

MARCH 17, 2009

## MID-TERM EVALUATION

TDRUSJ17

*Scaling-up and increasing access to HIV prevention and care programs among injecting drug users and in prison settings in the Russian Federation*

**Thematic Area: Injecting Drug Use and HIV/AIDS prevention and care**  
**Country: Russian Federation**

### Report of the evaluation team

**Daan van der Gouwe, MA\***

**Bob Keizer, MA\***

**John-Peter Kools\*\***

**Danielle Branderhorst\***

**Yvonne Borghans, MA\***

**\* Trimbos Institute (The Netherlands)**

**\*\* consultant, hired by Trimbos Institute**

**UNITED NATIONS OFFICE ON DRUGS AND CRIME**  
**Regional Office for Russia and Belarus**  
**8, 4<sup>th</sup> Dobryninsky per., office 100-101**  
**119049, Moscow**  
**The Russian Federation**

## CONTENT

ABBREVIATIONS AND ACRONYMS .....	3
SUMMARY MATRIX OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS .....	4
EXECUTIVE SUMMARY .....	5
ACKNOWLEDGEMENTS .....	7
1: INTRODUCTION .....	8
1.1: BACKGROUND AND CONTEXT .....	8
1.2: PURPOSE AND SCOPE OF THE EVALUATION .....	8
1.3: EXECUTING MODALITIES OF THE PROJECT .....	9
1.4 : METHODOLOGY .....	9
1.5: LIMITATIONS TO THE EVALUATION.....	10
2 MAJOR FINDINGS AND ANALYSIS .....	11
2.1 : RELEVANCE OF THE PROJECT .....	11
2.2.: ATTAINMENT OF THE PROJECT .....	12
2.3.: ACHIEVEMENT OF THE PROJECT OUTPUTS .....	12
2.4. CONCLUSION AND ASSESSMENT: .....	17
2.5: PROBLEMS AND CONSTRAINTS .....	18
3: OUTCOMES, IMPACT AND SUSTAINABILITY .....	21
3.1. OUTCOMES.....	21
3.2. IMPACT AND SUSTAINABILITY .....	22
4: LESSONS LEARNED AND BEST PRACTICES .....	24
4.1. LESSONS LEARNED.....	24
4.2. BEST PRACTICES .....	24
5: RECOMMENDATIONS .....	26
6: OVERALL CONCLUSION .....	27
Annex 1: Terms of Reference .....	28
Annex 2: list of persons interviewed/consulted .....	33
Annex 3 Questionnaires used.....	36
Annex 4: Literature .....	41

## **ABBREVIATIONS AND ACRONYMS**

<b>AFEW</b>	AIDS Foundation East-West
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ARV</b>	Anti-Retroviral (Treatment)
<b>CSW</b>	Commercial Sex Worker
<b>DRS</b>	Drug Referral Scheme
<b>FDCS</b>	Federal Drug Control Service
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDU</b>	Injecting Drug User
<b>IHRA</b>	International Harm Reduction Association
<b>MoHSD</b>	Ministry of Health and Social Development
<b>MTCT</b>	Mother-To-Child Transmission (of HIV)
<b>NGO</b>	Non Governmental Organisation
<b>NSP</b>	Needle and Syringe exchange Programmes
<b>OST</b>	Opioid Substitution Treatment
<b>PLWHA</b>	People Living with HIV and AIDS
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>UNFPA</b>	United Nations Population Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>RF</b>	Russian Federation
<b>RORB</b>	Regional Office for the Russian Federation and Belarus
<b>VCT</b>	Voluntarily Counselling and Testing
<b>WHO</b>	World Health Organization

### Disclaimer

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

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

# SUMMARY MATRIX OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

	<b>Main Findings</b>	<b>Conclusions</b>	<b>Recommendations</b>
1	<ul style="list-style-type: none"> <li>all stakeholders consider UNODC project and activities very important</li> </ul>	<ul style="list-style-type: none"> <li>UNODC project mission and aim to address HIV prevention among IDU and prisoners are highly relevant</li> </ul>	<ul style="list-style-type: none"> <li>continuation of the overall project</li> <li>continuation of the aim of UNODC on this issue</li> </ul>
2	<ul style="list-style-type: none"> <li>complexity of project, many partners, various interpretations of aim of the project, unclear tasks and relations</li> </ul>	<ul style="list-style-type: none"> <li>lack of coherence, not recognized as 1 project with 1 approach and 1 main aim. Project is very ambitious</li> </ul>	<ul style="list-style-type: none"> <li>RORB is suggested to provide more coherence, planning, management</li> <li>to tailor the approaches and activities directly to the HIV prevention</li> <li>to strengthen the medical components of the activities</li> <li>to streamline roles and responsibilities with contracting agencies (especially the UNFPA and AFEW)</li> <li>to intensify communication</li> </ul>
3.	<ul style="list-style-type: none"> <li>diffuse profile and style of management and operations of the project.</li> </ul>	<ul style="list-style-type: none"> <li>project management largely tangled-up in the ambitious and complex design, complex activities and different styles of operating</li> </ul>	<ul style="list-style-type: none"> <li>UNODC strengthen their leading role in project</li> </ul>
4.	<ul style="list-style-type: none"> <li>coverage of HIV prevention and care service has increased (Voronezh, Irkutsk, Kazan and lately Chelyabinsk and in future Perm), but not to the planned extend</li> <li>human and organizational limitations in civil society</li> </ul>	<ul style="list-style-type: none"> <li>objective 'Coverage' largely met, but questionable whether it is sufficient to influence opinions and 'consensus' debate.</li> <li>increasing NGO contribution in service delivery</li> </ul>	<ul style="list-style-type: none"> <li>decide on 'increase coverage' in new districts, including Moscow</li> <li>strengthen medical and HIV prevention and care services</li> <li>Increase visibility of the these mentioned project activities</li> </ul>
5	<ul style="list-style-type: none"> <li>activities (capacity building and service delivery) in Penitentiary and Law enforcement (police, prison) well received by stakeholders and members of the target group</li> </ul>	<ul style="list-style-type: none"> <li>effective and visible HIV prevention activities in Penitentiary and Law enforcement System. Available infrastructure and partnerships to scale-up activities</li> </ul>	<ul style="list-style-type: none"> <li>increase coverage in Penitentiary and Law enforcement (police, prison)</li> </ul>
6	<ul style="list-style-type: none"> <li>no clear monitoring system tracking progress and performance of activities in place</li> </ul>	<ul style="list-style-type: none"> <li>objective 'sharing information' not to be met, possible complications in finding basis for sustainability and building consensus</li> </ul>	<ul style="list-style-type: none"> <li>collect facts and figures on the results and impact of the activities undertaken in this project</li> </ul>
7	<ul style="list-style-type: none"> <li>unclear strategy in place to reach consensus, esp. regarding issues like NSP &amp; OST.</li> <li>lack of (visible) cohesion between three project objectives</li> <li>still considerable reluctance in RF</li> </ul>	<ul style="list-style-type: none"> <li>cohesion and synergy are essential to create added value and to reach sustainability of the project</li> <li>project co-ordination is not visibly in the hands of one managing organization. This contributes to a diffuse and scattered overall picture of the project.</li> </ul>	<ul style="list-style-type: none"> <li>operationalize the objective 'consensus'</li> <li>re-define a comprehensive work plan where the three project objectives reinforce and strengthen each other during the final project phase</li> <li>involve all stakeholders, incl. those in the regions</li> <li>intensify communication with all partners and stakeholders on the results and expectations for the rest of the project</li> <li>UNODC project management to play a more guiding role</li> </ul>

# EXECUTIVE SUMMARY

## 1. The project methodology used

In this report, the Trimbos Institute presents the findings of the mid-term evaluation of the UNODC project: *Scaling-up and increasing access to HIV prevention and care programs among injecting drug users and in prison settings in the Russian Federation* (RUSJ17). The evaluation covers the first half of the full implementation period, November 2006-November 2008. The review will assess project achievements and results towards objectives and results. Priority will be given to increase of services in the project regions and the used monitoring and evaluation strategy. The review will assess progress of the project and will make recommendations on design, strategies and management to enhance final impact of the project.

The overall goal of the project is to assist the Russian Federation (RF) to halt and reverse the HIV/AIDS epidemics among injecting drug users (IDUs) and in prison settings. The project has started in 2006 and will end in 2010; the total approved budget for is 17 mln USD. The project is funded by the Dutch Government through the UNODC HIV/AIDS Unit in Vienna.

The project has three objectives:

- to build national consensus on effective implementation strategies to address HIV/AIDS among injecting drug users and in prisons (objective 1),
- to increase coverage of HIV prevention and care services to IDU and in prison settings (objective 2),
- to generate and share strategic information to keep the project on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among injecting drug users and in prison settings (objective 3).

The focus of the mid-term evaluation has primarily been on the progress made on objective 2. This was mentioned in the Terms of Reference of the evaluation as the main objective to focus on.

However the evaluation team also considered whether the project is on its way to meet the other two objectives by 2010.

The evaluation team has studied all the relevant documents and conducted about 50 interviews with groups of stakeholders and additionally 11 interviews with groups of clients. In total about 200 people were interviewed. The preliminary findings were discussed at a stakeholders meeting held on 5 March, Moscow and additional comments and feedback are processed in this draft.

## 2. The main findings

- Considering the still expanding spread of HIV/AIDS among IDUs and prisoners, and the appreciation for this project as expressed by almost all involved parties, the main project objectives are highly relevant.
- The project has to be developed in an environment that is partly supportive, partly reluctant towards the introduction of prevention activities like NSP and OST (which is currently illegal in the RF)
- As regards coverage of activities (objective 2) a good start has been made, however in two of the six regions that were selected no activities have been set into motion yet. A swift decision to go/no go is recommended.

- All interviewed parties expressed their appreciation for the activities of the project (Social Bureaus, referral schemes, training activities, study visits, etc.)
- The choice for working in six regions with a wide variety of partnerships demands for strong management, planning and communication in order to keep the focus on the implementation of the core objectives.
- UNODC RORB has to profile itself as a guiding organization in this project. Furthermore some tasks of partner organizations and contractual relations with RORB have to be clarified.
- The involvement of the Penitentiary and Law enforcement (police, prisons) seems to be effective.
- The crucial role of NGOs in HIV/AIDS prevention and treatment is often underestimated.
- Efficiency and effectiveness cannot be assessed yet, mainly due to lack of objective measurable project results.
- A high priority must be given to collecting these results, not only for management purposes, but foremost to start a process that will lead to the sustainability of the services (to convince the RF authorities to take over these activities once the project has ended). A good start has been made with monitoring and surveillance, however the focus is not on collecting evidence whether the project interventions are effective or not.
- As regards the further implementation of the project objectives, the evaluation team suggests that objective (1) has to be interpreted as "contributing to the debate in the RF", and secondly the team observes that currently the connection between the three project objectives is lacking. Only this connection can create added value in the project.
- There is a need for a comprehensive planning for the rest of the project period in which this connection is specified and in which all relevant contractual and "external" stakeholders are involved.
- Furthermore the communication efforts on goals, achievements and results of the project must be intensified.
- On this basis, RORB can achieve the project objectives, and can play a guiding role in the rest of the project that wants to bring all the different parties together in an ongoing debate. Also issues like the legal obstacles for NSP and pro's and cons regarding OST should and could be addressed in this debate, as long as the debate is constructive and well-balanced. RORB needs the confidence of all stakeholders to fulfil this role.

### **3. Conclusion and recommendation**

This UNODC project to support national development of HIV prevention responses among IDUs and prisoners is highly relevant, but at the same time very ambitious and complex. In order to maximize the effectiveness of the project by the end of the project period, from now on priority must be given to: safeguarding the focus of the activities, clear planning and strong management, collecting evidence, improve communication about the project and its outcomes, and involvement of all relevant stakeholders. In the final phase the emphasis must be on an integrated approach, in which the three project objectives are closely linked in order to create added value out of this project. UNODC RORB must play a guiding role in this process, but is has to be supported by the main stakeholders to fulfil this task. Main recommendation is to develop a work plan in which this process is detailed.

## **ACKNOWLEDGEMENTS**

The evaluation team wishes to express its gratitude towards a number of persons/organization involved in this mid-term evaluation:

- UNODC RORB project staff: Ilze Jekabsone, Geoff Monaghan, Pavel Aksenov, Michail Golichenko, Anna Tsiulina, and also the Regional Office's management: Alexandre Schmidt, Vladimir Ibragimov,;
- UNODC staff at headquarters: Zhannat Kosmukhamedova;
- All persons interviewed in the framework of this mid-term evaluation, both at federal and local/ Oblast level;
- Clients of the services and (ex-) prisoners who participated in the focus groups.

# 1: INTRODUCTION

## 1.1: BACKGROUND AND CONTEXT

1.1.1. In 2006, the Ministry of Public Health, Welfare and Sports of the Dutch Government allocated in total 20 million Euro to UNODC HIV/AIDS Unit to scale up HIV prevention and care among injecting drug users and in prisons in three designated areas: The Russian Federation, Romania, and the Baltic States. The project documents were developed by the UNODC HIV/AIDS Unit in Vienna; all three projects have the same title, overall goals and objectives. UNODC RORB received 17 million USD from this budget for the implementation in RF.

1.1.2. The four-year project TDRUSJ17 “Scaling up, and improving access to, HIV/AIDS prevention and care programs for injecting drug users and in prison settings in the Russian Federation” started in 2006 and will finish in 2010. As the project is now half on its way, a mid-term evaluation is foreseen and is conducted by the Netherlands-based Trimbos Institute. The institute was selected after a call for application was issued fall 2008.

**1.1.3. The overall goal of the project is to “assist the Russian Federation to halt and reverse the HIV/AIDS epidemic among injecting drug users and in prison settings”.**

1.1.4. This overall goal has been operationalized into three major objectives:

1. Build national consensus on effective implementation strategies to address HIV/AIDS among injecting drug users (IDU) and in prisons ;
2. Increase coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings;
3. Generate and share strategic information to keep the project on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among IDUs and in prisons.

1.1.5. The title of the project “Scaling up and improving access to, HIV/AIDS prevention and care programmes for injecting drug users and in prison settings in the Russian Federation“ suggests that the focus of the project is on increasing coverage (‘scaling up’). However, increasing coverage of the services provided would certainly benefit from a national consensus on strategies implemented. And one of the main tools to build and reach that consensus would include a proper monitoring and evaluation of the services delivered.

1.1.6. Furthermore the project aims to clarify the legal situation related to specific interventions that lead to a halt and reverse of the AIDS epidemic in the Russian Federation. One way to achieve this is to document the results and effects of the services (including needle and syringe exchange). Another way is to analyse the current legislation and regulatory framework on HIV/AIDS prevention, treatment and care among IDUs and in prison settings. This also includes key issues of HIV and human rights, providing a comprehensive package of HIV prevention measures, and universal access to ARV treatment. UNODC will also perform a number of significant tasks on these issues.

## 1.2: PURPOSE AND SCOPE OF THE EVALUATION

1.2.1. The mid-term process and progress evaluation is undertaken to measure achievements of the project towards the goal, and, if needed, provide inputs to amend/adjust the project implementation strategy, planning, design and management, in order to ensure that the project goal is reached by the end of 2010.



1.2.2. The mid-term evaluation is launched by the Regional Office for Russia and Belarus, UNODC, and agreed with UNODC Independent Evaluation Unit. This evaluation is included in the project work plan as well as foreseen in the agreement between UNODC and Donor. The main stakeholders of the evaluation are Russian Government counterparts, UNODC and its implementing partners, including UNAIDS family.

1.2.3. According to the Terms of Reference and additional communication between UNODC RORB and HQ, the Trimbos evaluation team drafted an evaluation plan describing methods, research questions and planning.

1.2.4. The mid-term evaluation covers the implementation period from November, 2006 to end of 2008. The interviews and focus groups took place from February 9 through 19 2009, with the exception of telephone/ Skype interviews and discussions with UNODC RORB staff and the HIV/AIDS Unit and the Evaluation Unit at the Headquarters of UNODC in Vienna.

1.2.5. The mid-term evaluation focuses on measuring the project achievements towards outputs and objectives. Priority has been given to document achievements towards increasing coverage of comprehensive HIV prevention and care services among IDUs and in prison settings . The evaluation also covers the overall project concept and design, results and outputs, and provides information for further enhancement of the project's strategy.

See the Terms of Reference for detailed information about the defined evaluation scope and purpose (Annex 1).

### **1.3: EXECUTING MODALITIES OF THE PROJECT**

1.3.1 UNODC is overall responsible for the project. Other UN agencies are also involved in this project and provide their specialised technical support accordingly (i.e. outreach to sex workers – through UNFPA; improvement of data collection and monitoring – through WHO etc.). UNODC provides advocacy and capacity building initiatives with federal and regional stakeholders as well as law enforcement agencies. This is be done through provision of technical support and grants according to the work plans. Aids Foundation East West (AFEW) takes a special position in this project as they are also subcontracted for co-ordinating activities with the regional partners.

### **1.4 : METHODOLOGY**

1.4.1. The evaluation team used a number of evaluation methods

1. *Document review*: project documents were analyzed, including Annual Project Progress reports 2006-2008, work plans, various documents on implemented activities such as Drug Referral Schemes, Social Bureaus, but also more general documents that provides a proper insight in the drug problems and development of HIV/AIDS in the Russian Federation. Also analyzed were documents providing information already ongoing activities in this field. This review was the ground on which the inception report, developed in December 2008, was built. A list of sources used can be found in Annex 4.

2. *Interviews and field visits* The evaluation team conducted about 50 interviews with representatives from policy making bodies (at federal and oblast level) and other Russian and international key organisations, UNODC staff (Head Quarters and Regional Office), the Donor (Dutch Ministry of Public Health, Welfare and Sports), prisons staff, service providers. Between February 9-19 2009, four regions were visited (Voronezh, Kazan, Irkutsk and Chelyabinsk) and further a number of days were spent in Moscow to interview key stakeholders. In these interviews, key aspects of the project were addressed: progress of activities, results and obstacles encountered during implementation of the project, the co-operation between

project partners, existing legal barriers related to effective HIV prevention and care, the political climate, the expectations about the future/ sustainability/continuation of the activities, and other issues. A full list of interviewed organisations and evaluation tools used will be attached to this report in Annex 2 and Annex 3

3. *Focus groups.* In addition to the interviews more than 11 focus groups with a selection of all sub-categories of clients were held. Focus group meetings were held with prisoners, active drug users, users of the services the Social Bureaus and users of the Drug Referral Schemes. Main items of these meetings were medical/social needs, results and impact of services, quality of services and client satisfaction,

4. *Questionnaires and interview sheets, and checklist locations.* In order to simplify the results of the interviews and focus groups, questionnaires were developed that included detailed questions regarding the progress made towards the achievement of the three defined objectives.

5. *Stakeholders meeting, March 5 2009, Moscow.* The preliminary results of the evaluation team were discussed during a technical meeting with relevant stakeholders from Moscow based federal authorities and with one representative per region where interventions have been implemented. The meeting was organized by UNODC RORB and facilitated by the evaluation team. The meeting not only provided new insights with regards to where the project stands and what barriers still have to be taken. It also deepened and strengthened our findings.

1.4.2. The evaluation methods provided the team with a clear view on state of affairs of the project as a whole and of the activities carried out in the regions, including obstacles and challenges the activities are faced with.

## **1.5: LIMITATIONS TO THE EVALUATION**

1.5.1. The evaluation experienced quite some operational challenges in order to design a compact review on a major project with large ambitions, a wide geographical and thematical scope and diverse complexities. The visits took place in a very short period of time, therefore one cannot see the outcomes of the questionnaires other than a momentum, an impression. But because the evaluation team interviewed a large amount of persons, it was possible to catch a good sense of what the state of affairs is.

1.5.2. Further, some of the interviews and especially some of the focus groups in custodial settings were, due to its specific setting, limited in the ways of finding 'inappropriate' answers. For instance, one cannot expect that participants of the focus groups inside prison walls, are able to speak completely frankly about the services offered.

1.5.3. Efficiency and effectiveness of the project have not been extensively assessed during this mid-term evaluation as a considerable number of activities has started only recently. However the evaluation team thinks that a sound progress is made.

1.5.4. Notwithstanding these inevitable limitations the evaluation team had the impression that the data and opinions collected during this review are representative in order to draw larger conclusions.

## 2 MAJOR FINDINGS AND ANALYSIS

### 2.1 : RELEVANCE OF THE PROJECT

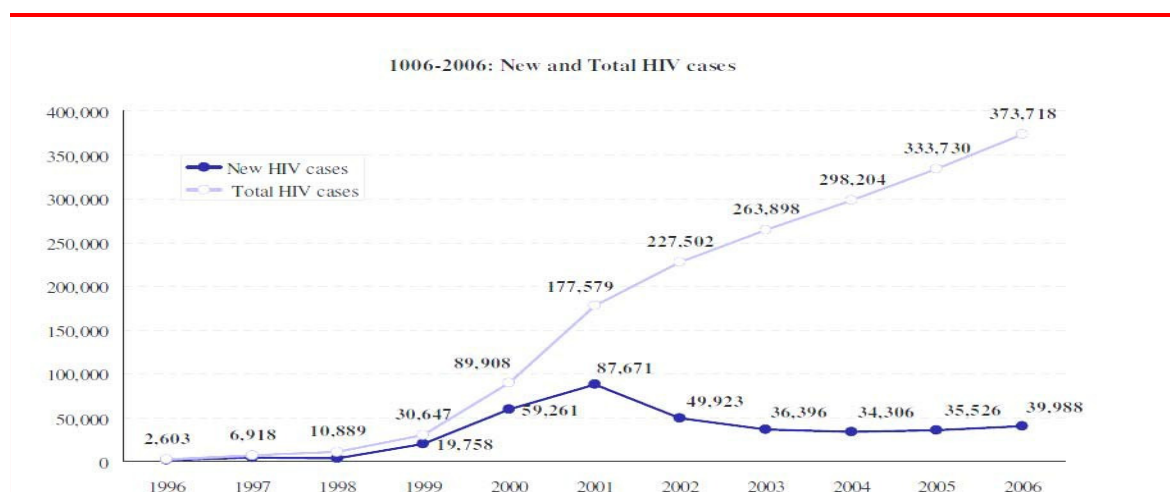
2.1.1 The Russian Federation as witnessed a drastic increase in both injecting drug use and related HIV risk over the last 15 years. Specialists refer to both developments as ‘the Twin epidemics’.

**2.1.2. Injecting drug use.** There are no precise numbers on the drug use and injecting drug use available. Estimates of the total number of people who are involved in drug use are based on the number of registered drug users as well as estimations of the group un-registered drug users. According to the Federal Drug Control Service there are currently between 2 and 3 million IDUs in the RF, of which about 400,000 are registered. International data indicates a 1.78% prevalence of injecting drug use (among adults) and the estimated number of people who inject drugs is 1,825,000 (Mathers et al., 2008).

**2.1.3. HIV infections and mortality among (injecting) drug users.** The sharp increase in drug use of the late 1990s was accompanied by a rapid increase in the number of HIV infections. Due to poor knowledge of HIV and the frequent shared use of injecting equipment, HIV spread rapidly. In the years between 1995 and 2001 the rate of new infections doubled every six to twelve months. By mid-2006 almost one million people were believed to be HIV-positive, the vast majority of them infected through drug use.

2.1.4. The overwhelming number of HIV-positive people registered in the country by the end of 2007 (82.4 % of those who know how they were infected) contracted HIV when using non-sterile instruments for drug injection (Ministry of Health and Social Development, 2008). The Federal AIDS Centre reports by December 31, 2007 a total number of 416,113 cases of PLWHA.

2.1.5. While the epidemic in Russia has remained largely concentrated among injecting drug users other high-risk groups-sex workers, prison inmates and men who have sex with men, there is clear evidence of a significant rise in heterosexual transmission among sexual partners of IDUs. The percentage of heterosexually transmitted infections has increased from 17.8 % in 2002 to 34.1% in 2007 (Joint UN team on AIDS, 2008).



(Source: UNODC, 2008)

2.1.6. The HIV epidemic in the Russian Federation continues to grow, although not as rapidly as in the late 1990s. The annual number of newly registered HIV cases declined between 2001 and 2003 (from a peak of 87 000 to 34

000), but has subsequently started to increase again. In 2006, 39,000 new HIV diagnoses were officially recorded, bringing the total number of HIV cases registered in the Russian Federation to about 370,000 HIV cases represent only those persons who have been in direct contact with the Russian Federation's HIV reporting system (UNAIDS/WHO, 2008).

2.1.7. There is on going debate in the Russian Federation on epidemiological data, used methodologies, sources, interpretations et cetera. Even if we would take the lowest estimates of drug use and the lowest prevalence rates of HIV the situation is dramatic.

2.1.8. Despite this ongoing debate on the HIV/drug situation the policy responses have not been developing accordingly to the increased health needs. Increasing the coverage of HIV services for vulnerable and controversial groups such as injecting drug users or prisoners, cannot be done properly without a legal framework to work in. This is the case with for instance Opioid Substitution Treatment (OST), which is forbidden in the Russian Federation. Wide-spread access of sterile injecting equipment through the special needle and syringe programs (NSP) is currently hindered by uncertainties in the regulatory system of RF.

2.1.9. Given the situation as characterized above, the UNODC project is absolutely highly relevant as it addresses basic needs of IDUs, PLWHA and (ex-) prisoners. It aims at scaling up basic HIV prevention and care services in a number of regions in the RF, thereby improving living conditions of IDUs, PLWHA and (ex-) prisoners, and it aims also at building consensus and generating and sharing strategic information.

## **2.2.: ATTAINMENT OF THE PROJECT**

2.2.1. Given the above described situation of IDU/HIV, reported limited access to effective HIV prevention and the vast complexities given the geographical setting and political context, some respondents express their doubt about the attainability of the project objectives. This opinion is heard among various stakeholders, including people at Federal Ministries to service providers in the regions. On the bases of these findings and additional discussion with UNODC HQ and RORB, the evaluation team recognizes these doubts on the various objectives and the overall aim of the project. Considerable attention has been paid in the review to assess the overall project design and underlying strategies in order to make tailored recommendations that make the project attainable without losing the core of its important ambitions.

2.2.2. The evaluation team has considered whether UNODC/ RORB was sent on a "mission impossible" with the task to implement these three project objectives: working with a limited number of staff members on a wide range of activities, with a "high profile" on some of these activities, and with a "low profile" on others, and without a clear commitment of the RF authorities on solving crucial issues like lifting legal barriers on NSP. The team finds the project rather over-ambitious and has doubts on the attainability of the overall project and the three objectives. We refer to our findings in paragraph 3.

## **2.3.: ACHIEVEMENT OF THE PROJECT OUTPUTS**

2.3.1. By the end of 2008 the project was halfway its project period. Therefore, it is a good momentum to find out whether the project is on track. Will objectives be reached in due time? If not, what needs to be changed to still meet the end goal and objectives?

2.3.2. This paragraph will give a short overview of results so far, with a focus on objective 2. The evaluation team recognizes that this inventory can be incomplete, as 1) a wide range of activities are undertaken in this project, 2) the figures were not always consistent and 3) it was rather complicated to get a comprehensive and up-to-date overview of all the achievements, as not all activities are monitored well enough to provide this overview.

2.3.2. The scope will cover mainly 2007 and 2008, as in 2006 the project just started. Main activities undertaken in 2006 included the selection of the key partner (AFEW- for scaling up case management services for IDUs and in prisons)<sup>1</sup>, a Rapid Assessment among IDUs and high-risk groups and in prison settings, the recruitment of project staff and a mission to Voronezh to discuss co-operation with the FDCCS in that region.

2.3.3. The project plan was revised one time, July 2008 in order to contract a Regional Drug and HIV Expert in the project team, to respond to a request from Russian law enforcement agencies for technical assistance on regulatory and methodological guidance.

#### **2.3.4. Output of objective 2: Increasing the coverage of comprehensive HIV/AIDS prevention and care services among injecting drug users and in prison settings in the Russian Federation**

2.3.5. There has been some delay during the first contracting period (2006-2007), mainly due to complex contracting requirements issues between the various agencies. However, the general impression is that by now (halfway the project period) a good start has been made with the coverage of HIV/AIDS prevention and care activities in four of the selected regions (Republic of Tatarstan, Voronezh, Irkutsk and Chelyabinsk).

2.3.6. In 2007, progress was made towards the scaling-up of coverage HIV prevention, treatment and care services for prisoners. The Federal Penal Service expressed its full support for activities focusing on HIV prevention, treatment and care in selected prisons in all designated regions.

2.3.7. Also support for the project activities has been received by RORB from the oblast administration in Voronezh, Irkutsk, Republic of Tatarstan and Chelyabinsk.

2.3.8. By the end of 2007 in all of the four regions mentioned above new case management services for HIV prevention, treatment and care among IDUs and transitional client management services for inmates were established.

2.3.9. In 2007, a series of trainings were conducted by the implementing partners, and also the capacity of local service providers in the regions was increased. Trainings focused on outreach work, HIV/AIDS Counseling and treatment for IDUs, HIV prevention in prison settings, and establishment of HIV/AIDS case management services for vulnerable groups. Study visits between providers in the regions as well as abroad were conducted. Trainings were also conducted for health professionals, law enforcement and civil society. (see also objective 1)

2.3.10. Still in 2007, service providers were identified in the regions in the field of Drug Referral Schemes, case management and pre- and post release services in the regions, and outreach work services for IDUs and CSWs.

2.3.11. In 2008 Perm Krai joined the project as well, thus increasing the coverage of the project activities to the regions. Additional roll-out of activities are planned for 2009-2010.

2.3.12. Progress has been made to expand the cooperation also to the Moscow oblast and principal agreements are reached with the involved Ministries, however the final decision is, by the end of 2008, still pending.

2.3.13. Since 2007, the project supported a number of non-governmental and municipal organizations to develop new, and diversify existing programs for IDUs and (ex-) prisoners:

---

<sup>1</sup> In 2007 also WHO (for collecting up-to-date information on the magnitude of the HIV epidemic among IDUs) and in 2008 - UNFPA (for scaling-up HIV prevention and case management for IDUs en CSWs) were contracted as key partners

#### *2.3.13.1. Drug Referral Schemes (DRS)*

1. The first Drug Referral Scheme was established in 2006 by UNODC in Voronezh in the framework of UNAIDS project “Coordination in Action” (2005-2007). The Drug Referral Schemes provide arrestees the opportunity to get in contact with the service provision of local NGOs.
2. With the acknowledgement of the Ministry of Interior, the pilot drug referral scheme (DRS) projects are operating in three police districts of Voronezh city. In mid-2008 DRSs were also established in Chelyabinsk and Irkutsk. The number of enrolled arrestees-drug users during the first two years of the project across all cities was 343 people. This is lower than expected. However after meetings between the National Program Officer on HIV/AIDS and IDU, the heads of police departments and implementing partners, the number of referred clients in Irkutsk and Voronezh increased significantly in November-December if compared to period July-October.

#### *2.3.13.2. medico-social support programs for IDUs and former inmates (Social Bureaus)*

1. In 2007, UNODC has signed a grant agreement with AFEW on the establishment of medico-social services (case management and pre- and post- release services) for former prisoners and IDUs in all project regions (initially Irkutsk, Voronezh, Chelyabinsk, Moscow Region and Republic of Tatarstan). AFEW was selected as a partner agency due to their technical expertise in the area and solid partnership with the Federal penitentiary Service. AFEW calls the medico-social services as “social bureaus” and in 2008 AFEW opened a special website ([www.socburo.org](http://www.socburo.org)) promoting their work. By the end of 2008 AFEW operated social bureaus in Voronezh, Kazan, Chelyabinsk, Magnitogorsk, Angarsk and Irkutsk. In addition AFEW provides technical assistance to the similar services in Tver, Tomsk and Krasnoyarsk, (<http://socburo.org/index.php?page=bureau>). According to the available information, similar kind of services are supported also within other UNODC projects (funded by USAID) in Orenburg and St. Petersburg, but these two are targeted primarily at ex-prisoners. So in total UNODC supports 9 out of 12 social bureaus in the RF. But there may be more “social bureaus” as there is no nationwide monitoring of such services.
2. The social bureaus provide practical services like social support, medical services, referral, psychological counselling, testing, legal counselling, to HIV+ (ex-) prisoners and/or injecting drug users. All medico-social services that operate under the project are established on the basis of already operating organisations. The primary specialisation of each of these organisations might differ: e.g. the daily activities of Miloserdiye in Kazan are related to homeless people and ex-prisoners; Nazorey in Voronezh work primarily with ex-prisoners.
3. Services requested mostly by clients of the services include: HIV testing, social support services, counselling on drug addiction and referral. According to the Annual Project Progress Report 2008, the case management programs enrolled 479 by the end of 2008. This number may be slightly more as additional information was received lately by the evaluation team. However, it was not possible to assess these data; therefore we will stick to the number as mentioned in the Annual Project Progress Report 2008.
4. The social bureaus are well accepted and appreciated by the clients as became clear during the interviews with focus groups.

#### *2.3.13.3. Antiretroviral Treatment adherence programs for PLWHA from high risk groups*

1. In cooperation with the Social Partnership Development Fund (People Living with HIV/AIDS), *The Patient Schools* on Antiretroviral Treatment Adherence, were launched at the end of 2008 by the AIDS centres of Irkutsk and Chelyabinsk Oblast and Republic of Tatarstan. At *'the Patient Schools'* NGO staff, in close partnership with AIDS centres, provide PLWHA with socio/medical support including training on HIV treatment adherence.

#### 2.3.13.4. peer-to-peer education program in female colonies

1. The roll-out of peer-to-peer program has started in female prisons in 2008. 11 staff members of female prisons were trained on how to support peer education programs for inmates. 54 female inmates in Perm Kray were trained on peer education and HIV/AIDS issues.

#### 2.3.13.5. low threshold services for IDUs

1. The Low Threshold Service Centre in Kazan is currently being established with full support of local and governmental authorities. The Kazan City Administration granted premises for the centre, whereas the Government of Tatarstan funds its renovation. The Centre expects to start providing services to clients (injecting drug users and their family members) in March, 2009.

#### 2.3.13.6. mobile outreach services for sex-workers/IDUs

1. In cooperation with UNFPA, outreach service programmes for sex workers/IDUs in Irkutsk, Angarsk, Bratsk (all Irkutsk Oblast) and Chelyabinsk started recently (end of 2008). Despite the fact that the vans for outreach work are not delivered yet, and bearing in mind that the outreach teams were only formed in October-November in 2008, the programmes already reached 924 clients through information and counselling services.

2.3.14. Besides the above mentioned implementations or continuation of already established interventions and services, a number of other activities under Objective 2 were also carried out in 2008. A few examples:

2.3.14.1. Training and site visits. A wide range of training activities aiming at professionals, law enforcement and civil society personnel is already implemented or in progress.

1. Examples of completed capacity building and site visits to enhance exchange of (international) experiences :
  - Training needs assessment: a number of activities in 2008 were completed or are still in progress aiming at assess the training needs of prison personnel, law enforcement officers, other professionals and stake holders
  - 64 participants attended the International Research Seminar on Prevention, treatment and care of HIV-infection in prison settings.
  - 103 persons from FPS Departments attended a training on HIV prevention in prison settings
  - 61 narcologists were trained in HIV prevention in narcology service
  - 61 reproductive health specialists trained on Voluntary Counselling and Testing
  - 64 participants of a training on project management among sex workers
  - 30 police officers trained in a seminar on HIV and police
  - 32 persons trained on outreach work among sex workers
  - 16 persons trained on Peer education among sex workers
  - A study tour of 18 decision makers to Amsterdam
  - 45 law enforcement officers trained on drug referral schemes

- 10 FDCS representatives participated on a study tour to Vienna
- 13 participants on a study tour to London (prevention, care and treatment)

2.3.14.2. Other activities under objective 2. UNODC RORB and the project partners developed curricula, training modules, advocacy materials, and other educational materials as scheduled in the work plan including:

1. The production of four information and training materials and its distribution among prisoners, four others are under preparation. The subjects of these materials include: development of services for vulnerable groups, Life with HIV, ARV treatment, material for Patient Schools, Peer Education in prisons, Reproductive Health, Client management, Children of Incarcerated persons.
2. a manual on developing and conducting HIV prevention among Sex Workers through Peer Education is currently under review.

2.3.15. UNODC RORB assisted government and civil society organisations in identifying/ securing sustainable funding (and finding additional sources for funding project activities), and organized various meetings, presentations in this respect and collected and distributed information. This goal has been partially achieved, e.g. the renovations of the low threshold centre in Kazan were paid by the municipality and the Government.

**2.3.16. Output of other project objectives: Raising awareness/commitment at political and policy level (Objective 1), Generating and sharing strategic information on HIV/AIDS among IDUs and in prisons (Objective 3).**

2.3.17. In 2008 RORB project staff continued to work on the issue of the legal status and regulations of NSP. RORB prepared a set of draft instructions in order to get more clarity regarding the legal status of NSP in RF but also to provide legal protections to both NSP staff and clients. The Instructions on NSP were submitted to the Federal Drug Control Service (FDCS) for discussion and approval. It is not clear when a decision by the Head of the FDCS can be expected. Upon approval, drug and HIV services may receive additional funding for NSPs, which will increase levels of their *sustainability* of (projects providing) NSP. Further RORB continued to advocate for OST by giving a number of presentations on this topic to senior FDCS officers.

2.3.18. RORB has been involved in exchange of experience and evidence related of effective HIV/AIDS prevention and treatment. The office facilitated discussion in Russian with the FDCS and other Russian stakeholders by drafting discussion papers (e.g., *The Right to health and the United Nations Conventions on Narcotics*, and a paper on *Compulsory/Coercive Treatment*) and making available translation of international documents and guidelines (Four UNODC/WHO/UNAIDS Evidence for Action papers on HIV prevention, treatment and care in prisons).

2.3.19. On a large number of occasions (national and international conferences) the UNODC project team presented its achievements of the project (regarding drug referral schemes, case management and case management services, and on legal issues and HIV related matters).

2.3.20. UNODC RORB project staff and partners also participated in a number of technical and professional networks, such as the World AIDS Conference, Women in Prison. UNODC RORB succeeded in supporting participation of national counterparts in other relevant events.

2.3.21. In 2007 and 2008, UNODC RORB consolidated its already existing working relationship with the FDCS, and other important stakeholders at the policy level. The stakeholders actively participated in a number of activities organized by RORB, including a number of (inter-) national study tours, seminars and expert meetings. We refer to the information on trainings, study tours, and other activities described above under Objective 2. One of the results



of the increased co-operation the discussion with FDCS on development for training curricula on HIV and drug use for law enforcement training institutes.

2.3.22. UNODC RORB and WHO initiated an assessment to analyse the real scope of the HIV epidemic among IDUs in Voronezh, Naberezhnye Chelny (Republic of Tatarstan), Chelyabinsk and Irkutsk. The findings are peer-reviewed by experts from the Federal AIDS Research Centre, WHO Regional office, and others. The (draft) results are available from 3 project regions. The overall report is still under review. Data from the HIV/AIDS surveillance study have been used as reference data from the Russian 2008 Country UNGASS progress report.

2.3.23. In a number of prisons in the 4 regions of the project, a survey on HIV risk behaviour and service coverage started also in 2007. The survey was conducted in collaboration with AFEW and the Federal Penal Service. The collected information will serve as background for monitoring of the impact of the project activities and will strengthen the overall HIV/AIDS monitoring and evaluation system in Russia. The reports are to date only available in Russian.

2.3.24. Other activities: the project supported amongst others, participation of senior officials in various international fora, conducted national and regional awareness-raising meetings, produced and distributed a number of Russian/English publications (e.g., on achievements of the project).

## **2.4. CONCLUSION AND ASSESSMENT:**

2.4.1. For the achievement of project outputs, the basic documents used were progress reports 2007 and 2008 and our focus was addressed mainly at objective 2.

2.4.2. It is difficult to make a proper mid-term assessment of these activities, for various reasons:

1. The reports clearly show that within the framework of this project, a wide range of different activities have been initiated. Just for this reason an assessment of all the activities would be practically impossible, and making a selection was considered unreasonable (e.g. what to select?);
2. A lot of activities only recently started and it is difficult (or not realistic) to make an assessment right now or to compare the results with other existing services and activities;
3. There is no systematic monitoring of aspects that could provide input for assessment on issues like: efficiency and effectiveness, cost/benefit ratio, client satisfaction, to mention just a few.

2.4.3. This does not mean that we can not tell anything about the project results so far. All interviewed persons, including clients, officials, field workers, were positive about almost all the activities. On the other hand, looking at the total number of clients reached through referral schemes, one can argue that this number is still low, despite the fact that many activities only started recently. A significant rise in numbers of clients (and therefore the capacity) is needed in order to 'make a difference' by the end of the project. Other activities such as the social bureaus and outreach work for sex workers are effective in terms of numbers of clients addressed so far.

2.4.4. As regards the objective 'coverage', right from the start it was clear that a project like this could address the issue of HIV/AIDS among IDUs and in prison settings, in only a modest way, given the size of the country and the development of the HIV epidemic. However it certainly could serve though as an example of good practice, leading to sustainability of the current services and enrollment of new and similar activities in other regions in RF.

2.4.5. An additional subject of review has been the monitoring and evaluation (M&E) systems and strategies. The evaluation team has analyzed the used monitoring tools. The following monitoring tools have been reviewed on the possibilities to monitor project performance and achievements:

1. the project logical framework matrix with activities and indicators to track progress. This system is rather general and does not cover the need to monitor progress of the various elements of the complex project.
2. the WHO surveillance study on HIV prevalence and risk behavior in the project regions. This study is a substantial activity in the project. The study is currently under review. It will provide detailed information on prevalence of HIV and risk behavior, which are likely underline the importance of developing HIV responses for IDUs and prisoners. It is too early assess the impact of the survey will be on the project objective of 'building consensus' (objective 1) and the added value of the survey on the overall aim of contributing to development of HIV services for IDUs and prisoners. The surveillance survey will provide epidemiological data, but has no direct link with the monitoring progress of the project.
3. client monitoring system for "Social Bureaus". This system is developed by AFEW in order to create an overview of data of clients using the social bureaus and includes data on clients, used services including medical and social services used and referral. The system covers currently about 700-800 clients of the UNODC project. This client monitoring system is a valuable instrument in service delivery and case management done by the social bureaus, and is able to monitor progress in one of the activities of the project.

2.4.6. Above mentioned tools are important tools that will provide data on certain activities of the project (AFEWs client registration system) or the epidemiological situation (WHO study), but do only partly cover the need for a overall progress and performance monitoring system. However the team has found no tool that monitors the progress of the overall project, that shows achievements, enables management or provides qualitative or quantitative data on the impact of the project. The team considers a performance monitoring system currently missing in the implementation of the project. A performance monitoring system that is able to provide actual results and impact of the project is pivotal for remaining time of the project, and was also illustrated and stressed by participants of the Technical expert meeting (March 5 2008) where the preliminary finding of the team were presented.

2.4.7. The team noticed confusion and different interpretations of the concept of Monitoring and Evaluation among key agencies involved in project and strongly suggests the RORB to define performance monitoring system, a strategy how this rapidly can be developed and communicate this clearly with the key partners in the project in order to develop transparent management, accountability and in the end sustainability of the project and its activities.

## **2.5: PROBLEMS AND CONSTRAINTS**

2.5.1. This section describes some of the main problems encountered during the project implementation. Three areas of constraints are described in this paragraph:

- complexities of the HIV prevention policies in the RF
- ambitious design of the project
- operational strategies and management of the project.

### **2.5.2. Complexities of HIV prevention policies in the RF**

1. Many stakeholders refer to the complex situation regarding HIV prevention among IDUs and in prisons. Although increases in injecting drug use and related HIV started already started emerging

around 15 years ago, governmental responses have not been able to develop an effective approach in addressing the IDU/HIV problematic. Notwithstanding the considerable efforts and contributions from Russian NGOs and international agencies, governmental responses do still not support to effective HIV prevention measures for IDUs. Most interviewed stakeholders express the complexities of the Russian policies including drug and HIV policies, as a main constraint in the development of effective HIV prevention responses. This is demonstrated in existing legislative procedures that do not enhance implementation of a ‘comprehensive package of effective HIV prevention measures’. Many interviewed persons mentioned the current barriers for implementing effective HIV prevention and care in the RF, specifically opioid substitution treatment (OST), and needle and syringe exchange. RORB has assisted the Federal Drug Control Services in drafting instructions on needles and syringes, that could alleviate the legal uncertainties, and could lead to a considerable increase in the effectiveness of HIV/AIDS prevention. However the formal adoption of these instructions by the FDCS and the Ministry of Health and Social Development is still pending for unclear reasons for quite some time now. Some of the interviewed mentioned reluctance at some political levels and even lack of political will to face the IDU/HIV problematic. This is recognized by the evaluation team. (Although the team witnessed some examples of great commitment on some regional and local levels.)

### **2.5.3. Ambitious design of the project**

1. Another area of constraints is related to the ambitious design of the overall project. The project expresses high ambitions. This is given the IDU/HIV problematic in the Russian Federation and UNODC’s mission and mandate absolutely justifiable. However the
2. current HIV prevention policies in the RF, including significant political reluctance to embrace ‘comprehensive HIV prevention policies’ (mentioned above) and limited organizational and human capacity of NGOs, are generally recognized as considerable challenges in developing adequate response to the HIV epidemic in a country with the size of Russia. The set objectives of the project (increase coverage of service, support consensus on policies and provide information on methods and results) are, although logical and used in other projects, given these complexities very ambitious. These conditions could have justified a more focused design of the project.

### **2.5.4. Project coordination and management.**

1. Given the complexity of the problem and the high level of ambition, the project requires a solid implementation plan and strong management.
2. The operational choices (scale up activities in 6 regions, including in the penal system and law enforcement, and a large number of partnerships) underline the need for a clear and transparent implementation plan, common understanding and strong commitment from all actors and finally strong management to guide the process of implementation. The choice for a more flexible style of operating at the start of an ambitious project with ‘limited’ resources and operational staff is understandable. However, there is also a risk of losing track of the development of various interventions, and that the focus on synergy between the various activities and the overall coherence may get lost.

3. Project activities were carried out by local partners, but their information about the overall aim and scope of the project is sometimes limited. This may partly be the result of unclear roles and responsibilities of the various partners included. Especially regarding coordination of the regional activities a transparent and logical divisions of roles is pivotal. Furthermore, in some regions the profile and visibility of RORB as the guiding and co-coordinating organization was weak.
4. In some cases there were slight critical remarks on the extensive contracting process and reporting requirements. Another issue related to the contracting process, is the fact that in a number of cases subcontractors had problems with the year contracts awarded under the project, especially for the services/tasks which are expected to be continued since it causes some problems for continuations of services.

## 3: OUTCOMES, IMPACT AND SUSTAINABILITY

### 3.1. OUTCOMES

3.1.1. The **overall impression** of the project is positive. All involved parties expressed their appreciation for this project: policy makers, service providers, representatives of partner organisations and clients. This concerns almost all activities undertaken in the framework of this project: expanding the number of social bureaus, training of prison and operational staff, the further development of drug referral schemes, the enrolment of community outreach among commercial sex workers, and more. The social bureaus (also called medico-social services) and drug referral schemes that were established or supported within the framework of this project seem to meet significant social needs of the clients; all clients interviewed are satisfied with the services delivered and have no major complaints. Also all policy makers and key Russian organizations expressed their appreciation for this project and look forward to the outcomes of the project by 2010.

3.1.2. The project activities definitely addresses the identified needs aimed at HIV prevention, treatment and care among IDUs and among prisoners and contribute to an important priority area of UNODC. Considering the spread of HIV/AIDS among IDUs and prisoners, and the appreciation for this project as expressed by all involved parties, the main project objectives are highly relevant. This project, notwithstanding its limitations, is ambitious in objectives and comprehensive in partnerships and approach and can be considered an important contribution to a major health problem in the Russian Federation. UNODC was generally recognized as an very important international actor, who has authority on law enforcement and public health areas, and her contribution to addressing the HIV epidemic in RF is highly valued by all actors.

3.1.3. **Objective 'Increase coverage'** The focus of the mid-term evaluation has primarily been on the progress made related to increased coverage of HIV prevention and care services to IDU and in prison settings (objective 2) in the four regions mentioned above. This focus was mentioned in the Terms of Reference of the evaluation as the main objective to focus on.

3.1.4. As regards the outcomes of this objective, a number of activities have been realized, all though fastening the scaling up the implementation of HIV prevention and care in Moscow Oblast and Perm Kraj is necessary. In some regions the evaluation team witnessed that service delivery was dominated by the provision of social services and had less focus on the major aim of the project: HIV prevention and care.

3.1.5. The evaluation team welcomes the extra attention that has been given to involvement of the Penal System and law enforcement and service delivery in prisons and militia stations. Large numbers of IDUs are found in this system, which underlines the importance developing HIV prevention and support services in custodial settings. Significant results have been witnessed in project activities conducted within the penal system and with law enforcement agencies (for instance the 'militia') in the regions. The capacity building activities, on-going co-operation and service delivery by NGOs are received quite well, as was noted in various focus groups with clients. These activities are reported to be effective in providing HIV preventive information and support to populations at high risk. The developed methods and partnerships can be considered a convincing and innovative component of the project.

3.1.6. The overall impression of the service provision is that almost all the service delivery is received very well by the stakeholders, as expressed by them during the interviews in the regions.

3.1.7. **Objective ‘Building consensus’** The ambitious objective ‘building consensus’, objective 1, has in practice been further operationalized as: “*contributing to aspects of the debate in Russia on effective HIV responses by generating and sharing national and international evidence, knowledge and experience*”. The evaluation team thinks that this way, raising awareness and commitment among relevant stakeholders and among general public, is a more realistic approach because ” building (national) consensus” is by definition the final responsibility of the Russian authorities and policy makers. UNODC and other international organisations can not (and do not want to) interfere in this responsibility. However, it would benefit all parties (and especially UNODC RORB) if objective (1) would be clarified, or possibly would be redefined.

3.1.8. **Objective ‘Strategic information’** This ambitious and complex project requires solid monitoring in order to manage the project adequately and to define or adjust project work plans.

3.1.9. A good start with this has been made with monitoring the medico-social services (by AFEW), data collection on the drug referral schemes and the WHO surveillance.

3.1.10. The existing monitoring and surveillance systems is not yet being used as instrument to collect evidence on the effectiveness of the activities and to assess the impact and sustainability of these activities. It is therefore difficult to assess the medium and long term effects.

3.1.11. The evaluation team recognizes that collecting “scientific” evidence in this stage would demand a disproportionate effort of the project, but it is essential that a planning is made on how at least a number of facts and figures about the projects achievements can be collected. A **system of monitoring progress and results** is pivotal for the further management and the implementation of the other project objectives and it is in particular the basis for the sustainability of the activities after the programme period.

3.1.12. **Linking the three objectives.** The evaluation team agrees with the priority that has been given to increase coverage (objective 2). First a start has to be made with concrete project activities. However the evaluation team also considered whether the project is on its way to meet the other two objectives by 2010, and how these three objectives are linked: by means of monitoring, collecting information and good practices (objective 3), a fair contribution can be made to the realisation of (elements of) national consensus (objective 1).

3.1.13. Outcomes, impact and sustainability should not just be assessed just by looking at the separate objectives, but at the project as a whole. Only by linking the three objectives added value can be generated.

## **3.2. IMPACT AND SUSTAINABILITY**

3.2. 1. These observations have important consequences for the further development of the project:

3.2.1.1. In order to realize long term impact and sustainability, the focus from now on must be on a comprehensive approach of the three project objectives in the further development of the project. In the planning, implementation and communication the connection between all three objectives should deserve more attention and need to be strengthened. The coverage of activities (Objective 2) has to be expanded and strengthened, and also objective 1 (contributing to the debate) has to be specified and (further) implemented. Objective (3) ‘generating and sharing strategic information’ should be considered as a link between objective (2) and (1).

3.2.1.2. the importance of more involvement of ‘external’ stakeholders: Many ‘external’ stakeholders are already one way or the other involved in the project, both on federal and regional level. However the impression of the evaluation team is that the involvement of these stakeholders needs to be strengthened, leading to a

desired broadening of the bearing surface in order to implement sustainability and impact of all the programme objectives at the long term. Also other important actors deserve more attention: larger sections of the general public, including religious communities, corporate society and areas of civil society (other than the involved NGOs) may need to become aware of the issue of HIV/AIDS and injecting drug use inside and outside prison settings. Furthermore it should be noticed that this project is implemented alongside various other national and international projects (e.g., Global Fund to Fight AIDS, Tuberculosis and Malaria). However, it is not clear to the evaluation team how co-ordination and or involvement of these agencies in this project are interlinked and connected

3.2.1.3. to intensify the communication efforts: it would surely benefit the project's implementation and sustainability if all activities undertaken within the framework of the project, were made more transparent, and if all partners would have a better understanding of their role in, and contribution to the project as a whole. Background, aims, objectives and results of the project should be clearly visible and communicated on a regular basis with the whole range of project partners and other governmental and non-governmental stakeholders.

3.2.2. The role and profile of RORB in this process is essential. RORB finds itself in a difficult task: first, it has to initiate and stimulate a wide range of activities, which asks for flexible but clear guidance and management by RORB. Now half-way the project, the second challenge is to collect and generate information that provides evidence that the interventions are effective. Also this task asks for strong guidance and management. The third challenge is to develop a comprehensive set of activities that will lead to the final aim of this project: to contribute to the debate in the RF on the development of effective HIV prevention and care strategies, by sharing and promoting experiences and good practices. RORB has to operate here carefully at the "policy level" especially considering the state of play in the debate on HIV/AIDS interventions in the RF. The evaluation team has considered whether UNODC/ RORB was sent on a 'mission impossible' with the task to implement these three project objectives: working with a limited number of staff on a wide range of activities, with a guiding ('high profile') on some of these activities, and advising ('low profile') on others issues.

3.2.3. Two conditions are in the opinion of the evaluation team essential in order to make this mission for RORB 'possible': First, it is essential that from now on all the activities for the remaining time of the project period, are clearly defined and specified in the format of an action plan, secondly this has to be done in agreement with the main stakeholders. And this has to be done as soon as possible, as the project ends next year.

3.2.4. On this basis, RORB can achieve the project objectives, and can play a guiding role in the rest of the project that wants to bring all the different parties together in an ongoing debate. Also issues like the legal obstacles for NSP and pro's and cons regarding OST should and could be addressed in this debate, as long as the debate is constructive and well-balanced. RORB needs the confidence of all stakeholders to fulfil this role.

## **4: LESSONS LEARNED AND BEST PRACTICES**

### **4.1. LESSONS LEARNED**

4.1.1. Project design and preconditions: This project is very ambitious and complex, and it has to be developed in a difficult political and geographical environment. The lesson learned is that a realistic assessment of the attainability of the objectives should have been made before starting the project and a stronger commitment of the RF authorities before starting the project would have been helpful, considering the final aim of the project, which is to build consensus on effective HIV/AIDS interventions in the RF.

4.1.2. Planning: in the framework of this project a large number of activities are started; apart from the question whether it would have been better to limit the number of different kinds of activities, a lesson learned is that this project can only be brought to a proper ending on basis of a strict and clear planning. In this planning, the three objectives have to be connected and all stakeholders have to know what their expected role and contribution is, and what the final result of the project will be. However this planning should not hinder the flexible approach that has been applied to far, as this is definitely a positive aspect of the project (see below)

4.1.3. Management: Another lesson is that this project requires a high level of management. The current project planning and implementation are carried out in a flexible and pragmatic way. This is an inevitable and justified approach, considering the complexity of the problem, the high level of ambition of the project and the choice to scale up activities in 6 regions with a wide variety of partnerships. The advantage of this approach is that by doing so practical and applicable interventions can be established, addressing the needs of more people. However, there is also a risk of losing track of the development of various interventions, that a too flexible approach may hinder the achievement of the objectives in due time, and that the focus of the regions and consequently the focus of the project as a whole may get lost.

4.1.4. Management tools: In implementing this management task, the lesson learned is that attention must be paid to clarifying contractual relations with partner organizations and to keeping the focus on core prevention and treatment activities. Furthermore monitoring and evaluation are crucial management tools and need the highest attention. Finally: communication should be used as an important management tool.

4.1.5. Visibility and Leadership: A final lesson is that this project needs visibility and clear leadership. The complex system of sub-contracting and the wide variety of activities, have the risk that the visibility of UNODC in the regions and at the federal level as a guiding and leading organisation gets lost. The final results will benefit from redefining and strengthening the role of UNODC/RORB in the remaining project period.

### **4.2. BEST PRACTICES**

4.2.1. Flexibility and practical approach: within the constraints of working with a very ambitious and complex project, RORB did a good job in getting started with practical activities and by doing this in a very flexible way. This approach has implications as mentioned here above, but it should be noted here that almost all interviewed people (clients, field workers and officials) were positive about the results.

4.2.2. Involvement of the Penal system, working with NGOs: especially the activities being undertaken in the Penal System and Law enforcement settings (in prisons and in militia station) are impressive. The prison system



hosts very large numbers of IDUs and risks on HIV transmission in prison is high. The evaluation team welcomes the extra attention that has been given to the involvement of the Penal system. The role of NGOs in working in prisons and militia stations is a considerable added value of the project. The role of NGOs in developing and reaching adequate coverage of HIV prevention services are pivotal.

4.2.3. Role of UNODC: All consulted stakeholders on federal as well as on regional level, without exception, highly valued the commitment and contribution of UNODC to the field of injecting drug use and HIV/AIDS prevention and care. The reviewers have witnessed professional and technical expertise available at the RORB.

## 5: RECOMMENDATIONS

5.1. UNODC/RORB should be aware that considering the complexity of this project, overall management and planning are essential elements to bring this project to the desired end, in accordance with the planning. Safeguard the “focus” in this comprehensive and complex project.

5.2. Tasks and responsibilities of some contracting agencies in the project are suggested to be streamlined and re-defined. It should be clear to all partners and agencies involved, who is responsible for what activities. This is currently not clear in some regions.

5.3. As regards objective 2 (‘increase coverage’), it is important to take a decision on the scaling up of the activities in the two remaining selected regions (Moscow Oblast and Perm Kraj).

5.4. Give a high priority to monitoring and surveillance (objective 3) of the concrete results of the project activities and of the impact of the services delivered within the framework of this project. Be sure that the first results are delivered at the beginning of 2010.

5.5. Clarify the interpretation of objective 1 (‘building national consensus’). In the further planning, implementation and communication the connection between all three objectives should deserve more attention and need to be strengthened. Develop a work plan in which the connection between all three project objectives is clarified, focus on a comprehensive approach of the problem

5.6. Involvement of all stakeholders and relevant actors in the further implementation of the three objectives of the project is essential, especially with regards to contributing to the achievement of objective 1 (building consensus). These actors should be involved in the development of the work plan for the remaining project period, or at least it should be explored what the expectations of these parties are, what the needs for support are. Make them part of the process and make them feel committed to the outcome of the project.

5.7. Background, aims, objectives and results of the project should be clearly visible and communicated on a regular basis with the whole range of partners and other governmental and non-governmental stakeholders.

Suggestions:

- Invest more in communication: a website, newsletter, discussion platform, etc
- Continue the investments in activities such as training, study visits to other countries (highly appreciated by all interviewed persons), invite guest speakers/(inter-)national experts, and more.
- Create a ‘momentum’ in spring 2010 (e.g. a congress, publicity event, TV broadcast) that draws attention to the project which may contribute to the continuation of major activities in the regions.

5.8. More attention should be paid to the sustainability of the services. This should be prioritized, as the project ends already next year. As a consequence, the discussion on sustainability should start early 2010.

5.9. Also more attention should be given to involvement of the regions in the project implementation and development.

5.10. Profiling of UNODC RORB. The last phase of the project asks for pro-active leadership providing cohesion and guidance in the project as well as leadership in keeping the HIV problematic among IDUs and among prisoners high on the political agenda. All parties would welcome this.

## **6: OVERALL CONCLUSION**

6.1. This UNODC project to support national development of HIV prevention responses among IDUs and prisoners is highly relevant, but at the same time very ambitious and complex. In order to bring this project to the desired end in accordance with the planning, from now on priority must be given to: safeguarding the focus of the activities, to a clear planning and strong management, collecting evidence, communication between and involvement of all relevant stakeholders.

6.2. In the final phase the emphasis must be on a integrated approach, in which the three project objectives are closely linked in order to create added value out of this project. UNODC RORB must play a guiding role in this process, but is has to be supported by the main stakeholders to fulfil this task. Main recommendation is to develop an overall work plan in which these requirements are addressed.

# Annex 1: Terms of Reference

## TERMS OF REFERENCE

### 1. BACKGROUND INFORMATION

1.1. The project TDRUSJ17 “Scaling-up and improving access to effective HIV prevention and care programs among injecting drug users and in prisons of the Russian Federation” was approved by the UNODC Executive Director on 28 August, 2006. The project is executed under the Memorandum of Understanding signed between the Ministry of Health and Social Development of the Russian Federation and UNAIDS on cooperation in the framework of the program “Coordination in action”. The operational activities under the project started in November, 2006, but officially it was launched on 5 March, 2007 at the Inter-Agency Meeting “Scaling-up HIV Prevention, Treatment and Care among Injecting Drug Users and in Prison Settings” under the stewardship of the Ministry of Health and Social Development. It is expected that project activities will be completed by end of 2010. The total approved budget of the project is 17,000,000 USD and it is the largest ever project implemented by UNODC RORB. One project revision was created in the course of the project to amend the implementation and execution arrangements. No changes in the project concept, strategy or framework were introduced.

1.2. The overall goal of the project is to assist the Russian Federation (RF) to halt and reverse the HIV/AIDS epidemics among injecting drug users (IDUs) and in prison settings. As of December 2005, around 342,000 cases of HIV were officially registered in the country. Injecting drug users comprise around 87% of the cumulative number of registered HIV cases. The HIV prevalence rates among IDUs in some Russian cities may be as high as 65%, although rates vary widely by geographic region. Another particularly vulnerable population that is increasingly affected by HIV/AIDS is prisoners, many of them IDUs. Reported HIV prevalence rate among prisoners was more than 4% by the end of 2004. Although the Government of RF demonstrates increased commitment to curb HIV epidemic, the coverage of HIV prevention and care programs targeting vulnerable groups remains very low. Thus, only 33 oblasts out of 89 in 2006 had needle and syringe programs for injecting drug users. The HIV prevention in the prisons is limited mainly to information, education and communication activities, condoms and disinfectants are available for limited use.

1.3. Main identified obstacles for expanding the coverage of evidence based and comprehensive HIV prevention services for IDUs are:

- Climate of legal uncertainty on provision HIV prevention commodities to IDUs. Although Article 230 of the 1996 Criminal Code was amended by explanatory Note providing a legal basis for the provision of the commodities (needles, syringes and other commodities to reduce HIV risk through injection of drugs), the instructions or guidelines how programs should be set up and run has yet to be approved and published;
- Ban to use narcotic substance in the drug treatment makes opioid substitution treatment illegal on the territory of the Russian Federation. As noted in para 1.2., injecting drug use, mainly injection of opiates and its derivatives, are still driving HIV epidemic in the Russian Federation. World Health Organization, UNODC and UNAIDS recommends to use opioid substitution treatment (OST) for treatment of opioid dependence. There is good evidence that OST leads to substantial reduction in illicit opioid use, criminal activity, death attributable to overdoses, risk behavior related to HIV transmission (including injection frequency and sharing of injection equipment), improves retention rates in drug dependency treatment, adherence to Antiretroviral treatment and overall health and wellbeing;
- Limited human capacity and organizational capacity to expand evidence-based HIV prevention and care programs for IDUs and in prisons. It is well known, that community based outreach is the most effective way of delivering HIV prevention, treatment and care to IDUs and referring them to other services where they can find, for example, drug treatment and antiretroviral therapy. However, in less than half of administrative territories of the Russian Federation community based services for IDUs are available.
- Law enforcement strategies, tactics and interpretation of the law which limits scaling-up implementation of comprehensive HIV prevention and care services for IDUs and in prisons.

1.4. To respond to above listed obstacles, the project was formulated with following main objectives:

- Build national consensus on effective implementation strategies to address HIV/AIDS among IDUs and in prisons;
- Increase coverage of comprehensive HIV/AIDS prevention and care services among IDUs and in prison settings;
- Generate and share strategic information to keep the programme on track and to respond appropriately to the rapidly evolving HIV/AIDS epidemics among IDUs and in prison settings.

1.5. It is expected that the project will contribute to increase in the capacity of service providers to deliver comprehensive, integrated, effective and sustainable HIV/AIDS prevention and care services for IDUs and prisoners.

1.6. The following main performance indicators are formulated for the project:

- The Ministry of Health and Social Development (MoHSD), Federal Drug Control Service (FDCS), Ministry of Interior (MoI) and Ministry of Justice agrees to work together with a common goal to expand effective and comprehensive HIV prevention and care programs among injecting drug users;
- Increasing number of injecting drug users and inmates are provided with services;
- Annual project progress reports and other strategic information documented and disseminated.

1.7. The project strategy comprises activities aimed at the country level legal and administrative reform; institutional capacity building; development of standards for service providers; quality accreditation and assurance; programmatic interventions targeted to injecting drug users and in prisons; and ongoing monitoring and evaluation. The strategy is implemented in two discrete directions:

- The development of a sustainable and ongoing enabling environment/training/accreditation, mainly focused towards the Federal authorities;
- Introduction of the comprehensive HIV prevention and care interventions targeted to injecting drug users and in prisons in 6 administrative territories of RF.

1.8. By mid-2008, the project operates in four administrative territories (Irkutsk, Voronezh and Chelyabinsk oblasts and Republic of Tatarstan) of RF. Preliminary agreements are reached to launch project activities also in Perm kray and Moscow oblast. Following main interventions are carried out with the regional stakeholders:

- Assessment of HIV prevalence, risk behaviours among IDUs using Second Generation HIV surveillance methodology;
- Assessment of HIV risk behaviour among prisoners;
- Assessment of IDU prevalence in the administrative territory;
- Training of HIV-service providers<sup>2</sup> and law enforcement officers;
- Launch innovative HIV prevention and care programs for injecting drug users, including those in conflict with law, sex workers, and in close cooperation with police;
- Training of prison staff;
- Launch pre- and post-release HIV prevention and care programs (for prisoners).

1.9. In addition, a number of advocacy events targeting the Federal Drug Control Service officers were implemented in 2007-2008. These activities include supporting participation of the Russian specialists in the professional networks; organisation of study tours upon request from the relevant Government authorities; round table discussions and meetings, and provision of technical support in formulation legislative and normative documents.

1.10. The project is implemented in close cooperation with World Health Organisation (WHO), United Nations Population Fund (UNFPA) and NGO AIDS Foundation East West (AFEW). The main national counterparts are the Ministry of Health and Social Development, and its subordinate federal agencies and institutes, Federal Penal Service of the Ministry of Justice and the Federal Drug Control Service.

## 2. PURPOSE OF THE EVALUATION

2.1. The mid-term process and progress evaluation is undertaken to measure achievements of the project towards the goal, and, if needed, provide inputs to amend/adjusts the project implementation strategy and framework in order to ensure that the project goal is reached by the end of 2010. It attempts to draw lessons on the project implementation which can be the basis for instituting improvements to the project planning, design and management.

2.2. The mid-term evaluation is launched by the Regional Office for Russia and Belarus, UNODC, and agreed with UNODC Independent Evaluation Unit. This evaluation is included in the project work plan as well as foreseen in the agreement between UNODC and Donor. The main stakeholders of the evaluation are Russian Government counterparts, UNODC and its implementing partners, including UNAIDS family.

## 3. EVALUATION SCOPE

3.1. The mid-term evaluation should cover implementation period from November, 2006 to November, 2008. The geographical scope of the evaluation is the Russian Federation. The mid-term evaluation should focus on measuring the project achievements towards outputs and objectives; however priority should be given to document achievements towards increasing coverage of comprehensive HIV prevention and care services among IDUs and in prison settings in Irkutsk, Chelyabinsk and Voronezh oblasts and the Republic of Tatarstan. The evaluation should also cover the project concept and design, results and outputs, and provide information for further enhancement of the project's monitoring and evaluation strategy.

3.2. The scope should include findings, lessons learned and recommendations in the following areas:

- An analysis of how efficiently programme planning and implementation are carried out. This includes assessing to which extent organizational structure, managerial support and coordination mechanism used by UNODC supports the project,
- Whether there has been some progress made towards achievement of the project results,
- Whether the project addresses the identified needs/problem (relevance),
- Whether the project contributes to a priority area or comparative advantage for UNODC.

3.3. The scope should also include issues of:

- Relevance and attainability of the objectives;
- The usefulness of results and outcomes;
- Sustainability of expected results and benefits;
- Problems and constraints encountered during implementation;
- The role played by the field office in the development and implementation of the project or programme;
- Project's contribution to human and institutional capacity building.

3.4. The evaluation should review following aspects of the project:

- Efficiency: Are the effects being achieved at an acceptable cost, compared with alternative approaches to accomplishing the same objectives?
- Effectiveness: Is the project achieving satisfactory progress toward its stated objectives?
- Appropriateness: Is the project the appropriate solution to the problem?
- Relevance: Are the project objectives still relevant? What is the value of the project in relation to other priority needs and efforts? Is the problem addressed still a major problem?

---

<sup>2</sup> The definition "HIV-service provider" includes medical professionals (infectologists, narcologists, gynecologists, nurses, general health specialists etc.), psychologists, social workers, outreach workers, consultants, peer educators employed by the state as well as non-governmental organizations, and providing services to minimize vulnerability of injecting drugs users and prisoners towards HIV/AIDS.

- Impact: What difference has the project made to beneficiaries? What are the social, economic, technical, environmental, and other effects on individuals, communities, and institutions – either short-, medium-, or long-term; intended or unintended; positive and negative; on a micro- or macro-level?
- Sustainability: Is the activity likely to continue after donor funding ends? Do the beneficiaries accept the project, are they willing to continue, and is the host institution developing the capacity and motivation to administer it? Can the activity become self-sustaining financially? Will the results continue after the project funding?

3.5. The mid-term evaluation should not assess cost-effectiveness of the activities, since most of the interventions are in it's the initial stage or in the process of implementation and the actual costs of the major activities can not be assessed at the moment.

## 4. EVALUATION METHODS

4.1. Evaluation methods suggested to be used by the evaluation team includes:

1. Document review, this will include all major documents such as the project document and its revision, progress reports, implementing partners' reports, self-evaluations of trainings etc (desk study);
2. Interviews with all key informants and key players: Donors, UNODC (HIV/AIDS Unit, project implementation team at the Regional Office for Russia and Byelorussia), implementing partners, senior officials from the Administrations/Governments of the project territories, selected HIV-service providers and clients of the services.
3. Field visits to selected project regions.
4. Questionnaires.

4.2. The evaluation team should present a detailed statement of proposed evaluation methods.

## 5. EVALUATION TEAM COMPOSITION

5.1. The evaluation team should consist of independent experts without prior involvement in the project "Scaling-up and increasing access to HIV prevention and care services among injecting drug users and in prisons of the Russian Federation".

It is expected that the team should include following experts:

- Team leader/manager;
- Senior evaluation expert;
- Researcher;
- Data analyst.

5.2. The evaluators will not act as representatives of any party and should remain independent and impartial throughout the evaluation.

## 6. PLANNING AND IMPLEMENTATION ARRANGEMENTS

6.1. Planning and reporting arrangement

6.1.1. The evaluation should be planned and conducted in close consultation with the Independent Evaluation Unit, Regional Office for Russia and Belarus and HIV/AIDS Unit, UNODC. The evaluators report directly to the Independent Evaluation Unit (IEU).

6.1.2. The evaluation tools and methodology must be agreed with the IEU and RORB.

6.2. Timeframe

6.2.1. November, 2008- February, 2009.

6.3. Workplan

Task	Number of working days	Timeline	Involved experts	Outcome
1. Desk review	8	3-12 November	Team leader, senior evaluation expert and researcher; data analyst (1 day)	Draft inception report with detailed evaluation plan and methodology prepared; including draft evaluation tools (interview sheets; questionnaires)
2. Briefing of evaluators by the responsible official at the HIV Unit, UNODC HQ (Vienna; by phone)	1	13 November	Team leader, Senior evaluation expert	Draft inception report finalised
3. Briefing of evaluators by the Representative and the project coordinator, RORB UNODC (Moscow; field visit)	1	17 November	Team leader, senior expert	Methodology and evaluation plan agreed
4. Interviews with identified stakeholders (Moscow and regions as selected; field visit) and survey of identified beneficiaries	8 days	18-27 November	Team leader, senior expert, researcher	Data from major stakeholders collected
5. Debriefing with the project coordinator and Representative,	1 day	28 November	Team leader, senior expert, researcher	Exit minutes prepared and discussed

RORB				
6. Data analysis and preparation of draft evaluation report	15 working days	1-19 December	Team leader, senior expert, Researcher; data analyst	Evaluation draft report with findings, lessons learned and results submitted to UNODC for review
7. Commenting Evaluation Draft report	-	19 December - 13 January	UNODC and implementing partners	
8. Incorporating comments	3 working days	14-16 January	Team leader, senior expert, researcher	Presentation of the evaluation findings for the stakeholder meeting
9. Stakeholder meeting (Moscow, field visit)	1 day	19-23 January	Team leader and senior expert	Evaluation finding presented and recommendations refined
10. Finalisation of the evaluation report	3 working days	26 Jan- 6 February	Team leader, senior expert and researchers	A final evaluation report submitted to UNODC
10. Follow-up strategy to address evaluation findings prepared and submitted to IEU	5 working days	9-20 February	Project coordinator	A follow-up strategy submitted to IEU

#### 6.4. Evaluation product

##### 6.4.1. Evaluation report in English and Russian. The desirable report outline:

- Executive summary (maximum 4 pages)
- Introduction
- Background (project description)
- Evaluation purpose and objective
- Evaluation Methodology
- Major findings
- Lessons learned (from both positive and negative experiences)
- Constraints that impacted programme delivery
- Recommendations and conclusions

Annexes to the evaluation report should be kept to an absolute minimum. Only those annexes that serve to demonstrate or clarify an issue related to a major finding should be included. Existing documents should be referenced but not necessarily annexed. Maximum number of pages for annexes is 15.

##### 6.5. Independent consultants (with no previous involvement carrying-out activities within TDRUSJ17 project):

- Team leader with:
  - advanced university degree or equivalent background in social sciences or other relevant disciplines, with specialised training in areas such as evaluation and project/program management,
  - 8-10 years of experience in designing and managing program/project evaluations, including HIV/AIDS prevention, care and support programs;
  - Managerial skills such as: setting standards and monitoring work, management of human and financial resources; team leadership; strategic and global thinking; foresight and problem solving.
  - Previous experience in conducting evaluations in the Russian Federation or the Commonwealth Independent States. Familiarity with HIV/AIDS epidemic in the RF, relevant policy and legal framework.
  - Personal skills: team work and cooperation, capability to bring together diverse stakeholders; communication; strong drafting skills; analytical skills; negotiation skills.
  - Fluency in English; fluency in Russian desirable.
  - Expected engagement: 41 working days during 1 November-6 February. Two missions to RF/Moscow required: 17-27 November, 2008 and 19-23 January, 2009.
- Senior evaluation expert with:
  - advanced university degree or equivalent background in social sciences or public health, with specialised training in areas such as evaluation, social statistics, advanced statistical research and analysis,
  - 5-10 years progressive experience in the planning, monitoring and management HIV prevention and care programs/projects for vulnerable groups (injecting drug users, prisoners, sex-workers);
  - Prior involvement in HIV/AIDS project/program evaluation.
  - Personal skills: team work and cooperation; capability to work with diverse stakeholders; communication; strong drafting skills; analytical skills; negotiation skills.
  - Fluency in Russian and English languages.
  - Expected engagement: 41 working days during 1 November-6 February. Two missions to RF/Moscow required: 17-27 November, 2008 and 19-23 January, 2009.
- Researcher with:
  - university degree in social sciences, public health or related disciplines, with specialised training areas such as social statistics, advanced statistical research and analysis, qualitative research and analysis,
  - 3-5 years progressive experience in research design methodology (qualitative and quantitative studies); prior experience in planning, designing, implementing, analysing and reporting results of qualitative and quantitative studies (survey design and implementation; social sciences research).
  - Personal skills: team work and cooperation; capability to work with diverse stakeholders; communication; strong drafting skills; analytical skills; negotiation skills.
  - Fluency in Russian and English languages.
  - Expected engagement: 38 working days from 1 November to 6 February. A mission to RF/Moscow required: 17-27 November, 2008.
- Data analyst with:
  - university degree in statistics;
  - 3-5 years experience of statistical data analysis for program/project evaluations.

- Expected engagement: 16 working days from 3 November to 19 December, 2008.

#### 6.6. Travel requirements

6.6.1. To complete the tasks, selected evaluation team experts will need to conduct field visits to the RF:

- 17-27 November, 2008: Moscow and selected project regions
- 19-23 January, 2009: 1-day long stakeholder meeting in Moscow.

6.6.2. RORB will provide support in arranging in country travel for the evaluation experts (including tickets and accommodation).

#### 6.7. Substantive and administrative support

6.7.1. The project coordinator and regional HIV and Drug expert will provide substantive support to the evaluation team. RORB administrative unit will provide necessary administrative support (booking travel and accommodation; getting entry visas to the RF).

6.7.2. The evaluation experts must have access to Internet, phone, fax, personal computer, printer and other relevant office equipment during regular office hours. RORB will provide office space, with access to internet, phone, fax, printer and other office supplies during the in-country mission. In exceptional cases RORB might provide a computer, however it is preferred that experts bring their own laptops.



## Annex 2: list of persons interviewed/consulted

### Conference call with UNODC HQ (December 11, 2008)

Ms. Zhannat Kosmukhamedova, Expert, HIV/AIDS Unit, United Nations Office on Drugs and Crime;

Ms. Fariba Soltani, Expert, HIV/AIDS Unit, United Nations Office on Drugs and Crime;

Mr. Mahbub Ul Alam, Evaluation Officer Independent Evaluation Unit UNODC-United Nations Office on Drugs and Crime.

### List of participants of meetings in Moscow and in the regions

#### Moscow

Name	Position	Organization
Mr. Rustam Yusufov	Head, Department of Health Service Support of Prisoners FBU NII FPS RF	Federal Penitentiary Service of the Russian Federation
Mr. Vladimir Smirnov	Deputy Head, Department of international Cooperation	Federal Drug Control Service of the Russian Federation
Mr. Vladimir Nesterov	Deputy Head, Apparatus' Department of State Anti-Drugs Committee	
Ms. Larisa Dementieva	Deputy Head of HIV/AIDS Unit	Federal Service for Surveillance of Consumer Rights Protection and Human Welfare (Rosпотребнадзор)
Ms. Natalia Ladnaya	Senior expert	Federal Scientific-Methodological Centre for the Prevention of and Fight against AIDS
Ms. Eugenia Koshkina	Chief of Department of Epidemiology	National Research Center on Addiction, Ministry of Health and Social Development of Russian Federation
Mr. Dmitry Golyaev	Project manager	Russian Health Care Foundation
Mr. Alexander Pankratov	Project expert	
Ms. Nataliaia Khodakevich	Director	"AIDS Foundation East-West"
Ms. Irina Krasheninnikova	Regional Advisor	
Ms. Zoya Barteneva	Project Manager	
Ms. Ekaterina Kharlamova	Head of Monitoring and Evaluation Department, a.i.	
Mr. Karl Kulesa	Representative	UNFPA
Mr. Alexander Mordovin	National Programme Associate	
Mr. Ilya Zhukov	HIV/AIDS Officer	
Dr. Luigi Migliorini	Head of Office, DGR	WHO
Ms. Elena Vovk	HIV/AIDS Programme Coordinator, a.i.	
Ms. Marina Kornilova	National Programme Officer	
Ms. Marina Semchenko	Head of Office, a.i.	UNAIDS
Mr. Raphaël Varga van Kibéd	Head of Political Affairs Section	The Embassy of the Kingdom of the Netherlands

#### Kazan

Name	Position	Organization
Ms. Raziya Sadykova	Head, Department of Anti-Drugs Work Coordination	Apparatus of the Cabinet of Ministers of the Republic of Tatarstan

Mr. Farit Fattakhov	Physician-in-Chief of	Republic Narcological Dispensary of the Ministry of Health and Social Development of the Republic of Tatarstan
Mr. Vladimir Fedotov	Deputy Head	Head Department of the Federal Penitentiary Service in the Republic of Tatarstan
Mr. Makhmut Khurmatullin	Head, Medical Unit	
Mr. Alexey Nikitin	Deputy Head of Medical Unit	
Mr. Alexey Veryaskin	Head, Educational Work Unit	
Mr. Azfar Kadirov	Head, FBU Penal Colony No. 19	
Ms. Tatiana Shpalitova	Head, Psychological Laboratory, FBU Penal Colony No. 19	
Mr. Ratmir Mustafaev	Deputy Head, Medical and Preventive Services' Unit	
Mr. Alexander Kamaev	Director, Centre of social adaptation for homeless people "Miloserdie"	Ministry of Labour, Employment and Welfare of the Republic of Tatarstan
Ms. Lilia Khalabuda	Chairman of Coordination Council	Non-governmental organization "Prevention and Initiative"
Ms. Larisa Badrieva	Director	Non-governmental organization on preservation of public health "Obnovlenie"

### **Voronezh**

<b>Name</b>	<b>Position</b>	<b>Organization</b>
Ms. Tatiana Selivanova	Officer, Department of Prevention and Epidemiology	Department of Health and Social Development, Voronezh region
Ms. Tamara Sitnik	Deputy physician-in-chief	State health organization VOZPBS IZ
Ms. Natalia Dushkina	Deputy physician-in-chief on clinical care	State health organization VOZPBS IZ
Mr. Vladimir Kharin	Physician-in-chief	State health organization VOND
Mr. Alexander Orlov	Deputy physician-in-chief	State health organization VOND
Ms. Ludmila Rod	Deputy physician-in-chief on adolescent service	State health organization VOND
Mr. Eugeny Chernitsky	Head of Division	State health organization VOND
Mr. Ruslan Yachmennikov	Head, Economic Crime Division	Levoberejny District Police Station, Voronezh City
Mr. Pavel Oleynikov	Deputy head, General of the Armed Forces	Voronezh Region Department of Federal Penitentiary Service
Mr. Gennady Shurchkov	Head of ZGSN, Sanitary physician-in-chief	Voronezh Region Department of Federal Penitentiary Service
Mr. Konstantin Vladimirov	Head of Educational Division	Voronezh Region Department of Federal Penitentiary Service
Mr. Igor Gamaleev	Head	FGU penal colony No. 1
Ms. Olga Blinova	Director	NGO ANTI-AIDS
Ms. Elena Romanyak	Staff member	NGO ANTI-AIDS
Ms. Natalya Gaivoronskaya	Staff member	NGO ANTI-AIDS
Mr. Anatoli Malakhov	Director	NGO Nazareh

### **Irkutsk**

<b>Name</b>	<b>Position</b>	<b>Organization</b>
Mr. Oleg Burdukovskiy	Physician-in-chief	State Health Organization "Irkutsk Region Center for the Prevention

		and Fight against AIDS and Infectious Diseases”
Ms. Tatiana Boyko	Deputy Minister	Ministry of Health, Irkutsk region
Mr. Vladimir Badashkeey	Deputy Head	Irkutsk Region Department of Penal Service
Mr. Saro Amirshadyan	Head, Police Lieutenant Colonel	Specialized Penitentiary Agency for Administrative Offenders, Irkutsk City Police Department
Mr. Vladimir Remnev	Head, Colonel of Internal Service	Network of Penal Colonies (OIK) No. 1
Mr. Pavel Radchenko	Head, Lieutenant General	Head Irkutsk Region Department of Federal Penitentiary Service
Ms. Elvira Tarbeeva	Head, Ambulatory Narcological Division	Region State Health Organization “Irkutsk Region Psychoneurological Dispensary”
Ms. Marina Akulova	Chair person	Irkutsk Red Cross
Ms. Nathalya Kurbatova	Project coordinator	Irkutsk Red Cross

### **Chelyabinsk**

<b>Name</b>	<b>Position</b>	<b>Organization</b>
Ms. Margarita Radzhihovskaya	Head of Sanitary and Epidemiological Service Department (deals with healthcare issues of HIV-positive inmates)	Chelyabinsk Region Department of Federal Penitentiary System of the Russian Federation
Ms. Marina Moskvicheva	First Deputy Minister (deals with issues related to HIV-infection)	Ministry of Health and Social Affairs, Chelyabinsk region
Mr. Igor Ivanov	Chief	Chelyabinsk City Police Department
Mr. Alexander Kachev	Chief of Drug Enforcement Department (deals with issues of illegal drug trade (trade, possession))	Chelyabinsk City Police Department
Mr. Andrei Borodin	Chief of Public Security Police (supervises the Traffic Police, Juvenile Crime Departments, District police officers)	Kurchatovsky Police Station, Chelyabinsk City
Mr. Boris Izarovski	Head Narcologist of Chelyabinsk Region, Physician-in-chief	Regional Clinical Narcology Clinic
Mr. Vladimir Makarchuk	Deputy Physician-in-chief (he supervises the administration, methodology and prophylactics)	Regional Clinical Narcology Clinic
Mr. Sergej Avdeev	Director	NGO Kompas

## Annex 3 Questionnaires used

Interview Questionnaire 'key stakeholders outside programme'  
Mid-term Evaluation of UNODC Project TDRUSJ17:  
'Scaling/up and improving access to effective HIV prevention and care programs among  
injecting drug users and in prisons of the Russian Federation'  
February 8-18 2009

### 1. Introduction

- 1 Could you briefly describe the background your organisation?
- 2 Are you familiar with the UNODC programme?
- 3 What do you consider the main aim of the UNODC-programme?
- 4 What is the rationale behind the design of the programme?

### 2. General progress

- 1 Were you (in)directly were involved in design/setup/operations of the programme? In what way did you contribute?
- 2 What is your overall impression of the development, implementation and preliminary results of the programme so far?

### 3. National consensus (objective 1)

- 1 Do you have regular contact with organisations in the programme? In what way and on what subjects? And with whom?
- 2 How would you describe the attitude of media and general public towards your work and/or the overall issue of (HIV among) drug users.
- 3 How would you describe the legal environment in which HIV services for IDUs operate? How do laws, regulations or administrative procedures influence your work?
- 4 Is the programme targeting the right actors in order to raise 'consensus'? What more could be done to achieve consensus?
- 5 Is the programme in your opinion using the right strategies to raise 'consensus'? And addressing the proper institutions/ organizations to achieve this goal?
- 6 Have you experienced improvements in 'consensus' since the start of the programme? Between which parties in particular?
- 7 Who are important stakeholders in gaining 'consensus'? On Federal level? On Oblast level? What factors are hindering this objective of getting national consensus?

### 4. Coverage of services (objective 2)

- 1 What do you consider the biggest needs of DUs?
- 2 Do the services that are provided in the programme, match the needs of DUs?
- 3 Do you have indications on the impact (e.g. changes in behaviour) among DUs, due to the programme?
- 4 Do you have indications of the impact of the programme on other services (not included in the programme)? If so in what way?
- 5 Do you have an estimation of the total number of drug users in the country?
- 6 How do drug users who are not included in your programme get health and social services? What are hindering factors for DUs to seek treatment (coverage, accessibility stigmatization, lack of adequate services etc)

### 5. Strategic information (objective 3)

- 1 Do you share experience regarding 'HIV prevention among drug users' with other stakeholders inside/outside the programme? if so in what way?
- 2 Do you get some sort of information of organisations/people in the UNODC-programme? is there a flow of information between your organization and UNODC regarding the project and its progress?
- 3 Have you ever provided information to organisations/people in the UNODC-programme? If so, on what issues, and has your input used in an appropriate way?

### 6. Revisions of programme required

- 1 What do you consider the biggest achievement in the programme so far,
  - 2 What will be the main result at the end of the programme? On oblast level? On a national level? What do you hope or wish the end result will be?
  - 3 What have you learned so far in this programme? What elements can be strengthened? What opportunities are missed?
  - 4 If you were in charge of the UNODC-programme: what would you revise?
  - 5 If you could redesign the entire programme: what would you change?
  - 6 UNODC is the overall responsible in the programme. How do you value UNODC's role in 'ensuring sustainable HIV prevention services for drug users'?
- Any other information that you consider relevant for this evaluation?

Interview Questionnaire 'key stakeholders in programme'  
Mid-term Evaluation of UNODC Project TDRUSJ17:  
'Scaling/up and improving access to effective HIV prevention and care programs among  
injecting drug users and in prisons of the Russian Federation'  
February 8-18 2009

**1. Introduction**

- 1 Could you briefly describe the role of your organisation in this programme
- 2 how would you describe your own role/ place in RF on the issue of addressing HIV and drug use ( forcefield)
- 3 What do you consider the main aim of the programme?
- 4 What is the rationale behind the design of the programme?

**2. General progress**

- 1 Who were involved in design of the programme?
- 2 When did the programme officially start?
- 3 When was the programme operational?
- 4 Do you have a contract/ workplan/ guidelines/ or documents on requirements on the UNODC programme?
- 5 Is there a steering committee on this programme?
- 6 Do you have any comments on the financial procedures, such as advance payments, re-imbursments, budget overspending, re-allocations?
- 7 Is there agreement on overall budget and specific budget allocations?
- 8 How do you report, in what way and frequency (technical/financial)?
- 9 Do you consider yourself adequately technically equipped/staffed for the programme? is training sufficient, or of not in which areas add training is needed?
- 10 Have you had/deliver technical assistance in the programme? if so, in what way
- 11 Do you have a system to monitor the results and progress of the various local /overall programme activities. Is this system working well, or if not what needs improvement?
- 12 UNODC: what are the roles of AFEW/UNFPA/WHO/UNDP in this programme?
- 13 UNODC: How would you describe role and relation with RF agencies in this programme: MOHSD, FedDrugControlBoard/ National AIDS Center/FedPenitentiaryService?
- 14 AFEW/WHO/UNFPA/UNDP: How would you describe your working relation with the donor?
- 15 UNODC/AFEW/WHO/UNFPA/UNDP: How would you describe the progress in the various regions (notably the regions which we will not visit .....)? Is the program on track according to you?

**3. National consensus (objective 1)**

- 1 Do you have regular contact with other organisations in the programme? What frequency and what format?
- 2 How would you describe your relation with other actors on federal level and oblast level? (governmental/non-governmental, law enforcement agencies What are main challenges and what have you done so far to meet them?
- 3 How would you describe the attitude of media and general public towards your work and/or the overall issue of HIV among drug users. and how could one overcome these possible obstacles
- 4 How would you describe the legal environment in which you operate? How do laws, regulations or administrative procedures influence your work?
- 5 How would you describe working relations with other health agencies? What could be improved?  
How would you describe your relations with law enforcement agencies? Has this relationship changes since the start of the project?
- 6 Have you experienced significant changes in 'consensus' since the start of the programme?
- 7 Who are the most important stakeholders in gaining 'consensus'? On Federal level? On Oblast level?
- 8 If not involved in programme: What have you done to include them in programme process?

**4. Coverage of services (objective 2)**

- 1 What do you consider the biggest needs of DUs?
- 2 Do the services that are provided in the programme, match the needs of DUs?
- 3 How do you envisage the impact (changes in behaviour) among DUs, due to the programme? has there been changes, as far as you know
- 4 How do you envisage the impact of the project on other services (not included in the programme)? In what way?
- 5 Do you have an estimation of the total number of drug users in the country?
- 6 How do drug users who are not included in your programme get health and social services? what are in general the main obstacles for drug users to seek help, care or treatment / (coverage, accessibility, stigmatization, unclwear laws, shame, etc...

**5. Strategic information (objective 3)**

- 1 Do you share experience regarding 'HIV prevention among drug users' with your colleagues? What is your specific interest in this project and how do you process the information gained?
- 2 Have you visited conferences on the subjects related to 'HIV prevention among drug users'?
- 3 Did you write, publish or present on the activities related to your programme
- 4 Do you consult national or international references on 'HIV prevention among drug users'?
- 5 Have you revised (or suggested to revise) elements of the programme? if so what are the main issues you considered to revise.

**6. Revisions of programme required**

- 1 What do you consider the biggest achievement in the programme so far? if any, in what way did the implementation of the project change the living conditions/perspective for IDU/HIV+ persons, and (ex-) prisoners?
- 2 What will be the main result at the end of the programme? On oblast level? On a national level?
- 3 What have you learned so far in this programme? What elements can be strengthened?
- 4 If you were in charge of the overall programme: what would you revise?

- 5 If you could redesign the entire programme: what would you change?
- 6 UNODC is the overall responsible in the programme. How do you value UNODC's role in 'ensuring sustainable HIV prevention services for drug users'?
- Any other information that you consider relevant for this evaluation?

**Interview Questionnaire 'Prison staff'**  
**Mid-term Evaluation of UNODC Project TDRUSJ17:**  
**'Scaling/up and improving access to effective HIV prevention and care programs among injecting drug users and in prisons of the Russian Federation'**  
**February 8-18 2009**

**1. Introduction**

- 1 Could you briefly describe the background of your department?
- 2 Could you briefly describe the range of services of your department?
- 3 What do you consider the main aim of the UNODC programme?
- 4 What services are provided within the framework of this UNODC programme?

**2. General progress**

- 1 Were you involved in design of the programme?
- 2 When did the programme officially start?
- 3 When was the programme operational?
- 4 Do you have a contract/ workplan/ guidelines/ or documents on requirements?
- 5 Is there a steering committee on this programme in your oblast?
- 6 Do you have any comments on the financial procedures?
- 7 Is there agreement with AFEW on overall budget and specific budget allocations?
- 8 How do you report and in what form and frequency (technical/financial)?
- 9 Do you consider yourself adequately technically equipped/staffed for the programme? is staff well trained or is add. training required? if so, in what fields?
- 10 Have you had technical assistance in the programme (UNODC, AFEW or any other)?
- 11 Do you have a client registration system? How does this exactly look like?
- 12 Do you have a system to monitor the results and progress of your activities? How does it work? What could be improved?
- 13 How would you describe your working relation with donors?

**3. National consensus (objective 1)**

- 1 Do you have contact with other organisations in the UNODC programme?
- 2 Do you have contact with other service providers in the oblast? And how would you describe the nature of the contact (good, bad)
- 3 How would you describe your relationship with other actors in the oblast? such as? (governmental/non-governmental, law enforcement agencies?)
- 4 How would you describe the attitude of media and general public towards your work
- 5 How would you describe the legal environment in which you operate? How do laws, regulations or administrative procedures influence your work? On federal and/or on oblast level.
- 6 How would you describe working relations with other departments in prison?
- 7 Have you experienced improvements in consensus/support regarding your work, since the start of the programme?
- 8 What can be improved to raise consensus/support on your services?

**4. Coverage of services (objective 2)**

- 1 How many client do you have at the moment?
- 2 What are the inclusion criteria for your services?
- 3 Do you have exclusion criteria for your services?
- 4 Is there an increase/decrease since the start and what are the reasons for this? Is there a waiting list?
- 5 How many clients are no longer in your programme? Why are no longer involved (except prison release)?
- 6 Do you have a documented agreement (code of conduct) with the client, describing rules, responsibilities and requirements of service provision both for prisoner and prison staff?
- 7 How did you get the technical knowledge and skills to serve your clients
- 8 What do you consider the biggest (social/medical/psychological) needs of your clients?
- 9 Do the services that you provide, match the needs of your clients?
- 10 Have you witnessed impact (such as changes in behaviour) among your clients, due to your service? And among attitude/behaviour of prison staff?
- 11 Do you refer clients to other agencies or institutes for additional services?
- 12 Do you have contact with services outside prison on after-release support?
- 13 Do you have an estimation of the total number of drug users in your prison?
- 14 How do drug users who are not included in your programme get health and social services?

**5. Strategic information (objective 3)**

- 1 Do you share experience regarding 'HIV prevention among drug users' with your colleagues in the oblast?
- 2 Are you (your organisation) involved in professional networks?
- 3 Have you visited conferences on the subjects related to 'HIV prevention among drug users'?
- 4 Did you write, publish or present on the activities related to your programme.
- 5 Do you consult national or international references on 'HIV prevention among drug users'?
- 6 Have you revised (or suggested to revise) elements of the programme?

## 6. Revisions of programme required

- 1 What will be the main result at the end of the programme? In your oblast? On a national level?
  - 2 What have you learned so far in this programme? What went well? What elements can be strengthened? What opportunities are missed?
  - 3 If you were in charge of the overall programme: what would you change?
  - 4 UNODC is the overall responsible in the programme. How do you value UNODC's role in 'ensuring sustainable HIV prevention services for drug users'?
- Any other information that you consider relevant for this evaluation?

## Interview Questionnaire 'Operational staff'

### Mid-term Evaluation of UNODC Project TDRUSJ17:

### 'Scaling/up and improving access to effective HIV prevention and care programs among injecting drug users and in prisons of the Russian Federation'

February 8-18 2009

#### 1. Introduction

- 1 Could you briefly describe the background, starting date of your organisation?
- 2 Could you briefly describe the range of services of our organisation? What services do you offer? Are they free of charge, funded by whom?
- 3 What do you consider the main aims of the UNODC programme?
- 4 What services are provided within the framework of this UNODC programme?

#### 2. General progress

- 1 Were you involved in design of the programme? If so, or if not who else?
- 2 When did the programme officially start?
- 3 When was the programme operational?
- 4 Do you have a contract/ work plan/ guidelines/ or documents on requirements? and are they being used and useful?
- 5 Is there a steering committee on this programme in your oblast?
- 6 Do you have any comments on the financial procedures?
- 7 Is there agreement with AFEW on overall budget and specific budget allocations?
- 8 How are the reporting requirements (technical/financial)? In what way does reporting of activities take place?
- 9 Have you had technical assistance in the programme (UNODC, AFEW or any other)?
- 10 Do you have a client registration system? How does this exactly look like?
- 11 Do you have a system to monitor the results and progress of your activities? How does it work? What could be improved?
- 12 How would you describe your working relation with donors?

#### 3. National consensus (objective 1)

- 1 Do you have contact with other organisations in the UNODC programme?
- 2 Do you have contact with other service providers in the oblast?
- 3 How would you describe your relation with other actors in the oblast? (governmental/non-governmental, law enforcement agencies?) What could be improved.
- 4 How would you describe the attitude of media and general public towards your work?
- 5 How would you describe the legal environment in which you operate? How do laws, regulations or administrative procedures influence your work? On federal and/or oblast level.
- 6 Have you experienced improvements in consensus/support from other actors or from wider public regarding your work, since the start of the programme?
- 7 What could be improved to raise consensus/support on your services?

#### 4. Coverage of services (objective 2)

- 1 How many client do you have at the moment?
- 2 What are the inclusion criteria for your services?
- 3 Do you have exclusion criteria for your services?
- 4 Is there an increase/decrease since the start and what are the reasons for this? Is there a waiting list?
- 5 How many clients are no longer in your programme? Why are they no longer involved? What are the main reason for this?
- 6 Do you have a documented agreement (code of conduct) with the client, describing rules, responsibilities and requirements of service provision?
- 7 How did you get the technical knowledge and skills to serve your clients?
- 8 What do you consider the biggest (social/medical/psychological) needs of your clients?
- 9 Do the services that you provide, match the needs of your clients?
- 10 Have you witnessed impact (changes in behaviour) among your clients, due to your service?
- 11 Do you refer clients to other agencies or institutes for additional services?
- 12 Do you have an estimation of the total number of drug users in your oblast?
- 13 How do drug users who are not included in your programme get health and social services?
- 14 How are your working relations with the police? Any (incidents/structural) support/obstruction from police.

#### 5. Strategic information (objective 3)

- 1 Do you share experience regarding 'HIV prevention among drug users' with your colleagues in the oblast?
- 2 Are you (your organisation) involved in professional networks?
- 3 Have you visited conferences on the subjects related to 'HIV prevention among drug users'?
- 4 Did you write, publish or present on the activities related to your programme.
- 4 Do you consult national or international references on 'HIV prevention among drug users'?
- 5 Have you revised (or suggested to revise) elements of the programme?

## **6. Revisions of programme required**

- 1 What will be the main result at the end of the programme? In your oblast? On a national level?
  - 2 What have you learned so far in this programme? What went well? What elements can be strengthened? What opportunities are missed?
  - 3 If you were in charge of the overall programme: what would you change?
  - 4 UNODC is the overall responsible in the programme. How do you value UNODC's role in 'ensuring sustainable HIV prevention services for drug users'?
- Any other information that you consider relevant for this evaluation?

### **Topic list Focus Groups**

First: stress confidentiality. (Also among clients!)  
notes will be taken for reporting purposes.

### **Brief introduction clients**

- first name
- brief background (e.g. profession, married, DU, health/HIV )
- time in service

#### **1. Services**

- 1 Kind of services received?
- 2 Sufficient in quantity?
- 3 Quality of services? (privacy, information on rights and treatment, staff attitude et cetera)
- 4 Accessibility (organizational restrictions, requirements, inclusion/exclusion et cetera)
- 5 Obstacles resulting from law enforcement.

#### **2. Impact**

- 1 Direct results or benefits (drug use, health, social or other)?
- 2 In-direct (psychological, legal, reactions from other, or other)?

#### **3. Continuity/ comprehensiveness**

- 1 After release?
- 2 Referral other services?

#### **4. Improvements**

- 1 Services?
- 2 Coverage?
- 3 Quality?
- 4 Access?
- 5 Impact?
- 6 Continuity?

#### **5. Other relevant information**



## Annex 4: Literature

Bobrova N, Alcorn R, Rhodes T, Rughnikov I, Neifeld E, Power R. Injection drug users' perceptions of drug treatment services and attitudes toward substitution therapy: a qualitative study in three Russian cities. *Journal of Substance Abuse Treatment* 2007; 33 p 373–8.

Cook C, Kanaef N. Global state of harm reduction 2008. Mapping the response to drug-related HIV and hepatitis C epidemics. London, International Harm Reduction Association (IHRA), 2008.

Human Rights Watch. Federal Target programme: comprehensive measures to combat drug abuse and drug trafficking 2005-2009. Rehabilitation Required: Russia's Human Rights Obligation to Provide Evidence-based Drug Dependence Treatment, 2007.

Mathers BM, Degenhardt L, Phillips B, Wiessing L, Hickman M, Strathdee SA et al. for the 2007 Reference Group to the UN on HIV and Injecting Drug Use. Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review; 2008.

Ministry of Health and Social Development. Country Progress Report of the Russian Federation on the Implementation of the Declaration of the Commitment on HIV/AIDS, January 2006-December 2007. Moscow, 2008.  
[data.unaids.org/pub/Report/2008/russia\\_2008\\_country\\_progress\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2008/russia_2008_country_progress_report_en.pdf)

Russian Harm Reduction Network. Civil society Report. Russia's way towards universal access to HIV prevention, Treatment and Care prepared by the Russian Harm Reduction Network, Nation Forum of NGO's, HIV/AIDS NGO's, the Russian Union of PLHIV, with support of the European Harm Reduction Network (EHRN) and International Treatment Preparedness Coalition in Eastern Europe and Central Asia. 2008.

Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). Eastern Europe and Central Asia. AIDS epidemic update regional summary. Geneva, 2008.

Trimbos Institute, Inception Report Mid-term Evaluation TDRUSJ17. Utrecht, Trimbos Institute, 2008

UNODC (United Nations Office on Drugs and Crime). Illicit Drug Trends in the Russian Federation. Moscow, UNODC Regional Office for Russia and Belarus, 2008.  
[www.unodc.org/documents/regional/central-asia/Illicit%20Drug%20Trends%20Report\\_Russia.pdf](http://www.unodc.org/documents/regional/central-asia/Illicit%20Drug%20Trends%20Report_Russia.pdf)

UNODC (United Nations Office on Drugs and Crime), Annual Project Progress report 2006, Moscow, UNODC Regional Office for Russia and Belarus, 2007.

UNODC (United Nations Office on Drugs and Crime), Annual Project Progress report 2007, Moscow, UNODC Regional Office for Russia and Belarus, 2008.

UNODC (United Nations Office on Drugs and Crime), Evaluation Handbook. Vienna, Independent Evaluation Unit, 2008.

UNODC (United Nations Office on Drugs and Crime), reducing the adverse health and social consequences of drug abuse: a comprehensive approach. Discussion Paper. Vienna, UNODC Head Quarters, 2008.

UNODC (United Nations Office on Drugs and Crime), Annual Project Progress report 2008, Moscow, UNODC Regional Office for Russia and Belarus, 2009.

UNODC (United Nations Office on Drugs and Crime), Drugs Programme – Technical Cooperation, Semi-annual Project Progress Report Period: 01/01/2008 - 30/06/2008. Moscow, UNODC Regional Office for Russia and Belarus, 2009.

UNODC (United Nations Office on Drugs and Crime), various quarterly reports, minutes of meetings and other internal project documents. Moscow, UNODC Regional Office for Russia and Belarus, 2006-2009.