UNITED NATIONS OFFICE ON DRUGS AND CRIME
Vienna

Final Independent Project Evaluation of the

HIV Prevention, Treatment, Care and Support in Prisons Settings in Sub Saharan Africa

XSS V02

Sub-Saharan Africa
(Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (+ Zanzibar), Zambia & Zimbabwe)

June 2017

UNITED NATIONS
New York, 2017

This evaluation report was prepared by an evaluation team consisting of the International Evalation Consultant (Evaluation Team Leader) Marie Claire Van Hout, and two team members (National Evaluation Consultants), Rosemary Mhlanga-Gunda and Simbarashe Rusakaniko. The Independent Evaluation Unit (IEU) of the United Nations Office on Drugs and Crime (UNODC) provided normative tools, guidelines and templates to be used in the evaluation process of projects. Please find the respective tools on the IEU web site: http://www.unodc.org/unodc/en/evaluation/evaluation.html

The Independent Evaluation Unit of the United Nations Office on Drugs and Crime can be contacted at:

United Nations Office on Drugs and Crime
Vienna International Centre
P.O. Box 500
1400 Vienna, Austria
Telephone: (+43-1) 26060-0
Email: ieu@unodc.org
Website: www.unodc.org

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.

© United Nations, June 2017. All rights reserved worldwide.

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries. This publication has not been formally edited.

CONTENTS

		Page
	Executive Summary	iv
	Summary matrix of findings, evidence and recommendations	viii
I.	Introduction	1
	Background	1
	The Project	2
	Purpose and Scope of the Evaluation	3
	Evaluation Approach	4
II.	Evaluation findings	7
	Design	7
	Relevance	9
	Efficiency	9
	Partnerships and cooperation	10
	Effectiveness	10
	Impact	12
	Sustainability	13
	Human Rights and Gender	13
III.	Conclusions	14
IV.	Recommendations	15
V.	Lessons learned	16

Annexes

I.	Terms of reference of the evaluation	17
II.	Evaluation tools: questionnaires and interview guides	37
III.	Desk review list	41
IV.	List of persons contacted during the evaluation	44
V	Evaluation Matrix	46

LIST OF ABBREVIATIONS

AHPPN: African HIV in Prisons Partnership Network AIDS
AIDS: Acquired Immunodeficiency Syndrome
ART: Antiretroviral Therapy
CDC: Centers for Disease Control
CLP: Core Learning Partner
CSO: Civil Society Organisation
FGD: Focus Group Discussion
HCT: HIV counselling and testing
HIV: Human Immunodeficiency Virus
WAD: World AIDS Day
IEU: Independent Evaluation Unit
IDU: Injecting Drug Use/Users
JUTA: Joint UN Team on AIDS
MARPS: Most At Risk Populations
M&E: Monitoring and Evaluation
MoU: Memorandum of Understanding
MSM: Men having Sex with Men
NAC: National AIDS Commission/Council
NGO: Non-Governmental Organisation
OECD DAC: The Organisation for Economic Co-operation and Development - Development Assistance Committee
OST: Opioid Substitution Therapy
PMTCT: Prevention of Mother to Child Transmission
PTC&S: Prevention Treatment, Care and Support
ROSAF: Regional Office for Southern Africa
SADC: Southern African Development Community
SIDA: Swedish International Development Agency
SSA: Sub Saharan Africa
SOP: Standard Operating Procedures
STI: Sexually Transmitted Infections
TB: Tuberculosis
ToR: Terms of Reference
UNAIDS: The Joint United Nations Programme on AIDS
UNCG: United Nations Communications Group
UNCT: United Nations Country Team
UNDAF: United Nations Development Framework
UNDP: United Nations Development Programme
UNEG: United Nations Evaluation Group
UN: United Nations
UNODC: United Nations Office on Drugs and Crime
USAID: United States of America International Development
VCT: Voluntary Counselling and Testing
VMMC: Voluntary Medical Male Circumcision
VSO: Voluntary Service Overseas
WHO: World Health Organization

EXECUTIVE SUMMARY

The Project

Sub-Saharan Africa (SSA) remains the epicentre of the human immunodeficiency virus (HIV) epidemic and with disproportionate impact on women in the region, and concentration of HIV and acquired immunodeficiency syndrome (AIDS) among those incarcerated.[1][2]. The HIV Prevention, Treatment, Care and Support (PTC&S) in Prisons Settings in SSA project (XSS V02) was developed and designed in March 2011 to reduce the spread of HIV and AIDS in prison settings, support responses and provide human rights, gender sensitive and evidence based responses fitting the nature of the HIV epidemic, the resources available to sustain interventions and the priorities of each benefitting country. XSS V02 was implemented through UNODC's Regional Office for Southern Africa (ROSAF) in partnership with prison administrations in benefiting countries; Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania including Zanzibar, Zambia and Zimbabwe. It was funded by the Joint United Nationals Programme on AIDS (UNAIDS)- Zambia, Voluntary Service Overseas (VSO), Swedish International Development Cooperation Agency (SIDA), One United Nations (UN)-Malawi, World Health Organisation (WHO)-Mozambique, Embassy of the Kingdom of the Netherlands-Pretoria, South Africa, Global Health Communication-Mozambique, and Ministry of Health-Austria. XSSV02 had a total approved overall budget of US$ $13,160,676. It ended on December 31st 2016 (with a no-cost extension until March 31st 2017 to allow for the final evaluation) with an expenditure of US$12,339,156. XSS V02 had six planned outcomes:
Outcome 1: Strengthened national capacity to implement evidence-informed HIV PTC&S interventions in Prison settings in selected countries in Sub-Saharan Africa;
Outcome 2: More effective national HIV and AIDS responses in prison settings through development and implementation of activities, which are evidence-informed and appropriately coordinated;
Outcome 3: Improved availability and management of evidenced-informed HIV and AIDS interventions in prison settings;
Outcome 4: Enabling legal and policy frameworks to effectively address overcrowding and HIV transmission in prison settings are established / enhanced by Member States;
Outcome 5: Broad spectrum of accessible evidence, gender sensitive and human rights based HIV prevention interventions are developed and/or strengthened; and
Outcome 6: Accessible evidence, gender sensitive and human rights based HIV care and support services are developed and/or strengthened.

The Evaluation

The purpose of the Final Independent Evaluation of XSS V02, as specified in the Terms of Reference (ToR), was to provide valuable information on the extent to which XSS V02 addressed Member States' needs in line with recent principles on Aid Effectiveness. In addition, the evaluation was also to inform future programming in the region and globally and advocate for greater investments and attention in the field of HIV and AIDS in prisons and other closed settings. A Mid-Term Evaluation was initiated in 2013, but was discontinued as the quality of the

---

[1] UNODC/UNAIDS. Women and HIV in prison settings 2008.
[2] UNODC/UNAIDS/WB. HIV and Prisons in sub-Saharan Africa: Opportunities for Action 2007.

draft evaluation report did not meet UNODC evaluation standards. The Final Independent Evaluation was initiated in mid-January 2017, covering the entire duration of the project from March 2011 until the end of the field mission in March 2017. The evaluation was conducted by an independent external evaluation team hired specifically for this evaluation, consisting of a Lead Evaluator and two Team Members. The evaluation followed the Organisation for Economic Co-operation and Development - Development Assistance Committee (OECD DAC) criteria: relevance, effectiveness, efficiency, impact, sustainability, further assessing human rights and gender mainstreaming, and cooperation and partnerships of the project implementation in order to derive recommendations and lessons learned from measuring its achievements. It consisted of three stages: *inception, field research* and *analysis/synthesis/reporting*. The *inception* phase was used by the evaluation team to engage in desk research, develop a detailed understanding of XSS VO2 and its evaluation, and design the evaluation approach and methodology. The evaluation methodology utilised a participatory approach and included primary and secondary data sources in order to incorporate diverse stakeholder[3] perspectives. Following the inception phase, *field research* was undertaken in the period of 13th February to 27th March 2017, which combined desk research of project documentation and collection of primary data using interviews with stakeholders (n=49), 16 focus groups with stakeholders (n=49) and inmates (n=64), an online survey with prison staff (n=6) across all XSS VO2 benefitting countries, and four missions to prisons in Zambia, Zimbabwe, Lesotho and Tanzania (including Zanzibar). The total number of persons consulted was 168. On completion of the field mission, the combined data set was *analysed and synthesised* in line with the evaluation matrix developed during the inception phase, and produced a set of coherent findings and conclusions to the evaluation questions, a set of lessons learnt, and key and important recommendations. Secondary data sources were cross checked and triangulated through the collected primary data to obtain an objective, unbiased and reliable assessment of XSS VO2's achievements. Triangulation involved *investigator triangulation*, in terms of the evaluation team from different backgrounds, expertise, knowledge and qualifications, and *methodological* and *data triangulation* consisting of different data collection approaches (desk review, qualitative and quantitative) and data sources from a variety of stakeholder perspectives.

Major Findings of the XSS V02 Evaluation

Design

XSS V02 was designed with a clear awareness of and in the line with national and regional priority needs, HIV focus in prisons, as well as UNODC regional programming. The design informed an integrated, networked and top down regional and national response at *policy level*, *prison system level* and *prison institution health provider level*. The programme's technical assistance and support initiatives across the broad thematic areas of *Advocacy and Sensitisation, Capacity Building, Strategic Information, Enabling Environment* and *Service Delivery* strongly supported benefiting countries, in closing the gap in knowledge and providing strategic information, advocating to improve prison health and HIV/AIDS policies and strategies, increasing capacity of prison staff to deal with HIV/AIDS and related health conditions, and improving service delivery and where possible health service infrastructure in prisons. Project documents provided clear results logic modelling and a detailed risk matrix. The evaluation

---

[3] Specifically identified Core Learning Partners (CLPs) from Member States, Donors, relevant governmental, international and regional partner organisations, civil society, beneficiaries, UNODC Management and staff CLPs were involved throughout the evaluation process, i.e. in reviewing and commenting on the TOR, the evaluation questions and the draft evaluation report, as well as facilitating the dissemination and application of the results and other follow-up action.

however also identified that the design processes did not mitigate for the consequences of inmate and prison staff turnover causing loss of capacity, and increased service demands.

Relevance

XSS V02 was very relevant in terms of responding to identified national and regional priority needs relating to both inmates and staff within prison settings, and sustainable development goals in terms of combatting HIV/AIDs and other diseases. Promotion of human rights within prisons and other closed settings was prioritised. Its design and implementation was also relevant to reaching decision makers and influencing strategic policy, practice and service delivery changes around inmate health and HIV/AIDS in prisons.

Partnerships and Cooperation

XSS V02 strongly supported the development of regional and national networking, collaborations and partnerships. Coordination at regional and national levels increased through establishment of steering committees and technical working groups, signing of Memorandum of Understanding (MoUs) with various non-governmental organisations (NGOs), and improved collective planning between prison staff, prison health services and partners at operational levels. However, the evaluation identified a gap in partnerships and cooperation with community partners supporting the HIV PTC&S community continuum of care for inmates. The African Health in Prisons Partnership Network (AHPPN) gave some support to shared learning and collaboration across SSA.

Efficiency

The XSS VO2 logic framework provided a strong basis for project implementation. The framework was clear in defining the relationships between activities, outputs and outcomes, and was used effectively in informing activities. XSS V02 was efficient and implemented using available resources and in line with country specific and regional programme work plans. Resources and inputs were converted to outputs in a cost-effective manner, but timelines were hampered due to the complexity of work plan approval and procurement systems (Umoja).

Effectiveness

XSS V02 was very effective with its interconnected broad areas of programming and related activities fast-tracking attainment of the majority of outcomes, while adequately addressing identified gaps in HIV, AIDS and prison health in benefitting countries. Effectiveness centred on benefitting country commitments to the South African Development Community (SADC) Minimum Standards for HIV/AIDs in Prisons, development and use of regional Prisons Situation and Needs Assessment Toolkits, new national policies and a range of HIV PTC&S prison based interventions, and improved structural and human resource capacity to respond to HIV and AIDS within prisons. Challenges included economic/ political instability, legislative hurdles, low political buy in, the Umoja system, prison environments (overcrowding), and lack of available clinical equipment, nutrition and medicines.

Impact and Sustainability

XSS V02 stimulated a collective response to HIV/AIDS in prisons, addressed critical HIV/AIDS issues and programming gaps, and facilitated a more holistic view of human rights to HIV PTC&S in SSA prisons. Sustainability depends on readiness of countries to continue

implementing policies, services, and monitoring and training activities introduced by XSS V02. Factors affecting sustainability centre on challenges in coordination, staff and inmate turnover, service provision, prison conditions and infrastructural needs.

Human Rights and Gender

Prisoners are entitled to the highest attainable standard and delivery of health care when incarcerated.[4] Human rights are strongly implied in the design of XSS V02. Gaps in programming and areas for further development include initiatives targeting women and children, injecting drug users (IDUs), men who have sex with men (MSMs), those affected by mental health issues, sexual minorities and juveniles.

Main Recommendations

The recommendations are derived from the findings, lessons learnt and gaps identified during the evaluation, and based on outcomes 1-6 of XSS VO2 which were achieved.

- ROSAF should support the positioning of a Pan African approach to adopting SADC Minimum Standards for HIV/AIDS in prisons;
- UNODC should provide continued technical support to encourage countries in the SSA region to develop and implement their own evidence-based prison monitoring systems, health policies and strategic plans, share and build on replication of good practice;
- ROSAF should strengthen the coordination of a collaborative, networked and multi-sectorial response in achieving the alignment of HIV/AIDS and prison and community health strategies and policies to the national frameworks across the SSA region.
- ROSAF M&E should implement regular logic model data analysis, HIV and AIDS monitoring in prisons and risk mitigation strategies to monitor and respond to trends, and address increased service demands and inmate/staff turnover;
- UNODC should continue to provide financial and technical assistance, encourage re-channelling and prioritization of national resources and encourage identification of co funding streams;
- ROSAF should implement future programming using tailored, cascaded and mainstreamed approaches dependent on the size of the country, to include hard to reach areas.
- UNODC should further develop HIV PTC&S programming to better address female specific needs, and those of IDU, MSM, sexual minorities and juveniles as well as those affected by mental health issues.

Major Lessons Learnt

Implementation of XSS V02 resulted in the sharing of valuable knowledge. Key lessons learnt are: proper coordination of quality services can reach target beneficiaries and avoid duplication; late disbursement of funds negatively affects implementation reach and impact of planned activities; built in exit strategies should be a component of project design; and information sharing with programme implementers is key to enhancing evidence based programming.

---

4 Rule 24-1, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Resolution 70/175 adopted by the UN General Assembly on 17 December 2015..

SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

Findings[5]	Evidence (sources that substantiate findings)	Recommendations[6]
Key recommendations		
Strategic Change		
XSS V02 provided an enabling platform for national policy development on HIV/AIDS in prisons for the member states and inform the alignment of current national priorities, strategies and resource allocations.	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups Inmate Focus Groups Online Prison Staff Survey	With technical assistance from UNODC, Member States should build on the successes achieved to date and develop sustainable models for each Member State to cascade the efforts into the future by targeting key result areas such as HIV and related conditions (TB, overcrowding, nutrition) (ROSAF, UNODC).
XSS V02 is a flagship stimulating changes in national policy, practice and service provision on HIV/AIDS in prisons and in line with current national priorities, strategies and resource allocations.	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups Inmate Focus Groups Online Prison Staff Survey	UNODC should provide continued technical support to member states to fully develop, operationalize and disseminate their developed HIV/AIDS policies in line with country specific priorities and harmonize regional tool kits to support initiatives addressing HIV/AIDS and associated health conditions in prisons. (ROSAF, UNODC).
Coordination, partnerships and networking		
Coordination of XSS V02's multi-sectorial response to HIV and AIDS in prisons was integral to its design and led to enhanced multilateral relations with international and national Civil Society Organisations (CSO), regional and country collaboration,	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups Inmate Focus Groups Online Prison Staff Survey	UNODC should strengthen the coordination of the partnerships formed and explore new opportunities for collaboration and networking including collaborations, partnerships with working groups and CSOs in order to enhance continuum of care interventions and sustainable livelihoods upon inmates' release (ROSAF, UNODC).

————

5 A finding uses evidence from data collection to allow for a factual statement.

6 Recommendations are proposals aimed at enhancing the effectiveness, quality, or efficiency of a project/programme; at redesigning the objectives; and/or at the reallocation of resources. For accuracy and credibility, recommendations should be the logical implications of the findings and conclusions.

collective planning and technical working between Ministries of Health, prisons, prison health directorates and partners working in prisons. A gap in the continuum of care is identified from incarceration to community in terms of HIV PTC&S programming.		
Evidence and Relevance to the Region		
XSS VO2 enabled member states to conduct surveys on HIV in Prisons that provided evidence on the sero-prevalence, behaviour, knowledge and attitudes of HIV and AIDS, tuberculosis (TB) and sexually transmitted infections (STIs) in prisons that informed evidence based targeting of interventions.	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups	Ensure that the Prisons Situation and Needs Assessment Toolkits are implemented annually to provide regular routine monitoring of HIV trends and prison populations, including screening on entry and exit. This work can be supported via a collaborative approach between prison health clinics and health ministries in addressing issues of prison health and HIV/AIDS. (ROSAF Monitoring and Evaluation, UNODC).
Efficiency		
XSS V02's efficiency, was compromised by delays in release of funds caused by the Umoja system affecting outputs and reach of interventions through cancellations of planned activities, not forthcoming allowances and requirement to use higher cost venues. Weaknesses at operational level centred on low participation of beneficiaries, duplication, and low visibility of UNODC	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups Inmate Focus Groups Online Prison Staff Survey	UNODC should explore an alternative streamlined procurement system at regional level which operates efficiently to reduce logjams and delays, ensures timely disbursement of allowances and funding to promote country ownership and maximise on reach of interventions including UNODC staff visibility. Future programmes should endeavour to consult, involve and include operational beneficiaries in programme design and implementation. (ROSAF, UNODC).

staff in some countries.		
XSS V02 did not factor in the risk of inmate and staff turnover negatively affecting capacity building outcomes and continuity of project activities within prisons, or the increased demand for HIV PTC&S services as a result of raised awareness. UNODC human resources at country level is thin impacting on reach of technical assistance while infrastructural and medical supply constraints were reported in correctional facilities.	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups Inmate Focus Groups Online Prison Staff Survey	UNODC should develop risk mitigation strategies to continue to cascade training to circumvent staff and inmate turnover (revolving doors), address increased service demand and uptake, improve prison health unit infrastructure (for example model clinics), and ensure sufficient logistical, human and clinical resources to support prisons in undertaking routine monitoring of prison populations, and consider exploration of funding key posts at national level to enhance and integrate certain activities within the national systems. (ROSAF, UNODC).
Programming: Human Rights and Gender Mainstreaming		
All benefitting countries are implementing at least 12 of the 15 interventions of the UNODC Comprehensive Package[7]. As part of the comprehensive package, human rights are included in XSS V02 targeting both inmates and prison staff as HIV/AIDS most at risk persons (MARPS) irrespective of gender. Gaps exist in programming centre on women and children, IDUs, MSMs, those affected by mental health, sexual minorities and	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups Inmate Focus Groups Online Prison Staff Survey	UNODC should ensure that gender mainstreaming and a comprehensive package of care across all interventions to better address specific female needs, particularly those of mothers with children, in relation to mother to child transmission and including targeting of other key vulnerable groups (juveniles, sexual minorities, those affected by mental health) is implemented. (ROSAF, UNODC).

[7] UNODC HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions 2013.

juveniles.		
Sustainability		
Sustainability depends on performance of Member States economies that have a positive or negative impact on continuity of interventions beyond donor funding. All Member States targeted with the project have poor performing economies likely to affect sustainability.	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups Inmate Focus Groups Online Prison Staff Survey	Exit strategies should be built in at project design and sustainable components aligned to program goals and objectives. (ROSAF, UNODC)
Important recommendations		
African HIV in Prisons Partnership Network (AHPPN)		
UNODC supported the establishment of the AHPPN as an outcome of the 2009 the African Declaration of Commitment for HIV and AIDS PTS&C in Prisons, but its visibility among Member States is weak.	Project Documentation Progress Reports Stakeholder Interviews and Focus Groups Inmate Focus Groups Online Prison Staff Survey	UNODC should support the positioning, and organisation of the AHPPN as a Pan African network and initiative, and build on existing higher policy level involvement and participation across the region going forward. The AHPPN will facilitate the continued sharing of best practices and lessons learnt via its website and hosting of partnership forums, exchange visits, national and regional workshops. During regional meetings development of action plans can promote accountability. (ROSAF, UNODC).

I. INTRODUCTION

Background

Africa hosts approximately 916,239 prisoners.[8] Of these, 57% are incarcerated in the Sub Saharan African (SSA) region, which has an average incarceration rate of 160 per 100,000[9] (Southern African countries averaging 231/100,000) compared to the global average rate of 145 per 100,000. The SSA region remains at the epicentre of the human immunodeficiency (HIV) epidemic with two-thirds (⅔) of all people infected with HIV living in this region.[10] Of particular concern is the continuing disproportionate level of HIV/AIDS affecting women and girls in the region, who account for approximately 60% of estimated HIV infections, and the concentration of HIV and acquired immunodeficiency syndrome (AIDS) amongst those who are incarcerated.[11] [12]. Although data on HIV and other infections in African prison settings is scarce, it is observed by the United Nations Office on Drugs and Crime (UNODC) sero-prevalence surveys [13] that rates of HIV infection in prisons tend to be significantly higher than those in the general population.

Many factors contribute to the increased HIV infection risks in prisons; HIV is transmitted through consensual unsafe sexual activities (e.g. men who have sex with men (MSM)), sexual violence among and between inmates; blood sharing rituals among prisoners; sharing of tattoo and/ or injection equipment and other sharp instruments; paucity of proper medical hygiene and equipment sterilisation practises, and inadequate measures to prevent mother to child transmission at birth or through breast feeding.[12] Challenges in the prevention of HIV and other related infections inside prisons in the SSA region are further complicated by political denial of the existence of conditions such as the availability and use of illicit drugs, sexual activities among inmates, lack of protection for vulnerable prisoners, corruption, overcrowding, absence of basic medical, health or hygiene facilities, and poor prison management.[13]

In common with all other human beings, prisoners are entitled to "*the highest attainable standard of physical and mental health"* (International Covenant on Economic, Social and Cultural Rights, Article 12)[14] and principle 9 of the United Nations (UN) Basic Principles for the Treatment of Prisoners- The Nelson Mandela Rules[15]. These rules indicate how the entitlement of prisoners to

———

8 World Prison Population List (eight edition) King's College, International Centre for Prison Studies / These number represent 9,3% of the world prison population.

9 Prison population rate calculated per 100,0009 of the national population

10 "Of the 35 million people living with HIV, 24.7 million [23.5 million–26.1 million] are living in sub-Saharan Africa, the region hardest hit by the epidemic. Nearly one in every 20 adults is living with the virus in this region" UNAIDS Gap Report 2014.

11 UNODC/UNAIDS Women and HIV in prison settings 2008.

12 UNODC/UNAIDS/WB HIV and Prisons in sub-Saharan Africa: Opportunities for Action 2007.

13 Final Project Report (2017) "HIV and AIDS Prevention, Care, Treatment and Support in Prison Settings in Sub-Saharan Africa"[Angola, Ethiopia, Lesotho, Namibia, Malawi, Mozambique, Swaziland, Tanzania (incl. Zanzibar), Zambia & Zimbabwe] Ref. Project XSSV02 (2017) Pretoria: UNODC-ROSAF.

14 Article 12, the International Covenant on Economic, Social and Cultural Rights.

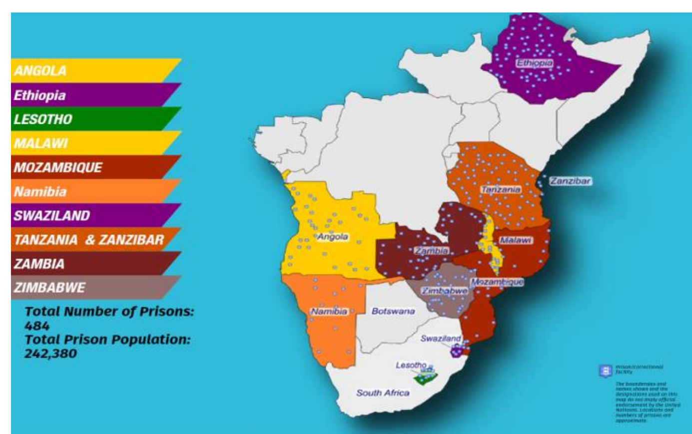
15 Rule 24-1, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Resolution 70/175 adopted by the UN General Assembly on 17 December 2015. In fact, Rule 24-2 goes further, and specifically addresses the issue of

the highest attainable standard of health care should be delivered: "*Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation".* The Southern African Development Community (SADC) Minimum Standards for HIV and AIDS in Prisons[16] have established minimum requirements for prisons to be able to effectively prevent, treat and control not only HIV and AIDS, but also tuberculosis (TB), Hepatitis B and C, and sexually transmitted infections (STI) in prisons and specifically for prisoners.

The Project

The HIV Prevention, Treatment, Care and Support (PTC&S) in Prisons Settings in SSA project (XSS V02) was developed and designed in March 2011 to reduce the spread of HIV and AIDS in prison settings, support responses and provide human rights, gender sensitive and evidence based responses fitting the nature of the HIV epidemic, the resources available to sustain interventions and the priorities of each country. Project XSS V02 at regional level falls under: *"Regional Programme for Southern Africa 2013 – 2016:- Making the SADC Region Safer from Crime and Drugs; Sub Programme III: Improving Drug Abuse Prevention, Treatment and Care, and HIV Prevention, Treatment and Care for People Who Use Drugs, including Injecting Drug Users and in Prison Settings*"; and Outcome 2: *"Countries of the Southern African region provide comprehensive HIV/AIDS programmes and services"*. At the global level, project XSS V02 falls under the HIV Section of the UNODC, "*Sub Programme 5. Health and livelihoods (combating drugs and HIV) of the UNODC Medium Term Strategy 2012-2015*, and the Strategic Framework 2016-2017 for the United Nations Office on Drugs and Crime, "*Sub Programme 2. Prevention, treatment and reintegration, and alternative development"*.

XSS V02 was implemented through UNODC's Regional Office for Southern Africa (ROSAF) in partnership with prison administrations in benefiting countries; Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania including Zanzibar, Zambia and Zimbabwe. Please see Map One for the countries included in project XSS V02.



Map One: Project XSS V02 benefitting countries in the Sub Saharan Region.

infectious disease care, including HIV, in stating: Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.

16 Southern African Development Community (SADC) Minimum Standards for HIV in Prisons, 2011.

XSS VO2 was funded by the Joint United Nationals Programme on AIDS (UNAIDS)- Zambia, Voluntary Service Overseas (VSO), Swedish International Development Cooperation Agency (SIDA), One United Nations (UN)-Malawi, World Health Organisation (WHO)-Mozambique, Embassy of the Kingdom of the Netherlands-Pretoria South Africa, Global Health Communication-Mozambique, and Ministry of Health-Austria. The total approved overall budget was US$ $13,160,676. US$12,339,156 was utilized between 2011 and 2016 ((93.76% of the total budget). There was a remaining cash balance of US$821,520 as of 31st December 2016. Project XSS VO2 was set to end on 31 December 2016, but a no-cost extension of the project until 31st March 2017 was requested to allow for the final evaluation to be undertaken. Project XSS V02 had six planned outcomes:

Outcome 1: Strengthened national capacity to implement evidence-informed HIV PTC&S interventions in Prison settings in selected countries in Sub-Saharan Africa;
Outcome 2: More effective national HIV and AIDS responses in prison settings through development and implementation of activities, which are evidence-informed and appropriately coordinated;
Outcome 3: Improved availability and management of evidenced-informed HIV and AIDS interventions in prison settings;
Outcome 4: Enabling legal and policy frameworks to effectively address overcrowding and HIV transmission in prison settings are established / enhanced by Member States;
Outcome 5: Broad spectrum of accessible evidence, gender sensitive and human rights based HIV prevention interventions are developed and/or strengthened; and
Outcome 6: Accessible evidence, gender sensitive and human rights based HIV care and support services are developed and/or strengthened.

Purpose and Scope of the Evaluation

The purpose of the Final Independent Evaluation of XSS V02, as specified in the Terms of Reference (ToR), was to provide valuable information on the extent to which project XSS V02 addressed Member States' needs in line with recent principles on Aid Effectiveness, as well as to inform future programming in the region and globally and advocate for greater investments and attention in the field of HIV and AIDS in prisons and other closed settings. A Mid-Term Evaluation was initiated in 2013, but was discontinued as the quality of the draft evaluation report did not meet UNODC evaluation standards. The Final Independent Evaluation was initiated in mid-January 2017, covering the entire duration of the project from March 2011 until the end of the field mission in March 2017. The Evaluation was conducted by an independent external evaluation team hired specifically for this evaluation, consisting of a Lead Evaluator and two Team Members.

The goal was to conduct a Final Independent Evaluation of implementation of project XSS V02 fully in line with UNODC Evaluation Norms, Standards, Templates and Guidelines. The intent of the evaluation was to indicate areas for improvement, appraise all project activities, outcomes and outputs across all benefitting countries and provide feedback. The evaluation assessment followed the Organisation for Economic Co-operation and Development - Development Assistance Committee (OECD DAC) criteria: *relevance, effectiveness, efficiency, impact, sustainability*, further assessing *human rights and gender mainstreaming*, and *cooperation and partnerships of the project implementation* in order to *derive recommendations* and *lessons learned* from measuring it's achievements.

The Final Independent Evaluation was guided by the following questions:

- To what extent Project XSS V02 programme design was ***relevant*** in curbing HIV transmission in prisons and to promote quality service provision to prisoners and prison staff?
- To what extent Project XSS V02 was ***effective*** in terms of attainment of set project objectives and outcomes?
- To what extent Project XSS V02 was ***efficiently*** implemented and realized its major achievements and addressed most of the challenges encountered?
- What were the ***major challenges*** and ***constraints*** faced by the grants' implementation at different levels.
- To what extent Project XSS V02 ***impacted*** on the program in terms of curbing new HIV infections related to incarceration among prisons populations?
- To what extent is Project XSS V02 ***sustainable*** in terms of project interventions and the countries' readiness to continue implementing services introduced through the project through re-channelling and prioritization of resources?
- To what extent Project XSS V02 mainstreamed ***human rights and gender aspects*** in the project design and implementation?
- To what extent Project XSS V02 developed ***cooperation and partnerships*** regionally and nationally towards implementation of project activities, including the relevance and effectiveness of the African HIV in Prisons Partnership Network (AHPPN)?
- What were the ***lessons learnt*** and ***best practices*** identified through implementation?

Evaluation Approach

The evaluation methodology conformed to UNODC evaluation norms, standards, templates and guidelines as well as the UNEG Norms and Standards. A concurrent mixed methods approach was used. Both qualitative and quantitative methods were applied and utilised simultaneously to obtain, analyse and interpret data. The evaluation was carried out based on a participatory approach, which sought the views and assessments of all parties identified as main evaluation users, the Core Learning Partners (CLP) [17]. The Final Independent Evaluation consisted of three stages:

Inception: A comprehensive desk review of all relevant information sources (international, national and regional reports, project logic modelling) was conducted during the inception phase. This enabled the evaluation team to develop a detailed understanding of XSS VO2 in terms of the design, logical framework, activities, outcomes, target population and, sample size. Tools design was also informed by the desk review during the inception phase including designing of the evaluation approach and methodology

[17] Specifically identified Core Learning Partners (CLPs) from Member States, Donors, relevant governmental, international and regional partner organisations, civil society, beneficiaries, UNODC Management and staff CLPs were involved throughout the evaluation process, i.e. in reviewing and commenting on the TOR, the evaluation questions and the draft evaluation report, as well as facilitating the dissemination and application of the results and other follow-up action.

Field mission: The evaluation methodology utilised a participatory approach and considered primary and secondary data sources in order to incorporate diverse stakeholder perspectives. All key stakeholders were targeted for inclusion (interviews, focus groups, online survey) Convenience sampling was used when interviewing beneficiaries (inmates/prison staff) at each prison during the field missions. The field missions included countries that could broadly be categorised into four key groups 1) countries that had already been benefitting from the predecessor project and continued to receive assistance as part of this project, i.e. Zambia for its consistency across time; 2) countries that were new beneficiaries in 2011, i.e. Tanzania including Zanzibar for its reach to include HIV and drug interventions; 3) countries that were added in 2012/13, i.e. Lesotho for its best practices and condom policy in prisons, and Zimbabwe for its size and achievement despite challenges; and 4) countries in Southern and Eastern Africa, i.e. Tanzania including Zanzibar.

Following the inception phase, a field mission was undertaken in the period of 13th February to 27th March 2017, which combined desk research of project documentation and collection of primary data using interviews with stakeholders (n=49) and 16 focus groups with stakeholders (n=49) and inmates (n=64), and an online survey with prison staff (n=6) across all XSS VO2 benefitting countries, with four missions to prisons in Zambia, Zimbabwe, Lesotho and Tanzania (including Zanzibar). The 'n' refers to the number of people who were consulted. The total dataset of persons was 168.

Analysis/synthesis/reporting: The combined data was analysed and synthesised within the evaluation matrix, and to produce a set of coherent findings and conclusions. A set of lessons learnt, and key and important recommendations were derived from the findings. The impact assessment of XSS V02 was done through assessing the effects of the project on the outcomes (intended or unintended) for the target beneficiaries in terms of design, relevance, efficient use of available resources, sustainable models, partnership and cooperation and human rights practices.

Triangulation of data involved *investigator triangulation*, in terms of the evaluation team from different backgrounds, expertise, knowledge and qualifications, and *methodological and data triangulation* consisting of different data collection approaches (desk review, qualitative and quantitative) and data sources with a variety of stakeholders. Data was collated, transcribed, coded and analysed by the team, and consolidated using thematic content analysis to establish common themes and trends using an analytical structure that was linked to the overall evaluation framework. Sub-themes that emerged from the coding process were integrated into broader themes, using a grouping procedure based on both similarities and differences; using the principles of internal homogeneity and external heterogeneity. Qualitative data analysis was used to support quantitative findings through data triangulation. Secondary data sources were reviewed, cross checked and triangulated through the collected primary research data to obtain an objective, unbiased and reliable assessment of XSS VO2's achievements.

Limitation to the Evaluation

Limitations to the evaluation included lack of baseline data and Mid Term Evaluation results. Beneficiary countries were at different levels of implementation making comparative analysis of the project XSS V02's outcomes and impact a challenge. Further limitations concerned the low response rate to the online prison warden survey (n=6) meaning the findings cannot be viewed as representative. The evaluation team partially mitigated these limitations and the tight time schedule of the evaluation by analysing the data on the go whilst on the mission, extensive desk

reviewing with additional requests for information, additional stakeholders interviewed, team debriefing, and triangulation across the evaluation team, data sources and types.

II. EVALUATION FINDINGS

Design

XSS V02 was designed in line with contextual national and regional priority needs, focusing on HIV and AIDS in prisons, as well as UNODC regional programming. The design of XSS V02 as flagship programme in the SSA region targeted the elevated risk of HIV in prison populations, as key priority most at risk populations (MARPS), and fitted into the UNODC HIV mandates in relation to prisons and other closed settings, and IDU. According to all stakeholders interviewed, the design of XSS V02 has helped to address a number of critical HIV/AIDS issues and programming gaps, and has stimulated a holistic view of HIV Prevention, Treatment, Care and Support (PTC&S) including advocacy, gender and human rights in prisons in the region. Triangulation of data supported that the UNODC mandate has been well reflected in the HIV and AIDS interventions in prison settings, and with the array of Guidelines, Standard Operating Procedures (SOP) and Training Manuals for HIV Service Provision in Prison Settings in the SSA region used to assist standardisation of prison service provisions as stipulated in the SADC Minimum Standards and in line with human rights and other international conventions.

The design of XSS V02 informed an integrated, networked and top down regional and national response at *policy level* (structural issues, judicial initiatives and national health programme strategic implementation), *prison system level* (evidence-based normative guidance to improve prison system-based HIV strategies, policies and programmes) and *prison institution health provider level* (training and equipping prison system staff, capacity building). The programme's technical assistance and support initiatives across the broad thematic areas of *Advocacy and Sensitisation, Capacity Building, Strategic Information, Enabling Environment* and *Service Delivery* strongly supported benefiting countries in closing the gap in knowledge and providing strategic information, advocating to improve prison health and HIV and AIDS policies and strategies, increasing capacity of prison staff to deal with HIV and AIDS and related health conditions, and improving service delivery and where possible health service infrastructure in prisons. Project documents provided clear results logic modelling and a detailed risk matrix.

Stakeholder interviews and focus groups emphasised how the design contributed to developing an effective and sustainable response to HIV and AIDS in SSA prison systems, which hinges on development and adoption of evidence-based regional and national normative strategic guidance on HIV/AIDS in prisons; national legal environments that recognise and support the health rights of its prison populations; and prison services that support, adopt and implement evidence-based HIV PTC&S programming in line with UN standards. Coordination of the multi-sectorial response, which included public health departments, prison authorities, wider criminal justice sector, civil society organisations and development partners, through national project steering committees, and technical working groups was, according to stakeholders, integral to the design of XSS V02. The design of XSS V02 was responsive to political, legal, economic, institutional and environmental factors. However, policy makers, inmates and some ex-inmates were of the

view that some elements of XSS V02 were not in line with recipient Member States laws such as (condom programming in correctional facilities). There was no consensus among member states on condom programming with the exception of Lesotho where a pilot program on condom provision in correctional facilities was being implemented.

Triangulation of data has revealed that design was very strong in several project outcome and impact domains. The activities implemented by the project had resulted in desensitisation at policy level and ongoing advocacy for HIV PTC&S in prison settings through awareness among high level policy and decision makers at regional and country levels. National capacity was strengthened to implement evidence-informed HIV/AIDs PTC&S interventions. The project also supported an enabling legal and policy framework to effectively address overcrowding and HIV transmission in prison settings. The design was developed to inform a broad spectrum of accessible evidence, gender sensitive and human rights based HIV prevention interventions. Technical assistance and support initiatives were successfully designed and implemented to support activities, which enhanced service delivery at prison facility level, increased capacity of prison staff to address health and HIV, improve infrastructure and service delivery, and support ongoing advocacy to improve policy and strategies.

Before XSS V02 there was hardly any epidemiological or other data available on HIV and AIDS in prisons in the region, which contributed to a lack of targeted and effective responses, as well as inappropriate resource allocation to health issues and service provision in prisons. XSS V02 was designed according to stakeholder interviews and focus groups to support benefiting countries in closing the gap in this knowledge and using strategic information from the Situation and Needs Assessment for HIV in Prisons to inform the response to HIV and Health in prisons. This provided a first comprehensive picture of the sero-prevalence, behaviour, knowledge and attitudes towards HIV and AIDS, TB and STIs in prisons, and has according to stakeholders interviewed formed the basis of correctional services HIV, TB, and Health programme implementations in prisons, and improvements in knowledge, awareness, risk behaviours and HIV related services uptake by inmates and staff.

The evaluation however also identified that there were some weaknesses in the design of the project as observed by stakeholders and inmates during interviews and focus groups. The weaknesses mainly centred on low participation of operational beneficiaries, as most were not aware of the project when compared to policy level staff. The general coordination of the project was a challenge that affected reach and visibility of UNODC in correctional facilities in recipient countries due to limited resources such as low UNODC national staffing levels and other key operational resources critical to the implementation of the project (for example Zambia, Zimbabwe, Malawi). Design of XSS VO2 was affected by lengthy UNODC systems of approval for work plans and delayed funding dispersal.

There is a lack of a robust prison based monitoring system in measuring rates of HIV infection in prisons. Of note in discussions with correctional facilities staff and inmates was the reported reduction in stigma among inmates as a result of activities implemented through the project. The increased demand for HIV PTC&S services in prisons as a result of awareness raising also created a strain on existing resources.

Relevance

Triangulation of data indicated that XSS V02 was very relevant in terms of responding to identified national and regional priority needs relating to prisons as key priority setting and inmates as well as MARPS regarding HIV and AIDS.

The relevance of XSS V02 was also observed among staff within correctional facilities as it addressed gaps in training among staff within prison settings in HIV programming, treatment, care and support including improving a better understanding of human rights based programming.

XSS V02 was relevant to sustainable development goals in terms of combatting HIV/AIDs, and other diseases, and promoting human rights within prison and other closed settings. According to stakeholder interviews and focus groups, XSS VO2 was relevant to reaching decision (policy) makers (for example Zambia parliamentarians are now actively involved in lobbying for better prison services and prisons services have a specific budget allocated for health) and influencing strategic change around policy, practice and service delivery regarding health and HIV/AIDS in prisons. XSS VO2 was relevant to in informing evidence based programming through research within the SSA region.

Efficiency

The XSS VO2 logic framework provided a strong basis for project implementation, was clear in defining the relationships between activities, outputs and outcomes. XSS V02 was efficient in terms of its programme implementation. Programme activities were implemented in line with country specific work plans, and the overall regional programme work plan. Due to the lack of baseline data and implementation of a robust monitoring system relating to HIV rates in prisons, it was not possible to engage in a cost benefit evaluation of XSS V02.

Resources and inputs were converted to outputs in a cost-effective manner, but timelines were hampered by delays due to the complexity of the lengthy approval systems for work plans, the Umoja system. These factors reduced the number of staff trained to offer improved HIV/AIDs PTC& S as in some instances trainings could not be cascaded to other regions within member states or were cancelled altogether for example in Zimbabwe. The inflexibility of the UNODC procurement system in choice of training venues resulted in expensive training venues meaning less numbers were trained thus potentially reducing the reach of XSS V02. These highlighted factors had a negative impact on operational staff morale, motivation and trust in UNODC.

Activities which were implemented, were deemed cost efficient by interviewed stakeholders, operationalised within available resources and according to specified work plans and within allocated budgets. The majority of stakeholders indicated that efficiency was however compromised by lack of timely disbursement of monetary resources for planned activities. Additionally, resources such as staffing levels at national offices and vehicles for the country coordinator (for example Swaziland, Malawi, Angola, Tanzania, Zimbabwe, Zambia) also affected the reach of the project implementation. In the case of Malawi, consistency in project implementation was affected by staff turnover at the national office.

Partnerships and cooperation

XSS V02 strongly supported the development and establishment of regional and national networking, collaborations and partnerships. According to the desk review, partnerships and ongoing dialogue between Ministries of Health and prison services were strengthened during the implementation of XSS V02, including multilateral relations with international and national civil society organizations. Triangulation of data has revealed that XSS V02 has to a large extent established cooperation, coordination and collaboration (for example representation in technical working groups) with intergovernmental organisations such as UNODC, UNAIDS, SADC, World Health Organisation (WHO), Voluntary Service Overseas (VSO), Joint UN Team on AIDS(JUTA), United Nations Development Framework (UNDAF), United Nations Communications Group (UNCG), United Nations Country Team (UNCT), and National AIDS Commission/Council (NAC), and partnerships with development partners such as Centers for Disease Control (CDC), United States of America International Development (USAID) and Swedish SIDA. Collaborations were evident in financial support e.g. SIDA, joint planning and hosting of key events such as World AIDS Day including sharing of resources. These partnerships and cooperation are a positive and strong dimension of XSS V02's implementation and legacy. Regional and national coordination has increased as a result of XSS V02 in the form of the establishment of steering committees and technical working groups, signing of Memorandums of Understanding (MoU) with various non-governmental organisations (NGOs), and collective planning and coordination of work plans between prison staff and partners working in prisons. Some stakeholders described a lack of consultation with key parties (for example in prison based medical and health care providers in Zimbabwe), and duplication of efforts in prisons (for example Malawi).

Interviews and focus groups with stakeholders emphasised the need to build on existing progress with non-governmental organizations (NGOs) and civil society organisations (CSOs) so as to build on a community based HIV PTC&S approach for inmates on release into the community. UNODC supported the establishment of the AHPPN as an outcome of the 2009 African Declaration of Commitment for HIV and AIDS PTC&S in Prisons in order to promote cooperation and coordination of a multi-sectoral response around HIV in Prisons. According to stakeholders, the AHPPN has contributed in circulation of information between interested parties via its website, best practices and lessons learned among different national correctional/penitentiary services at regional level. Stakeholder interviews have identified recommendation for the continued positioning of the AHPPN, with greater involvement of high level officials, and future expansion toward a Pan African network.

Effectiveness

XSS V02 was very effective, with its interconnected broad areas of programming and related activities fast-tracking attainment of the majority of outcomes, while adequately addressing identified gaps in HIV, AIDS and prison health. Triangulation of data indicates that inputs translated into project outcomes very effectively as evidenced by the attainment of the planned outcomes of the project. Based on triangulation of data, XSS V02 was effective in contributing towards the establishment of national prison policies in benefitting countries, and strengthening capacity to accurately respond to HIV/AIDs at short, medium and long terms. Effectiveness also centred on country commitments to adopting the SADC Minimum Standards for HIV/AIDS in Prisons, regional Prisons Situation and Needs Assessment Toolkits,

revised prison health policies and evidence-informed and human rights based HIV PTC&S prison based interventions, and capacity building of staff and inmates. XSS V02 was effective in achieving its outcomes in terms of improving service delivery and advocating for improved policies and strategies, and achieving increased capacity of prison staff to address HIV and health in prison (numbers capacitated, trainer of trainers, availability of data to justify programming in prisons, improvements in infrastructure, (for example construction of TB isolation facilities in Tanzania and a clinic in Zimbabwe). Project activities were inclusive and focused towards prisoners, prison staff as well as stakeholders and service providers in implementing HIV services in prisons.

Project XSS V02 provided for a strong reach, with more than 30,000 key stakeholders sensitised on HIV/AIDS issues in prisons, and more than 33,000 prisoners, prison staff and health professionals participated in capacity building opportunities. Numbers reached were however negatively influenced by the difficulties encountered in scheduling of planned activities, hiring of costly venues and delayed funding disbursement. All 10 countries from a baseline of 0 now have available and accessible HIV PTC&S services in some correctional facilities, for both prisoner and prison staff, with all 10 implementing at least 12 of the 15 interventions of the UNODC comprehensive package (see earlier footnote) in some correctional facilities. An ART guideline and psychosocial support programme targeting MARPs in prisons for the SSA region was also developed. No countries achieved the drafting of national guidelines on alternatives to imprisonment as envisaged in the project logic model.

Stakeholders have reported on the increased knowledge around HIV among inmates and staff, openness to seek testing and disclosure, increased number of inmates and prison staff seeking testing and treatment, and the reduced stigma and rates of risk behaviours (sharing of shaving or hair dressing equipment, sharing of blood for ritual purposes, lowered reports of rape), and TB burden of disease. It has however not been possible to measure incidence rates as proxy for the success of XSS V02. At present screening is voluntary. Regular monitoring of new HIV infection rates specifically related to incarceration is warranted at ground level. Continuity of care is important, and moderately addressed. Exit screening for inmates returning to their communities is a challenge, with no proper coordination along the continuum of care between correctional facilities and other service providers for ex-inmates.

Challenges according to triangulated data centred on economic downturn (Angola, Zimbabwe, Swaziland), political instability (i.e. Zimbabwe, Lesotho), natural disasters (Namibia, Malawi), low political buy in (Ethiopia, Malawi), legislative hurdles (sodomy law), denial of the existence of risky behaviours such as MSM and IDU in prisons, political opposition toward condom programming (Namibia), inadequate resources for national office logistics, the Umoja system, staff turnover (Namibia, Malawi, Angola), and lack of funding for infrastructure, medicines supply and adequate nutrition.

Overcrowding in particular and demand for prison health services as a result of increased knowledge, reduced stigma and increased levels coming forward for testing, treatment and care are further an issue. Some stakeholders advised to decentralise power to the country level for implementation of priority activities for the country, and to upscale level of national coordination and allocated resources. There was a lack of visibility of the project outcomes observed by inmates in Zanzibar and Zimbabwe, with positive changes described and experienced by Zambian and Lesotho inmates. Condom programming as a key preventative measure continues

to present a challenge among incarcerated inmates in many countries due to difficulties with legislative reform (sodomy law). In Lesotho where implemented, condom programming was viewed by male inmates in Lesotho as not effective, due to supply issues and prison officer attitudes toward MSM. Setbacks were described by stakeholders in Lesotho due to the delay in the direct provision of condoms in the cells and blocks, with availability only in the health posts/units of the prisons.

Impact

XSS V02 has stimulated communication and dialogue around HIV and AIDS in prisons, and has established a collective response to HIV/AIDS in SSA prisons. The impact of XSS V02 was very strong in terms of advocacy and sensitisation, legal review and reform (for example in Namibia and Zambia). In all the 10 countries capacity building, strategic information and development of HIV policies in prisons was evident. XSSV02 has addressed critical HIV/AIDS issues and programming gaps, and facilitated a more holistic view of human rights to HIV PTC&S in prisons. The SADC Minimum Standards for HIV/AIDS in Prisons have now been adopted by benefitting countries in the SSA region. Previous to XSS V02 there was no HIV policy in prisons or dedicated HIV prison units, or strategic information on the burden of disease in prisons. Namibia has developed the first ever Health in Correctional Institutions Policy and Strategic Plan, which was initiated in 2015 as a direct result of XSS V02. This is a remarkable achievement for XSS V02, and has been hailed as a milestone by the Government. The policy provides an integrated framework for health service provision and is an example for the entire region as it entrenches the '*equivalency of care*' principle, advocated in the Nelson Mandela Rules, as a core element of their new policy approach to prison health. Based on the lessons learnt in the process of developing the policy in Namibia, UNODC has developed a regional model prison health policy and strategic plan toolkit. This now provides a blueprint, from which all countries can develop their own evidence-based prison health policies and strategic plans.

Impact in the form of awareness raising is visible by the increasing numbers of inmates and prison staff accessing HIV and AIDS services (counselling and testing, adherence to antiretroviral treatment and treatment of opportunistic infections), and the increasing knowledge around HIV and AIDS prevention, reduction of stigma, and advocacy for those with the disease in terms of health care. HIV and AIDS is now part of the agenda of the prison leadership and managers and is seen as a top priority when discussing health in prisons.

In terms of strategic information, impact was strong through this project, with nine countries implementing the Prisons Situation and Needs Assessment Toolkit and related action plans. This is a potent achievement going forward. Impact was also strong in reaching countries beyond the benefiting countries (for example South Africa, Uganda, Kenya). The project improved and strengthened working relationships of Prison Health/clinics and health ministries. Project XSS V02 has supported the refurbishment of at least one model health care centre per beneficiary country. Areas for further development in relation to harm reduction initiatives, include expanding condom programming which is currently implemented in Lesotho, with encouraging enabling environments developed in Mozambique and Angola, and acknowledgement of the issue of MSM in Zambia, Namibia and Zimbabwe. Opioid substitution therapy (OST) is currently provided as the first pilot prison methadone programme in Zanzibar.

Sustainability

Sustainability of XSS VO2 depends on readiness of countries to continue implementing policies, prison based HIV PTC&S services, situational needs and HIV/AIDS monitoring and prison staff training activities which were introduced by XSS V02, through re-channelling, co funding and prioritization of national resources. Stakeholders described the inadequate funding and lack of built-in exit strategies. Continued financial and technical support is required to support commitments to build capacity, implement monitoring and support infrastructural developments. Challenges centre on political and economic instability (for example Namibia, Zimbabwe, Malawi, Swaziland), donor fatigue, low level of political will and priority, lack of government resource allocation, inmate and staff turnover, and lack of leadership and ownership at implementation level. Where activities have been mainstreamed into prison core activities or included in district implementation plans, benefits of XSS V02 will be sustained. Modalities should be tailored to the size of the country, include hard to reach areas and be supported by a robust monitoring and evaluation (M & E) system, and engagement within the community sector to support HIV PTC& S within a continuum of care for inmates on their release.

Human Rights and Gender

Human rights were strongly implied in the design of XSS V02 with a broad spectrum of accessible evidence, gender and culturally sensitive, and human rights based HIV PTC&S interventions developed and/or strengthened, and available to both genders of inmates and staff. In terms of gender, both men and women had equity in access to health services in the prisons, and equal opportunities to participate in the activities of XSS V02. All benefitting countries are now implementing at least 12 of the 15 interventions of the UNODC Comprehensive Package[18]. These align with the SADC Minimum Standards for HIV/AIDS in Prisons[19]. According to stakeholder interviews, inmate and prison staff awareness of HIV itself, and relation to human rights increased as a result of Project XSS V02. Focus groups with inmates (Zambia, Lesotho, Zimbabwe, Tanzania) underscored concerns around treatment of inmates by staff, overcrowding, disease control in poorly ventilated areas, sanitation, water and poor sleeping areas and nutrition. According to stakeholder interviews, women and their children are neglected in HIV PTC&S programming, although showing higher prevalence of HIV. In general, women and children represent a small prison population. Targeted interventions for IDU, MSM, juveniles, those affected by mental health issues, MSM and sexual minorities represent additional gaps in XSS VO2.

---

[18] UNODC HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions 2013.

[19] Southern African Development Community (SADC) Minimum Standards for HIV in Prisons, 2011.

III. CONCLUSIONS

Prisoners are entitled to the highest attainable standard and delivery of health care when incarcerated. XSS V02 was developed and designed to provide technical assistance and build capacity of benefitting countries, Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania including Zanzibar, Zambia and Zimbabwe in developing and sustaining national responses to HIV within their prison systems. XSS V02 was successfully designed and implemented in the form of technical assistance and support initiatives using a networked top down approach across the broad thematic areas of*: Advocacy and Sensitisation, Capacity Building, Strategic Information (Monitoring, Evaluation), Enabling Environment (Coordination, Policy, Legislation, Networking and Partnerships)* and *Service Delivery*. XSS V02 was effective and instrumental in shaping the correctional services health care delivery system in the SSA region.

Challenges continue to centre on prison infrastructure in the region as according to stakeholders it is characterised by dilapidated infrastructure, lack of adequate facilities, overcrowding, lack of sanitation and ventilation, lack of mattresses, medicines and adequate nutrition, cultural views around certain HIV harm reduction measures and a general paucity of allocated financial and human resources. The project XSS V02 was implemented with human rights and gender in mind, and with the SADC Minimum Standards now adopted in all benefiting countries. XSS V02 outcomes achieved were relevant to the region, with policy, prison system and prison health provider impact centring on the positive influence of XSS V02 in terms of sensitisation and awareness raising at all levels, networking and collaboration between government and key stakeholders in the HIV/AIDS sector (UN bodies, international and national NGOs), integrated regional and national responses to HIV within their prison systems, partnership approaches (AHPPN, steering committees, technical working groups) with prison administrations in benefitting countries, training and capacity building of inmates and prison staff to address HIV and broader health issues in the prison system, situational assessments providing new data to justify programming and a platform for health policy and resource allocation for prisons, improvements in enabling environments and direct service provision in prisons, identification of best practices, and ongoing awareness raising and advocacy work continuing to inform national health and HIV policy and strategies, judicial initiatives and legislative reform.

XSS V02 was cost-effective, but with efficiency hampered by centralised planning and budgeting, lengthy procurement processes and delayed fund dispersal, medicine shortages, heightened service demands and staff turnover. There was no clear monitoring of HIV prevalence (and incidence rates) due to lack of baseline studies in recipient countries. Furthermore, Project XSS V02 did not have a built-in exit strategy. Some duplication of clinical responses exists within prisons with other organisations, such as Médecins Sans Frontières (MSF) and with a lack of UNODC visibility at operational level. Continued lobbying for resource allocation from government, advocating for prison and legislative reform to support harm reduction (condom programming and OST) in prisons, and work at enabling environment level to address infrastructure is warranted. There remains a programming gap between incarceration and community continuum of HIV PTC&S, and target areas warranting specific initiatives for women, children, juveniles, IDU, MSM and those affected by mental health conditions.

IV. RECOMMENDATIONS

The recommendations are derived from the findings, lessons learnt and gaps identified during the evaluation, and based on outcomes 1-6 of XSS VO2 which were achieved.
Strategic Change: UNODC should provide continued technical support to Member States to fully develop, operationalize and disseminate their developed HIV/AIDS policies in line with country specific priorities and harmonize regional tool kits to support initiatives addressing HIV/AIDS and associated health conditions in prisons.

Coordination, partnerships and networking: ROSAF and UNODC should strengthen the coordination of the partnerships formed and explore new opportunities for collaboration and networking including collaborations, partnerships with working groups and CSOs in order to enhance continuum of care interventions and sustainable livelihoods upon inmates' release. Both should also support the positioning, and organisation of the AHPPN as a Pan African network and initiative. This will build on existing higher policy level involvement and participation across the region going forward. The AHPPN will facilitate the continued sharing of best practices and lessons learnt via its website and hosting of partnership forums, exchange visits, national and regional workshops. During regional meetings development of action plans can promote accountability.

Evidence and Relevance to the Region: ROSAF Monitoring and Evaluation and UNODC should ensure that the Prisons Situation and Needs Assessment Toolkits are implemented annually to provide regular routine monitoring of HIV trends and prison populations, including voluntary screening on entry and exit. This work can be supported via a collaborative approach between prison health clinics and health ministries in addressing issues of prison health and HIV/AIDS.

Efficiency: ROSAF and UNODC should explore an alternative streamlined procurement system at regional level which operates efficiently to reduce logjams and delays, ensures timely disbursement of allowances and funding to promote country ownership and maximise on reach of interventions including UNODC staff visibility. Future programmes should endeavour to consult, involve and include operational beneficiaries in programme design and implementation. Risk mitigation strategies should be developed to continue to cascade training to circumvent staff and inmate turnover (revolving doors), address increased service demand and uptake, improve prison health unit infrastructure (for example model clinics), and ensure sufficient logistical, human and clinical resources to support prisons in undertaking routine monitoring of prison populations, and at national level to enhance and integrate certain activities within the national systems

Programming: ROSAF and UNODC should continue to ensure gender and human rights mainstreaming within the comprehensive package of care across all interventions. Gaps identified indicate a need to better address specific female needs, particularly those mothers with children, in relation to mother to child transmission and including targeting of other key vulnerable groups (juveniles, sexual minorities, those affected by mental health) is implemented.

Sustainability: ROSAF and UNODC should ensure that exit strategies are built into the project design and sustainable components aligned to program goals and objectives.

V. LESSONS LEARNED

Implementation of XSS V02 resulted in the sharing of valuable knowledge via regional and national meetings, technical working groups and the AHPPN. Countries learnt from each other in relation to prison health and HIV/AIDS policy generation, programming design and legislative reforms. Establishment of Technical Working Groups and Penitentiary Health Committees, Training models for HIV and AIDS sensitisation, and Situational Toolkits in prison settings were examples of best practices to be shared across the SSA region, and will continue to support the sharing of lessons learnt as countries continue to adopt the SADC Minimum Standards for HIV and AIDS in Prisons in order to effectively prevent, treat and control not only HIV and AIDS, but also TB, Hepatitis B and C, and STIs in prisons in the SSA region.

A collective partnership (national counterparts, local health authorities, prison officials, and medical providers, CSOs) to inform HIV PTC&S programme planning, design, coordination and implementation in prisons was vital to ensure positive outcomes, reach target beneficiaries and avoid duplication. Partnership forums that allowed for knowledge sharing, exchange visits and clinicians meetings giving opportunities for shared clinical practice information exchange were useful. Information sharing with programme implementers is key to enhancing evidence based programming. Capacity building was positive, particularly in terms of peer learning, and with continuity hinging on the training of middle managers in prisons in order to ensure this continuity of capacity building. Where activities have been mainstreamed into prison core activities or included in district implementation plans, benefits of XSS V02 will be sustained. Positive outcomes in the provision of technical assistance by UNODC extended beyond the benefitting countries and included other countries (for example Kenya, South Africa) that attended and were from the SSA region. The continued sharing of knowledge can be further supported by national and regional workshops, technical working groups and the AHPPN.

Technical assistance was welcomed, with a requirement to understand and respect the country's legal environment, national health policies and prison health directorates, and the need for a multi-sectoral response to addressing HIV and AIDs in prisons. Modalities should be tailored to the size of the country, include hard to reach areas and be supported by a robust monitoring and evaluation (M & E) system, and engagement within the community sector to support HIV PTC& S within a continuum of care for inmates on their release. During regional meetings development of action plans between key parties helped to promote needs assessment, targeting of resources and promote accountability. Working within established structures to avoid duplication, reduce wastage of resources and with integration across the UNODC pillars promoted success.

Key lessons learnt also centred on the identification of areas for further programming development, and the importance of community reintegration approaches to HIV/AIDs PTC&S programming, and with enhanced screening on entry and exit from prisons; the challenges and successes in implementing condom programming in Lesotho, and gaps in programmes relating to identified MARPs such as women and their children, MSM, IDU, sexual minorities, juveniles and those affected by mental health conditions.

ANNEX I. TERMS OF REFERENCE OF THE EVALUATION

I. BACKGROUND AND CONTEXT

Project number:	XSS V02
Project title:	HIV PREVENTION, TREATMENT, CARE & SUPPORT IN PRISONS SETTINGS IN SUB-SAHARAN AFRICA
Duration:	2011/03/01 – 2016/12/31
Location:	Sub-Saharan Africa Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe
Linkages to Country Programme:	N/A
Linkages to Regional Programme:	Regional Programme for Southern Africa 2013 – 2016:- Making the SADC Region Safer from Crime and Drugs Sub Programme III: Improving Drug Abuse Prevention, Treatment and Care, and HIV Prevention, Treatment and Care for People Who Use Drugs, including Injecting Drug Users and in Prison Settings" Outcome 2 : "Countries of the Southern African region provide comprehensive HIV/AIDS programmes and services"
Linkages to Thematic Programme:	Sub-Programme 3
Executing Agency:	UNODC – ROSAF
Partner Organizations:	Zambia Prison Service, Ethiopia Federal Prison Administration; Serviço Nacional Penitenciário Mozambique (SERNAP), His Majesty's Correctional Service Swaziland, Lesotho Correctional Service,

	Namibia Correctional Service, Department of Correctional Service – Republic of South Africa, Zimbabwe Prison and Correctional Services, Malawi Prisons Service, Tanzania Prison Service, Zanzibar Prison Service; Southern African Development Community (SADC)
Total Approved Budget:	$13,160,676
Donors:	Swedish-Norway Regional HIV/AIDS Team for Africa (SIDA) Dutch embassies in other countries World Health Organisation Global Health Communication Austrian Ministry of Foreign Affairs
Project Manager/Coordinator:	Jason ELIGH
Type of evaluation (mid-term or final):	Final Evaluation
Time period covered by the evaluation:	2011/03/01 to 31 July 2016 (tentative; until the end of the field mission)
Geographical coverage of the evaluation:	All Countries benefitting from the project Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (+ Zanzibar), Zambia & Zimbabwe, including South Africa
Planned budget for this evaluation:	USD100,000
Core Learning Partners20 (entities):	AHPPN Steering Committee Members, National Project Coordinators, Commissioners of Prisons Service' in all Benefitting Countries, Directors of Health Services in Prisons Services in all benefitting countries, National AIDS Control bodies in selected benefitting Countries. SIDA (Zambia), Dutch Embassy (Mozambique) UNODC HQ HIV and AIDS Section (HAS)

[20] The Core Learning Partnership (CLP are the key stakeholders of the subject evaluated (project, programme, policy etc.) who have an interest in the evaluation. The CLP works closely with the Evaluation Manager to guide the evaluation process.

Project overview and historical context in which the project is implemented

Sub-Saharan Africa remains at the epicentre of the global HIV epidemic with over two-thirds (⅔) of all people infected with HIV living in this region.21 The brunt of the epidemic resonates at all levels; it affects households, communities, businesses, governments and national economies and as it is usually the case in generalised epidemics, it impinges on diverse populations, regardless of socio-economic backgrounds. Of particular concern is the continuing disproportionate impact on women and girls in the region, who account for approximately 60% of estimated HIV infections.22

As with other affected populations, prison populations have not been spared from the scourge of the epidemic. Crumbling infrastructure, chronic overcrowding, economic collapse that led to increase in criminal activity, obsolete legislature, which does not provide for alternative means of sentencing, and persistent reliance on custodial sentencing, corrupt and dysfunctional criminal justice systems, leading to delays in awaiting trial, lack of adequate separate facilities for women and young offenders (juveniles) are all characteristics of the African prisons. In recent years, one emerging and prominent characteristic of African prisons has been defined as being a breeding ground for communicable diseases. Prisons concentrate great numbers of high-risk populations. Most prisoners come from compromised and vulnerable communities and groups, including drug users and commercial sex workers. Additionally, most prisoners are from previously disadvantaged and poverty-stricken communities that lack access to health service and therefore often enter prisons with already compromised health. While faced with these challenges, prison services however do not regard health provision as their primary business and still place emphasis on security, rehabilitation and reintegration of prisoners. Additionally, allocation of financial resources to address HIV hardly ever prioritised prisons. While data on HIV prevalence in African prisons was only available for a limited number of countries up to 2008, the available data in combination with data from around the world, indicated that prevalence rates in prisons are almost always higher than in the general population. For example, studies in South Africa, showed a 40% prevalence rate in prisons, compared to 25 % in the general population. In Mauritius, prevalence rate in prisons was found to be almost 50 times higher than in the general population.23

From September 2008 to March 2012, UNODC's Regional Office for Southern Africa implemented a regional programme entitled HIV Prevention, Treatment, Care and Support in Prisons Settings in Southern Africa, with the objectives to reduce the risks of HIV transmission in prison settings and to reduce the HIV related mortality in prison settings in southern African countries. The programme covered four countries, namely: Mozambique, Namibia, Swaziland and Zambia. Through advocacy and sensitisation, collection – for the first time – of strategic

———

[21] "Of the 35 million people living with HIV, 24.7 million [23.5 million–26.1 million] are living in sub-Saharan Africa, the region hardest hit by the epidemic. Nearly one in every 20 adults is living with the virus in this region" UNAIDS Gap Report 2014

[22] "Globally, 15% of all women living with HIV aged 15 years and older are young women 15–24 years old. Of these, 80% live in sub-Saharan Africa. In this region, women acquire HIV infection at least 5–7 years earlier than men." UNAIDS Gap Report

[23] HIV and Prisons in sub-Saharan Africa: Opportunities for Action; 2007; UNODC, UNAIDS; http://www.unodc.org/documents/hiv-aids/Africa%20HIV_Prison_Paper_Oct-23-07-en.pdf

information on HIV in Prisons in the region and training, this project, laid the grounds for a wider Regional Programme. In March 2011, Project XSS V02 was launched and implemented along with the predecessor project (XAS J72). With the overall objective of preventing new HIV infections specifically related to incarceration in selected countries in Sub-Saharan Africa, this project aimed to further develop and increase the sustainability of responses, as well as initiating a service delivery approach to HIV in prisons in benefiting countries in Sub-Saharan Africa. Building on the knowledge generated, experiences gained, lessons learned, and good practices and efforts undertaken in the field of HIV in prisons in Southern Africa, XSSV02 also expanded the programming to cover additional countries. Training need assessments in the original countries had for example indicated that, while a majority of prisons staff and inmates had some knowledge about HIV and some awareness raising activities were done, the knowledge was basic, not aimed at behaviour change, activities/training were minimal and not structured. Meanwhile, the assessments revealed issues such as overcrowding, unhygienic conditions, lack of health services, risky behaviour, including unprotected sexual intercourse, tattooing, sharing of razors, injection equipment. They recommended the development of structured training for inmates and staff, as well as further collection of epidemiological data.

Justification of the project and main experiences / challenges during implementation

More than 10.2 million people are held in prison institutions throughout the world (Walmsley, 2013), more than 625,000 of them are women and girls[24]. However, prison population rates vary considerably between different regions of the world, and between different parts of the same continent. For example, in Africa the median rate for western African countries is 46 per 100,000 persons whereas for southern African countries it is 205. According to the tenth edition of the World Prison Population List (Nov. 2013), the world prison population rate has risen by about 6% from 136 per 100,000 of the world population to the current rate of 144, in the past 18 years. Women prison populations have increased by more than 16%, with the largest increase being in the Americas (up 23%), however, the median level in African countries of female prisoners constitute a much smaller percentage of the total, at only 3.1%[25].

In common with all other human beings, prisoners are entitled to “the highest attainable standard of physical and mental health” (International Covenant on Economic, Social and Cultural Rights, Article 12), and principle 9 of the UN Basic Principles for the Treatment of Prisoners indicate how the entitlement of prisoners to the highest attainable standard of health care should be delivered: “Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation”. Yet African prison systems have not yet reached these standards.

Although data on HIV and other infections in African prison settings is very scarce or where available, very obsolete, it is observed globally that the rates of HIV infection in prisons tend to be significantly higher than those in the general population. Many factors contribute to the increased infection risks in prisons; HIV is transmitted through consensual unsafe sexual activities (including men having sex with men), rape, unsafe medical practices, unsafe tattooing,

[24] World Prison Population List (10th Edition)
[25] World Female Imprisonment List (2nd Edition)

blood sharing rituals, sharing of injection equipment and other sharp instruments; as well as from an infected mother to her child at birth and breast feeding. Unfortunately, effective policies to prevent HIV and other related infections inside prisons continue to be hampered by the denial of the existence of conditions that contribute to their spread such as the illicit drugs availability and use, sexual activities, the lack of protection for the youngest, female and weakest prisoners, corruption and poor prison management. In addition to the prison conditions, described above, health services provided in prisons settings are generally substandard and under-funded, characterized by shortage of staff and of essential medicines. Often health care in prison settings works in complete isolation from the general health care system, hampering the quality (and equity) of health care and continuum of care following release.

Based on this background, the HIV Prevention, Treatment, Care and Support in Prisons Settings in sub-Saharan Africa project (XSS V02), was developed and designed to provide technical assistance and build capacity of benefitting countries in developing and sustaining national responses to HIV within their prison systems. In order to achieve these, the project activities were designed in four broad areas of technical assistance and with a top-down approach, vital for effective reach of decision makers, to ultimately influence service delivery at beneficiary (prison facility) level. These broad areas are Advocacy, Capacity Building, Strategic Information and Service Delivery.

As a result of the lack of adequate baseline data in the project development phase, as well the concurrent implementation of the predecessor project; extensive delays at the start of the actual implementation of activities were encountered. In order to garner support and political will from national governments, there was need to collect strategic information and evidence in order to build a case for implementation of the project. The lessons learned and foundation work undertaken in the initial four countries (through XAS J72), including established partnership formed the basis for fertile ground for uptake of the project by the new countries. National attention and prioritization of HIV response in prison was improving as countries took ownership of the project through establishment of project steering committees, under the leadership of prisons administrations and ministries of health. UNODC also supported the establishment of the African HIV in Prisons Partnership Network (AHPPN) as an outcome of the 2009 the African Declaration of Commitment for HIV and AIDS Prevention, Care, Treatment and Support in Prisons. The Network's main objective is to encourage cooperation and establish integrated work between prison and correctional services, health prison systems, public health systems, international and national civil society organisations to promote good prison and public health and to promote good HIV and AIDS prevention, care, and treatment in prison. UNODC continues to support AHPPN and acts as Secretariat of its Steering Committee.

The interconnectedness of project's broad areas of programming and related activities fast-tracked attainment of most outcomes, while adequately addressing identified gaps prison health. The results of the successful programme/activity implementation were increased capacity of prison staff to address HIV and health in prison, availability of data to justify programming in prisons and improvements in infrastructure and service delivery as well as ongoing advocacy to improve policies and strategies. Partnerships and ongoing dialogue between ministries of health and prison services ensued, including multilateral relations with international and national civil society organizations.

Despite these successes, some needs or gaps in the prison systems are beyond the mandate of this project and range from general prison management, prison and legal reforms, livelihoods and

post-release intervention to nutritional programmes. While great advances have been made in raising awareness and creating support for health in prisons among decision-makers and prison managers, continuous efforts are still required to entrench the mind shift of prison administration from punitive institutions to corrections and consideration of health as an integral part of their mandate and daily functioning, as well as consideration of public health rule over legal rule.

Project documents and revisions of the original project document

1. Project document approved on 28/01/2011

2. Project revision approved on 20/09/2013
   The purpose of this revision was to expand the project scope, by increasing the number of beneficiary countries from seven to ten (to include Angola, Lesotho and Zimbabwe), while also increasing the overall budget from USD6,491,850 to USD12,286,453 and extending the duration of this project from 28 February 2013 to 31 December 2015. Dialogue with all donors and funding partners yielded a consensus in the funding modalities and it was agreed that this project should be revised rather than a new parallel project established. This approach would allow UNODC to maximise synergistic effects and intensify actions for achieving results in the field, as well as synchronising substantive and financial donor reporting mechanisms and annual meetings.

3. Project revision approved on 27/03/2014
   The purpose of this revision was the reclassification of the post of the Regional Programme Coordinator from P3 to P4 level. The reclassification was done to better reflect the increase in responsibilities and tasks of the Programme Coordinator in the context of an expanded programme and a change in the scope of the overall functions. For instance, the initial position saw the Coordinator cover prison activities only, the new P4 position covers the overall HIV mandate of UNODC in the selected countries. The level of tasks related to coordination and liaison with regional bodies were increased, tasks pertaining to policy development and strategic planning, including the review and analysis of issues and trends, preparation of evaluations or other research activities and studies within the thematic area of HIV under UNODC mandate were added.

4. Project revision approved on 19/10/2015
   The purpose of this project revision was six fold. Firstly, to extend the project timeframe until 31 December 2016. Secondly, to revise the project budget in order to include additional funding pledged by SIDA in the amount of USD 570,265.00 and to account for previously unprogrammed funding, which brought the overall project budget to USD 13,160,676.00. Thirdly, the project log-frame and monitoring workplan were revised to include two additional activities as part of the SIDA cost-extension. Fourthly, in order to ensure an efficient implementation of the additional project activities and funding, the staffing list was revised to include position of "Project Driver" (SB2). Fifthly, the staffing list was adjusted to remove the post of Advocacy Associate after the first three months of 2015, since this ROSAF cost-shared position has been eliminated. Lastly, the post of HIV Programme Oversight Associate, which had been vacant, was filled from April 2015 and therefore only required salary for 9 months in 2015.

UNODC strategy context, including the project's main objectives and outcomes and project's contribution to UNODC country, regional or thematic programme

The project is implemented by UNODC in partnership with prison administrations in the governments of benefitting countries. In implementing this project, UNODC aimed to support responses and interventions that are both human rights and evidence based as well as gender sensitive responses. Moreover, the project aims to support member states in tailoring responses that fit the nature of the HIV epidemic, the resources available to sustain interventions and the priorities of each country. UNODC also prioritises the development of a regional response to HIV in prisons as a means to address challenges faced by all countries in the region in a standardized manner. In order to achieve this, the project design was in-line with the UNODC strategy context:

Theme: Prevention, Treatment and Reintegration, and Alternative Development.

Result Area: HIV/AIDS prevention and care (as it relates to injecting drug use, prison settings, and trafficking in human beings):

- Expand member States' capacity to reduce the spread of HIV/AIDS among injecting drug users.
- Expand member States' capacity to reduce the spread of HIV and AIDS in prison settings.
- Expanding, in consultation with the Member States concerned, the capacity of civil society to respond to HIV/AIDS among injecting drug users and in prison settings.

Furthermore, this project responds to pillar III: Improving Drug Abuse Prevention, Treatment and Care, and HIV Prevention, Treatment and Care for People Who Use Drugs, including Injecting Drug Users and in Prison Settings of the UNODC Regional programme 2013-2016 "Making the Southern African Development Community (SADC) Region Safer from Crime and Drugs", which aims to support SADC countries to reduce the demand for drugs, prevent drug-related HIV infections, as well as HIV/AIDS in prison settings, and promote treatment to reduce health-related and social consequences.

The project therefore focuses on three broad levels of impact:

Policy level: Address structural issues such as prison rules and regulations, overcrowding, monitoring and improving general conditions in the institutions.

Prison management: Operationalize national policies for the specific institutions.

Service provider level: Awareness-raising, capacity building and service delivery activities among prison staff and other service providers.

Attainment of the above strategies will be through attainment of the following Objective through a combination of six outcomes:

OBJECTIVE: Prevention of new HIV infections specifically related to incarceration in selected countries in Sub-Saharan Africa.

OUTCOME 1: Strengthened national capacity to implement evidence-informed HIV and AIDS prevention, treatment, care and support (PTC&S) interventions in Prison settings in selected countries in Sub-Saharan Africa.

OUTCOME 2: More effective national HIV and AIDS responses in prison settings through development and implementation of activities, which are evidence-informed and appropriately coordinated.

OUTCOME 3: Improved availability and management of evidenced-informed HIV and AIDS interventions in prison settings.

OUTCOME 4: Enabling legal and policy frameworks to effectively address overcrowding and HIV transmission in prison settings are established / enhanced by Member States.

OUTCOME 5: Broad spectrum of accessible evidence, gender sensitive and human rights based HIV prevention interventions are developed and/or strengthened

OUTCOME 6: Accessible evidence, gender sensitive and human rights based HIV care and support services are developed and/or strengthened.

DISBURSEMENT HISTORY

Total Approved Budget (time period)	Expenditure (2011-2015)	Expenditure in % (2011-2015)	Cash Balance as at 18 Jan 2016
$13,160,676	$ 10, 877, 717	82.65%	2,282,959.00

PURPOSE OF THE EVALUATION

Reasons behind the evaluation taking place

This final project evaluation was envisaged at the project design stage and included and budgeted for in the development of the project document based in fulfilment of UNODC and donor requirements. Additionally, since the predecessor project XAS J72 did not undergo a final evaluation, many of the lessons and experiences from this project were not sufficiently and independently documented. The findings of this evaluation will therefore provide valuable information on the extent to which the project addressed Member States' needs in line with recent principles on Aid Effectiveness. Furthermore, the results of this evaluation will be useful to a number of stakeholders, including the Member States, project donors, to enable them to report against their own strategic frameworks, as well as UNODC to inform future programming and implementation on HIV in Prisons in this region and globally to advocate for greater investments and attention in the field of HIV and AIDS in prisons and other closed settings. The findings will also be relevant for UNODC's technical assistance agenda as it relates to the new set of goals on the post- 2015 development agenda, namely the sustainable development goals.

Assumed accomplishment of the evaluation

This evaluation will assess the impact, relevance, efficiency, effectiveness, and sustainability of the project and derive recommendations and lessons learned from measuring the achievements of the project. More specifically, the final evaluation will seek to:

I. Assess the relevance of the programme design to curb HIV transmission in prisons and to promote quality service provision to prisoners and prison staff.
II. Assess the effectiveness in terms of attainment of set project objectives and outcomes;
III. Assess the efficiency of program implementation, its major achievements and challenges encountered;
IV. Assess the impact of the program on curbing new HIV infections related to incarceration among prisons populations;
V. Assess sustainability of the project interventions and the countries' readiness to continue implementing services introduced through the project through re-channelling and prioritization of resources.
VI. Assess the extent to which human rights and gender aspects were mainstreamed in the project design and implementation.
VII. Assess degree of networking and partnerships developed regionally and nationally towards implementation of project activities, including the relevance and effectiveness of the African HIV in Prisons Partnership Network (AHPPN).

The main evaluation users

The main evaluation users will be UNODC, Headquarters and field offices, donors, development partners and beneficiary governments, including national Civil Society Organisation implementing in prisons.

ii. SCOPE OF THE EVALUATION

The unit of analysis to be covered by the evaluation

Project XSS V02 – HIV Prevention, Treatment, Care and Support in Prisons Settings in Sub-Saharan Africa (Timeframe: 01 March 2011 – until the end of the field mission)

The time period to be covered by the evaluation

The time period covered by this evaluation is from the commencement of the project (01 March 2011) until the end of the evaluation field mission (tentative: end January 2017).

The geographical coverage of the evaluation

The evaluation will cover all benefitting countries, namely: Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (+ Zanzibar), Zambia & Zimbabwe. The evaluation will also cover South Africa. Field missions to selected countries will be discussed and decided together with the evaluation team.

iii. EVALUATION CRITERIA AND KEY EVALUATION QUESTIONS

The evaluation will be conducted based on the following DAC criteria: relevance, efficiency, effectiveness, impact, sustainability, as well as partnerships and cooperation, gender and human rights and lesson learned, and, will respond to the following below questions, however, provided as indicative only, and required to be further refined by the Evaluation Team.

	Relevance
1.	To what extent is the design of project XSS V02 relevant in addressing identified national and regional priority needs?
2.	To what extent are the activities implemented through the project aligned with the UNODC and recipient government policies and priorities?
3.	Was the overall project structure relevant to facilitate the replication of good practice, sharing of experiences and lessons learned?
4.	To what extent was the UNODC approach of regional programming relevant to countering the problem being addressed in this project?
	Efficiency
1.	To what extent were activities cost-efficient (e.g. co-financing of components, etc.)?
2.	To what extent were the resources and inputs converted to outputs in a timely and cost-effective manner?
	Effectiveness
1.	What were the major factors influencing the achievement or non-achievement of the objective and outcomes (including difficulties, challenges, etc.)?
2.	Has the project achieved its foreseen objective and results? If not, how much progress has been made towards their achievement?
	Impact
1.	To what extent can any identified changes in HIV and AIDS programming in prison settings in the region be attributed to the project?
2.	What are the intended and unintended, positive and negative, long term effects of the project?
	Sustainability
1.	What is the likelihood that the benefits from the project will be sustained after the end of the project?
2.	To what extent are services and products developed under the project likely to continue, be scaled up or replicated after the project funding ceases?
3.	In which ways are the host institutions developing the capacity and motivation to continue implementing HIV interventions after the end of this project?
	Partnerships and cooperation
1.	To what extent were the project activities designed and implemented with participation of relevant

	partners and recipients?
2.	To what extent has cooperation, coordination and collaboration been sought with other organisations, NGOs, other intergovernmental organizations throughout the project implementation?
3.	To what extent has the African HIV in Prisons Partnership Network (AHPPN) contributed to building partnerships and multisectoral cooperation?
	Human rights and gender
4.	To what extent has the project in its design and implementation mainstreamed gender issues?
5.	To what extent were human rights deliberations included in the project design and implementation?
6.	To what extent were gender deliberations included in project design and implementation?
7.	To what extend were the rights and needs of other vulnerable populations mainstreamed in the project designed and implementation?(e.g. young offenders, drug users, sexual minorities etc)
	Lessons learned and best practices
1.	What major challenges and constraints were faced when implementing this project at different levels and what are the possible solutions?
2.	What lessons can be drawn regarding project effectiveness?
3.	What best practices can be identified for future phases of the project or other UNODC projects?
4.	What lessons can be learned from the programme implementation in order to improve performance, results and effectiveness in the future?
5.	What lessons can be drawn to inform UNODC technical assistance agenda responding to the Sustainable Development Goals?

EVALUATION METHODOLOGY

iv. The methods used to collect and analyse data

This evaluation will use methodologies and techniques as determined by the specific needs for information, the questions set out in the Terms of Reference and the availability of resources and the priorities of stakeholders. In all cases, the evaluators are expected to analyse all relevant information sources, such as reports, programme documents and revisions, thematic programmes, regional programmes, internal progress reports, annual reports, programme files, financial reports and any other documents from other sources (e.g. external reports, research studies etc.) that may provide further evidence for future triangulation on which their conclusions will be based. Evaluators are also expected to use interviews, surveys and any other relevant quantitative and/or qualitative tools as a means to collect relevant data for the final evaluation.

While maintaining independence, the evaluation will be carried out based on a participatory approach, which seeks the views and assessments of all parties identified as main evaluation users, the Core Learning Partners (CLP). The evaluation should involve multiple perspectives, views and assessments both within and outside the UNODC. Special attention should be paid to triangulation of different sources and types of data and other information, types of methods and analysis to enhance reliability of the evaluation findings. It is essential that the evaluation assesses and determines the effects of outcomes and impacts (intended or unintended) for different types of duty bearers and right holders in disaggregated fashion.

All evaluations of the United Nations system are guided by the principles of human rights and gender equality, whereby gender-sensitive evaluation methods and gender-sensitive data collection techniques are essential to address issues of marginalized, hard-to-reach and vulnerable populations.

The evaluators will present a summarized methodology (evaluation matrix) in an Inception Report which will specify the evaluation criteria, indicators, sources of information and methods of data collection. The evaluation methodology must conform to the UNODC evaluation norms, standards, templates and guidelines, as well as the United Nations Evaluation Group (UNEG) Norms and Standards.

While the evaluation team shall fine-tune the methodology for the evaluation in an Inception Report, a mixed approach of qualitative and quantitative methods is mandatory. Special attention shall be paid to an unbiased and objective approach and the triangulation of sources, methods, data, and theories. Indeed, information stemming from secondary sources will be cross-checked and triangulated through data retrieved from primary research methods. Primary data collection methods should be gender sensitive.

The credibility and analysis of data are key to the evaluation. Rival theories and competing explanations must be tested once plausible patterns emerge from triangulating data stemming from primary and secondary research.

The limitations to the evaluation will be identified by the evaluators in the Inception Report, e.g. data constraints (such as missing baseline and monitoring data), which may create the need for the evaluators to retrospectively reconstruct the baseline data and to further develop result orientation of the programme.

The main elements of method will include:

- Preliminary desk review of all relevant project documentation (Annex II), as provided by the Project Manager as well as further documents requested by the evaluation team;
- Preparation and submission of an Inception Report (containing preliminary findings of the desk review, refined evaluation questions, data collection instruments (including questionnaire and interview questions), sampling strategy, evaluation matrix and limitations to the evaluation), clearance by IEU before any field mission may take place;
- Interviews (face-to-face or by telephone/Skype), with CLPs and key project stakeholders and beneficiaries, both individually and (as appropriate) in small groups/focus groups, as well as using surveys, questionnaires or any other relevant quantitative and/or qualitative tools as a means to collect relevant data for the evaluation; including field missions (to be identified between project management, IEU and the evaluation team);
- Observation during field missions;
- Analysis of all available information;
- In conducting the evaluation, the UNODC and the UNEG Evaluation Norms and Standards are to be taken into account. All norms, standards, guidelines and templates to be mandatorily used in the evaluation process can be found on the IEU website: http://www.unodc.org/unodc/en/evaluation/index.html).

The sources of data

The evaluation will have to utilize a mixture of primary and secondary sources of data. The primary sources for the desk review may include, among others, interviews with key stakeholders (face-to-face or by telephone/Skype), the use of surveys and questionnaires, field missions (incl. case study), focus group interviews, observation and other participatory techniques. Secondary data sources will include the project documents and their revisions, progress and monitoring reports and all other relevant documents, including visual information (e.g. eLearning, pictures, videos, etc.). In general, the evaluator will utilize different methods to address the stakeholders, including case study analysis conducted through the proposed field missions.

Desk Review

The evaluators will perform a desk review of existing documentation (please see the preliminary list of documents to be consulted in Annex II). This list is however not to be regarded as exhaustive, as additional documentation may be requested by the evaluators.

Primary Research Methods

Primary sources of data include, among others:

- Qualitative methods: structured and semi-structured interviews with key stakeholders, key representatives of different entities (face-to-face, by telephone or by Skype).
- Quantitative methods: survey questionnaires.
- Field missions will be conducted. The specific countries will be identified by the Project Management and further refined during the inception phase by the evaluation team, in consultation with IEU and Project Management.

Phone/Skype interviews / face-to-face consultations

The evaluators will conduct phone interviews / face-to-face consultations with identified individuals from the following groups of stakeholders:

- Member States;
- Donors;
- Relevant governmental, international and regional partner organizations;
- Civil society (non-governmental and community-based organizations);
- Beneficiaries (e.g. Governments, judiciary, national institutions, specialized organisations, etc.);
- UNODC management and staff;
- Others.

Questionnaire

A questionnaire (on-line) will be developed and used in order to help collect the views of stakeholders (e.g. trainees, counterparts, partners, etc.) who cannot be directly interviewed/consulted through face-to-face meetings because they are located in places away from capitals in the region that will be visited by the evaluation team. The on-line questionnaire shall be clear and concise and appropriately targeted and be administered by the evaluation team.

TIMEFRAME AND DELIVERABLES

Time frame for the evaluation

The evaluation will be conducted between 12 December 2016 and 13 April 2017.

Time frame for the field mission

The evaluation team will be responsible for the sampling of countries for field missions, in close consultation with Project Management. Sampling should be representative of 4 groups of countries: 1) countries that had already been benefitting from the predecessor project and continued to receive assistance as part of this project26; 2) countries that were new beneficiaries in 2011;27 3) countries that were added in 2012/13;28 and 4) countries in Southern and Eastern Africa.29 Field Visits should commence not later than January 10, 2017 through to January 26, 2017. Further necessary interviews, including interviews with countries where field visits were not conducted, will be conducted through telephone calls until data saturation is achieved.

Expected deliverables and time frame

It is expected that following deliverables will be met within a time frame of 42 working days over consecutive 4 months:

Indicative Activities

- Desk review of existing documents,
- Evaluation design, including detailed protocol and plan of evaluation, including timelines and
  relevant tools (in an Inception Report; to be reviewed and cleared by IEU before the field mission takes place)
- Interviews with stakeholders;
- Field Visits, which will include interviews with partners and Stakeholders, focus groups, Key Informant Interviews and consultations and relevant site visits to project sites.
- Debriefing with UNODC and stakeholders about major preliminary findings;
- Drafting of the evaluation report in line with UNODC evaluation guidelines, templates, policy
  and handbook; to be reviewed by project management for factual errors; to be reviewed and cleared by IEU (can entail various rounds of comments). This draft report will also be shared with CLPs and their comments incorporated, as appropriate.
- Finalization of the evaluation report in line with UNODC evaluation guidelines, templates,

---

[26] Mozambique, Namibia, Swaziland, Zambia
[27] Malawi, Ethiopia, Tanzania +Zanzibar,
[28] Angola, Lesotho, Zimbabwe
[29] Southern Africa: Mozambique, Namibia, Swaziland, Zambia, Malawi, Angola, Lesotho, Zimbabwe; Eastern Africa: Ethiopia, Tanzania +Zanzibar,

policy and handbook; to be reviewed and cleared by IEU (can entail various rounds of comments);

- Presentation of evaluation findings.

Duties	Time frame	Location	Deliverables
Inception meeting with UNODC HQ & IEU	16 January 2017 (EL[30] – 01 working day)	Home Base Skype Call	Updated proposals Proposed schedule & workplan.
Inception meeting with UNODC ROSAF	18 & 19 January 2017 2017 (EL/SE[31] 02 working days)	UNODC ROSAF	Updated proposals Proposed schedule & workplan.
Desk review and preparation of draft Inception Report	12 – 23 January 2017 (EL: 08 working days / SE: 06 working days)	Home base	Draft Inception report containing: preliminary findings of the desk review, refined evaluation questions, data collection instruments (including questionnaire and interview questions), sampling strategy, evaluation matrix and limitations to the evaluation
Review of draft Inception Report by IEU (can entail various rounds of comments)	24 January to 03 February 2017 (IEU review)		Comments on the draft Inception Report to the evaluation team
Incorporation of comments from IEU (can entail various rounds of comments)	03 February – 7 February 2017 (EL: 2 working days; SE: 1 working day)		Revised draft Inception Report
Deliverable A Final Draft Inception Report in line with UNODC Evaluation guidelines, handbook, templates, norms and standards; Evaluation mission planning finalised	By 10 February 2017 (overall EL: 13 w/d; SE: 9 w/d)		Final Inception Report including the planned field missions to be cleared by IEU

[30] EL: Evaluation Leader / SE: Substantive Experts
[31] EL: Evaluation Leader / SE: Substantive Experts

Evaluation missions (including UNODC ROSAF): briefing, interviews; presentation of preliminary findings	13 February to 2 March 2017 (EL/SE 14 working days)	Field Offices, UNODC ROSAF	Presentation of preliminary findings
Drafting of the evaluation report; submission to Project Management for review of factual errors (copying IEU)	Drafting report: 03 March to 16 March 2017 (EL: 10 working days / SE: 8 working days)	Home base	Draft evaluation report (to be reviewed and cleared by IEU; can entail various rounds of comments)
Review of IEU for quality assurance and Project Management for factual errors	16-23 March 2017		Comments on the draft evaluation report
Consideration of comments from the project manager and incorporation of comments from IEU (can entail various rounds of comments)	24 March – 28 March 2017 (EL: 3 working days SE: 1 working day)	Home base	Revised draft evaluation report
Deliverable B Draft Evaluation Report in line with UNODC Evaluation guidelines, handbook, templates, norms and standards	By 28 March 2017 (overall EL: 27 working days; SE: 23 working days)	UNODC ROSAF	To be cleared by IEU
IEU to share draft evaluation report with Core Learning Partners for comments	30 March 2017 Deadline to receive comments from CLP: 13 April 2017	UNODC ROSAF	
Consideration of comments from Core Learning Partners	18 April 2017 to 20 April 2017 (EL: 3 working days / SE: 2 working days)	Home base	Revised draft evaluation report

Final review by IEU of report (can entail various rounds of comments and incorporation)	By 24 April 2017	Home base	Revised final draft evaluation report
Presentation of evaluation results	By 26 April 2017 (EL: 1 working day)	UNODC ROSAF or Skype	Presentation delivered
Deliverable C Finalization of report incl. Management response (if needed), presentation of evaluation results	By 24 April 2017 (overall EL: 4 working days; SE: 2 working days))	Home base; UNODC ROSAF	Final evaluation report; Presentation of final evaluation findings and recommendations All to be cleared by IEU
Project Management: finalise the Evaluation Follow-up Plan in ProFi (to be cleared by IEU)	By 12 May 2017		Final Evaluation Follow-up Plan

v. EVALUATION TEAM COMPOSITION

Number of evaluators needed

For the scope and the scale of the project, an independent and external evaluation team consisting of one lead evaluator and two substantive experts will be recruited;

(i) The lead evaluator with extensive expertise in the field of Evaluation and substantive expertise in public health as well as a strong practical knowledge of the Southern African Region.

(ii) Two supporting substantive experts in the area of HIV and AIDS and Prison Health.

The evaluation team will work under the overall guidance of IEU and the evaluation process will be coordinated by the Regional M&E Officer based in Pretoria, South Africa, in close consultation with the Regional Programme Coordinator. The evaluation team will be appointed on the basis of experience in programme evaluation, monitoring, implementation and knowledge of the subject and their selection will be cleared by IEU. The lead evaluator should possess extensive knowledge of, and experience in applying, qualitative and quantitative evaluation methods as well as a gender-sensitive methodology; a strong record in designing and leading evaluations; technical competence in the area of Public Health and excellent oral communication and report writing skills in English. Extensive coordination skills will also be required to manage the evaluation team. Relevant work experience in evaluation with the UN will be an asset.

vi. The role of the lead evaluator

The lead evaluator will be in charge of fulfilling the following mandatory requirements and ensuring that the evaluation deliverables are in line with UNODC Evaluation guidelines, handbook, templates, norms and standards:
carry out the desk review;
Develop evaluation methodology, including sample size and sampling technique;
prepare the inception report incorporating the above components, in line with the guidelines and templates on the IEU website http://www.unodc.org/unodc/en/evaluation/evaluation-step-by-step.html;
incorporate comments received in the Inception Report; until clearance by IEU;
conduct all interviews with the stakeholders;
lead and coordinate the evaluation process;
implement quantitative and qualitative tools and analyze data;
triangulate data and test rival explanations;
ensure that all aspects of the terms of reference are fulfilled;
draft an evaluation report in line with UNODC evaluation policy and the guidelines and template on the IEU website http://www.unodc.org/unodc/en/evaluation/evaluation-step-by-step.html;
review and finalize the evaluation report on the basis of comments received;
include a management response in the final report, if needed;
present the final evaluation findings and recommendations to stakeholders.

Deliverables:

Inception Report, in line with UNODC evaluation guidelines, templates, norms and standards (to be reviewed and cleared by IEU);
Draft Evaluation Report, in line with UNODC evaluation guidelines, templates, norms and standards (to be reviewed and cleared by IEU);
Final Evaluation Report, in line with UNODC evaluation guidelines, templates, norms and standards (to be reviewed and cleared by IEU)
Presentation of the final findings and recommendations

The role of the other evaluator(s)

Assist the Lead Evaluator in all stages of the evaluation process, as per the respective TOR; participate in selected missions; provide methodological evaluation quality assurance throughout the evaluation process; comment on all deliverables of the evaluation team; assist the Lead Evaluator in all stages of the evaluation process; join some of the planned missions and apply methodological tools.

For full Terms of Reference, for the Lead Evaluator and other evaluators, refer to Annex 1 & 2

Absence of Conflict of Interest

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

vii. MANAGEMENT OF EVALUATION PROCESS

Roles and responsibilities of the Programme Management Team

The Regional Programme Coordinator and Regional M&E Officer are responsible for managing the evaluation, drafting and finalizing the ToR, selecting Core Learning Partners and informing them of their role, recruiting evaluators, providing desk review materials to the evaluation team, reviewing the inception report as well as the evaluation methodology for factual errors, liaising with the Core Learning Partners, reviewing the draft report for factual errors, developing an implementation plan for the evaluation recommendations as well as follow-up action (to be updated once per year). The Programme management team will also be in charge of providing logistical support to the evaluation team including arrangements for field missions. Furthermore, programme management will be in charge of dissemination of the final evaluation report.

National Project Coordinators will be responsible for organising meetings for the evaluation team in respective countries, arranging for site visits and all logistics that the evaluation team will require during site visits.

Roles and responsibilities of the evaluation stakeholders

The Programme Management Team in consultation with IEU will select members of the Core Learning Partnership (CLP). Members of the CLP will be selected from the key stakeholder groups including beneficiaries and partner organizations, UNODC management, donor organisations. The CLP will be asked to comment on key steps of the evaluation and act as facilitators with respect to the dissemination and application of the results and other follow-up action. Key stakeholders of the project – called "Core Learning Partners" - will participate in the evaluation process during key stages. The Core Learning Partners (CLP) will comprise, but are not limited to UNODC staff and management at country level and ROSAF, representatives of Prisons services in benefiting countries, representatives of National AIDS Councils, Representatives of Ministry of Health, representatives of host ministries responsible for prison services in benefiting countries, e.g. Ministry of Home Affairs in Zambia, Ministry of Safety and Security in Namibia, Ministry of Justice in Lesotho, etc. These will provide information and assistance to the evaluator.

Roles and responsibilities of the Independent Evaluation Unit

The evaluation is managed by the Programme Management Team based at ROSAF, but IEU provides quality assurance through the provision of guidelines, formats, assistance, advice and clearance on key deliverables during the evaluation process. IEU further ensures that the evaluation conforms to the United Nations Evaluation Group (UNEG) Norms and Standards. In particular, IEU guides the process of this evaluation, reviews, comments on and clears Terms of Reference; Selection of consultants and all deliverables of this evaluation, which is the Inception Report; Draft Evaluation Report; Final Evaluation Report, Evaluation Follow-up Plan. IEU publishes the final report on its website.

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

Logistical support responsibilities

The Programme Management Team will be in charge of providing logistical support to the evaluation team including arranging the field missions of the evaluation team, including but not limited to:

All logistical arrangements for the travel of the evaluation team (including travel details; DSA and terminal-payments; transportation, visas; etc.);

All logistical arrangement for the meetings/interviews/focus groups/etc. (including translator/interpreter if needed; set-up of meetings; arrangement of ad-hoc meetings as requested by the evaluation team; transportation from/to the interview venues; scheduling sufficient time for the interviews (around 45 minutes); ensuring that members of the evaluation team and the respective interviewees are present during the interviews; etc.);

All logistical arrangements for the presentation of the evaluation results;

Ensure timely payment of DSA/terminals and other expenses.

For site visits, the evaluation team will liaise with the UNODC National Project Coordinators in the respective countries selected for site visits.

PAYMENT MODALITIES

Consultants will be issued consultancy contracts and paid in accordance with UNODC rules and regulations. The contract is a legally binding document in which the consultant agrees to complete the deliverables by the set deadlines. It is the responsibility of the requesting office to carefully consider and determine the estimated time period that the consultant would need, to be able to produce quality work and fully complete all the expected deliverables on time. It is particularly essential that sufficient time is planned for the drafting and finalizing of the report, including the process of consultation and incorporation of comments and changes. Payment is correlated to deliverables and four instalments are typically foreseen:

- The first payment upon clearance of the Inception Report (in line with UNODC evaluation guidelines, templates, handbook, norms and standards) by IEU (this can entail various rounds of comments) – Deliverable A;

- The second payment upon clearance of the Draft Evaluation Report (in line with UNODC evaluation guidelines, templates, handbook, norms and standards) by IEU (this can entail various rounds of comments) – Deliverable B;

- The third and final payment (i.e. the remainder of the fee) only after completion of the respective tasks, receipt of the final report (in line with UNODC evaluation guidelines, templates,

handbook, norms and standards) and clearance by IEU (this can entail various rounds of comments); as well as presentation of final evaluation findings and recommendations – Deliverable C.

75 percent of the daily subsistence allowance and terminals is paid in advance, before travelling. The balance is paid after the travel has taken place, upon presentation of boarding passes and the completed travel claim forms.

ANNEX II. EVALUATION TOOLS: QUESTIONNAIRES AND INTERVIEW GUIDES

. Participant Information Sheet and Informed Consent: Stakeholders
UNODC Logo

You are invited to participate in an evaluation which seeks to learn more about your experiences of the Project XSS V02 which was implemented by UNODC and aimed to develop and sustain national responses to HIV within prison systems in your country.

I (Name of Evaluator) am the evaluator and I am interviewing people for this evaluation. I am not collecting names or other personal identifiers – people's identities will remain anonymous. Your participation in this evaluation is voluntary. You can withdraw at any time. I am asking for your consent for me to tape record the focus group/interview.

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the evaluation. Thank you for considering taking part in this evaluation.

Please tick or initial

I understand that if I decide at any time that I no longer wish to participate in this evaluation, I can notify the evaluator and withdraw from it immediately without giving any reason.

Yes	No

I understand that I can ask for my focus group/interview data to be withdrawn from the study any time before the summary findings are published in the final report.

Yes	No

I consent to my focus group/interview being audio recorded.

Yes	No

I understand that confidentiality and anonymity will be maintained and my identity will not feature in any publications

Yes	No

Participant's Statement:
I agree that the evaluation named above has been explained to me to my satisfaction and I agree to take part in the study. I have read the Information Sheet about the project, and understand what the evaluation involves.

Signed Date

Expert Evaluator Statement:
Confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed evaluation to the participant.

Signed Date

Interview and Focus Group Guide: Stakeholders

You are invited to participate in an evaluation which seeks to learn more about your experiences of the Project XSS V02 which was implemented by UNODC and aimed to develop and sustain national responses to HIV within prison systems in your country. I/we are interested to hear your views on the project in terms of how relevant it is in helping to address HIV transmission in prisons and improve the quality of services for prisoners and prison staff.

.

Is the design of project XSS V02 relevant in addressing identified national and regional priority needs relating to HIV in prisons and communities?
Do you think the projects activities are aligned with the UNODC regional programming and recipient government policies and priorities?
Was the structure of the project relevant in supporting replication of good practice, sharing of experiences and lessons learnt across prisons and countries in the region?
Was the project responsive to political, legal, economic, institutional and environmental factors affecting implementation?
Did the project achieve its objectives in your view? What kind of progress was made?
What were the major achievements and setbacks in your view?
What were the major factors affecting implementation and achievement of outcomes?
What kind of difficulties occurred when implementing the different activities?
Were the activities cost efficient in your view?
Were the activities implemented on schedule and within the budget?
Were activities successful in achieving the outcomes?
Do the results obtained under the project justify the costs?
Could the same results have been achieved with fewer resources?
What do you think is the impact of the project in curbing new HIV infection in prisons?
Can any identified changes in HIV and AIDS programming in prison settings in the region be attributed to the project?
Can you describe any intended and unintended effects of the project?
Can you describe the positive and negative effects of the project?
Can you describe the short and long terms effects of the project?
Have there been any identified changes in risk behaviours/ virus transmission/acquisition risks in prison be attributed to the project?
What lessons can be drawn regarding project effectiveness?
What is the likelihood that the benefits from the project will be sustained after the end of the project?
What major challenges and constraints were faced when implementing this project at different levels and what are the possible solutions?
What best practices can be identified for future phases of the project or other UNODC projects?
What lessons can be learned from the programme implementation in order to improve performance, results and effectiveness in the future?
To what extent are services and products developed under the project likely to continue, be scaled up or replicated after the project funding ceases?
What lessons can be drawn to inform UNODC technical assistance agenda responding to the Sustainable Development Goals?
What were the key risk factors and challenges for longer term sustainability of the results?
What kind of opportunities for sustainability can you describe?
To what extent has the project in its design and implementation mainstreamed gender issues?
To what extent were human rights deliberations included in the project design and implementation?
To what extent were the rights and needs of other vulnerable populations mainstreamed in the project designed and implementation?(e.g. young offenders, drug users, sexual minorities etc)?
Can you describe the level of networking and partnerships developed in your region and nationally to support implementation of the project?
Were the project activities designed and implemented with participation of relevant partners and recipients?
Has cooperation, coordination and collaboration been sought with other organisations, NGOs, other intergovernmental organizations throughout the project implementation?
Has the project actively cooperated with other relevant agencies, and how have activities been coordinated?
Has the provision of actual project services been extended to various health and community partner organizations (government, NGOs, community based organizations involved in the provision of HIV and drug prevention/harm reduction services)?
To what extent has the African HIV in Prisons Partnership Network (AHPPN) contributed to building partnerships and multi-sectoral cooperation?

Focus Group Discussion Guide Inmates

Country…………………………………………………………………………………

Prison
Type……………………………………………………………………………………..

No of people in the group…………Gender of the group.................................

You are invited to participate in a focus group discussion of an evaluation which seeks to learn more about your experiences of the Project XSS V02 which was implemented by UNODC to develop and sustain national responses to HIV within prison systems in your country. I/we are interested to hear your views on the project in terms of how relevant it is in helping to address HIV transmission in prisons and improve the quality of services for prisoners and prison staff. You are free to answer any questions and contribute your thoughts to this discussion.

What programmes do you know that are being run in prisons?
Do you know about the XSS V02 program?
In your opinion have you seen any improvement in prison services in general?
Are HIV programs being implemented in prisons relevant to the setting Yes/No
If Yes name, the programs?
In your opinion how effective are these programs?
Was there any training done for inmates in this prison? Yes/No
If Yes what are the inmates trained on?
Were you provided with HIV&AIDS information during your stay in prisons? Yes/No
If yes what information were you given?
How about information on STIs Yes/No
If yes what information were you given?
How about information on TB? Yes/No
If yes what information were you given?
How about information on treatment, care and support? Yes/No
If yes what information were you given?
What challenges have you faced in accessing health services in:
General
How about HIV services?
How about treatment care and support services?
How are TB services?
To what extent are human rights of inmates observed in prison?
To what extent are gender issues observed in this prison?
In general
How about SRH programs?
What recommendations can you give for better service delivery in prisons?
Is there anything you would like to share with us?
Thank you for taking the time to have this discussion with us.

Survey: Prison Staff (wardens/supervisors) UNODC Logo

Country ....Prison type .... Respondent Position ....

You are invited to participate in an evaluation which seeks to learn more about your experiences of the Project XSS V02 which was implemented by UNODC and aimed to develop and sustain national responses to HIV within prison systems in your country. Thank you for agreeing to participate in the online questionnaire. Your input is valuable. Please comment with regard to specific programming (service delivery, advocacy and partnerships, sensitisation, enabling environments, capacity building)

1. In your opinion, is Project XSS V02 relevant in curbing HIV transmission in your prison?

Not Relevant Relevant Very Relevant
1 2 3 4 5

2. In your view has Project XSS V02 changed HIV and AIDS programming in your prison?

Not Partly Completely
1 2 3 4 5

3. Has Project XSS V02 reduced prisoner engagement in risk behaviours in your prison?

Not Partly Completely
1 2 3 4 5

4. Has Project XSS V02 increased your and other staff knowledge around HIV in your prison?

Not Partly Completely
1 2 3 4 5

5. What can be improved or replicated in other projects?

6. Did Project XSS V02 provide or support the following in your prison? Please tick if yes.

Training	
Information Provision	
Advocacy	
Sensitisation Event	
Policy Development	
Changes in Legislation	
Community Partnerships	

7. What factors influenced delivery of Project XSS V02 in your prison?
8. What factors hindered the achievement of Project XSS V02 in your prison?
9. If you are involved in management, do you think costs could have been saved in the implementation of Project XSS in your prison? If not please move on to the next question.
10. If you are involved in management, was Project XSS V02 implemented within the time schedule set? If not please move on to the next question.
11 in your opinion are there any negative effects of Project XSS V02 in your prison?

12 Do you think that benefits from Project XSS V02 will continue to be sustained after the end of the project?

Not Partly Completely
1 2 3 4 5

13 Do you think that HIV services and training activities developed in your prison under the project will continue, be scaled up or replicated after the project funding ceases?

Not Partly Completely
1 2 3 4 5

14. Can you describe any changes as a result of Project XSS V02 that occurred regarding human rights?
15. Can you describe any changes as a result of Project XSS V02 that occurred regarding gender?
16. Please give an example(s) of the direct benefit of the project. What changed as a result of the project in your prison?
17. Please give an example(s) of how the project could improve its delivery in your prison. the direct benefit of the project. What changed as a result of the project in your prison?
18. Is there anything you would like to add?

ANNEX III. DESK REVIEW LIST

Project Documents
UNODC Project document for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) 2011
UNODC-ROSAF Progress Report for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) 2011
UNODC Progress Report for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) 2012
UNODC-ROSAF Project Revision Documents for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) 2012
UNODC Progress Report for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) 2013
UNODC Progress Report for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) 2014
UNODC Annual Report for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) Factsheet 2014
UNODC Progress Report for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) 2015
UNODC Donor Report for XSSV02 HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) 2017
UNODC Project Document XAS J72 - HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings in Southern Africa 2008
UNODC Project Revision Document XAS J72 - HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings in Southern Africa 2011
UNODC Assessment of the Situation of HIV, STI's and TB and Health Needs in Prisons [Lesotho(2011), Malawi (2012), Mozambique (2013); Swaziland (2011); Tanzania (2013); Zambia (2011); and Zimbabwe (2011)].Provided in 2017.
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Guidelines for Comprehensive Antiretroviral Therapy (ART) Services in Prison Settings Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Standard Operating Procedure for Comprehensive Antiretroviral Therapy (ART) Services in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Training manual on implementing Guidelines and SOPs Training Module 6: Conducting Antiretroviral Treatment (ART) in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Guidelines for Counselling for Key Populations in Prison Settings Advance Copy 2017

UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Standard Operating Procedures for Counselling Services for Key Populations in Prison Settings Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Training manual on implementing Guidelines and SOPs Training Module 1: Counselling for Key Populations in Prison Settings Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Guidelines for conducting HIV Testing and Counselling (HTC) in Prison Settings Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Standard Operating Procedure for conducting HIV Testing and Counselling (HTC) in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Training manual on implementing Guidelines and SOPs Training Module 3: Conducting HIV testing and Counselling (HTC) in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Guidelines for the Prevention of Mother to Child Transmission of HIV in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Standard Operating Procedure for the Prevention of Mother to Child Transmission of HIV in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Training manual on implementing Guidelines and SOPs Training Module 4: Prevention of Mother to Child Transmission (PMTCT) in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Guidelines for HIV Preventative Commodities in Prison Settings Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Standard Operating Procedure for Condom Provision in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Training manual on implementing Guidelines and SOPs Training Module 7: HIV Preventative Commodities in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Guidelines for Psycho-social Counselling & Support for People Living with HIV/AIDs in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Standard Operating Procedure for Psycho-social Counselling & Support for People Living with HIV/AIDS in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Training manual on implementing Guidelines and SOPs Training Module 2: Psycho-social Counselling & Support for People Living with HIV/AIDS in Prisons Settings Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Guidelines for collaborative HIV/TB services in Prison Settings Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Standard Operating Procedure for Integrated TB and HIV services in Prisons Advance Copy 2017
UNODC Improving Provision of HIV & TB Services in Prison Settings in Sub-Saharan Africa: Training manual on implementing Guidelines and SOPs. Training Module 5: Integrated TB and HIV services in Prisons Advance Copy 2017
UNODC Terms of Reference of the Independent Final Evaluation HIV Prevention, treatment, care and support in prisons settings in Sub Saharan Africa XSS V02 Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (+ Zanzibar), Zambia & Zimbabwe) 2017.
Policy Documents
UN Global Goals for Sustainable Development 2015
UNAIDS On the Fast-Track to end AIDS, Strategy2016-2021.2015
UNAIDS 2016-2021 Unified Budget, Results and Accountability Framework 2016
UNODC Policy brief. HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions 2013
UNODC –SADC Regional Programme: Making the Southern African Development Community (SADC) Region Safer from Crime and Drugs 2011
UNODC/UNAIDS/WB HIV and Prisons in sub-Saharan Africa: Opportunities for Action 2007

WHO Prisons and Health 2014
WHO Policy for Collaborative TB/HIV Activities 2004
WHO Health in Prisons A WHO guide to the essentials in prison health 2007
WHO Status Paper on Prisons and Tuberculosis 2007
WHO/ICRC Tuberculosis Control in Prisons A Manual for Programme Managers 2000
WHO/UNODC Women's health in prison Correcting gender inequity in prison health 2009
WHO/UNODC/UNAIDS Evidence for action on HIV/AIDS and injecting drug use Policy brief: Reduction of HIV transmission in prisons 2004
UNAIDS/UNODC/WHO/UNDP Guidance Note Services for people in prisons and other closed settings 2014
UNODC Policy Brief HIV testing and counselling in prisons and other closed settings 2009
UNODC/EMCDDA HIV in prisons Situation and needs assessment toolkit 2010
UNODC/UNAIDS/WHO Interventions to address HIV in prisons: needle and syringe programmes and decontamination strategies. 2007
UNODC/UNAIDS/WHO Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users 2009
UNODC A handbook for starting and managing needle and syringe programmes in prisons and other closed settings. 2014
UNODC Training manual for law enforcement officials on HIV service provision for people who inject drugs 2014
UNODC. A handbook for starting and managing needle and syringe programmes in prisons and other closed settings. Advance Copy 2014
UNODC Handbook for prison managers and policymakers on Women and Imprisonment 2008
UNODC/UNAIDS Women and HIV in prison settings 2008
UNODC/UNAIDS/WHO HIV/AIDS prevention, care, treatment and support in prison settings A Framework for National Response 2006
UNODC/UNAIDS/WHO HIV/AIDS HIV and AIDS in places of detention; A toolkit for policymakers, programme managers, prison officers and health care providers in prison settings 2008
UNODC/UNAIDS/WHO Policy Guidelines for Collaborative TB and HIV Services for injecting and other drug users: An integrated approach. 2008
UN The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)
UNAIDS HIV in prisons and other closed settings 2015
UNODC Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa (XAFK45) XAFK45 Ethiopia, Kenya, Uganda, Tanzania and Zambia Final Evaluation Report 2015.
AHPPN African HIV in Prisons Partnership Network Brochure
Evaluation Support Documents
UNODC ROSAF HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa (Angola, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania (including Zanzibar), Zambia and Zimbabwe) Evaluation Team Presentation 2017
Guidelines for UNODC Evaluation Reports.
UNEG Integrating Human Rights and Gender Equality in Evaluation Towards UNEG Guidance 2011
UNODC and the Promotion and Protection of Human Rights Position Paper 2012.
UNODC Gender mainstreaming in the work of UNODC 2013
UNODC Roles and Responsibilities in Independent Project Evaluations
UNODC Inception Report Guidelines and Template
UNODC Typographic styles for the Independent Evaluation Unit report template
UNODC Independent Evaluation Unit Evaluation Quality Assessment Template
UNODC Evaluation Follow-up plan for the implementation of Recommendations

ANNEX IV. LIST OF PERSONS CONTACTED DURING THE EVALUATION

Number of Participants	*Organization/Stakeholder*	*Country*
1 male	UNODC	Austria
1 male	UNODC	South Africa
2 females	UNODC	
1 female	UNODC	Ethiopia
1 male	Government	Angola
1 male	UNODC	Malawi
3 females	Implementing Partner	
8 males	Implementing Partner	
1 individual gender not available [Prison Staff Survey]	Superintendent	
1 male	UNODC	Mozambique
1 male	CSO	
1 female[Prison Staff Survey]	Government	
1 individual gender not available [Prison Staff Survey]		
1 female	UNODC	Namibia
2 females	Implementing Partner	
1 male	Implementing Partner	
1 female [Prison Staff Survey]	Implementing Partner	
2 individuals gender not available [Prison Staff Survey]	Superintendent and Medical Doctor	
1 male	UNODC	Swaziland
3 females	Implementing Partner	
1 male	Implementing Partner	
1 female	UNAIDS	
1 female	Master Trainer	
6 males	Implementing Partner	Lesotho

4 females.	Implementing Partner	
1 female	Government	
10 males	Prison Inmates	
10 females	Prison Inmates	
2 males	Implementing Partner	Tanzania
2 females	Implementing Partner	+Zanzibar
22 males	Government Implementing	
4 female	Partner	
5 female	Inmates	
8 males	Inmates	
8 males	CSO, Legislators, MoH	Zambia
2 females	[FGD]	
1 male	Government	
1 male	UNAIDS	
1 female	SIDA	
11 females	Inmates	
6 males	Inmates	
7 males	Government Implementing Partner	Zimbabwe
2 females	Government Implementing Partner	
1 male	Implementing Partner	
3 females	Implementing Partner	
7 males	Inmates	
7 females	Inmates	
Total		
96 males 68 females 4 gender not available	168	

ANNEX V. EVALUATION MATRIX

Evaluation Question	Indicator(s), data	Collection method(s)	Data source	Sampling
Relevance 1. To what extent is the design of Project XSS V02 relevant in addressing identified national and regional priority needs? 2. To what extent are the activities implemented through the project aligned with the UNODC and recipient government policies and priorities? 3. Was the overall project structure relevant to facilitate the replication of good practice, sharing of experiences and lessons learned? 4. To what extent was the UNODC approach of regional programming relevant to countering the problem being addressed in this project?	Project XSS V02 responds to the needs of vulnerable people, regional priorities and affected prisons in Sub Saharan Africa. Project XSS V02 activities are aligned with regional government and UNODC policies and priorities. Project XSS V02 structure was relevant to sharing of good practice, experiences and lessons learned.	Desk Review Stakeholder Interviews Beneficiary Interview/Focus Group Online Survey Case Study site visits Observation	Project reports Monitoring data Qualitative data Quantitative data Reflective and observational data	Purposive with triangulation across sources
Effectiveness 1. What were the major factors influencing the achievement or non-achievement of the objective and outcomes (including difficulties, challenges, etc.)? 2. Has the project achieved its foreseen objective and results? If not, how much progress has been made towards their achievement? 3. What are the difficulties/problems that occurred during implementation of the activities? 4. What were the projects major achievements and setbacks? 5. Was Project XSS V02 appropriately responsive to political, legal, economic, institutional and environmental factors affecting the operational environment?	Leadership/coordination structure for Project XSS V02 Capacity strengthening and coordination and scale up of the prison HIV treatment, support and care activities M&E strengthening for participating grantees The challenges that occurred during the implementation were addressed	Desk Review Stakeholder Interviews Beneficiary Interview/Focus Group Online Survey Case Study site visits Observation	Project reports Monitoring data Qualitative data Quantitative data Reflective and observational data	Purposive with triangulation across sources
Efficiency 1. To what extent were activities cost-efficient (e.g. co-financing of components, etc.)? 2. To what extent were the resources and inputs converted to outputs in a timely and cost-effective manner? 3. To what extent were activities implemented on schedule and within the budget? 4. To which extent have delivered inputs translated into outcomes that contributed to the attainment of the objectives? 5. Were results obtained under the project justify the costs? 6.Could the same results have been achieved with fewer resources?	Allocation resources and inputs per expected outputs Implementation timelines per objective Distribution of resource allocation Cost-effectiveness in resource use Shared resources with other projects; Non-replication of activities Partnering with existing health services and activities	Desk Review Stakeholder Interviews Beneficiary Interview/Focus Group Online Survey Case Study site visits Observation	Project reports Monitoring data Qualitative data Quantitative data Reflective and observational data	Purposive with triangulation across sources
Impact 1. To what extent can any identified changes in HIV and AIDS programming in prison settings in the region be attributed to the project? 2. What are the intended and unintended, positive and negative, long term effects of the project? 3. To what extent can any identified changes in the risk behaviours and virus transmission/acquisition risks in prison be attributed to the project?	Governments and civil society organizations have the capacity to implement HIV and related risk reduction strategies in prison settings % decrease in HIV and other virus incidence through Project XSS V02; Number of persons who received Project XSS V02 services/training and had specific changes behaviour,	Desk Review Stakeholder Interviews Beneficiary Interview/Focus Group Online Survey Case Study site visits Observation	Project reports Monitoring data Qualitative data Quantitative data Reflective and observational	Purposive with triangulation across sources

	knowledge, attitudes, skills, practice, decision-making, values, conditions, status etc		data	
Sustainability 1. What is the likelihood that the benefits from the project will be sustained after the end of the project? 2. To what extent are services and products developed under the project likely to continue, be scaled up or replicated after the project funding ceases? 3. In which ways are the host institutions developing the capacity and motivation to continue implementing HIV interventions after the end of this project? 4.What were the key risk factors for longer term sustainability of the results? 5.To what extent was the evolution of these factors assessed?	Stakeholders have sustainability plans and activities planned after Project XSS V02' phase out The XSS V02 services will continue/be scaled up or replicated after the funding phase out	Desk Review Stakeholder Interviews Beneficiary Interview/Focus Group Online Survey Case Study site visits Observation	Project reports Monitoring data Qualitative data Quantitative data Reflective and observational data	Purposive with triangulation across sources
Human rights and gender mainstreaming 1. To what extent has the project in its design and implementation mainstreamed gender issues? 2. To what extent were human rights deliberations included in the project design and implementation? 3. To what extent were gender deliberations included in project design and implementation? 4. To what extent were the rights and needs of other vulnerable populations mainstreamed in the project designed and implementation?(e.g. young offenders, drug users, sexual minorities etc)	The Project XSS V02 activities have been carried out in line with human rights principles and have targeted poverty, gender inequality, innovation and support environmental protection Human and gender aspects are included in the Project XSS V02 design and implementation	Desk Review Stakeholder Interviews Beneficiary Interview/Focus Group Online Survey Case Study site visits Observation	Project reports Monitoring data Qualitative data Quantitative data Reflective and observational data	Purposive with triangulation across sources
Networking and Partnerships 1. To what extent were the project activities designed and implemented with participation of relevant partners and recipients? 2. To what extent has cooperation, coordination and collaboration been sought with other organisations, NGOs, other intergovernmental organizations throughout the project implementation? 3. To what extent has the African HIV in Prisons Partnership Network (AHPPN) contributed to building partnerships and multi-sectoral cooperation? 4. Has the provision of actual project services been extended to various health and community partner organizations involved in the provision of HIV and drug prevention/harm reduction services?	A network of service providers (prison health service, government, drop in centres) is operational and providing HIV screening, treatment, support and care services or making referrals on discharge.	Desk Review Stakeholder Interviews Beneficiary Interview/Focus Group Online Survey Case Study site visits Observation	Project reports Monitoring data Qualitative data Quantitative data Reflective and observational data	Purposive with triangulation across sources
Lessons Learnt and Best Practices 1. What major challenges and constraints were faced when implementing at different levels and what are the possible solutions? 2. What lessons can be drawn regarding project effectiveness? 3. What best practices can be identified for future phases of the project or other UNODC projects? 4. What lessons can be learned from the programme implementation and can be drawn to inform UNODC technical assistance agenda responding to the Sustainable Development Goals? 6. Were there any problems that the project did not address and what new issues have arisen that need to be addressed in future?	Key lessons learned in: Project XSS V02 approach; activities; and financial management Identified best practices in Project XSS V02 Number of problems not addressed (i.e. unsolved) Issues to be addressed in future	Desk Review Stakeholder Interviews Beneficiary Interview/Focus Group Online Survey Case Study site visits Observation	Project reports Monitoring data Qualitative data. Quantitative data. Reflective and observational data	Purposive with triangulation across sources