 10. Chosen evaluation methodology combined analysis of primary and secondary data. The presented report is based on findings of such analysis. Methodology of the evaluation is more thoroughly described in Section D of this Chapter.

B. Purpose and scope of the evaluation

Based on the Terms of Reference (ToR), the overall purpose of the final evaluation is ‘to determine what the project has achieved and if it has attained its objectives successfully and efficiently, taking into account the prevailing conditions (political, financial, technical, levels of cooperation etc.) during its implementation’.

The evaluation focused on assessing and measuring the project’s outputs, outcomes and impacts, both positive and negative. Special attention was based on extent to which the needs of the beneficiaries are met as well as what has been achieved in terms of sustainability. The evaluation also tried to identify lessons learnt and good practices from the project implementation which might be used to improve future project planning, design and management.

According to the ToR, the evaluation mainly focused on the project’s concept, design, implementation, outputs and outcomes. It should in particular analyse and assess:

- the project relevance taking into account the country policies on HIV/AIDS and drugs;
- the attainability of the objectives and of planned inputs, activities and outputs;
- the problems identified by the project and the corresponding strategy chosen in order to address these, and compare it with alternative cost-effective approaches;
- the clarity, logic and coherence of the project design, strategy, approach and activities in response to the country needs on HIV/AIDS among IDUs;
- the effectiveness of the project in delivering activities, outputs and outcomes in response to the country needs on HIV/AIDS among IDUs;
- the efficiency of project planning and implementation including to which extend organizational structure, managerial support and coordination mechanism used by UNODC supports the project;
- the role played by the project office in the implementation of the project;
- the planning, coordination and implementation of activities with other donors in the area of HIV/AIDS services for IDUs : UN agencies (UNAIDS, UNICEF, WHO), the progress made towards the achievement of the planned results and expected outcomes;
- the progress made towards achieving the sustainability of results after project completion;
- problems and challenges/constraints encountered during implementation;
- identify lessons learned and best practices for replication in other countries/regions;
- analyse whether and how the project contributed to priority areas, thematic and result areas of UNODC.

In conducting evaluation, the evaluator took into account the new UNODC Evaluation Policy and Guidelines, including a specific report format. Integrative part of the evaluation is required Evaluation Assessment Questionnaire (see Annex 3) which was submitted to the UNODC Independent Evaluation Unit as well.

C. Executing Modalities of the programme or project

The implementation strategy included establishing a two-member project team, based at the UNODC project office in Belgrade, Serbia. Belgrade has been strategically chosen due to its central geographical location in the area of project operations.

Day-to day implementation of project activities was undertaken by the project team. The project team was composed of a National Project Officer and a Project Assistant. During the project implementation there was a change of staff, in particular change of National Project Officer.

The implementing strategy also included participation of the government counterparts in assisting of execution and implementation of project activities. This role was institutionalized by involvement of national focal points and members of national TWGs into implementation of certain project activities (mainly identification of training needs and selection of participants).

The implementation strategy also tried to utilize the existing network of UNAIDS Focal points in countries of SEE. In this regard UNAIDS Focal Points from Albania, Bulgaria, Former Yugoslav Republic of Macedonia (FYRM), Croatia, Turkey were significantly involved in project implementation since they were acting as national focal points for this project.

The project team was reporting directly to the UNODC Regional Project Coordinator for South Eastern Europe, located at the Regional Project Office, Sofia, Bulgaria. The Regional Project Coordinator was in charge of ensuring the technical compliance of the project with international and EU best practices and dovetailing and effective coordination with any other ongoing projects and initiatives in the region. The Division for Operations of UNODC HQ in Vienna was the highest level institution in charge of implementation.

D. Methodology

The method proposed for the evaluation comprised activities on data collection, data analysis and writing a report. During the data collection the Consultant was equally focusing on collecting data from primary and secondary sources.

For primary data collection, the Consultant used questionnaire with semi-structured questions for interviews with the project staff, and focal points. Prior to interviews, questionnaire was sent to the UNODC Project Coordinator for approval. The project staff helped the Consultant with identification of key stakeholders and logistic arrangements of the interviews. All interviews with stakeholders were held by phone.

For secondary data collection, the consultant focused on project documentations such as: (1) Project Proposal; (2) Logical Framework Matrix; (3) Project Revision document; (4) The Project budget; (5) Project work plan; (6) Project coordinator's evaluation report; (7) Mission Reports from field trips in Albania, BiH, Bulgaria, Croatia, FYR Macedonia, Montenegro, Romania, Turkey and Vienna; (8) Monthly, quarterly, semi-annual and annual project progress reports held in the UNODC project management system; (9) Project Training Reports; (10) Manuals and brochures developed by the project, such as Advocacy Guide: HIV/AIDS Prevention among Injecting Drug Users (created by: WHO, UNAIDS, UNODC). As in the case with primary data collection, Project staff assisted the Consultant in identifying and collecting project documentation and other available and relevant secondary data information.

Methods used to analyze the data were mostly qualitative with some elements of quantitative analysis as well. Data analysis started simultaneously with data collection, yet main analysis has

been done after collecting all necessary data. Data analysis was primarily focused in achieving evaluation goals defined by the ToR, UNODC Evaluation Policy and Evaluation Guidelines.

The project evaluation took 13 working days, performed in a time period December 10 -30 2008. The schedule of the evaluation followed the logic and the structure proposed in the ToR. Time schedule of interviews was organized with a logistic support of the project staff and in line with availability of officials and the Consultant.

E. Limitations to the evaluation

The major limitation of the evaluation was scheduled time. The evaluation process was conducted at the end of a calendar year, in the middle of the Christmas holiday season when some of the stakeholders were not available for interviews.

The other remarkable constraint was a limited budget for the interviews. The consultant did not have opportunity to speak with other stakeholders within countries but with the focal points. None of the project beneficiaries or members of the TWGs were interviewed. Members of TWGs from counties that participated in the first phase of the project were not interviewed either.

The Consultant tried to mediate these constrains by analysing secondary data sources and having thorough interviews with the project staff.

II. MAJOR FINDINGS and ANALYSIS

A. Relevance of the project

Prior to implementation of the project situation in domain of HIV/AIDS prevention among IDU drastically varies between countries. While some countries have advanced in the field (Bulgaria, Croatia, FRYM and Romania), capacity of other countries were at the very low level. Therefore, it is not clear how the countries were selected for this joint project action since disparity among them is quite high.

The evaluation cannot answer the question whether stakeholders were actively involved in designing the original project document or whether the project was designed based on secondary data analysis. Interviewed project staff and national focal points did not have knowledge in this regard yet they were associated with the project after it was approved for funding. It might be that someone else within the relevant national stakeholder institutions was involved in project design, yet the evaluation could not make any conclusion in this regard.

The original project document is not fully comprehensive. The overall and specific objectives of the project are not specific and it is very difficult to measure their relevance to the needs of selected beneficiaries. Furthermore, the original project document was designed in a way to organize numerous training activities at the regional, national and sub-national level, covering a wide scope of action. Relevance of these trainings was not clearly explained in justification. Having in mind limited project activities in the field of HIV/AIDS prevention among IDU in majority of targeted countries it might be concluded that all training activities in this field are relevant yet the project should keep the focus on achieving overall and specific project objectives. In general, it might be concluded that the original project document is not fully comprehensive and its relevance with the targeted countries' needs remain vague.

However, as emphasised earlier, the project implementation has not been based on the original project document but on the action plan that was developed on results of the training needs assessment of stakeholders. TNA was one of initial activities of the project and it was a part of study tour to countries and institutions involved in the project. Since the project started two years after it was designed, TNA was very good tool to identify disparities in training needs from ones planned with original project document. However, the TNA outcomes are not written in a single document. Although TNA outcomes have drastically changed original project document all interviewed stakeholders claimed high relevance of implemented project activities to their needs.

All training modules, implemented by the project activities were evaluated by participants as highly relevant to their needs. Among implemented trainings, interviewed stakeholders especially emphasised those ones that aimed police officers as participants. Before UNODC project, there was no training courses or workshops that targeted policemen as beneficiary groups in the field of HIV/AIDS prevention among IDUs in most of the targeted countries. Trainings for Social Workers as well as PR offices of respective Ministries were also emphasised as relevant to their country needs.

Networking activities between stakeholders from involved countries as well as between representatives of public institutions and Non-Governmental Organizations (NGOs) have been recognised as highly relevant to the needs of beneficiaries. The interviewed focal points emphasised networking as a highly relevant to their needs in a field of sharing experience, best practices and lessons learnt.

B. Attainment of the project objectives

As said above, the original project is not comprehensive enough and from the document it is very difficult to understand the whole project action. The project objectives are not specific enough to clearly describe what aims project design tries to achieve. The overall project objective is to 'develop and harmonize a professional skills and resource base for the countries of South Eastern Europe in preparation for an accelerated program of targeted technical assistance to prevent, control and sustain a reduction of HIV infection among injecting and other drug users'. From this formulation it could be understood that there is incoming accelerated (regional or national) program of targeted technical assistance and this project aims to develop and harmonize professional skills and resources how countries of SEE would be measured as ready for implementation of such incoming program. However, according to analysis of available data, there is no incoming program that should come as a continuation of this one. Therefore, it might be concluded a non-consistency of the overall objective since the project action was not designed to be in line with fulfilling the overall objective.

The project has three specific objectives: (1) establishment of country level Technical Working Groups (TWG) between relevant government institutions and other parties (NGOs, donor agencies, etc); (2) effective use of advocacy for HIV/AIDS prevention and care for injecting drug users; and (3) Monitoring and evaluation.

In regard to the first objective, it might be concluded that TWGs were established in majority of targeted countries. However, operational capacity of the TWGs varies from country to country. Since the role of the TWGs was not well defined with the project design, quality of these partnerships mostly depends from commitment of national focal points to best utilise project results.

TWGs as a formal institutional network with the working agenda and regular meetings were organized only in Bosnia and Herzegovina (both entities), where national focal points were highly

motivated to gather all relevant national stakeholders in formal meetings and discuss with them about the project and other possible coordination in the field of HIV/AIDS and drugs.

In other countries TWGs were rather informal network of relevant national stakeholders where all communication was based on phone and e-mail coordination between its members. In case of Montenegro and Serbia, members of the TWGs have not met formally during entire project implementation. In these cases national focal points facilitate communication between different members. This created a sort of 'clientelistic' relationship between the project team, national focal points and members of the TWGs, which primarily aimed to select participants for the training courses organised by the project.

In many countries, UNODC or UNAIDS officers had served as national focal points (Albania, Bulgaria, Croatia, FYRM and Turkey). Their role within the project was to establish TWGs, facilitate discussion among partners and helping out in selecting participants for training modules.

Cooperation with these national focal points varied from case to case. While cooperation with Albania, Croatia and Turkey was fairly well, the project team experienced difficulties with cooperation with focal points in Bulgaria and FYRM. The reason for weak cooperation with last two focal points might be found in assumption that those two countries had high expectations to be in charge of implementation of this project.

In general, cooperation with all national focal points was good due to hard effort of the project team to develop good (personal) relationship with them. In majority of similar projects national focal point is a paid position with solid remuneration premium. Since this project did not budget any premiums to national focal points, their commitment to work on the project varied from personal and professional interest to participate in achieving project results.

It might be also said that the project design started with the assumption that national focal points will represent interests of TWGs or at least interests of their institutions. Empirical evidence from interviews in some cases clearly showed a weak link between focal points and their institutions since they did not have any responsibility to report to their superiors about progress within the project.

TWGs and focal points did not submit any official reports to the project team. The reporting was rather informal, specific on certain issues and based on information provided informally via email or telephone.

To conclude, the objective on establishing TWGs was partially attained yet the results might be much better if the project designed clear organization framework and budget support for these networks.

The objective 2 on effective use of advocacy for HIV/AIDS prevention and care for injecting drug users were attained by two activities, training on advocacy skills held in Sarajevo and translation and dissemination of 'Advocacy guide'.

Training on advocacy skills has been marked successful since it helped stakeholders a lot in advocating for further support in this field since no such training had been organized before.

The Advocacy Guide on HIV/AIDS prevention among Injecting Drug Users has been translated into local languages and disseminated to targeted countries either by UNAIDS or national focal

points. Stakeholders were highly satisfied with the quality of the Guide and found it highly useful in their work.

The staff did not fully track dissemination of the Guide to the end users. There are some cases (Belgrade and Pristina) where stakeholders did not receive copies of the advocacy guide. The copies either was lost in transport or not properly disseminated by UNAIDS/national focal points to national stakeholders.

Formulation of the objective 3 is vague since it is not clear what is meant by monitoring and evaluation (of what and of whom). As said before, TWGs were not submitting any official reports to the project team (neither vice versa), which includes mid-term progress review of project implementation. Therefore it might be concluded that neither TWGs did monitoring/evaluation of the project implementation and the project team performance nor the project team did monitoring/evaluation of activities conducted by TWGs.

By the end, the project was supposed to have a wrap-up workshop where the national focal points would discuss project results, evaluate the project implementation and propose further actions. However, in stead of having a joint meeting it has been agreed among national focal points to send a written document (so called 'terminal evaluation') that will cover all required issues. By the end of the final evaluation only the focal point from Montenegro had sent the terminal evaluation.

C. Achievement of the project outputs

As said before, the project implementation was not based on the original project document but on the action plan. It is important to mention that based on UNODC electronic system ProFI, the project team has implemented 99.8% of all planned activities.

The project action plan was mainly focused on organization of eight selected training courses (six in the first phase and two in the second phase). Beside organization of the training modules, activities included study tour to targeted countries and organization of launch meeting in Belgrade, translation and dissemination of the Advocacy Guide and some minor activities of preparation of further (small scale) project proposals mostly in Serbia.

The training modules were selected based on TNA that was carried out with stakeholders during the study tour and launch meeting. After collecting all information on training needs, the project team has selected 6 training modules that were offered to the TWGs. During the first phase of the project, the following trainings were implemented:

1. HIV/AIDS Awareness Raising, 12 - 14 December 2006, Sarajevo (BiH);
2. TADOC/ Turkish International Police Academy for Drugs and Organized Crime, 7 – 10 March 2007, Ankara (Turkey);
3. Networking workshop, 23-25 April 2007, Kotor (Montenegro);
4. Two trainings on Strategic Communication for Behavior Change and Development, 11-13 June 2007 for governmental officials and 14-16 June 2007 for NGOs, Belgrade (Serbia);
5. TADOC/ Turkish International Police Academy for Drugs and Organized Crime, 17 – 20 October 2007, Ankara (Turkey);

6. Preparation and managing implementation of outreach programme for HIV prevention among injecting drug users (IDUs) 12-15 November 2007, Skopje (FYRM).

Training modules were organized for various target groups. Training in Sarajevo was organized for PR officers of relevant national Ministries that work in the field of HIV/AIDS and drugs (mostly Ministries of Health and Social Welfare). TADOC trainings in Turkey were organized in a form of Training for Trainers for police officers. There were two separate trainings in Belgrade, one for government officials and one for NGO activists. In Kotor training was organized for government officials and NGOs together. Training in Skopje was organized for representatives of national Ministries of Labor, Health, and Social Welfare.

All training modules were marked by participants as highly useful. The selected trainers were also marked as highly competent in the training field. All reports from trainings content recommendations for further action yet analysis of primary and secondary data showed very little commitment of all involved parties to work on realization of these recommended activities.

As one of outcomes of these trainings is electronic network of participants of the training in Kotor. This electronic network has been established by NGO Kula from Belgrade. Among other ideas, the network supposed to publish an electronic magazine on HIV/AIDS prevention among IDU. The network was active for a few months but mostly in the field of sharing information among its members. Electronic magazine was never published.

During the second (revised) phase of the project, the project team had implemented two trainings, in Banja Luka (BiH) 7-9 May 2008 and Nis (Serbia) 20 June – 2 July 2008. These training modules were organized for participants from Bosnia and Herzegovina (both entities), Montenegro and Serbia (including Kosovo UNSCR 1244). Participants were police officers (training in Nis) and officials from Centres for Social Welfare (Banja Luka). Both training modules were organized in local language since all trainers and participants were Bosnian/Montenegrin/Serbian speaking. This created additional asset since communication was much livelier than in case of trainings organized in English language.

Herewith it is important to note that many of the interviewed (including project team members) reported the lack of English language skills among stakeholders caused a problem in selecting participants for trainings. Therefore, in many cases stakeholder institutions could not send the most relevant staff on given topic but those ones within institutions who had enough knowledge of English language. In some cases this create negative effects since only English language speakers got opportunity to be trained. In numerous cases these people left institutions bearing with them all knowledge they collected by participation on trainings. In many of these cases institutions do not receive added value of provided trainings. In order to secure dissemination of training outcomes to institutions there is a need for in-house training or at least briefing of employees by participant(s) who has been sent to attend the training. Empirical evidences confirm there is no such practice among stakeholder institutions that participated this training. Only in the case of Republic of Srpska selected participant(s) of UNODC trainings have had to brief the TWG and especially national focal point about their expectations (before going to training) and achieved outputs (after coming back). This practice should be introduced as best practice and institutionalised in all TWGs since that would be a best way of utilizing results of provided trainings.

Beside organizing training modules, which were most time-consuming activities within the implementation, the project staff was also engaged in activities related to translation and dissemination of the Advocacy Guide as well as in helping national counterparts in developing (small scale) project proposals in the field of HIV/AIDS prevention. The project team has helped

Serbian authorities in developing seven draft versions of project proposals, one of them as a regional project. Unfortunately, so far all these proposals remained unfunded by national or international/bilateral donor agencies.

D. Institutional and management arrangements and constraints

The project document designed implementation model with one project office based in Belgrade which was supported by national focal points in each of targeted countries. Evaluation has clearly shown that having one implementation office based in the Region was a good approach, which caused high project efficiency and spillover effects in developing regional knowledge in the field of operations.

The evaluation also shows that stakeholders from Bulgaria and FYRM were not positive with having the project office in Belgrade since they hoped the implementation office will be based either in Sofia or Skopje. Their dissatisfaction caused reluctance of communication with the project team and quality of support in selecting participants from their countries. However, due to enormous efforts of the project team, this problem has been overcome during the project implementation.

Involvement of national focal points varies from country to country. The most prominent involvement was by focal points from BH Federation and Republic of Srpska. In both of these cases focal points have institutionalised TWGs as a network of institutions which gathers regularly and discussed about issues relevant to the project or to the issue of HIV/AIDS. In case of Republic of Srpska the focal point met personally every participant(s) before and after the training where participants were obliged to raise their expectation (ex ante) and to report on training outcomes (ex post).

Since the national focal points were not paid positions, their involvement in project activities was voluntary and highly based on their willingness or availability to support the project team. In majority of cases these national focal points coordinate implementation of more than one project and their availability became an issue sometimes. Besides, the analysis has shown that national focal points did not have obligation to report to their institutions about the progress or results of this project. It makes a conclusion that cooperation with institutions through national focal points was individual and rather based on personal connections than on institutional commitment to project implementation.

It is important to emphasise that all interviewed stakeholders have expressed their high satisfaction on cooperation with the project team. They have evaluated the project team as very efficient, competent and professional in fulfilling all issues and activities demanded by the project.

Evaluation clearly shows that all activities were performed efficiently. As been reported above, 99.8% of project activities has been realised so far. The project team succeeded to develop a very good relationship within the network of regional stakeholders, which was not an easy process. Having in mind limited (or no) funds for networking activities and visits to the stakeholder institutions, the team success should be additionally valued as high. Logistic operations were also implemented efficiently and in a high professional manner.

The project activities were also cost-effective. The best proof in this regard is the fact that the project team has succeeded to save \$120,100 USD (17.31% of a total project budget) which was used for prolonging project activities for one more year.

All the payments were done through UNDP office in Serbia. Although UNDP uses a different electronic system (ATLAS) than UNODC (ProFI), project staff successfully and efficiently dealt with all the issues regarding payment. Having in mind that project staff did not have any official training on these electronic systems, credit for their good job is more remarkable.

The project reports did not have a suitable form. The submitted reports rather described staff activities than a progress on achieving outputs, outcomes or impact monitoring. In these reports some very important information are missing like names of institutions involved in each of TWG, titles of the trainings, numbers of participants, statistics on achieved outputs and many others. There are reports of all trainings yet their template might be much better since such forms do not provide all necessary information.

Although the Regional UNODC office in Bulgaria was in charge for overall management in the project, their involvement or intervention remained on a small scale. The reason behind might be a very good implementation performance of the project team and low reasons for intervention from the Regional office. The involvement of UNODC HQ in Vienna in project implementation was also minor. However, the UNODC offices in Sofia and Vienna were in charge for monitoring and evaluation of project activities.

III. OUTCOMES, IMPACT AND SUSTAINABILITY

A. Outcomes

The major project outcome is creating a network between different government institutions, NGOs and international/bilateral agencies that are active in the field of HIV/AIDS prevention among IDU and relevant topics. Although in majority of countries TWGs were inefficient and rather informal network of institutions which barely meet, in many countries this was a first attempt to put together government officials and NGOs. This was especially true in case of Ministry of Interior and Police officers which so far did not have opportunity to cooperate with other non-governmental agents. All interviewed officials have reported positive change of attitude among police officers that participated at the training.

Established partnership between governmental officials and NGOs at the national level has created added value in terms of creation of new projects. In Bosnia and Herzegovina (in both entities) new initiatives has been funded by government or international donor agencies. In Serbia there are a lot of drafted project proposals that are pending for funding. As a possible regional project stakeholders emphasised establishment of a regional centre on demand reduction treatment and rehabilitation and HIV prevention.

Although some of provided trainings had ToT character, the evaluation could not identify any training activities or workshops organised by participants or stakeholders as an outcome of UNODC project.

Evaluation could not thoroughly assess an outcome of the Advocacy Guide that was disseminated to stakeholders since there is no track record which institution has received the Guide. Interviewed stakeholders could not provide sufficient information on possible outcomes created by the Guide.

B. Impact

Since the project just finished, it is probably too early to evaluate long-term impact of the project. However, there are some results achieved by the project that might cause positive impact in future.

The partnership between government officials and NGOs at the national and supra-national (regional) level might create long-term impact as well. Impact of the project is clearly higher in countries/regions where TWGs were institutionalised and where members of TWGs have had periodic face-to-face meetings (BH Federation and Republic of Srpska) than in countries where there were no TWGs or where TWGs were rather virtual network of institutions which never met but communicated via phone or e-mail. In Bosnia and Herzegovina, a few project actions initiated by TWG partners have been financed by entity governments.

After a training course held in Kotor participants agreed to create an electronic network of project stakeholders, which operated well for a while. The network was used for dissemination of information and knowledge among its members. Although this network has not been utilised in a best way, it was reported by interviewed stakeholders as very valuable outcome of the project. It has been reported to the consultant that through this network (and through regional partnership that has been created by the project) some external project cooperation has been established by Montenegrin and Romanian partners.

One of the project constrains is a limited scope of training activities comparing with the number of countries involved. Number of trained people is simply not sufficient to create a bigger impact in selected countries. However, some of UNODC beneficiaries are now involved as consultants on holding small scale trainings and workshops for Global Fund projects in SEE countries.

The interviewed focal points emphasised a great possible impact of having trained people on stock (including police officers that participated at the TADOC ToT), yet their better utilisation depends on available funds, which are not found so far. However, many of people trained by this project got engaged as consultant for small scale trainings and workshops financed by Global Fund programme, which also could be counted as an impact of the project.

As an impact of the project it should be mentioned that national focal point from BH Federation took initiative to translate TADOC manual into the Bosnian language and then disseminate it to TWG members and other local institutions.

It is good to mentioned that before the project, HIV/AIDS has been recognised exclusively or mainly as a health problem but not as social one. After participation in the project activities, attitude within some government institutions (particularly Ministry of Interior and Social Welfare) have been positively changed and now their officials are much keener in cooperation with various actors, including NGOs in relation with HIV/AIDS and its prevention among IDUs.

The evaluation cannot answer a question on impact of project results to attain an overall objective since the consultant could not identify any activity on preparation of accelerated program of targeted technical assistance to prevent, control and sustain a reduction of HIV infection among injecting and other drug users within targeted countries.

Interviewed stakeholders emphasised that the impact of the project would be much better if there was created synergy between the project and other internationally and nationally funded programmes in the Region such as WHO's Collaborating Centre for Capacity Building in HIV/AIDS Surveillance (based in Zagreb) and EU funded projects such as EMCDDA's training schemes.

C. Sustainability

There is no evidence that national institutions secured any funds for sustaining project results. All interviewed national institutions reported lack of funds for financing further training activities. Only government of BH federation has allocated minor funds for financing small-scale training programs that would be implemented by people that were trained by this UNODC project.

As mentioned earlier, there are many project proposals drafted either by the project team or government officials/NGO activists (in majority of cases these project proposals are drafted by joint efforts of many actors). However, fundraising for these projects were not successful since none of them got approved by the donor agencies. One of the reason is reluctance of donor agencies to fund HIV/AIDS projects in countries of SEE (especially not in the Western Balkan Countries) since HIV/AIDS in these countries is (still) on a low scale.

Institutional sustainability varies between countries. As mentioned earlier, degree of cooperation between members of TWG drastically varies between countries. Institutional sustainability is more feasible countries where degree of cooperation within TWG is higher (for instance in BiH). In other countries sustainability of TWGs is not expected.

The consultant could not identify any policy change that was caused as a result of the project implementation.

IV. LESSONS LEARNED AND BEST PRACTICES

A. Lessons learned

The implementation strategy was not focusing on identifying lessons learned and best practices, which is certainly one of the weaknesses of the project. Facing limited reporting documents, it was not easy to identify many lessons learned. However, some lessons might be identified for future use.

Chosen implementation model was successful and appropriate in realisation of such regional project.

Project designing should not be only based on secondary data but also on empirical evidences in the field and willingness of national institutions to actively participate in the project implementation. In this regard, signing of MoU is not sufficient and there is a need for other modalities that will create local ownership and active institutional involvement in project actions.

In majority of cases national focal points are persons that are involved in coordination of many similar projects. This might bring positive synergy with other initiatives yet it might be also negative due to burden of activities to one person. This might negatively impact the project if national focal point is not paid by the project. The best results are achieved if national focal points are highly respective persons with strong mobilisation power within the national institutional framework.

B. Best practices

Creating a good network of governmental institutions in SEE countries requires specific communication and social skills which are much beyond formal interaction between parties involved. In that regard, the best results are achieved when chairperson of the network (i.e. TWG) is a person with enough authority and strong capacity to mobilize national stakeholders.

Sharing best practices among institutions of SEE are crucial for success of any future project in this field. In this regard, especially is important to record best practices for HIV/AIDS prevention among IDU from new EU countries (Romania and Bulgaria) during their transitional period. Romania has achieved very good results in HIV/AIDS prevention and their experience would be very valuable to present to other SEE countries.

V. RECOMMENDATIONS

A. Issues resolved during the evaluation

At the time when this evaluation took place, 99.8% of project activities have been implemented therefore it was not possible to bring any issue that might affect changes in project implementation.

B. Actions recommended

The main recommendation is to develop an integrated SEE Regional Strategy on prevention of HIV/AIDS among IDUs which might include establishing regional centre on demand reduction treatment and rehabilitation and HIV prevention. Further more, it is recommended to develop a new regional program which will lay on results of this project. HIV/AIDS prevention among IDU in prison settings should be also a focus of future programming. Now when regional and national networks have been created and professionals have been trained, it would be a waste not to utilize achieved results into a new program. The new program should involve countries from the second phase of this project but also Albania and FYRM.

In developing new programs and projects it is recommended to UNODC to create synergy with other international agencies which operate in this field such as WHO's Collaborating Centre for Capacity Building in HIV/AIDS Surveillance (based in Zagreb). The EU/EMCDDA's training schemes and other EU funded initiatives might be of the great support in this regard.

If there is no strategy to develop a new regional program, country UNODC and/or UNAIDS offices should develop national project proposals on reduction of HIV infection among injecting and other drug users. As a spillover of the project implementation, project staff and national focal points have developed numerous project proposals. However, majority of these project proposals remained unfunded so far. UNODC Regional and country offices should help national stakeholders with fundraising and identification of potential funding agencies.

The project designing should be a participatory process where national stakeholders should be actively involved and their inputs included in a final proposal. In the case of this project, active participation of national stakeholders came after the project was approved.

If there are changes in the original project document, they should be written in a project revision. The revised document should be designed even if there is no need for project revision from donors or UNODC HQ office, so the further implementation should be based on a proper project document (which includes list of activities, action plan and changes in budget lines – if any).

Signing a Memorandum of Understanding is a necessary but not a sufficient condition for creating a good partnership. UNODC should be aware that national institutions are much less willing to participate in the project as it is described in MoU. In order to prevent that, there is a need for regular briefings (at least once a year) of project implementation to the signing authorities of national institutions.

Although officially appointed by their institutions, national focal points are not compensated for their work. In most of the cases, extraordinary engagements on project implementation reduce their time in fulfilling their regular job assignments. These issues reduce commitment of national focal points to actively participate in project implementation, making their engagement voluntary. In order to prevent this issue in the future, UNODC should require from national institutions to officially declare working hours of national focal points to the project and this should be counted as their financial contribution.

Although UNODC does not have authority to choose who will be appointed as a national focal point(s), there should be a requirement that appointed person have enough authority and good capacity to mobilise local stakeholders.

In many cases national focal points do not report to their higher authorities on project activities and achieved results. In order to achieve good institutional partnership, there is a need to periodically communicate with other officials within national partner institutions. This should be done in close cooperation with focal points. Sending reports, project newsletters and publications to managerial staff of national counterparts could also raise quality of partnership.

In order to build a good partnership in a form of Technical Working Group, there is a need for regular meetings of its members. The purpose of the TWG is not to deliver a list of training participants but to discuss on issues regarding HIV/AIDS prevention among IDUs and other similar topics. In that regard UNODC should monitor activities of TWG, help them in developing annual working agenda and sometimes participate in their meetings. Chairmanship in TWGs should be rotation-based.

The UNODC should require from beneficiaries of training activities and their institutions to organize internal trainings where trained people will disseminate their knowledge to local stakeholders. This should be a rule for participants of ToTs.

Social events are very important for building strong networks and their cost should be included in the budget.

Before new project officers take a position, they should be trained in a field of their operations. Trainings are necessary for usage of specialised software (i.e. ProFI) or on admin/finance/reporting/ archiving procedures, etc.

Report templates should be improved to more focus on achieved outputs and outcomes. Within reporting system it is necessary to develop procedures for impact monitoring. A template for reporting from training activities should also be improved (existing form is not well structured and missing info on important data such as number and names of participants, their addresses and institutions from where they are coming, etc).

UNODC should develop a knowledge management system which would include development of procedures for recording lessons learned and best practices. UNODC should also record knowledge of leaving staff (in this particular case a national project officer) so to secure that institutional knowledge remains within UNODC regardless of staff change.

There should be developed mechanisms for sharing best practices among SEE countries. Experience of countries which are advanced in this field (Bulgaria and particularly Romania) should be transferred to other countries.

VI. OVERALL CONCLUSIONS

The evaluation has shown a disparity between project document(s) and implemented activities. After a regional study tour, TNA and launch meeting, the project implementation has been changed in a way that project was focused on implementation of six training modules in the first phase of project and two in the second phase (after project revision). Training modules were selected based on TNA outcomes. There is no a document which describe changes of the original project design. This created difficulties in measuring attainment of objectives and verifying project indicators.

From the project design it is not clear how countries have been selected for the initial project. Although all countries of SEE share a great lack of training needs for HIV/AIDS prevention, the implementation has shown a great differentiation in their capacities. Therefore, the second phase of the project, which focused on much smaller number of countries, has shown much better results in utilization of provided trainings.

The overall objective of the project aims to upgrade and harmonize professional skills and resources for preparation of an accelerated (regional) program of targeted technical assistance prevent, control and sustain a reduction of HIV infection among injecting and other drug users. From this formulation it might be concluded that, at the end of the project, a new program on reduction of HIV/AIDS infection among IDUs should be develop. The project implementation did not come with an output of a regional project, yet some small-scale projects at the national level have been drafted either by the project team or national focal points.

The project did not fully manage to establish effective country level Technical Working Groups (TWG) of relevant government and civil society organizations, professional bodies and other bilateral and multilateral organizations at the country level. The quality of established TWGs strongly varies from country to country. In BH Federation and in Republic of Srpska TWGs were working very well, having regular meetings and discussing not only about project activities but also on other issues and initiatives related with HIV/AIDS prevention. In Montenegro and Serbia TWGs were rather formal, they never met each other formally and all communication they have by e-mail or phone. Their communication was closely related with selection of participants to UNODC trainings. In other countries TWGs were coordinated by UNAIDS or UNODC officers (Albania, Bulgaria, Croatia, FYRM and Turkey). It is not clear whether TWGs in these countries were established or not since these focal points were mostly assisting in communication with various national stakeholders to identify participants for training modules. It might be concluded that TWGs are not properly established and their work was not monitored by UNODC staff. To conclude, after project closure TWGs might sustain active only in Bosnia and Herzegovina while the same is not expected in all other countries.

The project has produced, translated into local languages and disseminated Advocacy Guide for HIV/AIDS prevention and care for Injecting Drug Users. However, distribution of the Guide was not tracked properly since there is no list of recipient institutions. This is due to fact that project team was in charge of distribution of the Guides to national focal points or UNAIDS offices and then they were in charge of distribution to national institutions. Some of the recipient institutions have confirmed high usefulness of the Guide.

During the project implementation, 8 trainings were implemented, 6 in first phase and 2 in second one (after project revision). All trainings were implemented successfully, in a highly professional manner. All trainings were evaluated by participants by high marks. Quality of trainers was also marked high. Trainings were organised in 5 different countries of SEE, which makes added value to regional networking.

The project implementation was highly efficient. Based on ProFI, the project team has succeeded to implement 99.8% of project activities. The project was cost-efficient and the best proof for that project team succeeded to save \$120,100 USD (17.31% of a total project budget) which was used for prolonging project activities for one more year.

Implementation model with one project office based in the centre of the region has been proved as a good approach, which caused high project efficiency.

The project team was highly efficient in providing financial and logistic operations. Although payments were done through UNDP office in Serbia that uses a different electronic system (ATLAS), project staff successfully and efficiently operated with all financial issues.

Reporting system was not well developed and it should be upgraded with new templates which will be in line with monitoring and evaluation objectives. There is a need for impact monitoring system to be developed, which should be integrated into reporting scheme.

The project team was also successful in creating good regional network and excellent relationship with national stakeholders either within government institutions or non-governmental organizations. All interviewed stakeholders emphasised their good relationship with the project team. The established regional network is a great asset of UNODC and one of the most important outcomes of the project. UNODC should continue to maintain this network either by new project/program or by some small activities or supports in advocacy or fundraising.

The project did not create mechanisms for recording lessons learnt and best practices.

It is too early to measure long-term impact of the project yet established partnership between governmental officials and NGO representatives created some positive effects in all countries involved in the project implementation. The best impact is achieved in Bosnia and Herzegovina (in both entities), due to systematic and proactive approach of national focal points. Impact is especially visible in establishing cooperation between police and NGOs, which was unimaginable before the project. The project achieved impact in raising awareness on HIV/AIDS among different institutions and changing attitude that HIV/AIDS is not only a health problem but also social one.

Besides, many of the people trained by this project got engaged as consultants for small scale trainings and workshops financed by Global Fund programme, which also could be counted as an impact of the project.

Since HIV/AIDS prevention is not recognised as a priority for policy intervention in the majority of SEE countries, there is a lack of funds for financing further project action in this domain. Therefore, sustainability of all project results is not feasible. However, some small initiatives might be funded by national governments as it is currently the case in Bosnia and Herzegovina.

To conclude, although the original project design is not comprehensive, the implementation of training modules and most of the other activities was efficient and successful - mostly due to efforts and energy of the project staff. Due to small scale and large number of participating countries, the project did not achieve a remarkable impact on the final beneficiaries yet positive effects are visible. If UNODC would like to strengthen further regional cooperation in the field of HIV/AIDS prevention among injecting and other drug users it is highly recommendable to continue its operations within another program that would be built on the results of this project.

ANNEXES**Annex 1: Terms of Reference of the evaluation****Terms of Reference for Final Evaluation****Project TDRER/118**

Preparatory assistance for the development of a regional project on the diversification of HIV prevention and treatment services for injecting and other drug users in South Eastern Europe (Albania, Bosnia and Herzegovina, Entity Republic of Srpska, Bulgaria, Croatia, Former Yugoslav Republic of Macedonia, Romania, Serbia and Montenegro and Turkey)

November 2008

1. BACKGROUND INFORMATION

South Eastern Europe is a diverse and complex region with a population of approximately 54 million who in recent years have experienced political, social and economic upheaval and transition, as well as major conflicts. This has resulted in the displacement of populations and deterioration of many aspects of life. Poverty coupled with high unemployment have fuelled ideal conditions for the rise of drug abuse as an escape from social stress and post conflict conditions. Whilst countries of South Eastern Europe generally report a low prevalence of HIV/AIDS there is emerging data that would indicate an increasing trend towards injecting drug use (IDU). In young injecting drug users alone a recent UNICEF Rapid Assessment for South Eastern Europe reported that 62% shared drug-injecting equipment, 92% had sex under the influence of drugs with an average of 2 to 5 sexual partners a year and only 14% always used condoms during sex. Clearly from these statistics alone there is the potential for a rapid increase in the transmission of HIV/AIDS within or by the IDU community. Based on these facts and statistics it is highly recommended that urgent intervention must be undertaken to avoid mirroring the well documented phenomenon of Eastern Europe which currently accounts for the fastest growing HIV epidemic in the world.

At policy level HIV/AIDS among IDUs also remains a relatively neglected issue. Although policy makers, programme planners at the community and national levels and international donors have paid increasing attention to HIV/AIDS in recent years the specific epidemics of HIV/AIDS among IDUs and the response needed have attracted much less attention and funding. Efforts have been made within the United Nations to harmonize policies on global drug control and HIV/AIDS prevention and to build interagency collaborative mechanisms. However, country level capacity to address HIV/AIDS among IDUs remains generally low. Prevention services remain extremely limited in most places. Care and support services frequently remain unavailable for IDUs and are not tailored to their specific needs, even where programming and funding for HIV/AIDS prevention has considerably expanded otherwise.

A review of country responses in 2002 noted that IDUs tend to be excluded from highly active antiretroviral therapy, and often even from basic primary care, almost everywhere. An extra effort is therefore necessary to promote equal HIV/AIDS prevention and care among IDUs.

Despite the availability of a large number of information sources for HIV/AIDS related data particularly in regard to vulnerable groups little exists by way of national or regional epidemiology and importantly a drug information system that will allow the regional dynamics of injecting and other drug use to drive policy and effective intervention. An information system based on current data can lead to a better understanding of drug abuse patterns within a defined geographical area and can quickly assist policy makers, NGOs, donors or professional service providers to develop new strategies and importantly assess their impact, building informed programme planning and identifying areas for further research. No standardized drug information system currently exists in South Eastern Europe and this project seeks to develop such a concept and its underlying methodology preparing the countries for EU membership and their responsibilities to and interaction with the European Monitoring Centre for Drugs and Drugs Addiction and Pompidou Group.

The United Nations Office on Drugs and Crime (UNODC), a cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), is the lead agency in the UNAIDS family for HIV/AIDS prevention and care among injecting drug users and in prison settings. UNODC is also responsible for facilitating the development of a UN response to HIV and AIDS associated with human trafficking. The focus of UNODC's HIV/AIDS work is to assist countries in implementing large-scale and wide-ranging interventions to prevent HIV infections and in providing care and support to people living with HIV and AIDS. UNODC is mainstreaming HIV/AIDS into its activities globally and at regional and country levels, and is helping countries and civil society organizations to develop and implement comprehensive HIV/AIDS prevention and care programmes for injecting drug users.

The primary objective of this project is to develop and harmonize a professional skills and resource base for the countries of South Eastern Europe in preparation for an accelerated program of targeted technical assistance to prevent, control and sustain a reduction of HIV infection among injecting and other drug users in the following sectors – Health, Education, Youth, Police, Civil Society

It is within this general context that the impact of the I18 project should be evaluated. The evaluation should examine progress achieved in the light of the objectives and desired outcomes listed in the I18 project document. In addition, the evaluation will be required to review the progress achieved taking into account the conditions (political, financial, technical, levels of cooperation etc.) prevalent during its implementation.

2. PURPOSE OF THE EVALUATION

The overall purpose of this evaluation is to determine what the project has achieved and if it has attained its objectives successfully and efficiently, taking into account the prevailing conditions (political, financial, technical, levels of cooperation etc.) during its implementation.

The evaluation must therefore seek to assess and measure the project's outputs, outcomes and impacts, both positive and negative.

In this regard, the extent to which the needs of the beneficiaries are being met as well as what has been achieved in terms of sustainability should also be assessed.

The evaluation will also seek to draw lessons and good practices from the project implementation which will be used to improve future project planning, design and management.

The main stakeholders of this project are:

- 1. The Ministries of Health of Albania, Romania, Turkey, Bulgaria, Bosnia and Herzegovina, Entity Republic of Srpska, FYR of Macedonia, Montenegro, Serbia, including Kosovo under UN Resolution 1244.**

Other stakeholders less central to the project include the Ministries of Interior and Ministries of Social Affairs of the countries involved in the project.

- 2. The Project Donor**

Ireland, Sweden, Switzerland, UNAIDS

3. UNODC Offices

Bulgaria

Regional Project Office South East Europe (RPOSEE)

Serbia

Project Office

3. EVALUATION SCOPE

The evaluation shall focus mainly on the project's concept, design, implementation, outputs and outcomes.

It should in particular analyse and assess:

- the project relevance taking into account the country policies on HIV/AIDS and drugs;
- the attainability of the objectives and of planned inputs, activities and outputs
- the problems identified by the project and the corresponding strategy chosen in order to address these, and compare it with alternative cost-effective approaches.
- the clarity, logic and coherence of the project design, strategy, approach and activities in response to the country needs on HIV/AIDS among IDUs
- the effectiveness of the project in delivering activities, outputs and outcomes in response to the country needs on HIV/AIDS among IDUs
- the efficiency of project planning and implementation including to which extend organizational structure, managerial support and coordination mechanism used by UNODC supports the project;
- the role played by the project office in the implementation of the project;
- the planning, coordination and implementation of activities with other donors in the area of HIV/AIDS services for IDUs : UN agencies (UNAIDS, UNICEF, WHO), the progress made towards the achievement of the planned results and expected outcomes
- the progress made towards achieving the sustainability of results after project completion;
- problems and challenges/constraints encountered during implementation;
- identify lessons learned and best practices for replication in other countries/regions;

analyse whether and how the project contributed to priority areas, thematic and result areas of UNODC..

In conducting evaluation, the evaluator needs to take into account the new UNODC Evaluation *Policy* (Annex 1) and *Guidelines* (Annex 2), including a specific report format. :

After completion of the evaluation the evaluation expert must fill in the *Evaluation Assessment Questionnaire* (Annex 3) and submit it to the UNODC Independent Evaluation Unit.

4. EVALUATION METHODS

Before the field mission, the evaluator is to prepare a detailed statement of evaluation methods and the approach to be used to identify information sources, collect information during the evaluation, and analyse the data obtained (including data gathering tools e.g. questionnaire, checklists, etc.), and to submit to the UNODC field office for review and feedback. The evaluation consultant should present The evaluation methods will include:

- (a) Document review: this will include all major documents, such as:
 - The project document
 - Project work plan
 - Project coordinator's evaluation report
 - Monthly, quarterly, semi-annual and annual project progress reports held in the UNODC project management system
 - Project Meeting Reports
 - Project Mission Reports
- (b) Assessment (appropriateness, quality and use) of manuals developed by the project:
 - Advocacy Guide: HIV/AIDS Prevention among Injection Drug Users (created by: WHO, UNAIDS, UNODC)
- (c) Structured / semi-structured interviews to be undertaken by phone and/or questionnaires by email with representatives from the beneficiary countries (including the Focal Points).
- (d) Structured / semi-structured interview of relevant UNODC staff

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Carla Ciavarella, RPOSEE Coordinator (tel.: +359 886396427, email carla.ciavarella@unodc.org)

- (e) Field assessment mission to Serbia

Following the completion of the field mission, the evaluator is expected to present the initial findings and possible recommendations to the UNODC Regional Project Office for

South Eastern Europe (RPOSEE) in Sofia, Bulgaria, as well as to the IEU, for validation of findings and appropriateness of recommendations.

5. EVALUATION TEAM COMPOSITION

The TDRER/118 project is to be evaluated by a National or International Expert (Evaluator).

The evaluator should have an excellent knowledge of the theory and practice of the combat of organised crime as well as extensive knowledge in the field of HIV/AIDS prevention, care and treatment services for Injecting and other Drug users.

In addition, the evaluators should also:

- 1) Be familiar with project implementation in international organisations.
- 2) Have experience in conducting project or programme evaluations.
- 3) Have at least 5 years relevant professional experience in issues relating to health sector gained either in working directly or in an academic context.
- 4) Have obtained a post-graduate degree in social sciences, medicine or public health, with specialized training in evaluation and project/program management (desirable), in the specific context of South East Europe (desirable).
- 5) Possess excellent analytical, drafting and communication/writing skills in English. Knowledge of any local languages of the region would be an asset.

The evaluator is selected by the UNODC Vienna, in consultation with the RPOSEE in Bulgaria. Coordination is to be sought also with the Europe, West and Central Asia Section, the AHT Unit, the Criminal Justice Reform Unit, HSB/DO, and clearance should be given by the Independent Evaluation Unit, in UNODC Vienna, using the agreed criteria and drawing expertise from the roster of experts.

6. PLANNING AND IMPLEMENTATION ARRANGEMENTS

This evaluation will be a joint effort between the evaluation team and UNODC. As for substance, it is critical that the evaluation should be carried out independently by the Evaluator and that they conduct a thorough evaluation covering all aspects of the project objectives, achievements, implementation and management. The Evaluators will have access to all relevant documents and the UNODC RPOSEE regional project office in Bulgaria and the UNODC Project Office for Serbia will provide the required support for the Evaluator whilst the evaluation process is carried out. The UNODC officials responsible for the briefing of the Evaluators are:

UNODC RPOSEE (Bulgaria):

- Regional coordinator

UNODC Project Office for Serbia:

- Acting National Project Officer

- Junior Programme Assistant

UNODC HQ (Austria):

- Independent Evaluation Unit

Time Frame & Tentative programme for the Evaluators:

The evaluator will be recruited for 15 days (If international) or 13 days (If recruited national).

Programme & Activity	Days Required	Tentative dates
Preparation of methodology/questionnaires + Desk-review	2	
Traveling to Belgrade, Serbia	1	To be decided
Desk-review of documentation at UNODC project office in Belgrade	2	
Additional interviews/questionnaires by telephone and/or email	2	
Returning home	1	To be decided
Preparation of the draft report	3	
Incorporating the UNODC comments in the report and preparing the final draft	2	
Total Working & Travel Days	13	
Total Budget available	4000\$	

Note: Detailed itinerary and programme will be prepared upon arrival and in consultation with the Evaluator.

Deliverables of the evaluation:

- 1) Evaluation plan and detailed terms of reference with methodology
- 2) Evaluation draft report with findings
- 3) Final evaluation report (including evaluation questionnaire).

Payment:

The Evaluators will be issued a consultancy contract and paid as per the common UN rules and procedures. The final payment will be made only after the acceptance of the final draft of the evaluation report by UNODC HQs and the RPOSEE Bulgaria and clearance by the IEU.

Evaluation report (see also UNODC Evaluation Guidelines in Annex):

The evaluation report should follow the standard UNODC report outline that is listed below:

- Table of Contents
- Abbreviations and Acronyms
- Summary Matrix (Findings, supporting evidences, recommendations)
- Executive Summary (maximum 4 pages)

I. Introduction

- A. Background and Context of the programme/project

- B. Purpose and Scope of the evaluation
- C. Executing modalities of the programme/project
- D. Evaluation Methodology
- E. Limitations to the evaluation
- II. Major Findings and Analysis**
 - A. Relevance of the programme/project
 - B. Attainment of the programme/project objectives
 - C. Achievement of Programme/Project outputs
 - D. Institutional and Management Arrangements and constraints
- III. Outcomes, Impact and Sustainability.**
 - A. Outcomes
 - B. Impact
 - C. Sustainability
- IV. Lessons Learned and Best Practices**
 - A. Lessons Learned...
 - B. Best Practices...
- V. Recommendations**
 - A. Issues resolved during the evaluation
 - B. Actions/decisions recommended
- VI. Overall Conclusions**

Annexes, including at least

- Terms of reference of the evaluation
- List of persons interviewed and field visit schedule
- Evaluation assessment questionnaire

Annexes to the evaluation report should be kept to an absolute minimum. Only those annexes that serve to demonstrate or clarify an issue related to a major finding should be included. Existing documents should be referenced but not necessarily annexed. Maximum number of pages for annexes should not exceed 15. The Evaluators should also fill in an evaluation assessment questionnaire (*attached*).

Annex 2: List of persons interviewed and project document reviewed

List of persons interviewed:

UNODC Staff:

Carla Ciavarella, RPOSEE Coordinator, Sofia, Bulgaria

Maja Aleksic – National Project Officer, Belgrade, Serbia

Jelena Velic - Project Assistant, Belgrade, Serbia

Former UNODC Staff:

Mark STANLEY, Former UNODC Regional Coordinator, Belgrade, Serbia

Marija Rakovic, Former UNODC National Project Officer, Belgrade, Serbia

NATIONAL FOCAL POINTS:

Dr. Zlatko Cardaklija, Federal Ministry of Health, Sarajevo, BH Federation, BiH

Dr. Natasa Loncarevic, Ministry of Health of Rep. of Srpska, Banja Luka, Republic of Srpska, BiH

Tatjana Mandic, Podgorica, Institute for Public Health, Republic of Montenegro

Katarina Stankovic, Ministry of Health, Belgrade, Republic of Serbia

List of reviewed project documents:

The original project document TDRERI18;

Project Revision TDRERI18;

Terms of Reference for final evaluation

UNODC Evaluation Guidelines (Evaluation Assessment Questionnaire, Evaluation report template and Evaluation Guideline)

List of National Focal Points;

Project Report January-June 2007

Annual Project Report in 2007

Project Report January – June 2008

Quarterly Report June – September 2008

Agendas, minutes and reports from training courses in Belgrade (two trainings and a launch meeting), Banja Luka, Kotor, Nis, Sarajevo, Skopje and two TADOC training

A feedback from national focal point from Montenegro regarding project implementation (terminal evaluation)

Mission Reports from field trips in Albania, BiH, Bulgaria, Croatia, FYR Macedonia, Montenegro, Romania, Turkey and Vienna.

Annex 3: Evaluation assessment questionnaire

Evaluation assessment questionnaire

Project/programme title: Assistance for the development of a regional project on the diversification of HIV prevention and treatment services for injecting and other drug users in South-Eastern Europe

Project/programme number: AD/RER/04/II8

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

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

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

A.	Planning	Rating				
		1	2	3	4	5
1.	Project design (clarity, logic, coherence)		X			
2.	Appropriateness of overall strategy			X		
3.	Achievement of objectives			X		
4.	Fulfillment of prerequisites by Government			X		
5.	Adherence to project duration				X	
6.	Adherence to budget			X		

B.	Implementation	Rating				
		1	2	3	4	5
7.	Quality and timeliness of UNODC inputs				X	
8.	Quality and timeliness of government inputs			X		
9.	Quality and timeliness of third-party inputs		X			
10.	UNODC headquarters support (administration, management, backstopping)				X	
11.	UNODC field office support (administration,					X

	management, backstopping)					
12.	Executing agency support					X

C.	Results	Rating				
		1	2	3	4	5
13.	Attainment, timeliness and quality of outputs				X	
14.	Achievement, timeliness and quality of outcomes				X	
15.	Programme/project impact		X			
16.	Sustainability of results/benefits		X			

D.	Recommendations <i>The evaluator should choose ONE of the four options below.</i>	Rating				
		1	2	3	4	5
	Continue/extend without modifications					
	Continue with modifications			X		
	Revise project completely					
	End project					

E.	Comments
	See report.