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Independent project evaluation of

Reduce the spread of HIV harm associated with drug use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR

K18
Lao PDR

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CONTENTS

ACRONYMS AND ABBREVIATIONS

ART	Anti-retroviral treatment
ATS	Amphetamine Type Stimulants
CD4	Cluster of differentiation 4 (count) / enumeration of absolute numbers of T-helper cells
CHAS	Centre for HIV/AIDS and STIs
CLP	Core Learning Partners
CSU	Country Support Unit
DFAT	Department of Foreign Affairs and Trade
DIC	Drop-in Centre
DQA	Data Quality Assessment
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Greater Mekong Sub-region
HAARP	HIV/AIDS Asia Regional Program
HIV/AIDS	Human immunodeficiency virus infection / acquired immunodeficiency syndrome
IDU	Injecting drug use
LCDC	Lao Committee for Drug Control
MOH	Ministry of Health
MOPS	Ministry of Public Security
NSAP	National Strategy and Action Plan on HIV/AIDS/STI Control and Prevention
NSP	Needle and Syringe Programme
OST	Opiate Substitution Treatment
PCCA	Provincial Committee for the Control of AIDS
PCDC	Provincial Committee for Drug Control
PE	Peer Educators
POC	Point of Care
PSI	Population Services International
PWID	People who inject drugs
PWUD	People who use drugs
RAR	Rapid Assessment and Response
RQA	Rapid Qualitative Assessment
STI	Sexually Transmitted Infections
TB	Tuberculosis
TO	Tincture of opium
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
USD	United States Dollars
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation

EXECUTIVE SUMMARY

Background

Project LAO K18: "Reduce the spread of HIV harm associated with drug use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR" was implemented from June 2009 to April 2014. Its three objectives were: 1) Improved coordination and collaboration for harm reduction policy and services/policies that prevent HIV among drug users, 2) Increased technical and management capacity and 3) Increased awareness and understanding of drug use and HIV/AIDS.

The project implementation strategy involved the development of an enabling and supportive environment for service delivery at national, provincial and district levels, through the implementation of a pilot Needle and Syringe Programme (NSP) in selected districts of Houaphanh and Phongsaly provinces. UNODC was the executing agency with WHO as UN partner agency and Government of Lao PDR implementing agencies were the Lao Commission on Drug Control and Supervision (LCDC), the Ministry of Health (MoH) and the Centre for HIV/AIDS (CHAS) and the Ministry of Public Security (MOPS).

The project was funded by the Government of Australia, with a total budget estimated originally at 3 220 600 USD for a two phase implementation. Phase 1 was characterized by delayed implementation and corresponding under-spending. During a transition phase in 2012-2013, changes in technical and management support were brought to address these shortcomings and pursuing project objectives in Phase 2. The project was prematurely terminated in April 2014 as expressed in a HAARP Exit Strategy earlier in the year. The total project budget spent as of December 2013 was 1 229 259 USD.

This final independent evaluation of project LAO K18 took place in April 2014 and covers the project lifespan from 2009 to 2014. A document review, interviews and group discussions involving the project's core learning partners (CLP) were the main data collection methods. Primary qualitative data was triangulated with secondary data from relevant documents and further exchange of views with selected CLPs.

One focus group discussion (n=12) took place with peer educators and officers from provincial committees for the control of AIDS (PCCA) and drugs (PCDC), during a lessons learned workshop in Xam Neua, Houaphanh province. Semi-structured interviews followed with stakeholders in Vientiane Capital, including: LCDC Chairman and official responsible for HAARP/Director of Drug Demand Reduction, MOH Head of Health Care Department, CHAS Director and Deputy Director, WHO STI/HIV/AIDS Adviser and the First Secretary at the Australian Embassy. It was not possible to interview the MOPS (Public Security) Head of Health Management and Supply Division. Telephone interviews were also conducted with the former HIV Regional Advisor and the former UNODC Representative to Lao PDR.

The main limitation was the short timeframe to conduct the evaluation. Only half a day was planned in Houaphanh province, to meet project stakeholders at local level. Meetings were prioritized with stakeholders who would not be available in Vientiane, especially peer educators, PCDC and village leaders in pilot sites.

Design

Although this evaluation covers only the Lao PDR Country Programme, it can be argued in retrospect that within the regional design of HAARP, a national programme coordinator post did not constitute enough resource to manage a project of this scope and budget and that the overall design of HAARP with a central technical assistance unit supporting countries from Bangkok, disbanded during the project, did not sufficiently facilitate in-country implementation.

The original project design and logical framework were not followed as such during the project. Pragmatic steps were taken to adapt the project's structures, activities and indicators to prevailing conditions however no formal project revision was undertaken and the project logical framework and supporting M&E framework last in use were working documents. The expected outcomes of the project were modified for Phase 2 with unchanged objectives, as follows:

Objective 1. Improved coordination and collaboration for harm reduction policy and services:
- Outcome 1. Stronger governance and administration
- Outcome 2. Create a knowledge management system on HIV/AIDS and PWID

Objective 2. Increased technical and management capacity in service delivery:
- Outcome 3. Improved quality of NSP: PE technical and outreach skills
- Outcome 4. Assess tincture of opium efficacy in opiate substitution therapy

Objective 3. Increased awareness and understanding of drug use and HIV/AIDS:
- Outcome 5. Acceptance of NSP through advocacy, awareness and collaboration

Relevance

The HAARP Lao PDR project is highly relevant in terms of its stated goal of addressing the potential risks for increase in HIV prevalence and drug use, even more so considering the absence of other projects with similar focus in the country. The project also fits well within the UN Joint Programme on HIV and AIDS (UNAIDS) division of labour, according to which UNODC has lead responsibility for HIV-related services among injecting drug users.

The planned duration and resources for the project were also relevant given the objectives: several years may be needed to allow time for national policies to be developed and the implementation environment for harm reduction to mature.

Beyond the immediate scope of this project other approaches may be warranted. Localized HIV epidemics driven by injection may emerge in LAO PDR and the region, yet the HIV epidemic may be also – and perhaps relatively more - driven by sexual transmission (including transmission associated with men who have sex with men, clients of sex workers and their partners). As regards responses to drug use, there may also be shifting patterns of drug use requiring different responses, especially the use of Amphetamine Type Stimulants (ATS).

Efficiency

Given that planned outputs changed from year and that content for reporting and formats used were inconsistent, it is difficult to assess the extent to which outputs were delivered, if outputs were monitored in a satisfactory manner and if appropriate backstopping was performed at the UNODC Lao PDR Country Office/Regional Centre/HQ.

Considering both the original project document and the logical framework as of 2014, the following outputs were achieved: a rapid assessment and response (RAR) survey was undertaken in in Phongsaly and Houaphanh provinces in March 2010. 19 villages in four target districts were consequently selected as HAARP pilot sites during Phase 1 for NSP delivery and capacity

building of local stakeholders for harm reduction. The NSP reached out to an average of 144 PWID from 2011 to 2014 with a reported average of 5 needles and syringes distributed weekly, and a 51% return rate. 24 trained peer educators in conjunction with staff at 5 Health Centres and District/Provincial Hospitals provided harm reduction supplies, brief interventions and referrals to VCT, ART, STI and TB services. Information, education and communication materials on harm reduction were developed in Lao, Hmong and Vietnamese languages. Two training modules were also developed in Lao and English on HIV prevention among people who use and inject drugs, and on harm reduction programming for law enforcement officers.

The following outputs were only partially achieved: an advocacy gap analysis on harm reduction for people who use drugs was undertaken in 2012 with a view to eventually develop a national advocacy strategy but the strategy was not drafted. A nascent point-of-care (POC) referral system for HIV/AIDS will link the NSP in 18 villages to HIV counseling and testing, ART and care for people living with AIDS, initially at the Houaphanh provincial hospital and three partner health centres.

Constraints were experienced for the delivery of other planned outputs. From Phase 1, the LCDC did not approve service provision through Drop-in-Centres (DIC) in the target provinces, effectively limiting the scope of intervention to a mobile NSP with relays in district hospital/village health centres. A 7-province rapid assessment study on drug use and HIV/AIDS was planned for but was not undertaken. The potential for providing opiate substitution treatment (OST) in Houaphanh and Phongsaly provinces has yet be further explored and confirmed.

Overall, it can be argued that the project has had limited efficiency, considering the financial resources and time dedicated to the project against measurable outputs (over one million USD and four and a half years of implementation). Unit costs are quite high given the number of PWIDs actually reached out to but this measure of cost efficiency would need to be balanced with one of the averted cost of HIV transmission and burden of disease and negative consequences, as well as one of advocacy and capacity gains.

Partnerships and cooperation

Synergies were difficult to create in the delivery of technical assistance and management support, with respect to both the Country Support Unit and Government counterparts.

Technical support was jointly provided by UNODC and the Australian Government's Department of Foreign Affairs and Trade (DFAT) with LCDC and CHAS. HAARP's operational structure was refined in 2012 and 2013 which led to the decentralisation of technical and program management support to Country Support Units (CSU) during Phase 2. The CSU consisted of a UNODC National Programme Officer and a Technical Advisor (DFAT). The opportunity for funding a technical advisor post was debated between UNODC and AUSAID/DFAT. Having a CSU Technical Advisor under and AUSAID/DFAT contract instead of UNODC meant that the position was perceived as belonging neither clearly to the executing agency nor to the donor agency. Limitations were experienced for representation and assertiveness vis-à-vis external partners. It seems that the CSU arrangement contributed to improve the overall project but lacked institutional projection, essential so that sensitive issues can be dealt with through institutional means. This was compounded by the absence of senior management for UNODC at the end of the project.

The role of LCDC in providing leadership for a coordinated response to reduce HIV transmission among PWID needs to be substantiated, especially in relation with CHAS at MOH given their public health mandate and technical capacity. Based on the interviews carried out with

stakeholders and on the documents reviewed for this evaluation, it was not possible to assess the level of coordination attained and the synergies developed among partners at local level.

Effectiveness

Under the objective 'Improved coordination and collaboration for harm reduction policy and services', the first outcome of establishing stronger governance and administration was attained. The project Steering Committee, composed of LCDC, MOH, CHAS, MOPS, UNODC and AUSAID/DFAT performed its functions for governing project implementation. The Technical Working Group on HIV and drug use composed of LCDC, CHAS and the CSU convened on a regular basis to oversee programme performance. The CSU carried out sustained efforts to provide technical and management support and to set-up and consolidate the M&E framework.

Results are less conclusive for outcome 2, the creation of a knowledge management system. The 2010 Houaphanh RAR in 2010 is the only tangible baseline for epidemiological data and surveillance on HIV and PWID. Rapid assessments in 7 provinces were planned but were not carried out.

The second objective of an increased technical and management capacity in service delivery has also been only partially attained. Although substantial efforts were vested in improving the quality of NSP, Peer Educator technical and outreach skills (Outcome 3) Standard Operating Procedures and operational guidelines for NSP and harm reduction practitioners have yet to be developed or finalised. Training for core trainers on harm reduction would also need to be developed and a Peer Education coaching system set up. The NSP in Houaphanh is not yet comprehensive. Sustained efforts are needed for linking prevention, treatment and care interventions in a referral system composed of peer educators/health centres at villages and hospitals in districts and provinces. The NSP also lacks flexibility: registration as a condition for participation goes against the principles of voluntary participation and anonymity. Insistence on exchanging or returning needles and syringes may also be counter-productive to the immediate aim of reaching out to PWID and encouraging participation in the NSP.

The opportunity to assess tincture of opium (TO) efficacy in opiate substitution treatment (OST) (outcome 4) was debated among project stakeholders without any final decision taken to carry out such an assessment. TO is available locally for the purpose of detoxification. Other options should be explored for OST with the provision of methadone, an evidence-based intervention that effectively reduces harms related to opiate/opioid use, including HIV infection.

The final objective of an increased awareness and understanding of drug use and HIV/AIDS (with supporting outcomes of acceptance of NSP through advocacy, awareness and collaboration and the establishment of an enabling environment for harm reduction) has proved to be the most difficult to achieve. Statements from LCDC and CHAS leaders at central level are clearly supportive and demonstrate a much better acceptance of the concept of harm reduction, which is to be credited to the project efforts. Challenges remain for the conversion of this expressed will into more systematic and decentralised operations and coordination. Further advocacy and knowledge management efforts seem needed in this respect at village/district/provincial and national levels. Pursuing the outcome of fostering an enabling environment requires reconsidering the current legal and policy framework. A national advocacy strategy with supporting implementation/operational plan and a national policy for harm reduction need to be formalised. The key laws shaping Lao PDR's framework on drugs are the Law on Drugs, 2007 and Article 146 of Penal Law, 2008. Under these conditions, it appears that compulsory detoxification and punishment for relapsing conflict with harm reduction strategies and interventions and are detrimental to the health and social well-being of drug users and their communities. Moreover, PWID participation in and ownership of harm reduction initiatives remains limited in Lao PDR. The engagement of community–based organisations also needs to be encouraged. Increasing

awareness and understanding will ultimately require sustained efforts to address drug use and HIV stigma and discrimination.

Impact

It can be argued that the project has had a demonstrative and operational impact and has instilled some acceptance of harm reduction approaches and attitudes in the country. Harm reduction however remains a controversial issue. An agreement has been reached for implementing NSP and condom distribution to PWID, but there is a reluctance to provide OST with methadone and to operate through drop-in-centres.

The M&E framework and the measures in place cannot demonstrate the impact against stated objectives of the project. It is not possible to attribute changes in HIV transmission and risk among PWID to the activities undertaken.

Sustainability

HAARP in Lao PDR is the only initiative supporting harm reduction for PWID in the country. The premature ending of the project by April 2014 prompts pressing issues for building on the achievements to date. The sustainability of the NSP and peer education work is at immediate risk. A proposal by CHAS to the Asian Development Bank is being developed to integrate some of HAARP Lao PDR activities in cross-border initiatives for HIV risk mitigation in the GMS, namely the HIV/AIDS Prevention Capacity Building (Grant) Project (2013-17) and the associated Technical Assistance Project (2013-14).

The Global Fund for HIV/AIDS, TB and Malaria (GF) could also constitute a funding source for sustaining HAARP Lao PDR activities. The sustained pilot NSP should be documented in a manner to demonstrate impact, possibly as operational research.

Conclusions

HAARP Laos has made a positive contribution to the prevention of HIV amongst injecting populations and succeeded in achieving acceptance of and political commitment to harm reduction approaches. The implementation of a pilot NSP in selected districts of Houaphanh and Phongsaly provinces is a clear achievement of the project and provides a unique opportunity for expanding the coverage and scope of services through linkages to comprehensive HIV prevention, treatment and care services.

The start-up phase proved to be challenging with delays occurring in implementing activities and did not allow for an incremental scaling-up of services as originally planned. Implementation was characterized by a lack of standard operating procedures for service delivery and by an inconsistent monitoring and evaluation framework, as well as some confusion as to the modalities to be adopted for management and technical support. Efforts have been geared towards fostering an enabling and supportive environment for service delivery at national, provincial and district level.

The commitment of Government counterparts (policy, law enforcement and health services) needs to be sustained for implementing harm reduction policies and interventions. The level of knowledge and awareness among some national implementing

partners and some communities in Lao PDR remains low. Advocacy and knowledge management efforts ought to be sustained.

CHAS and LCDC are instrumental in providing policy and strategic support. Roles and responsibilities may be refined for the promotion and coordination a multi-sector response, namely the collaboration between LCDC (drug control prerogatives) and the Centre of HIV/AIDS and STI Control (CHAS) at the MOH (public health mandate and technical capacity)

Recommendations

To UNODC:

- Continue fostering an enabling environment for nationally led service delivery for PWID/PWUD at central and decentralized levels, with adequate in-country management and technical resources;
- Provide comprehensive technical guidance from prevention to treatment for a balanced approach to drug use;
- Clarify the scope of UNODC harm reduction oriented projects vis-à-vis wider responses to drug use;
- Develop a sound monitoring and evaluation framework and a coherent logical framework for similar projects in order to ensure informed implementation and allow for proper interpretation of results. Activity and operational plans need to include thorough budgets.
- Ensure stable senior representation and management of the organisation in the country.

To DFAT:

- Tailor interventions to country specific epidemiological situation and clarify the role of the bilateral donor for oversight and the provision of technical assistance in comparable project partnerships.

To Government of Lao PDR, consolidate the gains of this project through:

- Further research, including RARs in seven provinces, so as to obtain evidence to inform policy making. Research should be commissioned in a transparent manner and draw on the skills of multidisciplinary teams;
- Formalized social worker/outreach worker/peer educator curriculum/TOR/SOPs/Training and curriculum for law enforcement on HIV;
- The development of a national harm reduction strategy, that would fit within the wider national legal and policy framework, namely the National Drug Control Master Plan, 2009-2013 (-2015), 2015-2020;
- Replicated interventions where there are PWID/PWUD; Including harm reduction in the response using potential Global Fund and ADB support, backed with domestic resources.
- A broadened scope of drug treatment responses, with explicit modalities for cost effective and quality addiction management, including pharmacotherapy for the management of opioid dependency, psychosocial support, and responses to ATS/synthetic psychoactive substance use.

Lessons learned

Technical assistance is needed to implement a project of this scope and nature. The project would have benefited from a stable management and technical system. This issue was compounded by the absence of a UNODC Representative to support policy reforms and implementation.

A sturdier monitoring and evaluation framework (logical framework with assorted indicators, TOR, SOP) would have been needed to assess achievements and ultimately the impact on HIV transmission.

A point-of-care referral system for HIV/AIDS in Houaphanh Province can be implemented. It may link the NSP to HIV counseling and testing, ART and other health services, initially at the provincial hospital and partner health centres. Peer educators could become client/case managers in the long course if adequately trained and supervised.

Interventions need to address the specific characteristics of target populations/beneficiaries (socio-demographic, linguistic) and logistical issues for reaching out to populations in remote areas.

Harm reduction pilot projects need to be implemented with clear and agreed timelines for exit and transition to other funding sources.

The provision of international technical assistance/expertise needs to be balanced with national capacity strengthening and ownership.

SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

Findings: problems and issues identified	Evidence (sources that substantiate findings)	Recommendations
Key recommendations		
NSP and POC referral system not yet comprehensive	Operation through DIC not approved; OST not approved; Limited capacity of PEs and other practitioners; Unclear level of implementation in Phongsaly.	To Government counterparts: Broaden the scope of drug treatment responses, with explicit modalities for addiction management, including pharmacotherapy for the management of opiate dependency, psychosocial support; Formalize social worker/outreach worker/peer educator curriculum/TOR/SOPs.
Knowledge management system on HIV and PWID/PWUD needs to be improved.	Dearth of epidemiological data (only baseline data available is 2010 Houaphan RAR); 7 RARs not conducted.	To Government counterparts: Conduct further research, namely RARs in 7 provinces, so as to obtain evidence to inform policy making.
Current policy and legal framework does not constitute an enabling environment for harm reduction.	Harm reduction strategy not developed; Registration of PWID/Compulsory detoxification/ Fines for relapse.	To Government counterparts: Develop a national harm reduction strategy that would fit within the wider national legal and policy framework; Develop curriculum and carry out training for law enforcement on HIV. To UNODC: Continue fostering an enabling environment for nationally led service delivery for PWID/PWUD at central and decentralized levels, with adequate in-country management and technical resources; Provide comprehensive technical guidance from prevention to treatment for a balanced approach to drug use.
Important recommendations		
M&E and logical frameworks were developed and adapted in	Modified expected outcomes in Phase 2 only;	To UNODC: Develop a more robust

an inconsistent manner.	Modified outcomes not formally validated and agreed upon.	monitoring and evaluation framework and a coherent logical framework for similar projects in order to ensure informed implementation and allow for proper interpretation of results. Activity and operational plans need to include thorough budgets. To DFAT: Clarify the role of DFAT for oversight and the provision of technical assistance.

I. INTRODUCTION

Background and context

The project LAO K18 "Reduce the spread of HIV harm associated with drug use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR" was implemented from June 2009 to April 2014. It was funded by the Government of Australia. UNODC was the executing agency, with WHO as UN partner agency. Government of Lao PDR implementing agencies were: the Lao Commission on Drug Control and Supervision (LCDC), Ministry of Health (MoH) and the Centre for HIV/AIDS (CHAS), as well as the Ministry of Public Security (MOPS).

The project goal is to reduce HIV transmission associated with drug use among men and women in Lao PDR. The implementation strategy involves the development of an enabling and supportive environment for service delivery at national, provincial and district levels, through the implementation of a pilot Needle and Syringe Programme (NSP) in selected districts of Houaphanh and Phongsaly provinces.

The project objectives are:

1. Improved coordination and collaboration for harm reduction policy and services/policies that prevent HIV among drug users
2. Increased technical and management capacity
3. Increased awareness and understanding of drug use and HIV/AIDS

The project document originally planned for a two phase implementation (with Phase 1 from October 2009 to September 2011 and an anticipated phase 2 from October 2011 to September 2014). Phase 1 was characterized by delayed implementation and corresponding under-spending. During a transition phase in 2012-2013, changes in technical and management support aimed to address these shortcomings and pursuing project objectives. The project was terminated in April 2014 following the presentation of a HAARP Exit Strategy earlier in the year. This evaluation covers lifespan of the project from 2009 to 2014.

The total budget was originally estimated at 3 220 600 USD and the secured funding for Phase 1 amounted to 1 228 300 USD. The total project budget spent as of December 2013 was 1 229 259 USD.

This evaluation aims to assess project results and the extent to which it has achieved stated objectives. It also aims to determine if the project has been relevant, efficient, and sustainable in its contribution toward its outcomes and expected impact. Achievements and/or gaps in the delivery of technical assistance are analysed.

Country map and map of Houaphan and Phongsali provinces with highlighted project implementation sites (source UNODC LAO PDR Country Office).

Evaluation Methodology

Participatory observation and a document review were conducted to assess the results and impact of the project against the stated objectives. The evaluation involved the project's core learning partners (CLP), including: key partner government agencies, individual counterparts that the project has worked with in the two target provinces, the donor, those responsible for managing the needle syringe program, and other agencies collaborating with HAARP (e.g., WHO).

Document analysis, interviews and group discussions were the main data collection methods. One focus group discussion (n=12) took place with peer educators and officers from provincial committees for the control of AIDS (PCCA) and drugs (PCDC), during a lessons learned workshop in Xam Neua, Houaphanh province on 1st April 2014.

Semi-structured interviews followed with stakeholders in Vientiane Capital, including: LCDC Chairman and official responsible for HAARP/Director of Drug Demand Reduction, MOH Head of Health Care Department, CHAS Director and Deputy Director, WHO STI/HIV/AIDS Adviser and the First Secretary at the Australian Embassy. It was not possible to interview the MOPS (Public Security) Head of Health Management and Supply Division, as initially planned. Telephone interviews were also conducted with the former HIV Regional Advisor and the former UNODC Representative to Lao PDR.

Evaluative and strategic written outputs, as well as the M&E framework developed during the project were closely scrutinized. Most of these outputs were provided by the UNODC Lao PDR Country Office.

Primary qualitative data was triangulated with secondary data from relevant documents and further exchange of views with selected CLPs who may have held a diverging rationale or incentive for appraising a situation or answering a question.

A Rapid Qualitative Assessment (RQA) for Harm Reduction approach has been used during the project to collect data from project service users. Service user's lessons learned are documented

by selected project Peer Educators/PWID using the RQA. The questions in the assessment questionnaire are the following:

- Why did you get involved with HAARP's NSP?
- What difference has HAARP/NSP made for you?
- What difference has HAARP/NSP made to other people you know?
- What is the most important achievement of HAARP/NSP?
- What are the challenges of HAARP/NSP? Suggest solutions

The RQA was used to collect data from service users and was not intended to be used by the evaluator on this occasion. It was helpful however to ascertain how data was collected by peer educators to document experiences of service users and to relay these during the project evaluation.

The main limitation was the short timeframe to conduct the evaluation. Only half a day was planned in Houaphanh province, to meet project stakeholders at local level, including PCDC, village leaders and service users/PWID. Meetings were organised around the lessons learned workshop, as part of the endline programme evaluation mission to Houaphanh province. Meetings with those stakeholders who would not be available in Vientiane, especially service users/PWID in pilot sites were prioritized. In order to overcome the time limitation for the mission to project sites, close attention was paid to the composition of the focus group and the purposiveness of sampling. It was neither possible to visit the villages where the NSP is implemented in Houaphan and Phongsaly provinces, nor was it possible to meet any of the people responsible for the implementation of the project in Phongsaly province, as this was not planned for as part of this evaluation.

The languages used during interviews and discussions did not constitute a limitation, except for the focus group discussion, where translation was provided by UNODC.

Finally, the reluctance of CLPs to address the constraints experienced in Phase 1 and insistence on improved outcomes during Phase 2 constituted a limitation for adequately for assessing the project's results throughout its lifespan. This was overcome by considering both phases at the same level in spite of uneven tangible results and by refocusing discussions with CLPs on the earlier years of implementation.

II. EVALUATION FINDINGS

Design

HAARP in Lao PDR is one of five Country Programs (CPs) in the Greater Mekong Subregion (GMS)[1]. Other HAARP country programs are designed differently. The project design for Lao PDR could be assessed vis-à-vis other Country Programmes as part of a regional project, yet this evaluation covers only Lao PDR. The regional design does call however for some comments: it can be argued in retrospect that a national programme coordinator post did not constitute enough resource to manage a project of this scope and budget and that the overall design of HAARP with a central technical assistance unit supporting countries from Bangkok, disbanded during the course of the project, did not sufficiently facilitate proper in-country implementation.

The main issues relating to the design of the project arise from the the fact that steps were inconsistently taken to modify it. Indeed, the original project design and logical framework were not followed as such during the course of implementation. Starting from the transition to the second phase of implementation, steps were taken to adapt the project's structures, activities and indicators to prevailing conditions.

However, no formal project revision was undertaken. At the time of this final evaluation, the project logical framework and supporting M&E framework were working documents that do not seem to have been formally endorsed by UNODC.

The goal/objective (Reduce HIV transmission associated with drug use among men and women in Lao PDR) remains unchanged. Working documents also make reference to the objective of contributing "to the outcomes for PWID in the National Strategy and Action Plan on HIV/AIDS 2011-15". The three project objectives were not modified, although slightly rephrased, thus not requiring a formal project revision by UNODC.

1. Improved coordination and collaboration for harm reduction policy and services
2. Increased technical and management capacity in service delivery
3. Increased awareness and understanding of drug use and HIV/AIDS

The expected outcomes of the project were modified for Phase 2, based on the degree by which the three main - and unchanged - objectives had been attained:

Phase 1: June 2009 – March 2013	**Phase 2: April 2013 – April 2015**
1. National TF on drug use and HIV strengthened	1. Effective governance and administration for harm reduction program set-up and functional at central and provincial level
2. The national HR policy endorsed and a 5-yr	

[1] The HIV/AIDS Asia Regional Program (HAARP) is a seven year (2007-2014) $41.0 million multi-country HIV harm reduction initiative implemented across five Country Programs (CPs) in the Greater Mekong Subregion (GMS): Burma, Cambodia, China, Lao PDR, and Vietnam.

work plan is developed and available
3. Enabling and supportive environment exists for harm reduction implementation at all levels
4. Harm Reduction interventions accepted and supported at all levels
5. Capacity of high-level officials to advocate for harm reduction strengthened
6. National Advocacy Strategy on harm reduction and HIV prevention developed
7. Capacity of service providers to provide harm reduction and prevent HIV and AIDS developed

2. Effective knowledge management for HIV/AIDS prevention among people who use drugs set-up and functional
3. A comprehensive HIV prevention, treatment and care program for people who use drugs
4. Opiate substitution therapy based on tincture of opium assessed (via study)
5. Policy, law enforcement, health service, and community level environment for harm reduction enabled

Modified expected outcomes for Phase 2:

OBJECTIVE 1. Improved coordination and collaboration for harm reduction policy and services

OUTCOME 1. Stronger governance and administration

OUTCOME 2. Create a knowledge management system on HIV/AIDS and PWID

OBJECTIVE 2. Increased technical and management capacity in service delivery

OUTCOME 3. Improved quality of NSP: PE technical and outreach skills

OUTCOME 4. Assess tincture of opium efficacy in opiate substitution therapy

OBJECTIVE 3. Increased awareness and understanding of drug use and HIV/AIDS

OUTCOME 5. Acceptance of NSP through advocacy, awareness and collaboration

The modification of expected outcomes is a pragmatic and laudable effort to adapt the project framework to the reality of implementation and is commonly practiced in comparable projects. However such modifications ought to be formalized and presented in a more systematic manner, perhaps avoiding confusion as to the direction taken by the project.

Relevance

The HAARP Lao PDR project is a highly relevant project in terms of its stated goal/objective, i.e. addressing the potential risks for increase in HIV prevalence and drug use, even more so considering the absence of other projects with similar focus in the country. The project also fits well within the UN Joint Programme on HIV and AIDS (UNAIDS) division of labour, according to which UNODC has lead responsibility for HIV-related services among injecting drug users.

Overall, the planned duration and resources of the project – six years and a USD 3 million original budget – were ambitious, yet relevant given the stated objectives: several years

may be needed to allow time for national strategies to be developed and the implementation environment to mature.

Beyond the immediate scope of this project, other approaches may be warranted. Localized HIV epidemics driven by injection may emerge in LAO PDR and the GMS, the HIV epidemic may be also – and perhaps relatively more - driven by sexual transmission (including transmission associated with men who have sex with men, clients of sex workers and their partners). As regards responses to drug use, there may also be shifting patterns of drug use, especially the use of Amphetamine Type Stimulants (ATS) among the youth.

Efficiency

Considering the original project document and logical framework, it appears some outputs were delivered with limited success. It is difficult to assess the extent to which outputs were delivered given that these changed from year to year. Given the inconsistency of content for reporting and of formats used, especially during Phase 1 of the project, it is difficult to assess if outputs were monitored in a satisfactory manner and if appropriate backstopping was performed at the UNODC Lao PDR Country Office/Regional Centre/HQ.

The following ouptuts were achieved:

A rapid assessment and response (RAR) survey was undertaken in March 2010. It identified high rates of HIV amongst IDU (n=550) in Phongsaly and Houaphan and recommended focusing on HIV prevention, health promotion and policy development. Consequently, 19 villages in four target districts (May district in Phongslay and Xiengkhot, Sopbao, Viengxay districts in Houaphan) were selected as HAARP pilot sites during Phase 1 for the implementation of NSP delivery and capacity building of local stakeholders for harm reduction.

The NSP in Phongsaly and Houaphan reached out to an average of 144 PWID from 2011 to 2014. The figures presented by UNODC (n/s) also report an average of 20,5 n/s monthly per PWID, or 5 n/s weekly, and suggest a 51% return rate for needles and syringes. 24 peer educators were trained. In conjunction with staff at 5 Health Centres and District/Provincial Hospitals, harm reduction supplies, brief interventions and referrals to VCT, ART, STI and TB services were provided.

Four types of information, education and communication materials (brochure, A4 and A3 flipcharts, posters) on harm reduction were developed in Lao, Hmong and Vietnamese languages. Two training modules were also developed in Lao and English on HIV prevention among people who use and inject drugs, and on harm reduction programming for law enforcement officers.

The following outputs were partially achieved:

An advocacy gap analysis on harm reduction for people who use drugs was undertaken in 2012 with a view to eventually develop a national advocacy strategy. Respondents provided little feedback on how this gap analysis was disseminated and perceived by partners as useful for developing an advocacy strategy.

A point-of-care (POC) referral system for HIV/AIDS in Houaphanh Province is planned for that will link the NSP in 18 villages to HIV counseling and testing, ART and care for people living

with AIDS, initially at the Houaphan provincial hospital and the three partner health centres (Xiengkhot, Sopbao, Viengxay). A baseline survey for the roll out of the POC was conducted in December 2013 and a costed activity plan was developed. At the time of the evaluation, a portable CD4 count machine was handed over to the provincial hospital, thus providing a tangible asset for the future implementation of point of care service delivery.

Constraints were experienced for the delivery of planned outputs. From Phase 1, the LCDC did not approve service provision through Drop-in-Centres (DIC) in the target provinces, thus effectively limiting the scope of intervention to a mobile NSP with relays in district hospital/village health centres.

A 7-province rapid assessment study on drug use and HIV/AIDS was planned for but was not undertaken, with reported constraints in hiring local technical assistance deemed suitable by counterparts.

The potential for providing opiate substitution treatment (OST) in Houaphan and Phongsaly provinces has yet be further explored and confirmed. Conducting a study to assess tincture of opium's efficacy for OST was not deemed a priority by LCDC and the idea was dropped in mid-2013.

Overall, it can be argued that the project has had limited efficiency, considering the financial resources and time dedicated to the project (over one million USD and four and a half years of implementation) against measurable outputs. Unit costs are quite high given the number of PWIDs actually reached out to (152 as of 2013). Such a measure of efficiency would need to be balanced with one of the averted cost of HIV risk and transmission, burden of disease and negative consequences, as well as one of advocacy and capacity gains, both of which are unavailable[2].

Partnerships and cooperation

Synergies were difficult to create in the delivery of technical assistance and management support, with respect to both the Country Support Unit and Government counterparts.

Technical support was jointly provided by UNODC and the Australian Government's Department of Foreign Affairs and Trade (DFAT) with LCDC and CHAS, through a Technical Working Group for oversight of project activities. The arrangements for providing technical assistance and management oversight changed during the project. HAARP's operational structure was refined in 2012 and 2013 which led to the de-centralisation of technical and program management support to Country Support Units (CSU) at select bilateral Posts. These changes at regional level correspond to a transition phase for HAARP Lao PDR which spanned from July to December 2012, eventually extending to March 2013.Technical and program management support was provided through the CSU during Phase 2.

[2] To balance apparently high unit costs for the intervention, any costed operational plan/data is helpful to feed into public health models that would ascertain the averted cost of HIV risk and transmission, burden of disease. Advocacy and capacity building gains would also be easier to demonstrate if planned activities are finely budgeted.

The efficiency of the CSU, comprising a UNODC National Programme Officer and a Technical Advisor (DFAT) has been debated since it was established. In particular, the opportunity for funding a technical advisor post was intensely debated between UNODC and AUSAID/DFAT. Having a Technical Advisor under and AUSAID/DFAT contract instead of UNODC meant that the position was perceived as belonging neither clearly to the executing agency nor to the donor agency, thus creating some confusion as to its role and responsibilities. The CSU is a flat structure and the working relation between the UNODC National Programme Officer and the Technical Advisor was a functional one, yet limitations were experienced for representation and assertiveness vis-à-vis external partners. It would perhaps have been easier to have a UNODC technical advisor rather than one identified with the donor when sensitive issues arose. The CSU was not adequately represented in related HIV UN theme groups and working groups or other UN system-wide coordination mechanisms. Some respondents even argued that having a technical advisor position clearly identified with UNODC would have allowed gaining further trust from Government implementing partners, given the political weight of the organisation with respect to drugs and crime-related issues. In conclusion it seems that the CSU arrangement did contribute to improve the overall project but lacked institutional projection, essential so that sensitive issues can be dealt with through institutional means. This was compounded by the absence of senior management for UNODC at the end of the project.

Another factor, which can be seen as an externality to the structures in place and as adding to the confusion surrounding implementation, is that many people have been involved in management and technical support, at country and regional levels, often in short term capacity, with a high turnover rate.

The role of LCDC in providing leadership for a coordinated response for reducing HIV transmission among PWID needs to be substantiated. More evidence is needed to understand how LCDC, in its capacity as the main implementing agency promotes and coordinates a multi-sector response in collaboration with CHAS at MOH and with MOPS. Several respondents suggested that LCDC should focus on its coordination and facilitation role, while CHAS/MOH should be granted more autonomy given its public health mandate and technical capacity related to the nature of this project.

Based on the interviews carried out with stakeholders and on the documents reviewed for this evaluation, it was not possible to assess the level of coordination attained and the synergies developed among partners at local level.

Effectiveness

Some progress was made towards achieving project objectives and outcomes yet these were only partially attained.

Under the objective ‘Improved coordination and collaboration for harm reduction policy and services’, the first outcome of establishing stronger governance and administration, was attained. The project’s Steering Committee, composed of LCDC, MOH, CHAS, MOPS, UNODC and AUSAID/DFAT has performed its functions for governing program implementation.
The Technical Working Group on HIV and drug use, formerly National Task Force, composed of LCDC, CHAS and the CSU has convened on a regular basis to oversee programme performance. The CSU carried out sustained efforts to provide technical and management support and to set-up and consolidate M&E framework. In the last legs of project implementation, PSI was contracted to provide M&E support to CSUs. In collaboration with the CSU, Data quality assessment (DQA)

and Rapid Quality Assessment (RQA) were tested and validated, thereby demonstrating strong dedication to the establishment of a comprehensive M&E framework for the project. Provincial Coordination Units (PCU), composed of PCDC, PCCA, DCDC, DCCA, Provincial Health office and UNODC were established to monitor progress at local level.

As regards the creation of a knowledge management system on HIV/AIDS and PWID (outcome 2), results are less conclusive. The Houaphan RAR in 2010 is the only tangible element developed during the project constituting a baseline for epidemiological data and surveillance in the country. Rapid assessments in 7 provinces (Luangnamtha/Bokeo/Luang Prabang/Savannakhet/Champasak/Vientiane Province/ Vientiane Capital) were planned but have not been implemented. These rapid assessments would help to determine the socio-demographic characteristics of drug users in the country, as well as patterns and behaviours of drug use and ultimately establish national prevalence rates for HIV infection for people who use drugs and for drug use. The data obtained should help establish PWID as a sub-group of sentinel populations for HIV surveillance.

The second objective of an increased technical and management capacity in service delivery has also been partially attained. Although substantial efforts were vested in improving the quality of NSP, Peer Educator technical and outreach skills (Outcome 3). Standard Operating Procedures or operational guidelines for NSP and harm reduction practitioners have yet to be developed or finalised. Training for core trainers on harm reduction would need to be developed and a Peer Education coaching system be put in place. As of April 2014, the NSP in Houaphan Province is not comprehensive. The referral system for HIV, STI , TB and drug treatment services is nascent and sustained efforts are needed for linking prevention, treatment and care interventions between peer educators/health centres at villages and hospitals in districts and provinces. Fruitful collaboration and understanding between outreach/peer educator teams and staff at fixed sites (hospitals and village health centres) has yet to be fully demonstrated. The NSP is also characterized by its lack of flexiblility: registration as a condition for participation goes against the principles of voluntary participation and anonymity. Insistence on exchanging or returning needles and syringes may also be counter-productive to the immediate goal of reaching out to PWID and actually encouraging participation in the NSP.

The opportunity to assess tincture of opium (TO) efficacy in opiate substitution treatment (OST) (outcome 4) was debated among project stakeholders without any final decision taken to carry out such an assessment. TO is available locally for the purpose of detoxification and administered to opium users in tablet form. TO is not considered for OST by WHO and there is no available evidence indicating that TO is effective for heroin maintenance and the management of opiate addiction. Research would be needed to support the use of TO for substitution/maintenance purposes, should the Government of Lao PDR remain in favour of this idea. Other options for OST should be explored, namely the provision of Methadone, an evidence-based intervention that effectively reduces harms related to opioid/opiate use, including HIV infection.

The final objective of an increased awareness and understanding of drug use and HIV/AIDS (with supporting outcomes of acceptance of NSP through advocacy, awareness and collaboration and the establishment of an enabling environment for harm reduction) has proved to be the most difficult to achieve.
The level of knowledge and awareness among some national implementing partners and communities seems low, as well as the level of acceptance of harm reduction interventions.
Further advocacy and knowledge management efforts seem needed in this respect at village/district/provincial and national levels. It is important though to acknowledge that

statements from LCDC and CHAS leaders at central level are clearly supportive and demonstrate a much better acceptance of the concept of harm reduction, which is to be credited to the project efforts. Challenges remain for the conversion of this expressed will into more systematic and decentralised operations and coordination.

Pursuing the outcome of fostering an enabling environment requires reconsidering to what extent the current legal and policy framework is conducive to this end. A national advocacy strategy with supporting implementation/operational plan and a national policy for harm reduction need to be formalised.

(The following paragraph is an excerpt of Baldwin, S., Drug policy in Asia: Opportunities, challenges and prospects, IDPC 2013). 'Two key laws shape Lao PDR's legal framework on drugs. These are the Law on Drugs, 2007 and Article 146 of Penal Law, 2008. While the Law on Drugs states that "drug addicts are to be considered as victims who need to be treated" (Article 5.5) harsh penalties and judgmental language pervade both laws. For example, Article 146 of the Penal Code outlines the punishment for heroin possession as ranging from a minimum of ten years in prison and fines for less than 100 grams, life imprisonment for 300 to 500 grams, to the death penalty for more than 500 grams. Similarly, Article 76 of the drug law states that people who use drugs who have undergone treatment and later relapse are liable for three months to a year in prison and a fine. The National Strategy and Action Plan on HIV/AIDS/STI Control and Prevention (NSAP), 2011-2015, highlights the importance of developing HIV prevention strategies for people who inject drugs (…)The NSAP endorses harm reduction and includes the goal of reaching 60 per cent of people who inject drugs with harm reduction interventions by 2015. It fails, however, to define what interventions are to be included under the umbrella of harm reduction'.

Under these conditions, it appears that compulsory detoxification and punishment for relapsing conflict with harm reduction strategies and interventions and are detrimental to the health and social well-being of drug users and their communities. Reference is made to the UN Joint Statement on compulsory drug detention and rehabilitation centres (March 2012): 'United Nations entities call on states to close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community'.

Moreover, PWID participation in and ownership of harm reduction initiatives remains limited in Lao PDR. The IDU population is small, isolated and highly marginalized. Ensuring the voluntary participation and adherence of PWID to harm reduction interventions will require vigilance and a refined understanding of the motivations of a hidden population. The engagement of community–based organisations also needs to be encouraged (e.g. Lao positive People's Network). Finally, increasing awareness and understanding will require sustained efforts to address drug use and HIV stigma and discrimination.

Impact

The M&E framework of the project and the measures in place do not allow to fully demonstrate the impact against stated objectives. It is not possible to attribute changes in HIV transmission and risk among PWID to the activities undertaken as part of this project. The fact that impact cannot be demonstrated is not a shortcoming of the project or its design. It is rather a structural issue, as in other UNODC projects or comparable endeavors.

It can be argued however that the project has had a demonstrative and operational impact, and has instilled some acceptance of harm reduction approaches and attitudes in the country. The HAARP Lao PDR project has demonstrated that harm reduction interventions can be operationalized in the given political and social context of the country. The project has been instrumental for the Government of Lao PDR accepting harm reduction practices. Harm reduction however remains a controversial issue. An agreement has been reached for implementing NSP and condom distribution to target populations, but there is a clear reluctance to provide OST with methadone and to operate through drop-in-centres as part of the harm reduction package.

Sustainability

There are a limited number of donors currently in the HIV prevention space in the GMS and HAARP in Lao PDR is the only initiative supporting harm reduction for PWID in the country. The pilot NSP has produced several important outcomes that tend to demonstrate the effectiveness and efficacy of a harm reduction approach to HIV prevention for people who inject drugs (particularly opiates).

The premature ending of the project by April 2014 following recent aid budget cuts by the Australian Government, as expressed in a DFAT exit strategy, prompts pressing issues for building on the achievements to date. Avenues need to be explored to further strengthen the comprehensive response to HIV prevention among PWIDs in Lao PDR within the areas of governance, management, service delivery, and knowledge management.

The sustainability of interventions, namely the NSP and peer education work, is at immediate risk. The HAARP Exit Strategy implemented throughout 2014 at regional level plans for the abandonment of CSUs, with savings from specialist fees re-allocated to support service delivery activities.

At the time of this evaluation, a proposal by CHAS to the Asian Development Bank was being developed to integrate some of HAARP Lao PDR activities in cross-border initiatives for HIV risk mitigation in the GMS, namely the HIV/AIDS Prevention Capacity Building (Grant) Project (2013-17) and the associated Technical Assistance Project (2013-14). The proposal drafted with ADB/DFAT support aims to secure a blocked grant that would benefit selected communities along the Lao/Vietnam border, possibly in those districts where HAARP Lao PDR was implemented.

The Global Fund for HIV/AIDS, TB and Malaria (GF) could also constitute a funding source for sustaining HAARP activities and achieving its expected outcomes. As part of a new funding model, recipients would need to demonstrate impact and work with Most at Risk Populations (MARPs). The pilot NSP implemented under the framework of HAARP Lao PDR should be documented in a manner to demonstrate impact, possibly as operational research.

III. CONCLUSIONS

HAARP Laos has made a positive contribution to the prevention of HIV amongst injecting populations. The HAARP project has succeeded in achieving acceptance of and political commitment to harm reduction approaches to drug use and injecting drug use. This project provides a unique opportunity for expanding the coverage and scope of harm reduction services for PWID, through a pilot NSP and linkages to comprehensive HIV prevention, treatment and care services in Lao PDR.

The start-up phase proved to be challenging with delays occurring in implementing activities and did not allow for an incremental scaling-up of services as originally planned. Implementation was characterized by a lack of standard operating procedures for service delivery and by an inconsistent monitoring and evaluation framework, as well as some confusion as to the modalities to be adopted for management and technical support. Efforts have been geared towards fostering an enabling and supportive environment for service delivery at national, provincial and district level. The implementation of a pilot NSP in selected districts of Houaphanh and Phongsaly provinces is a clear achievement of the project and can showcase the effectiveness of harm reduction interventions.

The commitment of Government counterparts (policy, law enforcement and health services) needs to be sustained for implementing harm reduction policies and interventions. The level of knowledge and awareness among some national implementing partners and some communities in Lao PDR remains low. Advocacy and knowledge management efforts ought to be sustained.

CHAS and LCDC are instrumental in providing policy and strategic support. Roles and responsibilities may be refined for the promotion and coordination a multi-sector response, namely the collaboration between LCDC (drug control prerogatives) and the Centre of HIV/AIDS and STI Control (CHAS) at the MOH (public health mandate and technical capacity).

IV. RECOMMENDATIONS

To UNODC:

Continue fostering an enabling environment for nationally led service delivery for PWID/PWUD at central and decentralized levels, with adequate in-country management and technical resources;

Provide comprehensive technical guidance from prevention to treatment for a balanced approach to drug use;

Clarify the scope of UNODC harm reduction oriented projects vis-à-vis wider responses to drug use;

Develop a sound monitoring and evaluation framework and a coherent logical framework for similar projects in order to ensure informed implementation and allow for proper interpretation of results. Activity and operational plans need to include thorough budgets.

..

Ensure stable senior representation and management of the organisation in the country, *sine qua non* condition to the proper implementation of this and any other project.

To DFAT:

Tailor interventions to country specific epidemiological situation and clarify the role of DFAT for oversight and the provision of technical assistance.

To Government of Lao PDR counterparts:

Consolidate the gains of this project through:

Further research, namely RARs in seven provinces, so as to obtain evidence to inform policy making. Research should be commissioned in a transparent manner and draw on the skills of multidisciplinary teams;

Formalized social worker/outreach worker/peer educator curriculum/TOR/SOPs;

Training and curriculum for law enforcement on HIV;

The development of a national harm reduction strategy, that would fit within the wider national legal and policy framework, namely the National Drug Control Master Plan, 2009-2013 (-2015), 2015-2020;

Replicated interventions where there are PWID/PWUD; Include harm reduction in the response using potential Global Fund and ADB support, backed with domestic resources.

A broadened scope of drug treatment responses, with explicit modalities for cost effective and quality addiction management, including pharmacotherapy for the management of opioid dependency, psychosocial support, and responses to ATS/synthetic psychoactive substance use.

V. LESSONS LEARNED

Technical assistance is needed to implement a project of this scope and nature. The project would have benefited from a stable management and technical system. This issue was compounded by the absence of a UNODC Representative to support policy reforms and implementation.

A sturdier monitoring and evaluation framework (logical framework with assorted indicators, TOR, SOP) would have been needed to assess achievements and ultimately the impact on HIV transmission.

A point-of-care referral system for HIV/AIDS in Houaphanh Province can be implemented. It may link the NSP to HIV counseling and testing, ART and other health services, initially at the provincial hospital and partner health centres. Peer educators could become client/case managers in the long course if adequately trained and supervised.

Interventions need to address the specific characteristics of target populations/beneficiaries (socio-demographic, linguistic) and logistical issues for reaching out to populations in remote areas.

Harm reduction pilot projects need to be implemented with clear and agreed timelines for exit and transition to other funding sources.

The provision of international technical assistance/expertise needs to be balanced with national capacity strengthening and ownership.

ANNEX I. TERMS OF REFERENCE OF THE EVALUATION

TERMS OF REFERENCE

Final Independent Project Evaluation of Project LAOK18

1. BACKGROUND AND CONTEXT

(a) Project overview

Project/Sub-programme Number	**LAO K18**
Title	Reduce the spread of HIV harm associated with drug use amongst men and women in the Lao PDR: HAARP Country Flexible Program Lao PDR
Duration	6 years (from June 2009 to July 2015); early termination by April 2014
Locations	Lao PDR: Phongsaly and Houaphanh province
Executing Agency	UNODC Country Office in the Lao People's Democratic Republic (COLAO)
Key Partner Government Organizations	Lao Commission for Drug Control and Supervision (LCDC), Ministry of Health (MoH) and Centre for HIV and AIDS (CHAS), and Ministry of Public Security (MOPS)
Total Approved Budget	Total Estimated Budget over 6 years: US$ 3,220,600 (Aus $4,000,000)
Donor	Government of Australia, Department of Foreign Affairs and Trade (DFAT)
Geographical coverage of the evaluation	Lao PDR: Vientiane Capital, Houaphanh Province, Phongsaly Province
Project Manager/ Coordinator	UNODC HIV/AIDS Regional Adviser UNODC National Program Officer – Lao PDR

Type of evaluation	Final Independent Project Evaluation
Period covered by the evaluation	November 2009 – February 2014
Geographic coverage of evaluation	Vientiane Capital, Phongsaly and Houaphanh province
Core Learning Partners	As above (Key Partner Government Organizations) plus UNODC, WHO and the donor

(b) Project design and scope of LAO K18

The HIV/AIDS Asia Regional Program (HAARP) is an Australian Government funded program that works to effectively implement harm reduction strategies to reduce the spread of HIV associated with drug use among men and women in Southeast Asia and China. UNODC began implementing HAARP in Lao PDR on 22 October 2009 and completed delivery of activities in 31 January 2013 for the Phase 1; this included an inception phase for the Phase 2 during a transition period from July 2012 to March 2013. The Phase 2 commenced in 01 April 2013 to implement until 15 July 2015. The premature ending of the project by 20 April 2014 follows recent aid budget cuts by the Australian government.

HAARP in Lao PDR is a pioneering program that is raising the profile and national dialogue on injecting drug use and HIV prevention. It has carried out interventions since 2009 in anticipation of increased incidence of drug injecting and HIV infection. Between 2009 and 2014, a needle syringe program (NSP) for people who inject drugs (PWID) is being delivered on a pilot basis as an HIV prevention measure. The strategy is to work through national systems; to empower and build capacity of local institutions and personnel; to align with and support national policies; and to deliver services at community level through volunteer peer educators who are former drug users.

UNODC has integrated harm reduction for people who use and inject drugs within its global drug demand and supply reduction mandates. Through evidence provided by HAARP, it advocates these principles to the Lao PDR National Commission for Drug Control and Supervision (LCDC), the projetc's main implementing agency. The LCDC promotes and coordinates multi-sectoral response in collaboration with the Centre of HIV/AIDS and STI Control (CHAS) at the Ministry of Health (MOH) and with the Ministry of Public Security (MoPS). The UNODC and DFAT Lao PDR have provided joint technical support and activity supervision since the Phase 2.

HAARP aims to reduce spread of HIV associated with injecting drug use among men and women in Lao PDR through a stronger capacity and resolve among government and communities to reduce harm associated with injecting drug use. The expected outcomes (Table 1) during Phase 1 and 2 varied with the degree by which the three main objectives are being attained:

4. Improved coordination and collaboration for harm reduction policy and services
5. Increased technical and management capacity in service delivery
6. Increased awareness and understanding of drug use and HIV/AIDS

The extent of revisions in the project's design was only limited only updating of outcomes during the two phases.

Table 1. Project expected outcomes

Phase 1: June 2009 – March 2013	Phase 2: April 2013 – April 2015
8. National TF on drug use and HIV strengthened	6. Effective governance and administration for harm reduction program set-up and functional at central and provincial level
9. The national HR policy endorsed and a 5-yr work plan is developed and available	7. Effective knowledge management for HIV/AIDS prevention among people who use drugs set-up and functional
10. Enabling and supportive environment exists for harm reduction	

implementation at all levels
11. Harm Reduction interventions accepted and supported at all levels
12. Capacity of high-level officials to advocate for harm reduction strengthened
13. National Advocacy Strategy on harm reduction and HIV prevention developed
14. Capacity of service providers to provide harm reduction and prevent HIV and AIDS developed

8. A comprehensive HIV prevention, treatment and care program for people who use drugs
9. Opiate substitution therapy based on tincture of opium assessed (via study)
10. Policy, law enforcement, health service, and community level environment for harm reduction enabled

Achievement of these outcomes is guided by the *National Drug Control Master Plan 2009-2013* and the *National Strategy and Action Plan on HIV/AIDS/STI Control and Prevention 2011-2015* (NSAP)[3]. The NSAP states that "Drug users need to be urgently targeted, especially those using opiates, as international evidence indicates they are prone to injecting", with a goal to reach 60% of the estimated 1,150 people[4] who inject drugs with safe injecting equipment and condoms, and ensure that HIV sero-prevalence is below 5%, by 2015.

This final independent project evaluation is focused on assessing the work and achievements during the Phase 1 and 2.

(c) Project achievements to date

A needle and syringe program (NSP) piloted in two provinces is the main outcome of HAARP. It began in 2011 in response to the HIV burden established among heroin injectors in Houaphanh and Phongsaly provinces. A rapid assessment and response study (RAR) conducted in 2010 established a 17% HIV infection rate in 46 PWID, among a sample of 549 PWUD from the two provinces. Both provinces had a high prevalence of opioid users, as well as reported HIV infection amongst PWID at border provinces in Viet Nam. The NSP is the only community-based health outreach in the country that is led by former drug users in 24 villages in four districts of the two provinces. Implementation modalities include:

- 24 peer educators distributing sterile needles and syringes, and condoms to 152 PWID clients at an average of three needles weekly
- Village-based awareness events are implemented through support of five health centres
- Activity monitoring by provincial and district counterparts of LCDC and CHAS

The pilot program has produced several important outcomes that can provide a platform to further strengthen the comprehensive response to HIV prevention among PWIDs in Lao PDR within the areas of governance, management and service delivery, and information systems for knowledge management.

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[3] National Strategy and Action Plan on HIV/AIDS/STI Control and Prevention (NSAP) 2011-2015. CHAS, MOH Lao PDR, page 20.

[4] This is an extrapolated estimate. There is no current reliable estimate of PWID populations in Lao PDR. NSAP 2011-2015. CHAS, MOH Lao PDR.

1) An enabling and supportive environment for service delivery instituted at national, provincial and district level that resulted in the commencement of a needle and syringe program, and various awareness events at village and central district and province level (e.g., World AIDS Day led by senior narcotics and AIDS authorities)

2) Governance mechanisms established through a National Task Force on Drug Use and HIV (NTF), led by LCDC and the Ministry of Health (MOH), which was replaced by a Steering Committee in the Phase 2. Technical support was joint provided by UNODC and DFAT with LCDC and CHAS; they composed the program's Technical Working Group for more effective and efficient oversight of program activities

3) Four types of information, education and communication materials (brochure, A4 and A3 flipcharts, poster) on harm reduction in Lao, H'mong and Vietnamese languages

4) Two training modules in Lao and English on HIV prevention among people who use and inject drugs, and on harm reduction programming for law enforcement officers

5) An advocacy gap analysis on harm reduction for people who use drugs (for developing a national advocacy strategy)

6) Planning and preparation for:
   - a 7-province rapid assessment study on drug use and HIV/AIDS
   - a point-of-care referral system for HIV/AIDS in Houaphanh Province that will link the NSP in 18 villages to HIV counseling and testing, anti-retroviral treatment (ART) and care for people living with AIDS, initially at the provincial hospital and the three partner health centres

7) Exploration of the potential for providing opiate substitution treatment (OST) in Houaphan and Phongsaly provinces using opioid agonist maintenance treatment i.e., methadone and buprenorphine

8) Capacity building of potential actors and institutions for rolling out HIV and harm reduction services and for creating acceptance among community leaders via workshops and trainings

(d) Summary of main challenges faced during implementation to date

Findings of the 2011 internal Country Program Annual Review established that pilot harm reduction service of HAARP Laos is well placed to make a positive contribution to the prevention of HIV amongst injecting populations. There are a limited number of donors currently in the HIV prevention space and HAARP stands virtually alone in supporting harm reduction for PWID, and could demonstrate the effectiveness and efficacy of a harm reduction approach to HIV prevention for people who inject drugs, particularly opiates.

However, delays have occurred in delivering activities over two annual work plans during the Phase 1. Currently, many activities have been implemented but only partially achieved their purpose partly due to unforeseen conditions expressed by government partners that has limited implementation. Also, the lack of a standard operating procedure for service delivery, and a monitoring and evaluation framework, as well as inconsistent management and technical support, the overall rate of completion and quality of work during Phase 1 were lower than expected.

Given these challenges, the Phase 2 has focused on the following:

1) Prioritization of advocacy, awareness and capacity building at province and district level
2) Utilization of participatory processes to engage key stakeholders in work planning, monitoring and in immediately addressing key activity constraints
3) Development of a more effective program governance structure (e.g., Steering Committee)
4) Development of a monitoring and evaluation framework
5) Responding with multiple service components implemented simultaneously
6) Generating the evidence to inform action
7) Fostering a multi-sectoral approach (national and regional)

Assessing how these challenges have been managed and addressed by UNODC, DFAT and the project implementing partners will be a key element of the independent evaluation.

2. DISBURSEMENT HISTORY

Overall Budget	Year	Total Received (US$)	Expenditure (US$)	Expenditure	
				Balance	%
Total: 3,220,600 (4,000,000 AUD)					
Phase 1: Oct 2009- Sept 2011 (1,288,300 US$) (1,600,000 AUD)	2010	260,940.00	245,315.00	15,625.00	20%
	2011	378,708.00	278,516.00	100,192.00	23%
	2012	274,759.61	313,428.00	- 38,668.00	26%
Phase 2: Oct 2011- Sept 2014 (1,932,300 US$) (2,400,000 AUD)	2013	314,400.00	392,000.00	- 77,600.00	32%
Total		**1,228,807.61**	**1,229,259**		**100%**

3. PURPOSE OF THE EVALUATION

An independent project final evaluation for K18 is being initiated by UNODC and is a joint effort with the HAARP Country Support Unit office in Lao PDR. It is being conducted in compliance with the project design document and will follow accountability and transparency principles and the UNODC Evaluation Policy, Handbook, Guidelines and templates, as well as UNEG norms and standards.

This evaluation will assess program results and the extent to which it has achieved the objectives, and will determine if the program has been relevant, efficient, and sustainable in its contribution toward its outcomes and expected impact. It is also expected to analyze achievements and/or gaps in the delivery of technical assistance under the project. The evaluation will seek the views and

feedback from the donor and will employ a participatory approach through contribution of the Core Learning Partners (CLP), listed in Annex 6, throughout the evaluation process.

Lessons learned and recommendations identified by the evaluation will also inform the HIV prevention program targeting people who use/inject drugs in the northern border provinces of Lao PDR and Viet Nam, which is being proposed to the Asian Development Bank. Essentially, this proposed cross-border program aims to transition the NSP piloted by HAARP into a longer-term intervention under the supervision of CHAS.

The evaluation's initial findings will be discussed at the final tripartite project review (TPR) meeting tentatively scheduled on 3-4 April 2014.

4. EVALUATION CRITERIA AND KEY EVALUATION QUESTIONS

This evaluation will measure to what degree HAARP has achieved the program objectives. It will seek to respond to the following criteria: relevance, effectiveness, efficiency, impact, sustainability, and partnerships/coordination. In addition attention will be paid to lessons learned and best practices. The evaluation will answer key questions in each of its reports, with the understanding that these evaluation questions are provided as indicative only, and they are required to be further refined by the Evaluation Team

(a) Relevance and quality of design

Relevance of a project/program design is the extent to which its objectives are consistent with recipient needs, as well as with UNODC mandates and overarching strategies and policies within relevant Regional and Thematic Programmes. It will review the clarity, logic and coherence of the project documents; the ways in which problems are addressed by the projects and priorities were determined; the strategy adopted to address immediate objectives and planned outputs; and, whether inputs and the level of activities were appropriate and objectives and outputs achievable. It will address also whether or not learning and recommendations of relevant previous UNODC projects and programmes addressing HIV and AIDS were considered and incorporated at the design stage of the project.

- Are the project's objectives and results (outputs, outcomes and impacts, and considering relevant indicators) clear, realistic and coherent in terms of contributing to the achievements of the UNODC Strategic Programme Framework for HIV/AIDS, the drug demand reduction and HIV components of the UNODC Regional Programme Framework for East Asia and the Pacific, and the Thematic Programme?
- To what extent is the project aligned with national policies and strategies on drug use and HIV/AIDS, and incorporates gender aspects within target groups?
- Do/did the project interventions complement, duplicate or compete with other efforts of UNODC, the government and/or other partners in their areas of implementation in the region?

(b) Effectiveness

Effectiveness is the extent to which a project or programme achieves its planned outcomes.

- To what extent has the project achieved, or made progress towards achieving their objectives and results (outputs, outcomes and impacts considering relevant indicators)?
    - To what extent has the project contributed to improving the availability of and access to HIV/AIDS services among people who are drug dependent, and the policy and legal environment relevant to HIV/AIDS in the country
    - To what extent has the project contributed to increasing community level awareness of and capacity in HIV prevention, including gender sensitivity
    - To what extent has HIV incidence and prevalence among people who inject drugs in target sites
- What are the project's deficiencies, if any?
- To what extent are the project's work plans, logical framework matrices and monitoring systems designed to facilitate effective monitoring possible according to local contexts?

(c) Efficiency

Efficiency is a measure of how resources/inputs (funds, expertise, time, etc.) are converted into outputs considering the project background, context, current situation/environment and other influencing factors as necessary.

- To what extent were the project budgets appropriately allocated between the outputs, and spent as planned?
- To what extent have project's outputs achieved their targets, according to the given inputs?
- To what extent have project's outputs achieved their targets according to schedule in the work plan, given the inputs?
- Do the inputs proportionally correspond to the expected deliverables as indicated in workplans? Explain.

(d) Impact

Impact is the positive and negative longer-term change(s) produced or likely to be produced by a project, directly or indirectly, intended or unintended, after the project was implemented.

- To what extent has the project made measurable contributions with regards to HIV/AIDS programming among the national counterparts?
- What are the intended/unintended, positive/negative, direct/indirect, primary/ secondary technical, professional, and other relevant effects on beneficiaries?
- To what extent didthe interventions have gender-specific impacts on target populations?

(e) Sustainability

Sustainability is concerned with measuring whether the benefits of a project or programme are likely to continue after its termination.

- To what extent are there lasting benefits following the interventions, e.g., increased self-sufficiency?
- How diversified and integrated are the services under the ownership of national counterparts after ending the project?
- To what extent are the services integrated within national plans / strategies?
- To what extent national counterparts and other partners committed to continue the activities after end of tenure of the project? If so, what should be continued? If not, what measures could be undertaken to encourage/enable such a commitment from partners, and foster sustainability of program impact?

(f) Partnerships/ cooperation and coordination

Partnerships and cooperation is a measure of the level and quality of UNODC cooperation with partners and implementing partners (e.g. donors, Governments, other relevant UN agencies etc).

- What is the extent of cooperation with key stakeholders and other players active in the field? Explain the level and quality of coordination (e.g. in terms of avoiding duplication)?
- To what extent were national stakeholders, including international donors and civil society groups actively and meaningfully involved in developing and implementing the project?
- How well were communication practices established with relevant sections and units at HQ? What is the quality of communication with HQ?
- Which partnerships and coordination mechanisms should be pursued, strengthened or abandoned?

(g) Lessons learned and best practices

The evaluation will identify key lessons that can provide a useful basis for strengthening UNODC support to Lao PDR and for improving future project performances, results and effectiveness in HIV prevention. Through an in-depth assessment the evaluation should present and highlight features to be considered as good practice and lessons learned. It should draw lessons from unintended results, where possible; and, identify best practices that have emerged from the project's implementation. Further, recommendations are to be made with a view to improve the project design, management and implementation, and with proposals for concrete follow-up actions.

- What lessons can be learned for future projects/initiatives/etc.?
- What best practices has the project achieved?

5. METHODOLOGY

The evaluation will be participatory, involving the project's core learning partners (CLP). These include the key partner government agencies and individual counterparts that the project has worked with in the two target provinces. The evaluation will also engage with and seek the views of the donor, those responsible for managing the needle syringe program, and other agencies collaborating with HAARP (e.g., WHO, the Lao Positive Network, etc.). (Refer to CLP list in Annex 5)

Given the short duration for conducting the evaluation, data collection will rely largely on qualitative research methodologies such as the Rapid Qualitative Assessment for Harm Reduction approach that utilizes individual interviews and focus group discussions. Thus, effective facilitation of interviews and group discussions will be key. (Refer to Annex 1 for the Rapid Qualitative Assessment for Harm Reduction approach by PSI)

It is anticipated that the evaluation will be conducted by **one independent consultant with support from the HAARP Country Support Unit** who will facilitate visits to target provinces (e.g., Houaphanh Province). The evaluator is expected to triangulate data sources and collection methods to support the validity of the information being generated through the evaluation. In addition to soliciting the views of key stakeholders, the evaluation will source information from key project documents, including the progress reports and document review prepared by the CSU.

The main evaluation methodology will include the following tasks to be undertaken by the evaluator in four main phases:

1. Preparation
    a. Preliminary desk review and analysis of all relevant documents (primary documents provided by the HAARP Country Support Unit)
    b. Preparation of an Inception Report, refining evaluation questions (if needed) and refining the methodology (providing draft questionnaires, surveys, etc.), and refined work plan; cleared by IEU; in line with the UNODC Inception Report Guidelines and Template[5].
2. Field work
    a. Participatory observation and rapid appraisal during two field visits to each province's central district for (see Table 1 and 2 in Section 5):
        i. Service user lessons learned documentation by selected PWID clients using the Rapid Qualitative Assessment/RQA method
        ii. One-day lessons learned workshops with stakeholders from the narcotics and AIDS control offices using RQA questions during focus group discussions in small groups (see Annex 1)
        iii. Data quality review
    b. Face-to-face or telephone interviews with stakeholders in Vientiane Capital
        i. LCDC Chairman
        ii. MOH Head of Health Care Department
        iii. CHAS Director and Deputy Director
        iv. MOPS Head of Health Management and Supply Division
        v. WHO STI/HIV/AIDS Adviser

[5] All UNODC Guidelines, templates, norms and standards for the evaluation process are to be found on the IEU-Website: http://www.unodc.org/unodc/en/evaluation/independent-project-evaluations-step-by-step.html

3. Report of preliminary evaluation findings at the final TPR meeting
4. Report writing (first and final drafts)

The main evaluation methodology will include the following tasks to be undertaken by the stakeholders:

1. Stakeholder feedback to the preliminary evaluation findings during the Tripartite Project Review meeting – the evaluator will summarise initial findings, including lessons learned and recommendations in a powerpoint presentation

2. Stakeholder feedback to the draft evaluation report – The findings and stakeholders' feedback at the TPR will comprise the draft evaluation report to be submitted to the UNODC Regional Office in Bangkok (HIV/AIDS Unit, Thailand) and UNODC Country Office in Lao PDR UNODC Lao PDR. The draft reports will be shared with the CLP members and donor (at the CSU and the HAARP Regional Office in Bangkok) for comments and with IEU for clearance.

6. TIMEFRAME, DELIVERABLES, ROLES AND RESPONSIBILITIES

The evaluation of the K18 project will be carried out from 10 March to 6 April 2014. It is important that key government counterparts are kept informed of progress and timing, and will be provided the opportunity to input into the final report.

The Independent Evaluator will work independently in collecting field data, with the following deliverables according to the Table 2 timeline:

1. Inception report (in line with UNODC/IEU Evaluation Guidelines and Templates) containing the evaluation work plan, methodology (including draft evaluation tools, e.g. questionnaires, etc.) and refined evaluation questions (if needed); based on the evaluation terms of reference (5 pages maximum) – to be submitted through the application on Independent Project Evaluation in ProFi and cleared by IEU before the Field Mission
2. Summaries from lessons learned by service users and by stakeholders in Houaphanh Province
3. Interviews with stakeholders
4. Evaluation draft and final draft report with findings and recommendations from field work and the TPR meeting, to be submitted through the application on Independent Project Evaluation in ProFi in line with UNODC/IEU Evaluation Guidelines and Templates and be reviewed and cleared by IEU

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

IEU clears the Inception Report before the start of the field visit; reviews the Draft Evaluation Report and clears the Final Draft Evaluation Report.

The evaluator must adhere to UNODC's Evaluation Policy including the *Guiding principles for evaluation in the UNODC*, UNODC's evaluation report guidelines *Standard format and guidelines of the UNODC for Evaluation Reports*, *UNODC Guidelines for Inception Reports* as well as the United Nations Evaluation Group's *Standards for Evaluation in the UN System and Norms for Evaluation in the UN system*. [6]

Table 2. Independent Evaluator Deliverables

Timeline	Task	Outputs
10-14 March	1. Desk review of all documents, provided by Project Management; Participate in a telephone briefing by UNODC Regional Office - HIV Unit (Bangkok), and HAARP CSU (Vientiane)	1. Inception report; submitted to Project Management and IEU; cleared by IEU before the field visit
30 Mar-2 Apr (with 2- day travel); with UNODC NPO, government partners, UNODC Regional HIV/AIDS Adviser	**Mission to Lao PDR** 2. Field visit to Houaphanh Province to conduct: • Data quality review • Service user lessons learned documentation (as above) • One-day lessons learned workshops with stakeholders (narcotics and AIDS control offices)	2. Summaries from lessons learned by service users and by stakeholders in Houaphanh Province
3-4 Apr	3. Meetings and interviews with stakeholders and collaborative partners 4. Preparation and presentation of initial evaluation findings to TPR	Data from major stakeholders collected; Exit minutes prepared and discussed
6 Apr (DFAT deadline)	5. Prepare draft report and circulate for comments to be incorporated	3. Evaluation draft report submitted to UNODC, UNODC IEU and donor for review and comments
18 April	6. Finalise and submit final evaluation report	4. Final report submitted to UNODC (submit to DFAT by 20 April), and cleared by IEU

7. EVALUATION TEAM COMPOSITION

[6] To be found on the IEU website: http://www.unodc.org/unodc/en/evaluation/independent-project-evaluations-step-by-step.html

This evaluation envisages **one expert evaluator** to undertake the assessment with the support of the DFAT Technical Advisor and the UNODC National Program Officer (HAARP program management team). He/she shall not act as representative of the party and must remain independent and impartial. The Evaluator must not have been involved in the design and/or implementation, supervision and coordination of, and/or have benefited from the project under evaluation. Although the evaluators should be free to discuss all matters relevant to their assignment with the authorities concerned, they are not authorised to make any commitment on behalf of UNODC or the Government.

The Evaluator is contracted by UNODC. The qualifications and responsibilities for the evaluator are specified in the job description in Annex 3.

The evaluator is expected to have at least degree level educational qualifications in an appropriate discipline, 10 years relevant work experience, including evaluation, and excellent English language speaking and drafting skills.

8. MANAGEMENT OF EVALUATION PROCESS AND REPORTING

The independent evaluation will be carried out following UNODC's evaluation policy, handbook, guidelines and templates and United Nations Evaluation Group (UNEG) norms and standards, as well as UNODC/IEU Evaluation Guidelines and Templates to be found on the IEU website http://www.unodc.org/unodc/en/evaluati on/evaluation.html and with the participation of the project Core Learning Partners. The evaluator will engage with the UNODC Regional Office in Bangkok (HIV/AIDS Unit, Thailand) and UNODC Country Office in Lao PDR.

The Independent Evaluation Unit (IEU)

The Independent Evaluation Unit (IEU) provides norms, tools and templates for the different stages of the evaluation process. IEU also advises on evaluation matters and is involved in the process described in the Roles and Responsibilities table for Independent Project Evaluations. The unit clears the final Terms of Reference and the final inception report. Furthermore, IEU assesses the final evaluation report. IEU supports the process of issuing a management response, if needed, and posts the evaluation report on the evaluation website. All tools, norms and templates to be used by the evaluators during this independent project evaluation can be found on the IEU website: http://www.unodc.org/unodc/en/evaluation/independent-project-evaluations-step-by-step.html

Management and administrative support in Lao PDR

The UNODC Regional Adviser for HIV/AIDS in Bangkok, Thailand and to the National Program Officer in Vientiane, Lao PDR, in close consultation with the DFAT Technical Adviser will:

- Manage the evaluation process
- Provide briefing to Evaluator via teleconference on the project's management and the process of the evaluation, prior to the start of the field mission
- Provide essential project documents (desk review materials) prior to the field mission as listed in the Annex 5
- Review the inception report, and provide comments (if any)
- Ensure logistical support to the field visit at one project site (Houaphanh Province), the individual interviews in Vientiane Capital, and the TPR meeting
- Collaborate on the contents of preliminary findings powerpoint, and review the draft and final reports and provide comments on factual errors (if any)
- Be responsible for the dissemination of the evaluation report

- Be responsible for the follow-up on the implementation of the evaluation findings and recommendations

Core Learning Partners (CLPs in Annex 5)

They are key agencies and individuals identified and selected by the HAARP CSU in consultation with the UNODC HIV/AIDS Regional Adviser. They will:

- review and have opportunity to comment on the draft TOR
- facilitate and attend meetings, respond to questions and provide access to relevant information
- are provided opportunity to comment on the draft evaluation report
- further disseminate and apply (as appropriate) the key recommendations / follow up actions contained in the final evaluation report

Roles and Responsibilities of the Evaluator

- carry out the desk review;
- develop the inception report, including sample size and sampling technique;
- draft and finalize the inception report and evaluation methodology, incorporating relevant
- comments;
- lead and coordinate the evaluation process and the oversee the tasks of the evaluators;
- implement quantitative tools and analyze data
- triangulate data and test rival explanations
- ensure that all aspects of the terms of reference are fulfilled;
- draft an evaluation report in line with UNODC evaluation policy;
- finalize the evaluation report on the basis of comments received;
- include a management response in the final report, if needed
- present the findings and recommendations of the evaluation

Reporting arrangements

The final report must be submitted to UNODC/IEU for clearance no later than two weeks upon completion of the field mission. The final report will be distributed to the CLP members, CLPs and donors and, by UNODC, to relevant government authorities (after clearance by IEU). (Report must be based on the UNODC Guidelines for Evaluation Report and Template Report on the IEU website http://www.unodc.org/unodc/en/evaluation/independent-project-evaluations-step-by-step.html / See Annex 7)

9. PAYMENT MODALITIES

Consultants will be issued consultancy contracts and paid in accordance to UNODC rules and regulations. Payment is correlated to satisfactory deliverables reviewed by the Project Manager and cleared by IEU.

Daily Subsistence Allowance (DSA) and Terminal:

- 75 % of daily subsistence allowance and terminals shall be paid in advance, before travelling. The balance shall be paid after the travel has taken place, upon presentation of boarding passes and the completion of travel claim forms.

Consultancy Fee:

- The first payment (25 per cent of the consultancy fee) upon receipt and clearance by IEU of the Inception Report;
- The second payment (25 per cent of the consultancy fee) upon receipt of the Draft
- Evaluation Report and clearance by IEU;
- The third and final payment (50 percent of the consultancy fee, i.e. the remainder of
- the fee) only after completion of the respective tasks, receipt of the final report and clearance by IEU/UNODC.

Annex 1. Rapid Qualitative Assessment for Harm Reduction approach by PSI (click icon to open powerpoint file)

0 Qualitative Input Overview Feb 2014.p

Main questions

- Why did you get involved with HAARP's NSP?
- What difference has HAARP/NSP made for you?
- What difference has HAARP/NSP made to other people you know?
- What is the most important achievement of HAARP/NSP?
- What are the challenges of HAARP/NSP? Suggest solutions

Annex 2. Endline Program Evaluation Field Work Schedule

The schedule will be applied during the field visit by the independent evaluator to Houaphanh province

Day	ACTIVITY
1	AM / Debrief of service users/clients on their RQA interviews; summarize findings into themes (One week prior the field visit, the UNODC Provincial Coordinator will train the PWID client and PCDC on conducting conversational interviews)
	PM / Plan for lessons learned workshop with the HCo, P/DCCA, P/DCDC
2	Assess the M&E SOP and current practices using these DQA tools: • Data quality interview checklist • Data quality assessment observation form • Assessment summary question worksheet
3	Lessons learned workshop - with stakeholders using the Rapid Qualitative Assessment (RQA) method 5-question guide Agenda: a) NSP provincial update by Phoukong b) Reporting of service user interview findings by Soulivanh or CHAS c) Small group discussion / 3 groups: gov't stakeholders, PE & HC staff, village heads – Why did you get involved with HAARP's NSP? – What difference has HAARP/NSP made for you? – What difference has HAARP/NSP made to other people you know? – What is the most important achievement of HAARP/NSP? – What are the challenges of HAARP/NSP? Suggest solutions d) Group report back and feedback e) Summary and recommendations

Annex 3. Independent evaluator TOR

INDEPENDENT EVALUATOR – INTERNATIONAL or NATIONAL

Job description for the International/National Evaluation Expert

Post title:	International/National Evaluation Expert
Estimated duration:	March – April 2014
Starting date required:	March 2014
Duty station:	Home based with travel to Lao PDR

Duties of the International Evaluation Expert:

Within the framework of HAARP Project and under support of CSU team , the independent evaluator will be responsible for the following tasks:

- Carry out the desk review
- Provide methodological evaluation quality assurance throughout the evaluation process and inputs
- Develop and submit the evaluation work plan and methodology based on the evaluation terms of reference in the form of an inception report to the UNODC HIV/AIDS Regional Adviser and National Program Officer, and take into account any comments received and to be cleared by IEU before the field missions are undertaken
- Conduct planned missions, undertake interviews and facilitate the participation of CLPs
- Implement appropriate quantitative and qualitative data collection and analysis tools and methods
- Triangulate data and test rival explanations
- Ensure that all aspects of the terms of reference are fulfilled
- Prepare and submit an Aide Memoire which includes preliminary findings
- Present findings to the project implementation team and CLPs (as possible/appropriate)
- Draft an evaluation report in line with UNODC and IEU evaluation policies, guidelines and templates to be found on the IEU website http://www.unodc.org/unodc/en/evaluati on/evaluation.html.
- Finalise the evaluation report on the basis of feedback received.
- Make a presentation of final evaluation findings and recommendations
- Apply ethical evaluation standards in line with international best practice (UNEG Ethical Guidelines)

On the basis of the Terms of Reference, s/he will carry out the following duties:

Task	Timeline/ Due date	Outputs
1. Conduct a desk review of literature; Participate in telephone briefing by UNODC Regional Office - HIV Unit (Bangkok), and HAARP CSU (Vientiane)	within 10-14 March	1. Inception report; submitted to Project Management and IEU; cleared by IEU before the field visit
Mission to Lao PDR 2. Field visit to Houaphanh Province to conduct: • Data quality review • Service user lessons learned documentation (as above) • One-day lessons learned workshops with stakeholders (narcotics and AIDS control offices)	30 Mar-2 Apr (with 2- day travel)	2. Summaries from lessons learned by service users and by stakeholders in Houaphanh Province
3. Meetings and interviews with stakeholders and collaborative partners 4. Preparation and presentation of initial evaluation findings in TPR	3-4 Apr	Data from major stakeholders collected; Exit minutes prepared and discussed
5. Prepare draft report and circulate for comments to be incorporated	6 Apr (DFAT deadline)	3. Evaluation draft report submitted to UNODC, UNODC IEU and donor for review and comments
6. Finalise and submit final evaluation report	18 April	4. Final report submitted to UNODC (submit to DFAT by 20 April), and cleared by IEU

Time frame: March – April 2014

Required experience, knowledge, skills and qualifications:

The consultant should demonstrate:

- A strong professional record in designing and leading independent reviews and evaluations (at least 10 years), experience with public health programs or HIV/AIDS or harm reduction programs preferred
- Extensive knowledge of, and experience in applying, qualitative and quantitative evaluation methods
- Previous work experience with undertaking project design, management and/or evaluation exercises with criminal justice projects / agencies, particularly those involving HIV/AIDS or harm reduction programs in Asia
- Experience of working on / with donor funded development projects in the SE Asian region

- Experience of working with UN agencies, and ideally with UNODC
- Excellent communication, facilitation and report drafting/ production skills
- Post graduate educational qualifications in a relevant discipline

Languages:
The consultant must have excellent English spoken, reading and proven drafting skills. Knowledge of another language relevant to the evaluation might be an advantage.

Absence of Conflict of Interest:
According to UNODC rules, the consultant must not have been involved in the design and/or implementation, supervision and coordination of and/or have benefited from the programme/project or theme under evaluation.

Ethics:
The evaluator shall respect and apply the UNEG Ethical Guidelines .

Annex 4. List of background documents for the desk review

Including, but not limited to:

Project documents

HAARP Phase 1 Project Document. UNODC Laos. 26 November 2009
HAARP Phase 2 Plan (2013-15). DFAT Lao PDR, UNODC Lao PDR. January 2013
HAARP Semi-Annual Reports – 2010, 2011, 2012
HAARP Annual Reports – 2010, 2011, 2012
Field visit monitoring reports

Project technical documents

'Rapid Assessment and Response to Drug Use and Injecting Drug Use in Huaphanh and Phongsaly Provinces in Lao PDR'. HAARP Lao PDR. May 2010.
'Report on Advocacy Gap Analysis on Harm Reduction for People who Inject Drugs in Lao PDR'. HAARP Lao PDR. February 2013
'Assessment Report: Peer Educator Field Inputs to the HAARP Needle and Syringe Program, Phongsaly Province and Houaphanh Province, Lao PDR'. Shane Moore. April 2013

Others

'External Program Review of the National HIV Program Lao PDR'. CHAS-MOH, UNAIDS, WHO. April 2012.
'Global AIDS Response Progress – Country Report Lao PDR'. UNAIDS. 2012.
'HIV in Asia – Transforming the agenda for 2012 and beyond'. Dickinson, C., et.al. AusAID. June 2102.
'Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific 2010'. United Nations Office on Drugs and Crime. December 2010.
'Preventing HIV Infection among Injecting Drug Users in High-Risk Countries, an Assessment of the Evidence'. Institute of Medicine of the National Academies. Washington D.C. 2007.
Lao PDR Country Review. HIV/AIDS Data Hub. February 2012.
Lao PDR Development Report 2010. World Bank.
Lao PDR Opium Survey Reports 2005-2011'. UNODC.
Lao Social Indicator Survey (LSIS). Department of Planning and Finance, Ministry of Health Lao Statistics Bureau, Ministry of Planning and Investment. 2011.

Law on HIV/AIDS Control and Prevention (29 June 2010), *unofficial translation.* Government of Lao PDR.
National Strategy and Action Plan on HIV/AIDS/STI Control and Prevention 2011-2015. CHAS MOH. 2011.
Overland Heroin Trafficking Routes and HIV-1 Spread in South and South-East Asia. Beyrer Chris, et al. 2000. AIDS, 14:75±83; *Trade Circles: Aspirations and Ethnicity in Commercial Sex in Laos*. Lyttleton et al. 2012. Health & Sexuality Journal (March 2012), pp.37–41
WHO in Lao PDR. http://www.unlao.org/UNCT/UNAIDS/default.asp#lao

Anne List of CLP members (click icon to open excel file)

HAARP contacts_counterpart

Annex 6. UNODC standard format and guidelines for evaluation reports

UNODC Standard Format and Guidelines for Evaluation Report

All guidelines, tools and templates for Independent Project Evaluations (e.g. for the preparation of the Inception Report and the draft evaluation report) to be used in this evaluation are to be found on the IEU Website:

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

Amongst others, the following guidelines, tools and templates to be used can be found on the IEU Website:

Evaluation Report Guideline

http://www.unodc.org/documents/evaluation/Guidelines/Guidelines_for_Evaluation_Reports_July_2013.pdf

Report template

www.unodc.org/documents/evaluation/Guidelines/Evaluation_Report_Template_no_landscape_pages_SEP2013.doc

Quality assessment for independent project evaluations

http://www.unodc.org/documents/evaluation/IEUwebsite/Quality_Assessment_for_Independent_Project_Evaluation_Reports.pdf

ANNEX II. EVALUATION TOOLS: QUESTIONNAIRES AND INTERVIEW GUIDES

Relevance and quality of design

- The project objectives were rephrased and outcomes modified. Was the project formally revised? Did these changes follow participatory and transparent consultations? What are the reasons that led to these changes? Where any mid-term or internal reviews conducted by UNODC or DFAT?
- What is the M&E framework currently in use for this project? Has a revised logical framework been formally adopted?
- Are the project's objectives and results (outputs, outcomes and impacts, and considering relevant indicators) clear, realistic and coherent? Given the course taken by project implementation and drug policy in Lao PDR, are these objectives still relevant? In what order? Were the activities initially planned relevant to outcomes?
- How does this project contribute to the implementation of UNODC mandates and strategies within relevant regional and thematic programmes (UNODC Strategic Programme Framework for HIV/AIDS, the drug demand reduction and HIV components of the UNODC Regional Programme Framework for East Asia and the Pacific, and the Thematic Programme)?
- To what extent is the project aligned with national policies and strategies on drug use and HIV/AIDS?
- Do/did the project interventions complement, duplicate or compete with other efforts of UNODC, the government and/or other partners in their areas of implementation in the region?
- Among the CLPs, who has knowledge or documentation on whether or not learning and recommendations of relevant previous UNODC projects and programmes addressing HIV and AIDS were considered and incorporated at the design stage of the project?

Effectiveness

- To determine the extent to which the project has achieved, or made progress towards achieving their objectives and results (outputs, outcomes and impacts considering relevant indicators), the logical framework matrices with supporting activities and indicators currently in use need to be identified.
- To what extent has the project contributed to improving the availability of and access to HIV/AIDS services among PWID?
- Has the project contributed to fostering a policy and legal environment relevant to HIV/AIDS in the country?
- To what extent has the project successfully demonstrated the implementation of harm reduction services? Have there been drawbacks for harm reduction in policy terms? In

practice? What are the gaps to be bridged for delivery comprehensive HIV and drug treatment services?
- To what extent has the project contributed to increasing community level awareness of and capacity in HIV prevention, including gender sensitivity?
- What are the project's deficiencies, if any?
- To what extent are the project's work plans, logical framework matrices and monitoring systems designed to facilitate effective monitoring possible according to local contexts? Is there currently sufficient capacity to follow the M&E framework and report accordingly by project staff?

Efficiency

- As regards financial resources, can you clarify yearly or monthly expenditure rates against allocations? To what extent were budgets appropriately allocated between the outputs, and spent as planned? i.e. have there been more cost efficient activities than others?
- To what extent have project's outputs both in financial and human resources terms achieved their targets, according to the given inputs? Was this achieved according to schedule in the work plan?
- Do the inputs proportionally correspond to the expected deliverables as indicated in workplans?
- How can outputs be delivered more efficiently? For what activities and overarching expected outcomes?

Impact

- What measures can be used to assess the impact of this project? Are these adequate to determine if the spread of HIV and HIV harm associated with drug use in the country has reduced?
- To what extent has the project made measurable contributions with regards to HIV/AIDS programming among the national counterparts?
- What are the intended/unintended, positive/negative, direct/indirect, primary/ secondary technical, professional, and other relevant effects on beneficiaries?
- To what extent did the interventions have gender-specific impacts on target populations?

Sustainability

- Given the decision to cease project activities in a short timeframe, have arrangements been made to sustain service delivery: NSP, peer educator teams?
- To what extent are there lasting benefits following the project? What will remain? What is the expected status of integrated services under the ownership of national counterparts after ending the project?
- To what extent are the services integrated within national plans / strategies?
- what measures could be undertaken to encourage/enable a commitment from partners and foster sustainability of project impact?
- What level of funding and technical assistance would be needed to sustain project achievements?
- What are the prospects for transitioning HAARP into the HIV prevention program targeting people who use/inject drugs in the northern border provinces of Lao PDR

and Viet Nam, which is being proposed to the Asian Development Bank by the Government of Lao PDR? Under which supervision in Lao PDR (CHAS? LCDC?)

Partnerships/ cooperation and coordination

- Has the project's Steering Committee demonstrated strategic leadership? Has the Technical Working Group (TWG) performed its role adequately, especially with regard project oversight and monitoring?
- To what extent were national stakeholders, civil society groups actively and meaningfully involved in developing and implementing the project? Has an understanding been reached by national stakeholders as to their respective roles and responsibilities?
- To what extent are Provincial Coordination Units (PCU) established and operational in two provinces? What is the extent of cooperation with project stakeholders active in the field? Explain the level and quality of coordination (understanding of roles, incentives).
- What is the quality of communication practices established with relevant sections and units at HQ? What has been the role of the Regional Office in this project?
- Has the HAARP Country Service Unit (CSU) demonstrated effective technical and management support? Is a joint unit for management and TA support a replicable option?
- Which partnerships and coordination mechanisms should be pursued, strengthened or abandoned?
- What issues have arisen between the donor and UNODC as executing agency? How were these addressed?

Lessons learned and best practices

- What are the main elements/components that can be replicated and scaled-up to better integrate HIV prevention and drug treatment services? For service delivery? For advocacy and capacity-building?
- Has good practice been documented throughout the course of the project? How do UNODC and other partners intend to communicate on best practices?
- Were there unintended results of the project? What are the lessons learned from these unintended results?
- What are the lessons learned by 1.UNODC for project design and management and 2. UNODC in partnership with DFAT and Government stakeholders/counterparts for enhancing a favourable environment for harm reduction interventions geared towards drug users?

No questionnaire has been formalised beyond the evaluation questions listed above.

ANNEX III. DESK REVIEW LIST

Background documents received from UNODC LAO PDR Country Office and DFAT/HAARP for the desk review include:

Project evaluation documents:

Terms of Reference for Final Independent Project Evaluation of Project LAOK18 (UNODC ROEAP, March 2014).
List of CLP members
UNODC standard format and guidelines for evaluation reports:

- UNODC Evaluation Policy (http://www.unodc.org/unodc/en/evaluation/evaluation-policy.html)
- UNODC Evaluation Handbook (http://www.unodc.org/unodc/en/evaluation/evaluation-handbook.html)
- Guidelines and Template for the Evaluation Report (http://www.unodc.org/unodc/en/evaluation/independent-project-evaluations-step-by-step.html#Undertaking)

Project documents:

HAARP Phase 1 Project Document. UNODC Laos. 26 November 2009
HAARP Phase 2 Plan (2013-15). DFAT Lao PDR, UNODC Lao PDR. January 2013
HAARP Semi-Annual Reports – 2010, 2011, 2012
HAARP Annual Reports – 2010, 2011, 2012
Field visit monitoring reports

Project technical documents:

'Rapid Assessment and Response to Drug Use and Injecting Drug Use in Huaphanh and Phongsaly Provinces in Lao PDR'. HAARP Lao PDR. May 2010.
'Report on Advocacy Gap Analysis on Harm Reduction for People who Inject Drugs in Lao PDR'. HAARP Lao PDR. February 2013
'Assessment Report: Peer Educator Field Inputs to the HAARP Needle and Syringe Program, Phongsaly Province and Houaphanh Province, Lao PDR'. Shane Moore. April 2013

Others:

'External Program Review of the National HIV Program Lao PDR'. CHAS-MOH, UNAIDS, WHO. April 2012.
'Global AIDS Response Progress – Country Report Lao PDR'. UNAIDS. 2012.
'HIV in Asia – Transforming the agenda for 2012 and beyond'. Dickinson, C., et.al. AusAID. June 2102.

‘Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific 2010’. United Nations Office on Drugs and Crime. December 2010.
‘Preventing HIV Infection among Injecting Drug Users in High-Risk Countries, an Assessment of the Evidence’. Institute of Medicine of the National Academies. Washington D.C. 2007.
Lao PDR Country Review. HIV/AIDS Data Hub. February 2012.
Lao PDR Development Report 2010. World Bank.
Lao PDR Opium Survey Reports 2005-2011’. UNODC.
Lao Social Indicator Survey (LSIS). Department of Planning and Finance, Ministry of Health Lao Statistics Bureau, Ministry of Planning and Investment. 2011.
Law on HIV/AIDS Control and Prevention (29 June 2010), unofficial translation. Government of Lao PDR.
National Strategy and Action Plan on HIV/AIDS/STI Control and Prevention 2011-2015. CHAS MOH. 2011.
Overland Heroin Trafficking Routes and HIV-1 Spread in South and South-East Asia. Beyrer Chris, et al. 2000. AIDS, 14:75±83; Trade Circles: Aspirations and Ethnicity in Commercial Sex in Laos. Lyttleton et al. 2012. Health & Sexuality Journal (March 2012), pp.37–41.

Additional resources were used for the purpose of this evaluation:

Independent Mid-Term Review: HAARP, February 2011).
Baldwin, S., Drug policy in Asia: Opportunities, challenges and prospects, IDPC 2013.