

Final Independent Project Evaluation of the

**“Supporting the establishment of
evidence-based drug dependence
treatment and rehabilitation system for
the Palestine National Rehabilitation
Centre”**

PSEY13

State of Palestine
(West Bank)

January 2019



This independent evaluation report was prepared by an external independent evaluator Ms Marie Claire Van Hout, PhD. The Independent Evaluation Unit (IEU) of the United Nations Office on Drugs and Crime (UNODC) provides 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>

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ABBREVIATIONS AND ACRONYMS

<i>Abbreviation</i>	<i>Full name</i>	<i>Abbreviation</i>	<i>Full name</i>
CLP	Core Learning Partners	TOR	Terms of Reference
CSO	Civil Society Organisations	UNDAF	United Nations Development Assistance Framework
HDU	High-risk Drug Users	UNDP	United Nations Development Programme
HIV	Human Immunodeficiency Virus	UNEG	United Nations Evaluation Group
KOICA	Korea International Cooperation Agency	UNICEF	United Nations Children's Fund
MoH	Ministry of Health	UNODC	United Nations Office on Drugs and Crime
NGO	Non-Governmental Organisations	UNRWA	United Nations Relief and Works Agency
OST	Opiate Substitution Treatment	UNSCO	Office of the United Nations Special Coordinator for the Middle East Peace Process
PNA	Palestinian National Authority	UN Women	United Nations Women
PNPA	Palestinian National Policy Agency	WHO	World Health Organisation
PNRC	Palestinian National Rehabilitation Centre		
POPSE	UNODC Programme Office in the State of Palestine		
PRDP	Palestinian Reform and Development Plan 2008-2010		
ROMENA	UNODC Regional Office for Middle East and North Africa		
SDG	Sustainable Development Goals		
SOP	Standard Operating Procedures		

MANAGEMENT RESPONSE

<i>Recommendation</i>	<i>Management Response (accepted/partially accepted/rejected)</i>
<i>Recommendation 1 - (Technical Assistance): Improve the design, technical specifications, standards and clinical systems of future similar projects such as a follow up community referral and rehabilitation aftercare project, by consulting with and involving Middle Eastern clinical experts, PNRC staff, experienced general practitioners, and NGOs (Project management, UNODC Programme Office in the State of Palestine)</i>	<i>Accepted</i>
<i>Recommendation 2 - Training Activities): Improve the design and clinical and cultural applicability of professional training in future projects by delivering training that is specific to each clinical discipline, that includes Middle Eastern gender, ethical and human rights considerations, and that is provided by Middle Eastern clinical and NGO experts (Project management, UNODC Programme Office in the State of Palestine)</i>	<i>Partially accepted</i>
<i>Recommendation 3 - (Sustainability): Ensure that future similar projects have sufficient financial resources to support sustainable operations, via e.g. 12-month work planning and ring-fenced resources for maintenance, patient demand and staff support. (Project management, UNODC Programme Office in the State of Palestine)</i>	<i>Accepted</i>
<i>Recommendation 4-(Partnerships and Cooperation)-: Engage with all relevant stakeholders (country partners, Ministerial, health professionals and NGOs) and further develop existing collaborations with WHO, UNDP, UNICEF, UN Women, and UNRWA in future similar projects. (Project management, UNODC Programme Office in the State of Palestine and UNODC Regional Office for Middle East and North Africa)</i>	<i>Accepted</i>
<i>Recommendation 5 - (Human Rights): Ensure human rights are considered and respected in the provision of voluntary drug treatment access and provision in future similar projects. (Project management, UNODC Programme Office in the State of Palestine)</i>	<i>Accepted</i>
<i>Recommendation 6 - (Gender Mainstreaming and Leaving No one Behind): Recognise and respond to the needs of identified key vulnerable populations in future similar projects (Project management, UNODC Programme Office in the State of Palestine)</i>	<i>Accepted</i>

<i>Recommendation 7 - (Staffing): Ensure sufficient project staffing capacity to support all aspects of pre-assessment, design, planning and implementation of future similar projects. (Project management, UNODC Programme Office in the State of Palestine and UNODC Regional Office for Middle East and North Africa)</i>	<i>Accepted</i>
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EXECUTIVE SUMMARY

Background

The State of Palestine consists of the non-contiguous West Bank including East Jerusalem and the Gaza Strip with a densely-packed population. Its unique socioeconomic context is characterized by political and economic tensions and has created conditions that facilitate the spread of illicit and prescription drug abuse. UNODC Programme Office in the State of Palestine (POPSE) has provided technical support to the State of Palestine since 2005, in developing a comprehensive, integrated and safe response to the problem of drug dependence and for the continued prevention and care of HIV. Since 2014, under the Korea International Cooperation Agency (KOICA) fund, POPSE supported the Palestinian Ministry of Health (MoH) under the Project PSEY13; “*Supporting the establishment-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre (PNRC)*”. PSEY13 was implemented by POPSE, with oversight provided by UNODC Regional Office for Middle East and North Africa (ROMENA), and Prevention, Treatment and Rehabilitation Section, Division for Operations, UNODC Headquarters (HQ). This assistance consisted of supporting the main objective of PSEY13, i.e. a comprehensive system of drug dependence treatment carefully established and integrated into the health system in Palestine, with strengthened institutional and human resource capacity to provide evidence-based harm reduction and drug dependence treatment services at the PNRC. PSEY13 was in line with UNODC’s Thematic Sub Programme 5 on Health and Livelihoods (Drugs and HIV) and was formally launched in January 2014. It was extended in 2018 to February 2019 when it will come to an end. PSEY13 had a budget of USD 622,913.00 (expenditure to December 2018; USD611,913: 98%).

Purpose, scope and methodology of the evaluation

The purpose and scope of the final Independent Project Evaluation of PSEY13 was to assess its relevance, effectiveness, efficiency, impact, sustainability, human rights and gender mainstreaming, and partnerships and cooperation. It was also to identify areas of improvement and derive recommendations and lessons learned from measuring its achievements, as well as needs of further assistance for potential future projects with the Palestinian Government, as well as for organizational learning and decision-making purposes. The main users of the evaluation results are POPSE, ROMENA, KOICA, the Palestinian MoH and the PNRC. The eleven Core Learning Partners (CLPs) were identified by POPSE as particularly relevant in the evaluation process, in e.g. reviewing and commenting on the TOR and the evaluation questions, as well as the draft evaluation report. The remaining stakeholders and informants were invited for interviews, including the CLPs. A participatory, age, gender sensitive and gender inclusive as well as a mixed method approach comprising a desk review of project documents, interviews, focus groups and observation was used. Secondary data sources were cross checked and triangulated through the collected primary research data. Desk review of relevant documents, interviews (13 males, 8 females) and focus groups (3 males, 6 females) and site observation at the PNRC were conducted during the mission in September 2018. The evaluation covered the entire timeframe of the project (January 2014 to September 2018, end of evaluation mission), focussing on Jerusalem, Ramallah and Bethlehem. The evaluation was conducted by one external, independent female evaluator, qualified to doctoral level with two decades of public health and clinical experience in drug prevention, treatment and rehabilitation, and of UNODC evaluation.

Main findings

Design

PSEY 13 was designed by POPSE based on the request of the Palestinian MoH and POPSE previous experience in the West Bank, to address the institutional and human resource capacity needs and governance aspects of an assistance package to contribute to the development of a comprehensive system of drug dependence treatment and care, fully integrated into the Palestinian health system. The analysis shows that it was accurately designed to some extent to respond to these identified needs. It was realistically designed to achieve construction and staffing of a facility (PNRC) fully integrated into the Palestinian health system. The design based on a bi-lateral agreement between MoH and KOICA however only achieved the minimum technical specifications and standards for operationalisation and did not fully consult with or involve the staff, experienced general practitioners, NGOs or Middle Eastern clinicians. It is therefore recommended for the future to incorporate projected annual budgets for staffing, maintenance and equipment, and to fully involve these stakeholders in facility design, operations and safety standards. The design of professional training for PNRC staff was further only at the foundation level, delivered to all clinical professions only in English as a collective, and did not fully incorporate Middle Eastern cultural, ethical and gender aspects, or existing expertise from NGOs, experienced general practitioners or Middle Eastern experts. For the future it is therefore recommended to design training that is specific to each clinical discipline, that includes Middle Eastern aspects, and is provided by Middle Eastern clinical and NGO experts.

Relevance

Prior to implementation of PSEY13, the Palestinian Authority lacked a comprehensive system of drug dependence treatment and care fully integrated into the health system. There was limited knowledge of professionals, lack of applicable research-based evidence around drug prevalence and size of the problem and limited financial and human resources. There was an identified need to strengthen the available services in terms of staff, NGO and governmental capacities for evidence-based drug dependence treatment and rehabilitation. PSEY13 was relevant and suitable in terms of in setting up the PNRC to respond to these needs. Technical assistance provided by PSEY13 whilst suitable to the priorities and policies of the health sector actors was less relevant to and inclusive of civil society. There was limited involvement of very relevant NGOs and experienced general practitioners in the support, training and mentoring of PNRC staff, and in the setting up of community referral networks to support both patient intake and rehabilitation after treatment. It is recommended to utilise experienced general practitioners and NGOs better in future projects, especially, those who have extensive and relevant experience providing support to individuals and families affected by drug abuse. The relevance of operations standards, OST guidelines; the PNRC mission statement, strategic management and governance plan, core policies and care planning were developed in line with UNODC and WHO standards, but were the minimum for facility operationalisation at start up. Operational standards and systems require more development.

Efficiency

The evaluation revealed that PSEY13 utilized its resources efficiently to some extent to achieve its objectives and outputs in relation to the inputs and outcomes. It had a strong governance structure. Project revisions were incurred in 2016, 2017 and 2018 due to a change in designated location of the PNRC originally planned for Ramallah to Bethlehem. Delays in sign off from the MoH, and delays in starting the construction of the building in Bethlehem led to corresponding delays in the PSEY13 work plan, delayed recruitment of PNRC staff, and rescheduling of staff professional training activities. Outputs of PSEY13 in terms of technical specifications, costings, facility systems, standards and operating protocols for the PNRC were adequate for start-up of the facility, however for the future it is recommended to ensure ring fenced resources for ongoing staff and technical capacity, and maintenance support required by the Palestinian MoH. There is further a need for scale up over time and a requirement for development of strong community rehabilitation support programming in providing aftercare within a decentralised model across the West Bank.

Partnerships and cooperation

The evaluation showed that POPSE partnerships in Palestine were efficient, effective and integral to implementation of PSEY13. There was strong multi-disciplinary commitment and collaboration of key stakeholders across Ministries, National Institute of Public Health, the National Programme on Drug Control, Criminal Justice and Crime Prevention in supporting the project; partnerships with the Methadone Centre, KOICA, National AIDS Committee and National High Committee for the Prevention of Drugs and Psychotropic Substances, but to a lesser extent involvement of the NGOs; Caritas, Al Maqdese and Al Sadiq al Tayyeb. All partners were identified from the beginning of the project. Interviews revealed that the NGOs Caritas, Al Maqdese and Al Sadiq al Tayyeb whilst having strong and positive relations with POPSE, were underutilised in PSEY13, and are an untapped resource for future operations of the PNRC (and future similar projects), particularly given the need to decentralise drug treatment to primary care, and support patient rehabilitation in communities across the West Bank. It is therefore recommended to partner with and fully involve such key in the design and operation of future similar projects or follow on projects focusing on aftercare in the community. Collaborations with WHO, UNDP, UNICEF, UN Women, and UNRWA were further less developed in PSEY13. It is therefore recommended to further develop and include these international organisations in similar future projects to ensure their input based on relevant expertise and experience in factors relating to drug abuse (gender violence, public health, and vulnerabilities).

Effectiveness

Triangulation of data showed that PSEY13 achieved its planned results, with the PNRC representing a starting point for the Palestine government in the establishment of a comprehensive system of drug dependence treatment and care integrated into their health system. PSEY13 navigated several challenges during implementation which centred on delays caused by the continued political crisis affecting endorsement of the Drug Law; community resistance toward the initial planned location of the PNRC in Ramallah, leading to the subsequent change of site to Bethlehem. Difficulties in securing relevant clinical staff occurred which were overcome by working closely with the Palestinian National Authority (PNA) but leading to delays in the scheduling of professional training for staff recruited to work at the PNRC. It was however only effective to some extent in achieving staff capacity building, the 2017 situation assessments, and PNRC technical and operational specifications, systems and standards. Interviews showed that there is stakeholder concern around PNRC operational standards at start up with regard to sufficient staffing levels for safety; the competency of recruited staff in dealing with drug dependence and related co-morbid complexities; the lack of staff input into the facility layout, risk assessments and operational planning, and the foundation professional training on drug dependence treatment provided by international expert trainers from outside Arab cultures. It is recommended for future projects to include clinical staff input into operational and safety layout and standards, systems, risk assessments and technical specifications. There was also concern around the lack of involvement of key Middle Eastern clinicians, general practitioners and NGOs in staff training and support, and in establishing patient referral and community rehabilitation pathways. Future projects are advised to include these key stakeholders with relevant expertise, community trust and knowledge in capacity building, and in programming

Impact

The evaluation revealed that PSEY13 provides a strong starting point for the Palestinian government to respond to rising drug use and related risk behaviours in the State of Palestine, by virtue of setting up the first drug treatment and rehabilitation centre of its kind that is science, gender and human rights-based and fully integrated into the Palestinian health system. PSEY13 is strongly aligned to the UN SDG 3 by virtue of its focus on ensuring healthy lives and promote well-being for all and at all ages; the UNODC Thematic Programme on Health and Livelihoods (Drugs and HIV); the UNODC global programme GLOK32; and regional and country UNODC programmes and projects such as PALI06; XNAJ58, XAMW59 and PSEX02. PSEY13 also contributes strongly to key UN priorities for Palestine, and existing Palestinian Government strategies on health, drug control, justice reform, gender and juvenile justice. Given the PNRC became operational from January 2019, it was however not possible to assess its true impact in terms of its response to drug treatment demand, staff

capacity building, and associated health and crime related outcomes within the time frame of this evaluation.

Sustainability

The PNRC became operational by the Palestinian MoH in January 2019. The evaluation shows that POPSE technical assistance has through its activities in PSEY13 supported the development of Palestinian governmental commitment to support the operation of the PNRC. Potential threats to sustainability relate to the requirement for continued governmental funding to support the running of the facility (i.e. medicines procurement, staffing and maintenance costs) itself and the need to budget for scale up across the West Bank via decentralisation and provision of a follow-up on aftercare programme. Ownership is vital to the cascade of clinical training of PNRC staff, and with further ongoing professional training, mentoring and peer training identified as key to supporting sustainability of PSEY13 outcomes. Future projects are recommended to provide and support further technical assistance pertaining to clinical training and staff mentoring by Middle Eastern experts and the twinning of the PNRC with a leading UK treatment centre.

Human Rights, Gender Equality and leaving no one behind

The evaluation shows that human rights, gender mainstreaming and *'leaving no one behind'* were only to some extent considered in the design and implementation of PSEY13 activities. Some concerns were raised by stakeholders during interview around families signing individuals into the PNRC for compulsory treatment. It is recommended to include such specific Middle Eastern ethical and human rights considerations in future projects. There are also various key populations that require further attention in training and programming (e.g. drug dependent women and neonates, children of substance using families, prisoners, youth, disabled, patients with co-morbidities and co-infections).

Main conclusions

Prior to the implementation of PSEY13 by POPSE, Palestine lacked a comprehensive system of drug dependence treatment and care fully integrated into the health system and provided by trained staff. POPSE partnerships and co-operations were only effective to some extent. PSEY13 however responded strongly to the need to set up the PNRC, develop start up facility technical specifications, systems and standards, and increase clinical staff capacity in providing evidence and human rights-based drug treatment. Areas of concern centre on the generic foundation training on drug dependence treatment delivered to PNRC staff by international experts from outside of the region. Staff, NGOs and general practitioners were also not fully consulted in the design of the PNRC itself or the training to staff. There were concerns around the PNRC facility in terms of capacity to operate safely and in a sustainable manner by the MoH. Future projects are advised to fully involve NGOs and primary care services in supporting patient referral and patient community rehabilitation, with scale up and decentralisation across the West Bank recommended.

Main recommendations

Of the seven recommendations only two are listed below (all recommendations are included in the matrix and in the main body of the report).

Technical Assistance: Improve the design, technical specifications, standards and clinical systems of future similar projects such as a follow up community referral and rehabilitation aftercare project, by consulting with and involving Middle Eastern clinical experts, PNRC staff, experienced general practitioners, and NGOs (Project management, POPSE)

Training Activities: Improve the design and clinical and cultural applicability of professional training in future projects by delivering training that is specific to each clinical discipline, that includes Middle Eastern gender, ethical and human rights considerations, and that is provided by Middle Eastern clinical and NGO experts (Project management, POPSE)

Lessons learned and best practices

Lessons learnt throughout implementation of PSEY13 centred on the importance of fully involving all stakeholders through projects inception, design and implementation. Best Practices centre on the defining of facility technical specifications for start-up. These can be applicable to other drug treatment facility projects in the region. (all lessons learned and best practices are included in the main body of the report)

SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

Findings	Evidence (sources that substantiate findings)	Recommendations
<p>There was a lack of PNRC staff, general practitioner and NGO consultation in the design, technical specifications, standards and systems in supporting operationalisation of the PNRC as a facility, which requires the operational support of decentralisation and scale up of community referral and rehabilitation using primary services and NGOs across the West Bank.</p>	<p>Interviews, focus groups and observation</p>	<p>Recommendation 1 – (Technical Assistance) Improve the design, technical specifications, standards and clinical systems of future similar projects such as a follow up community referral and rehabilitation aftercare project, by consulting with and involving Middle Eastern clinical experts, PNRC staff, experienced general practitioners, and NGOs (Project management, UNODC Programme Office in the State of Palestine)</p>
<p>The design of professional training for PNRC staff on addiction treatment was only at the foundation level, delivered to all clinical professions solely in English as a collective training, but did not fully regard Middle Eastern gender, cultural and ethical aspects of drug abuse and drug treatment, or utilise existing expertise from community NGOs, experienced general practitioners or Middle Eastern clinical experts.</p>	<p>Interviews, focus groups and observation</p>	<p>Recommendation 2 - (Training Activities): Improve the design and clinical and cultural applicability of professional training in future projects by delivering training that is specific to each clinical discipline, that includes Middle Eastern gender, ethical and human rights considerations, and that is provided by Middle Eastern clinical and NGO experts (Project management, UNODC Programme Office in the State of Palestine)</p>
<p>The PNRC became operational by the Palestinian MoH in January 2019. Potential threats to sustainability relate to the requirement for continued governmental funding to support staff capacity building, commitment and the running of the facility (including maintenance, equipment and staff).</p>	<p>Interviews, focus groups and observation</p>	<p>Recommendation 3 - (Sustainability): Ensure that future similar projects have sufficient financial resources to support sustainable operations, via e.g. 12-month work planning and ring-fenced resources for maintenance, patient demand and staff support. (Project management, UNODC Programme Office in the State of Palestine)</p>

<p>POPSE partnerships in Palestine were efficient, effective and integral to implementation of PSEY13. There was strong multi-disciplinary commitment and collaboration of relevant key stakeholders. The NGOs Caritas, Al Maqdese and Al Sadiq al Tayyeb whilst having strong and positive relations with POPSE, were however underutilised and are an untapped resource for future similar projects, particularly given the need to decentralise drug treatment to primary care, and support patient rehabilitation in the community. Collaborations with WHO, UNDP, UNICEF, UN Women, and UNRWA were less developed in PSEY13.</p>	<p>Desk review, interviews and focus groups</p>	<p>Recommendation 4- (Partnerships and Cooperation)-: Engage with all relevant stakeholders (country partners, Ministerial, health professionals and NGOs) and further develop existing collaborations with WHO, UNDP, UNICEF, UN Women, and UNRWA in future similar projects. (Project management, UNODC Programme Office in the State of Palestine and UNODC Regional Office for Middle East and North Africa)</p>
<p>Human rights considerations were only to some extent included in the design and implementation of PSEY13.</p>	<p>Desk review, interviews, focus groups and observation</p>	<p>Recommendation 5 - (Human Rights): Ensure human rights are considered and respected in the provision of voluntary drug treatment access and provision in future similar projects. (Project management, UNODC Programme Office in the State of Palestine)</p>
<p>Gender mainstreaming was only to some extent adequately included in PSEY13, which achieved the female gender quote of staff training, and considered the unique drug use and dependence characteristics of women in the design of PNRC facility. Further training is also required on drug dependence during pregnancy and after delivery, and girls affected by sexual violence Needs of other key vulnerable groups were however not fully considered.. Several key populations were further identified as requiring additional training and programming specificity by the PNRC.</p>	<p>Desk review, interviews, focus groups and observation</p>	<p>Recommendation 6 - (Gender Mainstreaming and Leaving No one Behind): Recognise and respond to the needs of identified key vulnerable populations in future similar projects (Project management, UNODC Programme Office in the State of Palestine)</p>

<p>PSEY13 was operated by a small team of three staff at POPSE and had a strong governance structure with support from ROMENA and HQ. PSEY13 however was dependent on the efforts of this small team of staff, and in particular, dependent on the very strong and positive relationships the project coordinator had developed with all stakeholders involved in PSEY13.</p>	<p>Desk review, interviews and focus groups</p>	<p>Recommendation 7 - (Staffing): Ensure sufficient project staffing capacity to support all aspects of pre-assessment, design, planning and implementation of future similar projects. (Project management, UNODC Programme Office in the State of Palestine and UNODC Regional Office for Middle East and North Africa)</p>
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I. INTRODUCTION

Background and context



Map of the State of Palestine (source: UN Geospatial information website: <http://www.un.org/Depts/Cartographic/english/htmain.html>)

The State of Palestine consists of the non-contiguous West Bank including East Jerusalem and the Gaza Strip with a densely packed population. Its unique socioeconomic context is characterized by political and economic tensions, and has created conditions that facilitate the spread of illicit drug use among Palestinians, particularly among youth, women and family members of current drug users.¹² The use, trafficking and selling of drugs is a growing problem, creating an array of social, psychological, health, economic and political problems for Palestinians. Drugs include marijuana, prescription medications (anti-depressants, Z-hypnotics, benzodiazepines and analgesics), and novel psychoactive substances (NPS) (*'sintetique marijuana'*), with reported high dose use of methadone, morphine, phencyclidine, barbiturates, benzodiazepines, synthetic opioids such as Tramadol, and GABA drugs such as pregabalin. There are an estimated 26,500 high-risk drug users (HDU) in

1 (UNODC/KOICA/WHO (2017). *Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report*. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

2 (UNODC/KOICA/WHO (2017). *Estimating the Extent of Illicit Drug Use in Palestine* Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

Palestine, consisting of 1.8% of the male population aged over 15 years. Prevalence of Hepatitis C (and human immunodeficiency virus, HIV to a lesser extent) has increased and is associated with sharing of needles and other equipment between HDU³ who inject heroin and cocaine.

In the Palestinian National Policy Agency (PNPA), which forms part of the Palestinian Reform and Development Plan 2008-2010 (PRDP), the Palestinian National Authority (PA) state that quality of life is one of four national policy goals towards which their actions must lead. The PRDP determines that a strengthened social coherence and solidarity, matched with improved quality of health services, is a high-level objective for the PRDP period so that the most vulnerable areas and groups in society are supported and the culture, national identity and heritage of the Palestinian people are reinforced. The PRDP states that *“increased capacity of public sector organization involved in social policy making, provision of well-targeted social assistance, and the delivery of basic education and health services will have a direct positive effect on the daily lives of citizens.”*⁴ This is also part of the Strategic Objectives for the Health Sector indicating that the Palestinian Ministry of Health (MoH) should make efforts towards *“achievement of the best possible outcomes from health care services.”*⁵ The Palestinian MoH heads two major multi-sectorial bodies directly involved in the national response to drug use, dependence and its related negative health and social consequences. The national bodies include the Palestinian National High Committee for the Prevention of Drugs and Psychotropic Substances and the National AIDS Committee. The National High Committee for the Prevention of Drugs and Psychotropic Substances recognizes drug dependence as a multi-factorial health disorder and has been actively engaged in the development and coordination of the national response.

The UNODC Programme Office in the State of Palestine (POPSE) has been providing technical assistance to the State of Palestine since 2005, especially with regard to the development of a comprehensive, integrated and safe response to the problem of drug dependence and for the continued maintenance of a low HIV epidemic, prevention and care. It started with the development and implementation of HIV prevention and care strategies among drug users in the West bank and Gaza through established drop-in centres. HIV prevention and care services used to be quite limited in Palestine, but after the implementation of the Global Fund grant (2009-2014) voluntary counselling and testing services are now available in the West Bank, in addition to access to anti-retroviral treatment for people living with HIV. With the technical assistance of POPSE, community outreach services are being provided to people who use drugs and a drop-in centre was established in the West Bank and in Gaza providing condoms, needles and syringes to people who inject drugs.

Prior to the project *“Supporting the Establishment-based Drug Dependence Treatment and Rehabilitation System for the Palestine National Rehabilitation Centre”* (PSEY13), drug dependence treatment (limited to detoxification) was provided by a limited number of centres operated by non-governmental organizations (NGOs) (Al Huda, Al Sadeq al Tayeb) geographically scattered across the West Bank. Psychosocial rehabilitation is offered by these NGOs and limited outpatient clinics are operated by the Palestinian MoH. Evidence-based drug dependence treatment and the availability of more comprehensive services were scarce. Pharmacotherapy was absent (antagonist pharmacotherapy or agonist therapy for people dependent on opiates). Anecdotal data suggested that an increasing

³ Defined as ‘recurrent drug use that causes actual harm (negative consequences) to the person (including dependence, but also other health, psychological or social problems) or places the person at a high probability/ risk of such harm’.

⁴ Palestinian Reform and Development Plan 2008-2010 (PRDP). Available at online: <http://siteresources.worldbank.org/INTWESTBANKGAZA/Resources/PRDP08-10.pdf>

⁵ Final Terms of Reference. Final Independent Project Evaluation. *“Supporting the establishment of evidence-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre”* UNODC POPSE: Jerusalem.

number of Palestinians residing in the West Bank sought drug dependence treatment in Jordan, if they had the necessary financial resources.

Beside the unsystematic provision of drug dependence treatment and rehabilitation services, the Palestinian Authority lacked a comprehensive system of drug dependence treatment and care fully integrated into the health system. This was further hampered by the limited knowledge of professionals, lack of research-based evidence that is applicable, and limited financial and human resources. Before PSEY13, there was a considerable need to strengthen the available services in terms of NGO and governmental capacities for evidence-based drug dependence treatment and rehabilitation.

The Palestinian MoH identified the lack of technical and human resource capacity on evidence-based assessment, diagnosis and treatment of drug dependence as a major weakness in its health system and officially requested support from UNODC POPSE to build its capacity in this regard. In view of a perceived increase in the number of drug users and the high demand for drug dependence treatment, the MoH requested support to set up a governmental treatment and rehabilitation centre in the West Bank. In 2012, the Korea International Cooperation Agency (KOICA) answered this request and signed an agreement with the MoH for the establishment of the first Palestine National Rehabilitation Centre (PNRC) for a total amount of \$5,000,000.

POPSE was requested by the MoH to provide technical assistance to build its capacity to offer a proper structure for drug users. Technical assistance was provided by POPSE, with oversight by UNODC Regional Office for Middle East and North Africa (ROMENA), and UNODC HQ in Vienna. This assistance was to provide technical support, especially with regard to the development of a comprehensive, integrated and safe response to the problem of drug dependence in Palestine, and a system of drug dependence treatment and care, fully integrated into the health system with strengthened institutional and human resource capacity. All activities were responding to this request for support through developing treatment and facility protocols, policies and procedures, and guidelines; building the capacity of the PNRC staff to operate this facility and receive cases; and conducting a drug size estimation assessment. POPSE assistance to the MoH follows the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction:

- 1) Facilitating information sharing on best practices/strategies;
- 2) Providing guidance and assistance for the development of drug demand reduction strategies and programmes in line with the guiding principle of drug demand reduction, and;
- 3) Providing assistance for the establishment of national information system, including data on regionally and internationally recognized core indicators.

PSEY13 had one main objective; a comprehensive system of drug dependence treatment carefully established and integrated into the health system in Palestine, with strengthened institutional and human resource capacity to provide evidence-based harm reduction and drug dependence treatment services at the PNRC. Trainings and awareness raising were provided on evidence-based drug dependence treatment as a multifactorial chronic disease, with a focus on the relationship between the drug conventions and human rights. Efforts had previously been undertaken to ensure that the right to health was included in the draft of the Palestinian Drug Law. Hence, the PNRC will not provide long term residential treatment programmes (over 120 days), nor community sentences such as structured treatment programmes organized as part of a community sentence and other probation orders using a linked treatment condition.

PSEY13 was in line with UNODC's Thematic Sub Programme 5 on Health and Livelihoods (Drugs and HIV) and was formally launched in January 2014. It was extended in 2017 to December 2018 and extended again in 2018 to February 2019 when it is coming to an end. Due to delays in construction timelines and re-scheduling of staff trainings as a consequence, the PNRC as a facility became operational in January 2019.

Purpose and scope of the evaluation

This final Independent Project Evaluation of PSEY13 is the first and only evaluation of the project and covered the entire timeframe of the project from January 2014 to September 2018 (end of field mission of the evaluation). The geographical coverage of the evaluation was the Occupied Palestinian Territories, West Bank (Jerusalem, Ramallah and Bethlehem). The purpose of the final evaluation was three-fold:

- (1) Assess the implementation of the project activities, and the results obtained to enable UNODC to provide the donor and national counterparts with an assessment of the extent to which the objective, outputs and outcomes were met.
- (2) Ensure accountability to the donor (KOICA), the national stakeholders (Palestinian National Institute of Public Health), and the National counterpart (MoH). Provide an assessment of whether the resources were wisely utilized.
- (3) Support UNODC to identify areas of improvement not only in terms of project management but also in terms of continuation of technical assistance to the national counterpart. Identify best practices, lessons learnt and needs of further assistance for potential future project with the Palestinian Government, as well as for organizational learning and decision-making purposes.

The scope of the final evaluation of PSEY13 was to assess the following DAC criteria; its relevance, effectiveness, efficiency, impact, sustainability, human rights and gender mainstreaming, and partnerships and cooperation; to identify areas of improvement and derive recommendations and lessons learned from measuring achievements, as well as needs of further assistance for potential future projects with the Palestinian Government, as well as for organizational learning and decision-making purposes. The main users of the evaluation are POPSE, ROMENA, KOICA, the Palestinian MoH and the PNRC.

The composition of the evaluation team

The evaluation was conducted by one external, independent female evaluator, qualified to doctoral level with two decades of public health and clinical experience in drug prevention, treatment and rehabilitation, blood borne viruses, and health responses for vulnerable groups. The evaluator further had previous experience of UNODC Independent Project Evaluations as Lead Evaluator in the thematic areas of the regional programme of HIV Prevention, Treatment, Care and Support in Prison Settings in Sub Saharan Africa⁶, and regional Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa.⁷

⁶ UNODC (2017) *Independent Evaluation of Project XSS V02 HIV Prevention, Treatment, Care and Support in Prison Settings in Sub Saharan Africa*. Available at http://www.unodc.org/documents/evaluation/Independent_Project_Evaluations/2017/XSSV02_independent_project_evaluation_report_2017.pdf

⁷ UNODC (2017). *Independent Evaluation of Project XAFK 45: Response to the Social and Livelihood Needs for HIV/AIDS Prevention in East Africa*. Available at <http://www.unodc.org/unodc/en/evaluation/independent-project->

Evaluation methodology

The evaluation methodology conformed to the United Nations Evaluation Group (UNEG) Norms and Standards, as well as the UNODC Evaluation Policy, Norms and Standards. It was underpinned by a participatory, age, gender sensitive and gender inclusive as well as mixed method approach which sought the views and assessments of all parties identified as Core Learning Partners (CLP), stakeholders and other informants. A gender sensitive and inclusive approach was used to better understand drug abuse and drug treatment service provision, by taking into account the societal and cultural factors involved in drug use and gender-based exclusion and discrimination across Palestinian public and private life. Eleven CLPs were the main stakeholders identified by POPSE deemed as particularly relevant to be involved throughout the evaluation process, i.e. in reviewing and commenting on the TOR and the evaluation questions, reviewing and commenting on the draft evaluation report, as well as facilitating the dissemination and application of the results and other follow-up action. Stakeholders and informants included all those invited to participate in the interviews and focus groups, including the CLPs. Hence the evaluation involved multiple perspectives, views and assessments both within and outside UNODC.

The evaluation utilized a mixture of primary and secondary sources of data to assess relevance, effectiveness, efficiency, impact, sustainability, human rights and gender mainstreaming, and partnerships and cooperation, and derive recommendations and lessons learned from measuring achievements of PSEY13 and contributing to future operation of similar projects.

The evaluation analysed all relevant information in secondary data sources via comprehensive desk review of; the PSEY13 project document, PSEY13 project reports 2014-2018 and revisions 2016-2018; financial reports, training evaluations, thematic programmes, UNODC technical reports and guidance, relevant external documents (e.g. United Nations Development Assistance Framework (UNDAF); sustainable development goals (SDG); UN and global/regional strategies; etc.), national/regional public health reports, the situational assessment reports⁸⁹; training cohort analysis, project disbursement data and any other documents that provided further evidence for triangulation (**Annex III**).

Quantitative data utilising the evaluation questions regarding effectiveness, efficiency were collected relating to project disbursement and training cohort/evaluation (basic and brief intervention) descriptive analysis. The Inception report methodology had included a *short online survey* with staff and trainees not reached by the mission. This was deemed unnecessary given that all staff and trainees attended the focus group at the PNRC during the evaluation mission.

Primary data sources collected via qualitative methods were used alongside secondary data to derive conclusions and recommendations. Qualitative data collection using interviews with stakeholders (CLP, other identified stakeholders) (face-to-face or by telephone), focus group discussions with stakeholders and informants, and a site visit to the PNRC with observation (**Annex II**), utilised all evaluation questions, which investigated project relevance, effectiveness, efficiency, impact, sustainability, human rights and gender mainstreaming, partnerships and cooperation, and lessons learnt. Focus groups were used to obtain detailed information about personal and group feelings,

[evaluations-2015.html](#)

⁸ (UNODC/KOICA/WHO (2017). *Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report*. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

⁹ (UNODC/KOICA/WHO (2017). *Estimating the Extent of Illicit Drug Use in Palestine* Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

perceptions and opinions around implementation of activities and outcomes of the project PSEY13 (for example the staff focus group at the PNRC).

The evaluation involved all identified stakeholders (CLPs and general stakeholders) and informants of PSEY13. All efforts were made by the evaluator to reach and consult with evaluation participants relevant to PSEY13. No additional stakeholders were identified and interviewed apart from those already identified by the UNODC POPSE project manager in the terms of reference (ToR) (see **Annex IV** and **Figure II** for detail). Stakeholders (CLPs and general stakeholders) and informants consulted in the evaluations included the Palestinian MoH (Health, International Cooperation, Drugs), Ministry of Interior, National Institute for Public Health, National Programme on Drug Control Criminal Justice and Crime Prevention, Civil Police, Anti-Narcotic Department; KOICA, WHO, NGOs working with UNODC (Al Maqdesse, Caritas, Friends of Life, Al Sadiq al Tayyeb), United Nations (UNSCO), UNODC Project management and staff at HQ, Cairo and Jerusalem; key staff at the Methadone Centre in Ramallah, and relevant operational staff and staff trainees at the PNRC (senior management, staff trainees, specialised medical practitioners, psychiatrists, occupational therapists, social workers, psychologists, outreach workers) and direct beneficiaries (consultants).

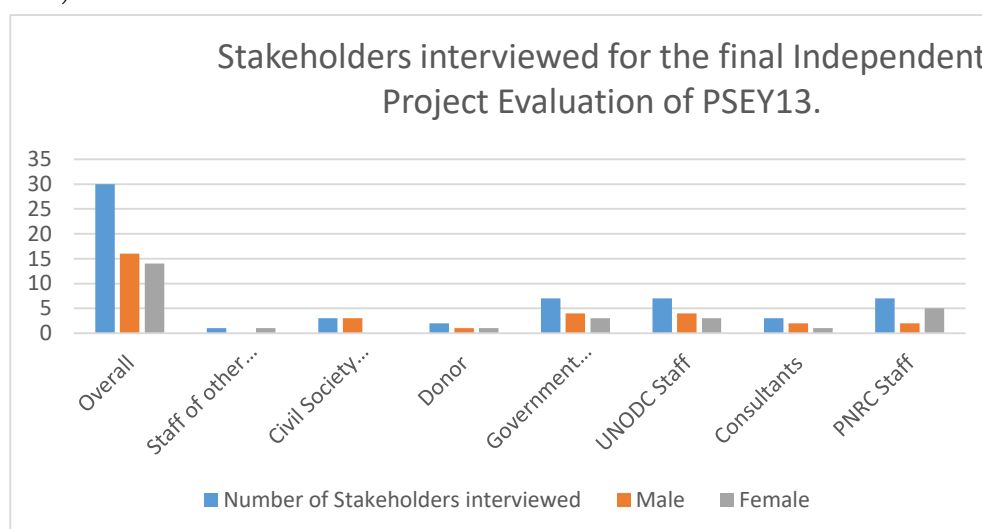


Figure II. Stakeholders interviewed for the final Independent Project Evaluation of PSEY13.

The field missions were as follows;

- In depth face-to-face interviews with POPSE and the UN Country team in Jerusalem, 25th September 2018.
- Focus group discussion with the donor KOICA in Ramallah, 25th September 2018.
- In depth face-to-face interviews with the Palestinian Ministry of Health, and National Counterpart Methadone Centre in Ramallah, 26th September 2018.
- In depth face-to-face interviews with WHO / Palestinian National Institute of Public Health in Ramallah, 26th September 2018.
- In depth face-to-face interviews with Palestinian Civil Police, Ministry of Interior, National Programme on Drug Control, criminal justice and crime prevention, Anti-Narcotic Department in Ramallah, 26th September 2018.
- In depth face-to-face interviews with NGOs in Jerusalem, 27th September 2018.
- Site visit to the PNRC with observation in Bethlehem 27th September 2018.
- Focus group discussions with staff at the PNRC in Bethlehem, 27th September 2018.

Triangulation of data

Analysis of data reviewed and collected during the mission, triangulated across sources and data types, methods, theories and descriptive/statistical analysis, and assessed and determined the effects of outcomes and impacts (intended or unintended) for different types of duty bearers and right holders in disaggregated fashion. Secondary data sources were cross checked and triangulated through the collected primary research data.

Limitations to the evaluation

No limitations were identified in the course of the evaluation mission. There was no change to the time allocated for the various steps in the evaluation process, which could have caused a limitation to the evaluation.

II. EVALUATION FINDINGS



The Palestinian National Rehabilitation Centre (source: personal mobile phone of the evaluator)

Design

Evaluation questions:

- Was the design of PSEY13 accurate and realistic in relation to its set objective and outcomes or should there be any change for any future similar project?
- Was the PSEY13 designed in line with the national needs?
- How did the 2017 situational assessment findings (trends and prevalence of illicit drug use and non-medical use of prescription drugs including size estimation study, drug dependence treatment demand and service delivery gaps) inform the PNRC?

The evaluation showed that PSEY 13 was realistically designed to respond to the reported national need (increase in the number of people who use drugs, increased demand for drug dependence treatment, and lack of technical and human resource capacity on evidence-based drug treatment). Evidence provided by the 2017 situation assessments and responses¹⁰¹¹ provided timely and accurate

¹⁰ (UNODC/KOICA/WHO (2017). *Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report*. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

detail regarding drug use trends, prevalence of illicit drug use and non-medical use of prescription drugs, a size estimation, drug dependence treatment demand and service delivery gaps.

According to desk review of the PSEY13 project document, PSEY13 project reports 2014-2018 and revisions 2016-2018, and supported by qualitative data sources, PSEY 13 was designed by POPSE based on the request of the Palestinian MoH and POPSE previous experience in the West Bank, to address the institutional and human resource capacity needs and governance aspects of an assistance package to contribute to the development of a comprehensive system of drug dependence treatment and care, fully integrated into the Palestinian health system. It was accurately designed to some extent, in terms of using the situation assessments to inform the design of the PNRC as a facility responding to the need for drug treatment in the West Bank.

The design of PSEY13 was multi-faceted. A comprehensive log frame was established with a detailed monitoring tool used to measure progress at regular intervals. The targeted design and implementation of PSEY13 supported the development of the PNRC service specifications, systems, protocols, standard operating procedures (SOP), and cost analysis of staffing and operationalising the PNRC. These design aspects strongly support the achievement of an integrated drug treatment service (the PNRC) to more accurately respond to the drug dependence treatment need in Palestine. A comprehensive log frame was established with a detailed monitoring tool used to measure progress at regular intervals.

Design was developed based on a systematic approach that involved capacity building training and advocacy, and empowerment of professionals working on drug dependence treatment and HIV prevention and care. In terms of design of training activities, PSEY was less accurate. The situation assessments however did not fully input into the design of trainings. Professional training evaluations by the staff recruited by the MoH to work at the PNRC reported satisfaction with the training as foundation to understanding addiction treatment. Interviews with stakeholders and focus groups with PNRC staff however revealed that the design and delivery of this professional training whilst useful as basis to understanding addictions, was delivered to the PNRC staff as a collective (i.e. pharmacist, psychologist, psychiatrist, nurse). It was also delivered solely in English by international experts. Stakeholders and staff however observed concern that the training was not specific to their clinical professions, nor was it cognisant of the Middle Eastern cultural, gender and ethical aspects of drug abuse, and treatment of addiction within the Palestinian context. It was further viewed by training participants as too theoretical given their lack of direct patient experience with drug abuse and dependence, and their need for clinical mentoring and practice-based education.

Recommendations as regards improvements for future professional trainings therefore include;

- staff preference for on-going in-depth clinical training, practice education and mentoring by Middle Eastern drug treatment clinical experts in Arabic;
- the provision of applied and clinical specific training particular to each profession in order to develop skills and expertise in dealing with the complexities of poly drug dependence and other scenarios (i.e. management of withdrawal conditions or poly drug dependence, management of pregnant women, management of co-morbidities);
- delivery of training which incorporates particular cultural, gendered and ethical aspects of drug abuse and treatment in the Middle East;

¹¹ (UNODC/KOICA/WHO (2017). *Estimating the Extent of Illicit Drug Use in Palestine* Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

- mentoring by Middle Eastern clinical experts.

Interviews and focus groups during the mission revealed that the design of PSEY13 based on a bi-lateral agreement between MoH and KOICA achieved the construction of the PNRC facility and technical specifications around the equipping of the facility. There were however some discrepancies between MoH and KOICA in terms of agreed final technical specifications pertaining to staffing, protocols for waiting lists, SOP, equipment and technical listings, and 12-month work plans for the PNRC itself. This means that the PNRC is staffed and equipped at the minimum level for operation. It is therefore recommended for the future to develop annual work plans, with projected budgets which incorporate sufficient staffing, equipment and facility maintenance needs.

Interviews and focus groups further reported on the lack of PNRC staff, experienced general practitioner and NGO consultation in the design and operation of the PNRC as a facility, and lack of input of experienced NGOs and general practitioners into professional training activities for staff. Given their expertise these stakeholders should have been fully involved in the design and development of professional training, and operational standards, assessment of risk, facility safety standards, and systems of the PNRC. A recommendation for future projects is therefore to centre on the involvement of facility staff in order to promote ownership, and utilise their expertise and experienced NGOs and experienced general practitioners in the design and operation of professional training, and facility technical specifications, standards and operationalising systems.

Summary - Design

PSEY 13 was realistically designed to respond to the national demand for drug dependence treatment, the need for generation of technical and human resource capacity on evidence-based drug treatment and achieved the construction and staffing of a drug treatment facility (PNRC) fully integrated into the Palestinian health system. It was accurate to some extent.

The design of professional training for PNRC staff on addiction treatment was however less accurate, and only at the foundation level, delivered to all clinical professions only in English as a collective, and did not fully incorporate Middle Eastern cultural, ethical and gender aspects, or existing expertise from NGOs, experienced general practitioners or Middle Eastern clinical experts. For the future it is therefore recommended to design training that is specific to each clinical discipline, that includes Middle Eastern gender, ethical and human rights considerations, and that is provided by Middle Eastern clinical and NGO experts.

The design based on a bi-lateral agreement between MoH and KOICA further only achieved the minimum technical specifications and standards for operationalisation of the PNRC at start up. It is therefore recommended for the future to incorporate projected annual budgets for staffing, maintenance and equipment, and to fully involve staff, NGOs and experienced general practitioners in facility design and safety standards.

Relevance

Evaluation questions:

- To what extent were the PSEY13 implemented activities and services set up relevant and suitable to achieve the expected results?
- To what extent were the PSEY13 implemented activities suited to the priorities and policies of the health sector actors and civil society?
- To what extent are the PSEY13 outputs; Standard Operating Procedures for Treatment Protocol, the National OST operational guidelines; the development of the PNRC mission statement, strategic management and governance plan, core policies and care planning; training relevant to the needs of the target group, recipient and donor?

Prior to implementation of PSEY13, the Palestinian Authority lacked a comprehensive system of drug dependence treatment and care fully integrated into the health system. There was limited knowledge of professionals, lack of applicable research-based evidence around drug prevalence and size of the problem and limited financial and human resources. There was an identified need to strengthen the available services in terms of staff, NGO and governmental capacities for evidence-based drug dependence treatment and rehabilitation.

The evaluation shows that PSEY13 was relevant and suitable in terms of setting up the PNRC to provide drug treatment in response to the identified need based on the increase in the number of drug users and the high demand for drug dependence treatment in the State of Palestine, as evidenced by the 2017 situation assessment¹²¹³.

The PSEY13 technical assistance was relevant and suitable in terms of responding to the need to capacity build clinical staff in the area of drug treatment provision, and support governance aspects in the development of a comprehensive system of drug dependence treatment and care fully integrated into the Palestinian health system. Prior to PSEY 13 drug treatment was not integrated into the health system, nor were staff trained fully in evidence and human rights-based drug treatment provision.

The activities were further very suited to the priorities and policies of the health sector in Palestine but were less developed with regarding to including civil society. Interviews and focus groups reported lack of engagement in general with civic society, and particularly with low consultation and input from very relevant NGOs such as Maqdese, Caritas, Al Sadeq al Tayeb, and experienced general practitioners in the support, training and mentoring of PNRC staff, and in the set-up of community referral and rehabilitation networks to support patient intake and recovery. It is therefore recommended to utilise NGOs and experienced general practitioners better in future projects, especially, those who have extensive and relevant experience in providing drug dependence treatment, family and community support, and who have community trust in the State of Palestine.

Triangulation of data revealed that the relevance of SOPs, the National OST operational guidelines; the development of the PNRC mission statement, strategic management and governance plan, core policies and care planning were developed in line with UNODC and WHO standards but were the minimum for facility operationalisation at start up. It is therefore recommended to develop these further within the future operation of the PNRC and it's 12-month planning to ensure optimal staffing and technical response to patient demand for drug treatment in the West Bank.

Summary - Relevance

PSEY13 was relevant and suitable to the State of Palestine on the basis of responding to identified need for drug treatment provision and evidence of rising drug use and dependence trends.

Technical assistance was further relevant and suitable to the priorities and policies of the health sector actors but less inclusive of civil society. There was however a lack of engagement with very

¹² (UNODC/KOICA/WHO (2017). *Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report*. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

¹³ (UNODC/KOICA/WHO (2017). *Estimating the Extent of Illicit Drug Use in Palestine* Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

relevant NGOs and experienced general practitioners in the support, training and mentoring of PNRC staff, and in the set-up of community referral and rehabilitation networks.

It is therefore recommended to further develop operational standards within the PNRC and enhance its yearly planning to ensure optimal staffing and technical response to patient demand for treatment in the West Bank.

Efficiency

Evaluation questions:

- Has UNODC used its resources in an effective manner to achieve the objective and various outcomes of PSEY13?
- To what extent was the PSEY13 governance structure adequate?
- To what extent are the PSEY13 outputs; monitoring and evaluation protocol and tools adequate?
- To what extent is the PSEY13 outputs; cost analysis of the equipment and health consumables to be purchased with specifications for the PNRC adequate?

Triangulation of data and in particular the desk review of the PSEY13 project document, financial reports, PSEY13 project reports 2014-2018 and revisions 2016-2018, show that PSEY13 utilized its resources efficiently to some extent to achieve its objectives, outputs in relation to the inputs and outcomes. The total approved budget donated by KOICA was USD 622,913, and 94.7% was spent at the time of the evaluation (end of field mission in September 2018) (USD 590,496). In addition to PSC (13%), general operating and other direct costs (3.5%), 3% was spent on travel, 13.2% on training, 27% on assessment, and 35% on consultants and staff, which is a balance of 5.3%. The balance by January 2019 is 0%. See **Figure I** for disbursement history.

Time periods throughout the life time of the project (01/2014 –02/2019)	Total Approved Budget	Expenditure	Expenditure in %
January 2014 – June 2018 ¹⁴	USD 622,913	USD 530,364	85.1%
Time period covered by the evaluation	Total Approved Budget	Expenditure	Expenditure in %
January 2014 – September 2018	USD 622,913.00	USD 590,496	94.7%
Time period post evaluation	Total Approved Budget	Expenditure	Expenditure in %
October 2018 to January 2019	USD 622,913.00	USD 32,417	100%

Figure I. Disbursement History (previous page)

Project revisions were incurred in 2016, 2017 and 2018 due to a change in designated location of the PNRC originally planned for Ramallah to Bethlehem. Delays in sign off from the MoH, and delays in starting the construction of the building in Bethlehem however led to corresponding delays in the project work plan, delayed recruitment of suitable clinical staff, and rescheduling of staff professional

¹⁴ Terms of Reference June 2018.

training activities. This caused low expenditure in 2013 (nil), 2014 (USD32,137) and 2015 (USD63,426). A request was also made for additional funds for the situational assessment to evaluate the extent of drug use and to map services available to drug users in the State of Palestine.

PSEY13 had a strong governance structure supported by a small efficient team of three staff members at POPSE, consisting of a Project Manager (SC SP-5), a General Services Assistant (SC SP-3), a Reporting and Project Development Officer (United Nations Volunteer), under the oversight by the Deputy Regional Representative at ROMENA (D-1) and a Programme Officer (P3) at PTRS/DO, HQ. The project coordinator had a very strong relationship with all stakeholders involved in PSEY13.

Interview and focus group data however revealed that the outputs of PSEY13 in terms of technical specifications, costings, facility systems, standards and operating protocols for the PNRC were adequate but only with the minimum required for start-up of the facility.

For future operationalising of the facility it is therefore recommended to ensure ring fenced resources for ongoing staff and technical capacity, and maintenance support by the Palestinian MoH. This is necessary to support continued operation of the PNRC as it expands, support staff, and to adequately respond to anticipated patient demand for treatment in the West Bank. As it is only one centre serving the population in the West Bank, there is also a need to scale up over time with requirement for development of strong community rehabilitation support programme providing aftercare within a decentralised model.

Summary - Efficiency

PSEY13 utilized its resources efficiently to some extent to achieve its objectives, outputs in relation to the inputs and outcomes, with a strong governance structure.

Delays in sign off from the MoH, and delays in starting the construction of the building in Bethlehem however led to corresponding delays in the project work plan, delayed recruitment of suitable clinical staff, and rescheduling of staff professional training activities.

Outputs of PSEY13 in terms of technical specifications, costings, facility systems, standards and operating protocols for the PNRC were adequate for start-up of the facility, however for the future it is recommended to ensure ring fenced resources for ongoing staff and technical capacity, and maintenance support required by the Palestinian MoH. There is further a need for scale up over time and a requirement for development of strong community rehabilitation support programme providing aftercare within a decentralised model.

Partnerships and cooperation

Evaluation questions:

- To what extent were the UNODC partnerships in Palestine efficient and effective with regard to the implementation of PSEY13?
- To which extent did UNODC take advantage and maximize its impact while working with partners and other stakeholders (mainly working with WHO and the National Institute for Public Health)?
- To what extent is partnering and cooperation with relevant stakeholders, governmental, CSOs and NGOs contributing to the functioning of the PNRC and its integration within the Palestinian health system?

The evaluation showed that POPSE partnerships in Palestine were efficient, effective and integral to implementation of PSEY13. There was strong multi-disciplinary commitment and collaboration of key stakeholders across Ministries of Health, Interior, Social Affairs, Civil Police and Anti Narcotic Department, National Institute of Public Health, the National Programme on Drug Control,

Criminal Justice and Crime Prevention in supporting the project, and partnerships with the Methadone Centre, KOICA, National AIDS Committee and National High Committee for the Prevention of Drugs and Psychotropic Substances, but to a lesser extent the NGOs; Caritas, Al Maqdese and Al Sadiq al Tayyeb. All partners were identified from the beginning of the project.

Interviews however revealed that the community NGOs Caritas, Al Maqdese and Al Sadiq al Tayyeb whilst having strong and positive relations with POPSE, were underutilised as information and support source in PSEY13, and are an untapped resource for future operations of the PNRC (and future similar projects), particularly given the need to decentralise drug treatment to primary care, and support patient rehabilitation in communities across the West Bank. It is therefore recommended to partner with and fully involve key NGOs as integral to the design and operation of future similar projects, or follow projects focusing on aftercare and rehabilitation in the community.

Collaborations with the World Health Organisation (WHO), United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), UN Women, and United Nations Relief and Works Agency (UNRWA) were further less developed in PSEY13. It is therefore recommended to further develop and include these international organisations in similar future projects to ensure their input, particularly given their expertise and the recognised complexities of drug abuse, gender violence, public and prison health, and key populations vulnerable to drug addiction and related health harms in the State of Palestine.

Summary - Partnerships and cooperation

POPSE partnerships in PSEY13 across Ministries, government, donor, national committees were efficient, effective and integral to PSEY13. It is however recommended to further strengthen partnerships with key NGOs, WHO, UNDP, UNICEF, UN Women and UNRWA in future projects to ensure their valuable input across health, children, gender and key populations.

The NGOs Caritas, Al Maqdese and Al Sadiq al Tayyeb were underutilised in PSEY13. It is therefore recommended to partner with and fully involve key NGOs as integral to the design and operation of future similar projects, or follow projects focusing on aftercare in the community. This is based on their experience in providing drug treatment and family support, and their trust within Palestinian communities.

Effectiveness

Evaluation questions:

- To what extent did the PSEY13 achieve its planned results (objective and outcomes) and which unachieved results should be targeted in future projects?
- To what extent did the implementation strategy of PSEY13 produce unintended outcomes (positive or negative)?
- To what extent did PSEY13 support development of a comprehensive system of drug dependence treatment which is carefully established and integrated into the health system?
- To what extent did PSEY13 strengthen institutional and human resource capacity to provide evidence based opioid substitution therapy and drug dependence treatment services at the PNRC?

The evaluation shows that PSEY13 was effective in navigating challenges during implementation which centred on the continued political crisis affecting endorsement of the Drug Law, the non-acceptance by the community of a drug centre leading to a change in location of the centre from Ramallah to Bethlehem, and difficulties in securing relevant and proper medical staff. These challenges contributed to delays in implementation timelines along 2016 (construction), 2017 (construction and staff selection) and 2018 (provision of basic and advanced PNRC staff training)

with related project revisions. Detailed and ranked risks to PSEY13 implementation were also identified in project annual reports 2014-2018.

Triangulation of data revealed that PSEY13 achieved its planned results, with the PNRC representing a starting point for the Palestine government in the establishment of a comprehensive system of drug dependence treatment and care fully integrated into their health system. Outputs were achieved and included staff capacity building, the 2017 situation assessments¹⁵¹⁶, treatment and service specifications and detailed cost analysis for staff and running costs at start-up of the PNRC. PSEY13 was however only effective to some extent in strengthening institutional and human resource capacity via foundation professional training, and in developing operating standards on evidence-based drug treatment provision at the PNRC.

Interview and focus group data revealed stakeholder concern around the PNRC operational standards. These were;

- concerns regarding sufficient staffing levels (competency levels, patient staff ratio, security);
- lack of consultation of staff in the building layout of the PNRC, and related risk identification (i.e. glass, windows).
- lack of consultation of staff around operational planning (i.e. maintenance, security, waiting lists, dealing with high patient demand and re-admittance, support of community rehabilitation and reintegration).
- concerns around the foundation professional training on drug dependence treatment provided by international expert trainers from outside Arab cultures.
- lack of involvement of experienced general practitioners in primary care and key NGOs in supporting PNRC operations (i.e. staff training, patient referral and community rehabilitation pathways).

It is recommended to improve effectiveness in future projects by consulting with staff, NGOs and experienced general practitioners in primary care, and in providing professional training specific to clinical professions by Middle Eastern experts. It is further recommended that operational standards, risk assessments and technical specifications include clinical staff input and contingency to respond to demand.

Summary - Effectiveness

PSEY13 achieved its planned results, with the PNRC representing a starting point for the Palestine government in the establishment of a comprehensive system of drug dependence treatment and care integrated into their health system.

PSEY13 was effective only to some extent with strengthening institutional and human resource capacity via foundation professional training and developing operating standards as a starting point to provide evidence-based treatment at the PNRC. For future operational standards, risk assessments and technical specifications it is however recommended to include clinical staff input.

There was further a lack of involvement of key experts, for example Middle Eastern clinicians, experienced general practitioners and key NGOs in staff training, and in establishing patient referral

¹⁵ (UNODC/KOICA/WHO (2017). *Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report*. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

¹⁶ (UNODC/KOICA/WHO (2017). *Estimating the Extent of Illicit Drug Use in Palestine* Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

and community rehabilitation pathways. It is therefore recommended to include such key experts and stakeholders in future projects.

Impact

Evaluation questions:

- To what extent did PSEY13 contribute, or is likely to contribute to long-term impact and /or outcomes?
- To what extent did PSEY13 contribute to achieving the related Sustainable Development Goals, particularly SDG3?
- To what extent did PSEY13 contribute to UNODC's Thematic Sub Programme 5 on Health and Livelihoods (Drugs and HIV) and contributes to the UNODC Regional Integrated Cooperation Programme for the occupied Palestinian Territory Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the Arab States 2011-2015 (Sub Programme III Drug Prevention and Health: Outcome 4 and 16)?
- To what extent did PSEY13 contribute to the key priorities of the United Nations Development Assistance Framework (UNDAF) for Palestine?
- To what extent can the project's impact be measured in terms of the training cohort analysis?

The evaluation shows that PSEY13 supported the Palestinian government in developing its response to the identified rise in drug use and related risk behaviours¹⁷¹⁸ in the State of Palestine, by virtue of setting up the first drug treatment and rehabilitation centre of its kind, that is science, gender and human rights-based in place and fully integrated into the Palestinian health system.

The PNRC opened in January 2019, i.e. after the evaluation field mission took place. Hence it is not possible to assess the true impact of PSEY13 in terms of how the PNRC will address needs pertaining to levels of drug activity and drug dependence in the State of Palestine, it's long term impact and outcomes for the drug using Palestinian community and their affected family members, and long term impact on drug injecting related infectious diseases, drug related crime and drug related gender violence.

Strong synergies and linkages of PSEY13 to the UN SDG 3 exist by virtue of its focus on ensuring healthy lives and promote well-being for all at all ages. This is given its remit to promote health and wellbeing of Palestinian people, tackle the rise in drug abuse in men, women and youth in the State of Palestine, and essentially when providing the service *'leave no one behind'*. PSEY13 was also strongly aligned with UNODC Thematic Programme on Health and Livelihoods (Drugs and HIV); Sub-Programme 3 (Drug prevention and health) of UNODC Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the Arab States (2011-2015); Sub-Programme V (Prevention of Drug Use, Treatment and Care of Drug Use Disorders and HIV/AIDS Prevention and Care) of the last UNODC Regional Programme for the Arab States to Prevent and Combat Crime, Terrorism and Health Threats and Strengthen Criminal Justice Systems in Line with International Human Rights Standards (2016-2021). It is also strongly aligned with the UNODC global programme GLOK32 and operated alongside UNODC programmes and projects such as PALI06; XNAJ58, XAMW59 and PSEX02¹⁹.

¹⁷ (UNODC/KOICA/WHO (2017). *Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report*. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

¹⁸ (UNODC/KOICA/WHO (2017). *Estimating the Extent of Illicit Drug Use in Palestine* Palestinian National Institute of Public Health, Ministry of Health , UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

¹⁹ GLOK32 UNODC-WHO Programme on Drug Dependence Treatment and Care.

XNAJ58: Promoting good practices and networking to reduce demand for and harm from drugs.

Through setting up of the PNRC as an evidence based drug treatment centre integrated within the Palestinian health system, and the capacity building of its staff, PSEY13 contributed to key priorities of the 2018-2022 United Nations Development Assistance Framework (UNDAF) for Palestine and relevant sector and cross-sector strategies of the Palestinian Government (National Health Strategy 2017-2022, National Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the State of Palestine, 2014-2017, the PRDP, National Policy Agenda (2017-2022), national cross-sectoral Gender strategies, and National Juvenile Justice strategy).

Summary - Impact

PSEY13 supported the Palestinian government in developing its response to identified rising drug use and related risk behaviours^{20,21} in Palestine, by virtue of setting up the PNRC which is its first drug treatment and rehabilitation centre fully integrated within their health system.

PSEY13 further had strong synergies with UN SDG 3 (ensuring healthy lives and promote well-being for all at all ages). It had strong alignment with global and regional UNODC programmes; and key regional priorities identified in policy frameworks for the State of Palestine.

It was however not possible to assess long-term impact of PSEY13 or how the PNRC will address needs pertaining to levels of drug activity and drug dependence in the State of Palestine as the PNRC opened only after the evaluation field mission took place.

Sustainability

Evaluation questions:

- To what extent are the results of PSEY13 generated through its activities likely to continue in Palestine after the project completion?
- To what extent has UNODC assistance helped to generate commitment of the health sector actors in the provision of a comprehensive rehabilitation treatment to continue even after completion of the project?
- To what extent is ownership important to the sustainability of cascade of training?
- To what extent are donors or national resource allocation required to support the running costs of the PNRC so that they can provide free of charge services and purchase medications, health consumables or furniture?

The evaluation showed that POPSE technical assistance had through its activities in PSEY13 supported the generation of governmental commitment to support the operation of the PNRC. The PNRC became operational by the Palestinian MoH in January 2019. Potential threats identified by the evaluation to sustainability relate to the requirement for continued governmental funding to support the running of the facility (i.e. medicines procurement, staffing and maintenance costs) itself

PSEX02: Forensic Human Resource and Governance Development Assistance for the Palestinian Authority.

PALI06: Drug Control and related crime cooperation programme between the Palestinian Authority and UNODC for the prevention of drug abuse, drug trafficking and related criminal activities.

XAMW59: Improving Prevention and Criminal Justice Response to Violence against Women and Girls in the MENA Region.

²⁰ (UNODC/KOICA/WHO (2017). *Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report*. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

²¹ (UNODC/KOICA/WHO (2017). *Estimating the Extent of Illicit Drug Use in Palestine* Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

and the need to budget for scale up across the West Bank via decentralisation and provision of an aftercare programme. .

Ownership is vital to the cascade of clinical training, and with further ongoing professional training, mentoring and peer training identified by stakeholders as key to supporting sustainability of PSEY13 outcomes. Future projects are recommended to provide and support further technical assistance pertaining to clinical training and staff mentoring by Middle Eastern experts and the twinning of the PNRC with a leading UK treatment centre.

Summary - Sustainability

PSEY13 generated governmental commitment to support the continued operation of the PNRC.

Potential threats to sustainability of PSEY13 achievements however relate to requirement for governmental funding to support operations of the PNRC.

Future projects are recommended to provide further technical assistance to include clinical training and mentoring by Middle Eastern experts, and the twinning of the PNRC with a leading UK treatment centre.

Sustainability of the PNRC hinges on the support of decentralisation and scale up of referral, treatment and rehabilitation using primary services and NGO across the West Bank.

Human Rights, Gender Equality and leaving no one behind

Evaluation questions:

- To what extent were human rights considerations included in the design and implementation of PSEY13?
- To what extent have human rights principles been considered by the PNRC staff to deal with drug users in project outputs ie SOPS, treatment service specifications?
- To what extent was PSEY13 relevant to the needs and priorities as defined by beneficiaries, women and girls?
- To what extent were gender aspects considered; for example, were female quotas achieved in the training of females?
- To what extent were under-represented and vulnerable groups among drug users included in the design and implementation of PSEY13?
- To what extent has PSEY13 answered the service needs of vulnerable targeted groups?
- Are there any key vulnerable groups of drug users identified which may not access the PNRC?
- To what extent does the care planning system of the PNRC prevent loss to follow up and treatment drop out?

Human Rights

Changes in Palestinian society and awareness of health rights of those addicted to substances prior to PSEY13 were as follows.

- The Right to Health was included in the Palestinian Drug Law which states the drug addict is a patient and should have the opportunity to access treatment services;
- The National High Committee for the Prevention of Drugs and Psychotropic Substances recognizes drug dependence as a multi-factorial health disorder;
- Addressing drug dependence as a disease was highlighted in the Palestinian National Health Strategy 2011 –2013.

Triangulation of data reveals that human rights considerations were to some extent considered in the design and implementation of PSEY13. The PNRC provides voluntary treatment services free of charge and will not provide compulsory drug dependence treatment or treatment offered as part of a community sentence and other probation orders.

Training modules incorporated human rights principles within evidence-based treatment modalities, which include right to treatment, right to confidentiality, treatment according to international standards and guidelines, and alternatives to incarceration. Some concerns were however voiced during stakeholder interviews that the foundation professional training to a lesser degree facilitated discussion around medical ethics within the Middle East concerning authoritarian or paternalistic approaches to treatment coercion (for example families signing family members into compulsory treatment; court referrals). It is therefore recommended to include such Middle Eastern ethical, gender and human rights considerations in future trainings.

Gender Equality

Triangulation of data reveals that gender mainstreaming was to some extent considered in PSEY13. Firstly, gender quotas were achieved in the training of PNRC staff. Secondly, the PNRC operations by providing a dedicated floor (with separate elevator) for female inpatients considered treatment stigma for women and girls, the unique drug use and dependence characteristics of women, and their unique treatment needs. Stakeholders during interviews however observed the need for further development of gender responsive drug treatment (i.e. home detoxification for women and girls) and better linkage to gender violence services in the community, and this is therefore recommended for future projects. In addition, strategic information and data surveillance at the PNRC to include disaggregation by sex would also be required.

Interview and focus group data further revealed that PNRC staff will require additional follow-up gender specific professional training on the needs of opiate dependent pregnant women (and opiate dependent neonates), and will need training around the development of dedicated referral mechanisms for women affected by gender-based violence. It is therefore recommended to include these aspects in future professional training as well as development of programmes.

Leaving no one behind

Interview and focus group data indicate that PSEY 13 contributed to the UNDAF Strategic Priority Area 4, stating that “*All Palestinians, especially the most vulnerable who are often left behind, have access to quality services, including health and education and social protection systems, such as social insurance.*” Whilst the PNRC is open to all who require treatment for drug abuse, several key populations were however identified during interviews and focus groups as requiring further outreach, and treatment programming specificity by the PNRC, including children of substance using families; girls affected by sexual violence; Palestinian youth (particularly those living in camps, in Area C); the Bedouin groups; prisoners; physically and mentally disabled; patients with HIV/tuberculosis/Hepatitis C co-infection; patients with co-morbid or dual diagnosis, and pain patients with iatrogenic opioid dependence; choices in OST (i.e. low threshold buprenorphine naloxone); and, behavioural addictions relating to technologies.

It is therefore recommended to include and consider these key populations in future training and treatment programming.

Summary - Human Rights, Gender Equality and leaving no one behind

Human Rights

Human rights considerations were to some extent included in the design and implementation of PSEY13. Training modules incorporated human rights principles within evidence-based treatment modalities however to a lesser degree facilitated discussion around medical ethics concerning authoritarian or paternalistic approaches to treatment coercion. It is therefore recommended to include specific Middle Eastern ethical and human rights considerations in future facility design and design of staff trainings, particularly around treatment coercion by families.

Gender Equality

Gender mainstreaming was to some extent included in PSEY13 which achieved the female gender quote of training and considered the unique drug use and dependence characteristics of women in the PNRC. It is however recommended to support ongoing gender specific professional training on the needs of drug dependent pregnant women (and opiate dependent neonates), further develop gender responsive drug treatment programmes, and develop dedicated referral mechanisms for women affected by gender-based violence.

Leaving no one behind

Several key populations were identified as requiring further outreach and programming specificity by the PNRC, alongside specific clinical training for staff. These included family support of children affected by familial substance abuse, girls affected by sexual violence, minority groups such as the Bedouin and prisoners, and patients with co-infection and co-morbidities.

III. CONCLUSIONS

The unique socioeconomic context in the West Bank is characterized by political and economic tensions and has created conditions that facilitate the spread of illicit, novel psychoactive and prescription drug trafficking, use and abuse among Palestinians (men, women, youth and within families).

Prior to the implementation of PSEY13, Palestine lacked a comprehensive system of drug dependence treatment and care fully integrated into the health system. This was further hampered by the limited knowledge of health professionals on addictions and the treatment of drug dependence, lack of applicable research-based evidence, and limited financial and human resources. The PNRC was the first centre of its kind in Palestine and has operated since January 2019.

PSEY13 by virtue of setting up the first evidence and human rights-based drug treatment facility in Palestine and responding to the need for drug dependence treatment, strongly contributes to the UNDAF Strategic Priority Area 4. This states that “*All Palestinians, especially the most vulnerable who are often left behind, have access to quality services, including health and education and social protection systems, such as social insurance.*”

PSEY13 achieved its objectives in terms of strengthening governmental capacity to provide evidence and human rights-based drug dependence treatment and rehabilitation; building human resource capacity in providing evidence and human rights-based drug treatment and providing research-based evidence through situational assessments²²²³. PSEY13 had strong synergies and linkages with UN SDG 3, focusing on ensuring healthy lives and promote well-being for all at all ages, and had strong alignment with global and regional UNODC programmes; and key regional priorities identified in policy frameworks for the State of Palestine.

POPSE partnerships with donor, international organisations, Ministries and NGOs in Palestine were efficient, effective and integral to implementation of PSEY13, however requiring further strengthening of partnerships with key NGOs, WHO, UNDP, UNICEF, UN Women and UNRWA in future similar projects to ensure their valuable input given the interplay between drug abuse, and gender violence, public and prison health, and key populations vulnerable to drug addiction and related health harms.

Project revisions were incurred due to a change in designated location of the PNRC originally planned for Ramallah. Delays in sign off from the MoH, and delays in starting the construction of the building in Bethlehem led to corresponding delays in the project work plan, delayed recruitment of suitable clinical staff, and rescheduling of staff professional training activities, making the project only to some extent efficient.

²² (UNODC/KOICA/WHO (2017). *Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report*. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

²³ (UNODC/KOICA/WHO (2017). *Estimating the Extent of Illicit Drug Use in Palestine* Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.

The design of PSEY13 based on a bi-lateral agreement between MoH and KOICA in constructing and equipping the facility was not without problems, with discrepancies reported in final technical and equipment specifications and 12-month work plans. There was a distinct lack of PNRC staff, experienced general practitioner and NGO consultation in the design, planning, technical specification, facility risk assessment and operation of the PNRC itself. NGOs, Middle Eastern clinical experts and experienced general practitioners were under-utilised in staff capacity building, all of whom have significant relevant experience.

Design of professional foundation training on addictions and drug dependence treatment whilst useful, was generic to the PNRC staff as a collective, with suggested improvements based on the preference of profession specific clinical training, practice-based education and mentoring delivered by Middle Eastern experts who have experience of the cultural, ethical and gendered complexities of drug abuse and treatment in the Arab world.

Human rights and gender mainstreaming was to some extent adequate in staff training and PNRC set up, but with several key populations requiring further attention, such as children of substance using families, girls affected by sexual violence; Palestinian youth (Area C), the Bedouin groups, prisoners, physically and mentally disabled, patients with HIV/TB/Hepatitis C co-infection, patients with co-morbid or dual diagnosis, pain patients with iatrogenic opioid dependence, and as a future identified risk, the presence of behavioural addictions relating to technologies.

Impact of PSEY13 cannot be assessed due to the delayed start-up of the PNRC. In order to sustain the achievements of PSEY13 in terms of staff capacity, cascade of training and operationalisation of the facility itself, the PNRC requires ring fenced governmental resources for ongoing clinical training, education and mentoring of tis staff, operations and maintenance support. Decentralisation of the service may be supported by a future aftercare project supporting community rehabilitation and reintegration across the West Bank.

IV. RECOMMENDATIONS

Technical Assistance

Finding: There was a lack of PNRC staff, general practitioner and NGO consultation in the design, technical specifications, standards and systems in supporting operationalisation of the PNRC as a facility, which requires the operational support of decentralisation and scale up of community referral and rehabilitation using primary services and NGOs across the West Bank.

Recommendation 1 - Improve the design, technical specifications, standards and clinical systems of future similar projects such as a follow up community referral and rehabilitation aftercare project, by consulting with and involving Middle Eastern clinical experts, PNRC staff, experienced general practitioners, and NGOs (Project management, UNODC Programme Office in the State of Palestine)

Training Activities

Finding: The design of professional training for PNRC staff was only at the foundation level, delivered to all clinical professions solely in English as a collective training, did not fully regard Middle Eastern gender, cultural and ethical aspects of drug abuse and drug treatment, or utilise existing expertise from community NGOs, experienced general practitioners and Middle Eastern clinical experts.

Recommendation 2 - Improve the design and clinical and cultural applicability of professional training in future projects by delivering training that is specific to each clinical discipline, that includes Middle Eastern gender, ethical and human rights considerations, and that is provided by Middle Eastern clinical and NGO experts (Project management, UNODC Programme Office in the State of Palestine)

Sustainability

Finding: The PNRC only became operational by the Palestinian MoH in January 2019. Potential threats to sustainability relate to the requirement for continued governmental funding to support staff capacity building, commitment and the running of the facility.

Recommendation 3 - Ensure that future similar projects have sufficient financial resources to support sustainable operations, via e.g. 12-month work planning and ring-fenced resources for maintenance, patient demand and staff support. (Project management, UNODC Programme Office in the State of Palestine)

Partnerships and Cooperation

Finding: POPSE partnerships in Palestine were efficient, effective and integral to implementation of PSEY13. There was strong multi-disciplinary commitment and collaboration of relevant key stakeholders. The NGOs Caritas, Al Maqdese and Al Sadiq al Tayyeb were however underutilised and collaborations with WHO, UNDP, UNICEF, UN Women, and UNRWA were less developed.

Recommendation 4 - Engage with all relevant stakeholders (country partners, Ministerial, health professionals and NGOs) and further develop existing collaborations with WHO,

UNDP, UNICEF, UN Women, and UNRWA in future similar projects. (Project management, UNODC Programme Office in the State of Palestine and UNODC Regional Office for Middle East and North Africa)

Human Rights

Finding: Human rights considerations were only to some extent included in the design and implementation of PSEY13.

Recommendation 5 - Ensure human rights are considered and respected in the provision of voluntary drug treatment access and provision in future similar projects. (Project management, UNODC Programme Office in the State of Palestine)

Gender Mainstreaming and Leaving No one Behind

Finding: Gender mainstreaming was only to some extent adequately included in PSEY13, which achieved the female gender quote of staff training, and considered the unique drug use and dependence characteristics of women in the design of PNRG facility. Needs of opiate dependent pregnant women, girls affected by sexual violence, and key vulnerable groups were however not fully considered. Further training is also required on drug dependence during pregnancy and after delivery.

Recommendation 6 - Recognise and respond to the needs of identified key vulnerable populations in future similar projects (Project management, UNODC Programme Office in the State of Palestine)

Staffing

Finding: PSEY13 was operated by a small team of three staff at POPSE with a strong governance structure supported by ROMENA and HQ. PSEY13 however was dependent on the efforts of this small team of staff, and in particular, dependent on the very strong and positive relationships the project coordinator had developed with all stakeholders involved in PSEY13.

Recommendation 7 - Ensure sufficient project staffing capacity to support all aspects of pre-assessment, design, planning and implementation of future similar projects. (Project management, UNODC Programme Office in the State of Palestine and UNODC Regional Office for Middle East and North Africa)

V. LESSONS LEARNED AND BEST PRACTICES

Evaluation questions:

- Which were the lessons and best practices that the UNODC Project Team should use and follow up upon for a possible new project focusing on the provision of aftercare?
- How can a new follow on project linked to the PNRC strengthen the gains made by PSEY13?

Risks prior to the implementation of PSEY13 implementation included vulnerability to political instability, risk to staff security, compromised delivery of activities due to lack of access, transport, road blocks or poor infrastructure, delays in recruitment of suitable staff, dependence of OST provision and equipment procurement on Israeli permits. Mitigation measures centred on strong cooperation with the national authorities and identification of alternative solutions for training outside Palestine; close monitoring of circumstances in the field; ensuring that the PNA was fully involved in the implementation of the programme; local procurement and working closely with relevant authorities to ensure timely customs clearance of equipment and medicines.

The detailed and comprehensive process of risk identification and mitigation, and how challenges in operations were overcome (for example, overcoming community resistance in location of the PNRC by moving to Bethlehem, difficulties in recruiting competent clinical staff and requirement for supportive buy in from health care providers by working closely with the PNA) can contribute to lessons learnt for future similar programme implementation.

Lessons learnt throughout implementation of PSEY13 centred on the importance of fully involving all stakeholders, government partners, NGOs, experienced general practitioners, PNRC staff, Middle Eastern clinicians, donors and international organisations through the projects inception, design and implementation. Given the potential for community resistance to location of a drug treatment centre, the potential for difficulties in recruiting of clinical staff willing to work with drug users, and the requirement for supportive buy in from health care providers, community organisations and primary care networks to support patient referral and community rehabilitation, this is paramount to consider in future projects.

Best Practices identified in PSEY13 centre on the defining of facility technical specifications, standards, mission statement, risk assessments, systems and SOPs for start-up of the PNRC. These can be applicable to other drug treatment facility projects in the region.

ANNEX I. TERMS OF REFERENCE OF THE
EVALUATION

Final Independent Project Evaluation

**“Supporting the establishment of evidence-based
drug dependence treatment and rehabilitation
system for the Palestine National Rehabilitation
Centre”**

PSEY13

State of Palestine

(West Bank)

June 2018

Background and Context

Project number:	PSEY13
Project title:	Supporting the establishment-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre
Duration (dd/mm/yyyy-dd/mm/yyyy):	31/01/2014-31/12/2018
Location:	Palestinian Territories, West Bank
Linkages to Country, Regional and Thematic Programmes:	<p>Sub-Programme 3 (Drug Prevention and Health) of the UNODC Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the Arab States (2011-2015)</p> <p>Sub-Programme 5 of the UNODC Strategic Framework for the period 2014-2015.</p> <p>UNODC Thematic Programme on health and livelihoods (Drug and HIV). In particular, the project relates to “expected accomplishment (a)”: “Increased implementation at the national level of evidence-based services related to drug use in the community”.</p>
To which UNDAF ²⁴ is the project/programme linked to (if any)	UNDAF Strategic Priority Area 4: Leaving No One Behind: social development and protection
Executing Agency:	UNODC
Partner Organizations:	None
Total Approved Budget:	\$622,913.00
Total Overall Budget	\$622,913.00
Donors:	Korea International Cooperation Agency (KOICA)
Project Manager/ Coordinator:	Mr. Khaldoun Oweis, National Project Manager and

²⁴ United Nations Development Assistance Framework.

	Officer in Charge, UNODC Programme Office in the State of Palestine (POPSE)
Type and time frame of evaluation: (Independent Project Evaluation/In-depth Evaluation/mid-term/final)	Final Independent Project Evaluation (July – December 2018)
Time frame of the project covered by the evaluation:	January 2014 (beginning of the project) - September 2018 (end of field mission)
Geographical coverage of the evaluation:	Palestinian Territories (West Bank - (mainly Ramallah, Bethlehem))
Budget for this evaluation in USD:	\$20,000
Number of independent evaluators planned for this evaluation ²⁵ :	1 independent evaluator
Type and year of past evaluations (if any):	None
Core Learning Partners ²⁶ (entities):	Ministry of Health, Korea International Cooperation Agency (donor), medical staff from public hospitals and methadone centres, World Health Organization, the Palestinian National Institute of Public Health

²⁵ Please note that the minimum for any UNODC evaluation is two independent evaluators, *i.e.* one lead evaluator and one team member.

²⁶ The CLPs are the main stakeholders, *i.e.* a limited number of those deemed as particularly relevant to be involved throughout the evaluation process, *i.e.* in reviewing and commenting on the TOR and the evaluation questions, reviewing and commenting on the draft evaluation report, as well as facilitating the dissemination and application of the results and other follow-up action. Stakeholders include all those to be invited to participate in the interviews and surveys, including the CLPs.

Project overview and historical context

The United Nations Office on Drug and Crime (UNODC) has been providing technical assistance to the State of Palestine since 2005. It started with programmes on drug prevention, with the development and implementation of HIV prevention and care strategies among drug users in the West bank and Gaza through the established drop-in centres. The office extended the areas of technical assistance and focused on strengthening the Palestinian justice system.

In the Palestinian National Policy Agency (PNPA), which forms part of the Palestinian Reform and Development Plan 2008-2010 (PRDP), the Palestinian National Authority (PA) states that quality of life is one of four national policy goals towards which their actions must lead. The PRDP determines that a strengthened social coherence and solidarity, matched with improved quality of health services, is a high-level objective for the PRDP period so that the most vulnerable areas and groups in society continue are supported and the culture, national identity and heritage of the Palestinian people are reinforced. It is further stated that “increased capacity of public sector organization involved in social policy making, provision of well-targeted social assistance, and the delivery of basic education and health services will have a direct positive effect on the daily lives of citizens.” This is also part of the Strategic Objectives for the Health Sector indicating that the Ministry of Health (MoH) should make efforts towards “achievement of the best possible outcomes from health care services.”

In 2009, UNODC supported the National High Committee for Drugs in the development of a National Drug Strategy for 2009-2011 and a Drug dependence treatment and Rehabilitation Protocol. Meanwhile, the MoH identified a serious lack of technical and human resource capacity on evidence-based assessment, diagnosis and treatment of drug dependence as a major weakness in its health system. Moreover, no proper structure for drug dependence treatment and rehabilitation was existing in the State of Palestine.

In view of a perceived increase in the number of drug users and the high demand for drug dependence treatment, the MoH requested support to set up a governmental treatment and rehabilitation centre in the West Bank. In 2012, the Korea International Cooperation Agency (KOICA) answered to this request and signed an agreement with the MoH for the establishment of the first Palestine National Rehabilitation Centre (PNRC) for a total amount of \$5,000,000. UNODC was also requested to provide support to the MoH to build its capacity to offer a proper structure for drug users.

The project “Supporting the establishment-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre” (PSEY13) was designed based on the request of the MoH and UNODC previous experience in the West Bank, addressing the capacity needs and governance aspects of an assistance package to contribute to the development of a comprehensive system of drug dependence treatment and care, fully integrated into the Palestinian health system. It was also designed to ensure the strengthening of the institutional and human resource capacity of the PNRC to be established, through the provision of a comprehensive package of drug dependence treatment and rehabilitation services with continuum of care through community-based services. The project was officially launched in 2014 and is about to end in December 2018.

The project is funded by KOICA and has been implemented by the **UNODC Programme Office in the State of Palestine (POPSE)** in partnership with the Palestinian MoH.

The key element of the project is to ensure the provision of trainings and awareness raising on evidence-based drug dependence treatment as a multifactorial chronic disease with a focus on the

relationship between the drug conventions and human rights. Efforts have been undertaken to ensure that the right to health is included in the draft of the Palestinian Drug Law. Furthermore, each outcomes of the project contributes to the establishment of a comprehensive system of drug dependence treatment, strengthening institutional and human resources capacity, including the right to enjoyment of the highest attainable standard of physical and mental health.

The gender mainstreaming strategy was driving the design of the project and its outcomes in different ways. Part of the project goal consist in ensuring that national strategies promote gender-responsive services for women, with the development and implementation of standards/guidelines for gender-responsive services. Provision of home-based detoxification and community-based services which are less stigmatizing to women are part of the services offered by the PNRC.

Main challenges during implementation

Political crisis

One of the main challenges faced during the preparation and implementation concerned the political crisis in which the Palestinian authority is deeply mired. Since 2007, and the political division between Fatah and Hamas, the Palestinian Legislative Council is paralyzed. Only urgent laws according to the Palestinian Basic Law can be approved by the president. This has affected the endorsement of the Drug Law. In this matter, the draft Drug Law has been submitted to the General Secretariat of the Council of Ministeries and approved by presidential decree.

Acceptance by the community

The construction work of the PNRC was supposed to start in Ramallah in 2014, in order to have an operational centre during the first quarter of 2016. The non-acceptance by the community of a centre for drug users adversely impacted project implementation. Before the start of the construction, the community exerted pressures to prevent the PNRC from being established in the chosen location. Due to the rejection by the community, the chosen location of the centre had to be changed. The PNRC was moved from Ramallah to Bethlehem where the MoH owns a land beside the health directorate. The construction was delayed and thus the opening.

Staff competencies

Another challenge faced by UNODC during the implementation of the project is the difficulty to find and select qualified and experienced staff to be trained and operate the centre. Important delays occurred due to the difficulties of finding the relevant and proper medical staff. The MoH finalized the list of selected staff by the end of May 2018 to be trained few months before the opening of the PNRC.

Project documents and revisions of the original project document

	Year	Please provide general information regarding the original project document.
Project document	2013	The first project document submitted was approved on December the 18 th , 2013. This document includes the results of a rapid assessment of healthcare services in the West Bank and the capacity of the MoH to respond to the needs of drug users. The original project document also includes a description of UNODC strategy in the Palestinian Territories, the partnerships and synergies, the project objectives, outcomes, outputs and activities planned. It also details

		the therapeutic services to be provided by the PNRC, including short term treatment, case-management, community based-detoxification, psychosocial intervention, etc. The project documents also go through the legal context of the project, the detailed budget and the logical framework.
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Project revision ²⁷	Year	Reason & purpose (max. 2 sentences per revision)	Change in (please check)
1	2016	The project revision aims to increase the project duration to compensate the delay in starting the construction which led to corresponding delays in the project workplan.	<input type="checkbox"/> Budget <input checked="" type="checkbox"/> Timeframe <input type="checkbox"/> Logframe
2	2017	The goal of this project revision was to allow for the completion of activities as agreed upon under the developed project work plan. Delays in construction work and staff selection led to corresponding delays in the project workplan.	<input type="checkbox"/> Budget <input checked="" type="checkbox"/> Timeframe <input type="checkbox"/> Logframe
3	2018	The project revision is in response to the delays encountered to provide the basic and advanced training to the staff who operates the PNCR. The no-cost extension of the project will also allow for the conduct of a final Independent Project Evaluation.	<input type="checkbox"/> Budget <input checked="" type="checkbox"/> Timeframe <input type="checkbox"/> Logframe

Main objectives and outcomes

The overriding objective of the project is to contribute to the development of a comprehensive system of drug dependence treatment and care, fully integrated into the health system and strengthening the institutional and human resource capacity of the PNRC. The model for all the healthcare services provided to drug users developed under the project is internationally accepted best practices. Upon completion, the Palestinian people will have access to drug dependence treatment and rehabilitation services with continuum of care through community-based services.

UNODC assistance to the MoH follows the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction: 1) facilitating information sharing on best practices/strategies, 2) providing guidance and assistance for the development of drug demand reduction strategies and programmes in line with the guiding principle of drug demand reduction and 3) providing assistance for the establishment of national information system, including data on regionally and internationally recognized core indicators.

Therefore, the following outcomes have been designed:

Outcome 1: a comprehensive system of drug dependence treatment and rehabilitation that is science- and human rights-based in place and fully integrated into the Palestinian health system.

²⁷ Please add further rows as needed.

Outcome 2: a package of integrated and voluntary drug dependence treatment and rehabilitation services that are gender sensitive, science- and human rights- based is made available at the Palestine National Rehabilitation Centre.

Objective of the project/programme (as per project document/revision):

Objective:	<p>Supporting the provision of evidence-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre.</p> <p>This objective can be broken down into two sub-objectives, including (i) the establishment of a comprehensive system of drug dependence treatment and care, (ii) its integration into the health system with strengthened institutional and human resource capacity to provide evidence-based opioid substitution therapy and drug dependence treatment at the PNRC.</p>
Performance indicators:	<p>The performance indicators are (i) approval of standard operating procedures for treatment protocol; (ii) approval of National OST operational guideline; (iii) percentage of people accessing opioid substitution therapy and other drug dependence treatment services offered by the national treatment centre (m/f, type of drug, mode of assumption).</p>

Outcomes of the project/programme (as per project document/revision)²⁸

Outcome 1:	A comprehensive system of drug dependence treatment and rehabilitation that is science- and human rights-based in place and fully integrated into the Palestinian health system
Performance indicators:	-Endorsement of Standard Operating Procedures for Treatment Protocol; -Palestinian National Treatment Centre's mission statement, strategic management and governance plan, core policies and care planning developed.
Outcome 2:	A package of integrated and voluntary drug dependence treatment and rehabilitation services that are gender sensitive, science- and human rights- based is made available at the Palestine National Rehabilitation Centre
Performance indicators:	-Availability of OST, involving the use of opioid agonists for maintenance treatment of opioid dependence; -Number of all individuals (m/f) on OST 6 months after PNRC opening; -Number of all individuals (m/f) receiving inpatient drug detoxification during the first 6 months from the opening of the centre.

Contribution to UNODC's country, regional or thematic programme

Contribution to the following UNODC country and regional programmes:

²⁸ Please delete or add rows below as needed for the different outcomes.

1. The Palestinian Reform and Development Plan (PRDP)²⁹ determined that the increased capacity of public sector organizations involved in social policy making – including the MoH – should provide well-targeted social assistance. It is further stated that “the delivery of [...] health services will have a direct positive effect on the daily lives of citizens.” The objectives in this regard are further defined in the National Health Strategy (2017-2022)³⁰ and also include the development of expertise on matters relating to healthcare services. As part of the strategic objectives, it is stated that the State of Palestine should “ensure the provision of comprehensive health services to all Palestinians, heading towards localization of health services.” In June 2014, the Palestinian National Authority officially launched, with the support of UNODC, a *National Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the State of Palestine, 2014-2017*, which brings current and future project activities into a broader programmatic framework covering drug control, crime prevention and criminal justice reform.
2. During the project implementation, the Palestinian Authority finalised the Palestinian National Policy Agenda (NPA) for 2017-2022. It articulates a set of priorities aiming at directing international support to the Palestinian Authority under the umbrella of three main pillars: a Path to Independence, Government Reform, and Sustainable Development. It also identifies 29 national policies to achieve these goals, putting “citizens first” and outlining Government priorities aligned with the Sustainable Development Goals and Agenda 2030 premises to “leave no one behind.” Through the NPA, the Palestinian Authority reiterates its commitment to state-building government, long-term institutional development and quality health care for all (national priority 9). Therefore, the project “Supporting the Establishment-based Drug Dependence Treatment and Rehabilitation System for the Palestine National Rehabilitation Centre” directly supports the Palestinian Authority in meeting its commitment and in providing quality health care services to the Palestinian people.
3. The contribution of the project to UNODC Regional Programme and Thematic Programme is operationalised through three main components, namely: diversified quality and cost-effective treatment services to drug dependent persons; raised capacity in treatment, rehabilitation and reintegration of drug users; and standardized drug dependence treatment manuals and training programmes.
4. The project relates to Sub-Programme 3 (Drug prevention and health) of the UNODC Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the Arab States (2011-2015) that was developed in partnership with the League of Arab States. The Regional Programme covers three priorities areas: (i) countering illicit trafficking, organized crime and terrorism, (ii) promoting justice and building integrity and (iii) drug prevention and health. The overall goal of the Regional Programme is to support the efforts of Member States in the region to respond to evolving threats, with a focus on achieving clear outcomes with a tangible impact. An objective of Sub-Programme 3 is to assist States in the Arab region in setting general framework for national and regional drug demand reduction strategies, as well as in enhancing and promoting drug treatment and rehabilitation programmes with UNODC assistance. The project outcomes are aligned with Sub-

²⁹ Online: <http://siteresources.worldbank.org/INTWESTBANKGAZA/Resources/PRDP08-10.pdf>

³⁰ Available online: http://www.lacs.ps/documentsShow.aspx?ATT_ID=29996

Programme 1. The project also relates to the Sub-Programme V (Prevention of Drug Use, Treatment and Care of Drug Use Disorders and HIV/AIDS Prevention and Care) of the last UNODC Regional Programme for the Arab State to Prevent and Combat Crime, Terrorism and Health Threats and Strengthen Criminal Justice Systems in Line with International Human Rights Standards (2016-2021).³¹

Contribution to the following thematic programme(s):

1. The project relates to UNODC Thematic Programme on health and livelihood (Drug and HIV). In particular, the project relates to “expected accomplishment (a)”: “Increased implementation at the national level of evidence-based services related to drug use in the community.”

Linkage to UNODC strategic framework, UNDAFs and to Sustainable Development Goals

The project contributes to the following Sustainable Development Goals, Targets and Performance Indicators:

Relevant UN Sustainable Development Goals ³²	Target(s)	Indicator(s) ³³
3 – Good Health and Well-Being	3.5	3.5.1

The project contributes to the UN Sustainable Development Goals (SDGs) 3, focusing on ensuring healthy lives and promote well-being for all at all ages. The project is also fully aligned with the National Policy Agenda (2017-2022) and relevant sector and cross-sector strategies of the Palestinian Government, including the health sector strategy, national cross-sectoral gender strategies, and national juvenile justice strategy.

The project contributes to key priorities of the United Nations Development Assistance Framework (UNDAF) for Palestine, which has been renewed in 2018.³⁴ The UN’s agreed goal is to “enhance development prospects for the people of Palestine, by advancing Palestinian statehood, transparent and effective institutions, and addressing key drivers of vulnerability.” Therefore, the UNDAF for 2018-2022 has been framed around four fundamental strategic priorities which readjust those define for 2014-2017 and is underpinned by the 2030 Agenda premise of “Leave No One Behind.” The project contributes to the UNDAF Strategic Priority Area 4, which stands that “All Palestinians, especially the most vulnerable who are often left behind, have access to quality services, including health and education and social protection systems, such as social insurance.” Under this Strategic Priority, UNODC has been supporting the Palestinian government in improving quality of drug

³¹ Available online: https://www.unodc.org/documents/middleeastandnorthafrica//Regional-Programme-doc/Regional_Programme_for_the_Arab_States_2016-2021.pdf

³² All SDGs and targets can be found here: <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

³³ All SDG indicators can be found here: https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework_A.RES.71.313%20Annex.pdf

³⁴ http://www.ps.undp.org/content/dam/papp/docs/Publications/UNDP-papp-research-undaf_2018-2022.pdf

treatment provided and national policy framework as a key vector for improving health care services and addressing the needs of vulnerable groups.

I. DISBURSEMENT HISTORY

Time periods throughout the life time of the project (01/2014 – 12/2018) (add the number of rows needed)	Total Approved Budget	Expenditure	Expenditure in %
January 2014 – December 2018	USD 622,913	USD 530,364	85.1%

Time period that will be covered by the evaluation	Total Approved Budget	Expenditure	Expenditure in %
January 2014 – October 2018	USD 622,913.00	USD 590,000	94.7%

II. PURPOSE OF THE EVALUATION

According to UNODC Evaluation Policy, all projects and programmes in UNODC are to be evaluated at least every 4 years or 6 months before the project or programme finalizes. This final Independent Project Evaluation of the project “Supporting the Establishment-based Drug Dependence Treatment and Rehabilitation System for the Palestine National Rehabilitation Centre” (PSEY13) is the first and only evaluation of the project.

The purpose of the final evaluation is three-folded, assessing; (1) the extent to which the objective, outputs and outcomes were met, (2) the utilization of resources in a wisely manner, (3) areas of improvement in term of project management but also in term of needs for further technical assistance.

- (1) This evaluation will assess the implementation of the project activities, the results obtained. It will enable UNODC to provide the donor and national counterparts with a report assessing the extent to which the objective, outputs and outcomes were met.
- (2) In addition, this evaluation will ensure accountability to the donor (KOICA), the national stakeholders and counterparts (Ministry of Health, Palestinian National Institute of Public Health). It will also assess whether the resources have been wisely utilized.

- (3) This evaluation will also allow UNODC to identify areas of improvement not only in terms of project management but also in terms of continuation of technical assistance to the national counterpart. It will identify best practices, lessons learnt and needs of further assistance for potential future project with the Palestinian Government as well as for organizational learning and decision-making purposes.

Furthermore, the following DAC criteria will be assessed during the evaluation: relevance, efficiency, effectiveness, impact and sustainability. In addition, established partnerships and cooperation as well as aspects of human rights and gender mainstreaming will be assessed. The evaluation will specifically assess how gender aspects have been mainstreamed into the project. Furthermore, lessons learned and best practices will be identified and recommendations based on the findings formulated.

The main users of this evaluation are UNODC Programme Office in the State of Palestine as well as UNODC Regional Office for Middle East and North Africa (ROMENA). The Palestinian Ministry of Health will also benefit from the results of this evaluation, as well as the Palestine National Rehabilitation Centre (PNRC).

III. SCOPE OF THE EVALUATION

Unit of analysis (full project/programme/ parts of the project/programme; etc.)	Full project PSE/Y13
Time period of the project/programme covered by the evaluation	January 2014 – September 2018 (end of field mission)
Geographical coverage of the evaluation	Palestinian Territories, West Bank (mainly Ramallah, Bethlehem)

IV. KEY EVALUATION QUESTIONS

Evaluation Criteria

The evaluation will be conducted based on the following DAC criteria: relevance, efficiency, effectiveness, impact and sustainability, as well as design, partnerships and cooperation, human rights, gender equality and leaving no one behind as well as lesson learned and best practices. The questions will be further refined by the evaluator.

Design
<i>The Design of a project or programme measures the extent to which the logical framework approach was adopted.</i>
<ol style="list-style-type: none"> 1. Was the design of the project accurate and realistic in relation to its set objective and outcomes or should there be any change for any future similar project? 2. Was the project designed in line with the national needs?
Relevance
<i>Relevance is the extent to which the activity is suited to the priorities and policies of the target group, recipient and donor.</i>
<ol style="list-style-type: none"> 3. To what extent were the implemented activities and services set up relevant and suitable to achieve the expected results?³⁵

³⁵ The expected results can be divided into three categories: (i) the outputs, (ii) the outcomes, (iii) the intermediate and ultimate outcomes previously defined. (i) the outputs are the results which are achieved immediately after

4. To what extent were the implemented activities suited to the priorities and policies of the health sector actors and civil society?
Efficiency
<i>Efficiency measures the outputs - qualitative and quantitative - in relation to the inputs.</i>
5. Has UNODC used its resources in an effective manner to achieve the objective and various outcomes?
6. To what extent was the project's governance structure adequate?
Effectiveness
<i>Effectiveness is a measure of the extent to which an aid activity attains its objectives.</i>
7. To what extent did the project achieve its planned results (objective and outcomes) and which unachieved results should be targeted in future projects?
8. To what extent did the strategy produce unintended outcomes (positive or negative)?
Impact
<i>Impact is the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.</i>
9. To what extent did the project contribute, or is likely to contribute to long-term impact and /or outcomes?
10. To what extent did the project/ contribute to achieving the related Sustainable Development Goals?
Sustainability
<i>Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn.</i>
11. To what extent are the project results generated through its activities likely to continue in Palestine after the project completion?
12. To what extent has UNODC assistance helped to generate commitment of the health sector actors in the provision of a comprehensive rehabilitation treatment to continue even after completion of the project?
Partnerships and cooperation
<i>The evaluation assesses the partnerships and cooperation established during the project/ programme as well as their functioning and value.</i>
13. To what extent were the UNODC partnerships in Palestine efficient and effective with regard to the implementation of the project?
14. To which extent did UNODC take advantage and maximized its impact while working with partners and other stakeholders (mainly working with WHO and the National Institute for Public Health)?
Human rights, gender equality, and leaving no one behind
<i>The evaluation needs to assess the mainstreaming throughout the project/ programme of human rights, gender equality, and the dignity of individuals, i.e. vulnerable groups.</i>
Human Rights
15. To what extent were human rights considerations included in the project design and implementation?
16. To what extent human rights principles have been taken into account by the PNRC staff to deal with drug users?
Gender Equality

implementing an activity. (ii) the outcomes can be considered as mid-term results. (iii) the intermediate and ultimate outcomes are more long-term results and might be harder to assess at some extent.

17. To what extent was the project relevant to the needs and priorities as defined by beneficiaries, women and girls?
18. To what extent has the project answered the service needs of vulnerable targeted groups?
<i>Leaving no one behind (optional)</i>
19. To what extent were under-represented and vulnerable groups among drug users included in the project design and implementation?
<i>Lessons learned and best practices³⁶</i>
<i>Lessons learned concern the learning experiences and insights that were gained throughout the project/ programme.</i>
20. Which were the lessons and recommendations that the UNODC Project Team should use and follow up upon for a possible new project focusing on the provision of aftercare?

V. EVALUATION METHODOLOGY

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 TOR and the availability of stakeholders and direct beneficiaries. In all cases, the evaluator is expected to analyse all relevant information sources, such as reports, programme documents, thematic programmes, internal review reports, programme files, evaluation reports (if available), financial reports and any other documents that may provide further evidence for triangulation, on which their conclusions will be based. The evaluator is also expected to use interviews, surveys or any other relevant quantitative and/or qualitative tools as a means to collect relevant data for the evaluation. Interviews should be made not only with senior management but also, and especially, other stakeholders such as specialised practitioners, social workers, psychologists, operational staff from the PNRC and direct beneficiaries (e.g.: drug users). The geographical frame will be mainly focusing on districts such as Ramallah and Bethlehem. 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 the key stakeholders of the project/ programme, the Core Learning Partners (CLP).

The present ToR provide basic information as regards to the methodology, which should not be understood as exhaustive. It is rather meant to guide the evaluator in elaborating an effective, efficient, and appropriate evaluation methodology that should be proposed, explained and justified in the Inception Report.

In addition, the evaluator will be asked to present a summarized methodology (including an evaluation matrix) in the Inception Report outlining the evaluation criteria, indicators, sources of information and methods of data collection. This will include a detailed and concrete sampling strategy for all proposed samples (site visits, key informants, etc). The evaluation methodology must conform to the United Nations Evaluation Group (UNEG) Norms and Standards as well as the UNODC Evaluation Policy, Norms and Standards.

While the evaluator shall fine-tune the methodology for the evaluation in an Inception Report, a mixed-methods approach of qualitative and quantitative methods is mandatory due to its appropriateness to ensure a gender-sensitive, inclusive methodology. Special attention shall be paid to an unbiased and objective approach and the triangulation of sources, methods, data, and theories.

³⁶ Good practices and lessons learned will be elaborated by the evaluator based on findings and conclusions drawn based on the analysis of the information gathered throughout the evaluation process.

Indeed, information stemming from secondary sources will be cross-checked and triangulated through data retrieved from primary research methods. Primary data collection methods need to be gender-sensitive as well as inclusive.

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

The limitations to the evaluation need to be identified and discussed by the evaluator in the Inception Report, e.g. data constraints (such as missing baseline and monitoring data). Potential limitations as well as the chosen mitigating measures should be discussed.

When designing the evaluation data collection tools and instruments, the evaluator needs to consider the analysis of certain relevant or innovative topics in the form of short case studies, analyses, etc. that would benefit the evaluation results.

The main elements of the evaluation process are the following:

- Preliminary desk review of all relevant project documentation, (Annex II of the evaluation ToR), as provided by the Project Manager and as further requested by the evaluation team, as well as relevant external documents (e.g. UNDAFs; SDGs; UN and global/regional strategies; etc.);
- Preparation and submission of an Inception Report (containing preliminary findings of the desk review, refined evaluation questions, data collection instruments, sampling strategy, limitations to the evaluation, and timetable) to IEU for review and clearance before any field mission may take place;
- Initial meetings and interviews with the Project Manager and other UNODC staff as well as stakeholders during the field mission;
- Interviews (face-to-face and by telephone/skype), with 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;
- Analysis of all available information;
- Preparation of the draft evaluation report (based on Guidelines for Evaluation Report and Template Report to be found on the IEU website <http://www.unodc.org/unodc/en/evaluation/index.html>). The lead evaluator submits the draft report to the Project Manager for the review of factual errors (copying IEU) and the Project Manager shares with IEU for review, comments and clearance. Subsequently the Project Manager shares the final draft report with all CLPs for comments.
- Preparation of the final evaluation report and an Evaluation Brief (2-pager). The evaluation team incorporates the necessary and requested changes and finalizes the evaluation report in accordance with the feedback received from IEU, the Project Manager and CLPs. It further includes a PowerPoint presentation on final evaluation findings and recommendations;
- Presentation of final evaluation report and Evaluation Brief (2-pager) with its findings and recommendations to the target audience, stakeholders etc. (in person or if necessary through Skype).
- In conducting the evaluation, the UNODC and the UNEG Evaluation Norms and Standards are to be taken into account. All tools, norms 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 utilize a mixture of primary and secondary sources of data. The primary sources include, among others, interviews with key stakeholders (face-to-face or by telephone), the use of surveys and questionnaires, field missions for case studies, focus group interviews, observation and other participatory techniques. Secondary data sources will include project documents and their revisions, progress and monitoring reports, external reports and strategies (e.g. UNDAFs; SDGs; country/regional/global strategies; etc.) and all other relevant documents, including visual information (e.g. eLearning, pictures, videos, etc.).

Desk Review

The evaluator will perform a desk review of all existing documentation (please see the preliminary list of documents to be consulted in Annex II of the evaluation ToR). This list is however not to be regarded as exhaustive as additional documentation may be requested by the evaluator. The evaluator needs to ensure that sufficient external documentation is used for the desk review.

Phone interviews / face-to-face consultations

The evaluator will conduct phone interviews / face-to-face consultations with, but not limited to the identified individuals from the following groups of stakeholders:

- Palestinian Ministry of Health and National Institute for Public Health;
- Relevant international and regional organizations (e.g.: WHO, UNRWA);
- Non-governmental organizations working with UNODC (Caritas and al-Maqdese);
- UNODC management and staff at HQ and in the field;
- Health sector actors (e.g.: medicine practitioners, psychologists, social workers, operational staff at the PNRC);
- Relevant medical staff from hospitals and methadone centre in Bethlehem (Only three staff from the methadone centres and the hospital administration currently included in Annex III. Names of additional staff to be interviewed during the field mission will be provided to the evaluator at the inception phase);
- Palestinian Civil Police officers (e.g.: anti-narcotics department);
- Selected staff trained to operate a centre for drug users (The staff will be selected and trained by July. The names of such staff to be interviewed during the field mission will be provided to the evaluator at the inception phase);
- To the extent possible, vulnerable groups, such as drug users having received assistance at the drug dependence treatment and rehabilitation services;
- Others as requested.

Questionnaire

A questionnaire (on-line) is to be developed and used to help collect the views of trainees and management staff from the PNRC, if deemed appropriate.

VI. TIMEFRAME AND DELIVERABLES

<i>Duties</i>	<i>Time frame</i>	<i>Location</i>	<i>Deliverables</i>
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Desk review and drafting of Inception Report	30/07/2018–14/08/2018 (12 working days for the evaluator)	Home base	Draft Inception report in line with UNODC evaluation norms and standards ³⁷
Review of draft Inception Report by IEU	15/08/2018–21/08/2018 (1 week for IEU review)		Comments on the draft Inception Report to the evaluation team
Incorporation of comments from IEU (can entail various rounds of comments from IEU)	22/08/2018–31/08/2018 (3 w/d for the evaluator) (1 week for IEU review)	Home base	Revised draft Inception Report
Deliverable A: Final Inception Report in line with UNODC evaluation norms, standards, guidelines and templates	By 31/08/2018 (overall 15 w/d for the evaluator)		Final Inception report to be cleared by IEU at least one week before the field mission can get started
Evaluation mission: briefing, interviews with staff at UNODC HQ/FO (including by phone/skype); observation; focus groups; presentation of preliminary observations (if applicable)	15/09/2018 – 22/09/2018 (8 w/d for the evaluator)	UNODC Country Office; Palestinian Territories, West Bank (mainly Ramallah, Bethlehem)	Interviews and data collection
Drafting of the evaluation report; submission to Project Management and IEU;	27/09/2018–17/10/2018 (15 w/d for the evaluator)	Home base	Draft evaluation report
Review of IEU for quality assurance and Project Management for factual errors	18/10/2018–01/11/2018 (2 weeks for review)		Comments on the draft evaluation report to the evaluation team

³⁷ https://www.unodc.org/unodc/en/evaluation/normative-tools.html#Inception_Report

Consideration of comments from the project manager and incorporation of comments from IEU (can entail various rounds of comments from IEU)	02/11/2018 – 19/11/2018 (6 w/d for the evaluator + 1 week for IEU review)	Home base	Revised draft evaluation report
Deliverable B: Draft Evaluation Report in line with UNODC evaluation norms, standards, guidelines and templates	By 19/11/2018 (overall 29 w/d for the evaluator) 9-13 weeks		Draft evaluation report, to be cleared by IEU
IEU to share draft evaluation report with Core Learning Partners for comments	20/11/2018 – 30/11/2018 (2 weeks)		Comments of CLPs on the draft report
Consideration of comments from Core Learning Partners and preparation of draft Evaluation Brief	03/12/2018 – 05/12/2018 (3 w/d for the evaluator)	Home base	Revised draft evaluation report
Final review by IEU; incorporation of comments and finalization of report and Evaluation Brief (can entail various rounds of comments from IEU)	06/12/2018 – 17/12/2018 (3 w/d for the evaluator + 1 week for IEU review)	Home base	Revised draft evaluation report; draft Evaluation Brief
Presentation of evaluation results (to be reviewed and cleared by IEU)	18/12/2018 (1 w/d for the evaluator)		Presentation of evaluation results
Deliverable C: Final evaluation report; presentation of evaluation results; Evaluation Brief (2-pager)	By 17/12/2018 (7 overall w/d for the evaluator)		Final evaluation report; Evaluation Brief and presentation of evaluation results, both to be cleared by IEU
Project Management: Finalise Evaluation Follow-up Plan in ProFi	By 06/01/2019		Final Evaluation Follow-up Plan to be cleared by IEU
Project Management: Disseminate final evaluation report	By 07/01/2019		Final evaluation report disseminated to internal and external stakeholders

IEU: facilitate the external Evaluation Quality Assessment of the Final Report	January 2019		
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The UNODC Independent Evaluation Unit may change the evaluation process, timeline, approach, etc. as necessary at any point throughout the evaluation-process.

VII. EVALUATION TEAM COMPOSITION

The evaluator will report exclusively to the Chief or Deputy Chief of the UNODC Independent Evaluation Unit.

Role	Number of consultants/ evaluators (national/international)	Specific expertise required ³⁸
Evaluator	1 independent International consultant	Evaluation methodology; evaluation in the UN system, preferably previous experience in health sector and/or drug treatment

The independent external international evaluator will not act as representatives of any party and must remain independent and impartial. The qualifications and responsibilities for the evaluator are specified in the respective job descriptions attached to these Terms of Reference (Annex 1). The evaluator will report exclusively to the chief or deputy chief of the UNODC Independent Evaluation Unit, who are the exclusive clearing entity for all evaluation deliverables and products.

Absence of Conflict of Interest

According to UNODC rules, the evaluator 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.

Furthermore, the evaluator shall respect and follow the UNEG Ethical Guidelines for conducting evaluations in a sensitive and ethical manner.

³⁸ Please add the specific technical expertise needed (e.g. expertise in anti-corruption; counter terrorism; etc.) – please note that expertise in human rights and gender equality is required.

VIII. MANAGEMENT OF THE EVALUATION PROCESS

Roles and responsibilities of the Project Manager

The Project Manager is responsible for:

- managing the evaluation process, with the assistance of the Reporting and Project Development Officer,
- drafting and finalizing the ToR, with the assistance of the Reporting and Project Development Officer,
- selecting Core Learning Partners (representing a balance of men, women and other marginalised groups) and informing them of their role,
- recruiting the evaluation team following clearance by IEU, ensuring issued contracts ahead of the start of the evaluation process in line with the cleared ToR. In case of any delay, IEU and the evaluation team are to be immediately notified,
- providing desk review materials (including data and information on men, women and other marginalised groups) to the evaluation team including the full TOR,
- liaising with the Core Learning Partners,
- reviewing the draft report for factual errors only, with the assistant of the Reporting and Project Development Officer,
- developing a follow-up plan for the usage of the evaluation results and recording of the implementation of the evaluation recommendations (to be updated once per year), with the assistant of the Reporting and Project Development Officer,
- disseminate the final evaluation report and communicate evaluation results to relevant stakeholders as well as facilitate the presentation of evaluation results;
- ensure that all payments related to the evaluation are fulfilled within 5 working days after IEU's request - non-compliance by Project/Programme Management may result in the decision to discontinue the evaluation by IEU.

The Project Manager, with the assistance of the Reporting and Project Development Officer, 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 (including travel details; DSA-payments; transportation; etc.)
- All logistical arrangement for the meetings/interviews/focus groups/etc., ensuring interview partners adequately represent men, women and other marginalised groups (including independent translator/interpreter if needed); set-up of interview schedules; 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 all fees/DSA/etc. (payments for the evaluation team must be released within 5 working days after the respective deliverable is cleared by IEU).

Roles and responsibilities of the evaluation stakeholders

Members of the Core Learning Partnership (CLP) are identified by the project manager. The CLPs are the main stakeholders, i.e. a limited number of those deemed as particularly relevant to be involved throughout the evaluation process, i.e. in reviewing and commenting on the TOR and the

evaluation questions, reviewing and commenting on the draft evaluation report, as well as facilitating the dissemination and application of the results and other follow-up action. Stakeholders include all those to be invited to participate in the interviews and surveys, including the CLPs. As some of the CLPs do not read/write English, parts of the ToR as well as draft evaluation report will be translated to be shared and reviewed by the CLPs.

Roles and responsibilities of the Independent Evaluation Unit

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>. Furthermore, IEU provides guidance, quality assurance and evaluation expertise, as well as interacts with the project manager and the evaluation team throughout the evaluation process. IEU may change the evaluation process, timeline, approach, etc. as necessary at any point throughout the evaluation-process.

IEU reviews, comments on and clears all steps and deliverables during the evaluation process: Terms of Reference; Selection of the evaluator, Inception Report; Draft Evaluation Report; Final Evaluation Report and an Evaluation Brief; Evaluation Follow-up Plan. IEU further publishes the final evaluation report and the Evaluation Brief on the UNODC website, as well as sends the final evaluation report to an external evaluation quality assurance provider. Moreover, IEU may decide, in consultation with Project Management, to upgrade any Independent Project Evaluation to an In-Depth Evaluation considering e.g. an unforeseen higher involvement of IEU staff in the evaluation process.

IX. PAYMENT MODALITIES

The evaluator will be issued consultancy contracts and paid in accordance with UNODC rules and regulations. The contracts are legally binding documents in which the evaluation team agrees to complete the deliverables by the set deadlines. Payment is correlated to deliverables and three instalments are typically foreseen:

1. The first payment upon clearance of the Inception Report (in line with UNODC evaluation norms, standards, guidelines and templates) by IEU;
2. The second payment upon clearance of the Draft Evaluation Report (in line with UNODC norms, standards, evaluation guidelines and templates) by IEU;
3. The third and final payment (i.e. the remainder of the fee) only after completion of the respective tasks, receipt of the final report, Evaluation Brief (in line with UNODC evaluation norms, standards, guidelines and templates) and clearance by IEU, as well as presentation of final evaluation findings and recommendations.

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.

IEU is the sole entity to request payments to be released in relation to evaluation. Project/Programme Management must fulfil any such request within 5 working days to ensure the independence of this evaluation-process. Non-compliance by Project/Programme Management may result in the decision to discontinue the evaluation by IEU.

ANNEX II. EVALUATION TOOLS: QUESTIONNAIRES AND INTERVIEW GUIDES

FACE TO FACE/SKYPE INTERVIEW: ALL KEY STAKEHOLDERS

Information Sheet

You are invited to participate in an evaluation which seeks to learn more about your experiences of the Project PSEY13 which was implemented by UNODC. This project aimed to develop a comprehensive system of drug dependence treatment and rehabilitation that is science- and human rights-based in place and fully integrated into the Palestinian health system; and a comprehensive package of integrated and voluntary drug dependence treatment and rehabilitation services with a continuum of care through community-based services that are gender sensitive, science- and human rights-based is made available at the PNRC. I am interested to hear your views on this project in terms of its achieving these outcomes.

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.

Consent

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.

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.

Please tick or initial

Yes	No
Yes	No

I understand that confidentiality and anonymity will be maintained and my identity will not feature in the evaluation report.

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 evaluation. I have read the Information Sheet about the evaluation, 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 GUIDE

How was the design of PSEY13 accurate and realistic in relation to its set objective and outcomes

Probe should there be any change for any future similar project?

How was PSEY13 designed in line with the national needs?

Probe 2017 situation assessment report.

How were the implemented activities and services set up by PSEY13 relevant and suitable to achieve the expected results?

How were the implemented activities of PSEY13 suited to the priorities and policies of the health sector actors and civil society?

Probe SOPs, OST treatment guidelines, PNRC mission statement etc

How has UNODC used its resources in an effective manner to achieve the objective and various outcomes of PSEY13?

How has PSEY13 ensured its governance structure is adequate?

Probe M& E, cost analysis for running of the PNRC

How has PSEY13 supported the development of a comprehensive system of drug dependence treatment which is carefully established and integrated into the health system?

How has PSEY13 strengthened institutional and human resource capacity to provide evidence based opioid substitution therapy and drug dependence treatment services at the PNRC?

Probe which unachieved results should be targeted in future projects?

Did PSEY13 produce unintended outcomes (positive or negative)?

How has PSEY13 contributed, or is likely to contribute to long-term impact and /or outcomes?

Probe alignment with SDG goals, UNODC programming, UNDAF, training cohorts

How are the generated results of PSEY13 through its activities likely to continue in Palestine after the project completion?

How has UNODC assistance helped to generate commitment of the health sector actors in the provision of a comprehensive rehabilitation treatment to continue even after completion of the project?

Probe sustainability of training cascade, donor support, resource allocation

Were the UNODC partnerships in Palestine efficient and effective with regard to the implementation of PSEY13?

Probe NGOs, CSOs, key stakeholders

How were human rights considerations included in the PSEY13 project design and implementation?

How was PSEY13 relevant to the needs and priorities as defined by beneficiaries, women and girls?

Probe Are gender responsive services appropriate or were any aspects were overlooked or omitted.

How does PSEY13 answer the service needs of vulnerable targeted groups?

Probe loss to follow up, new trends in key groups

Are there any key vulnerable groups of drug users identified which may not access the PNRC?

What are the lessons and recommendations that the UNODC Project Team should use and follow up upon for a possible new project focusing on the provision of aftercare?

How can a new follow on project linked to the PNRC strengthen the gains made by PSEY13?

Thank you for your participation in this evaluation.

FOCUS GROUP GUIDE: ALL KEY STAKEHOLDERS

Information Sheet

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Yes	No
Yes	No

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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 evaluation. I have read the Information Sheet about the evaluation, and understand what the evaluation involves.

Signed

Date

Expert Evaluator Statement:

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Signed

Date

FOCUS GROUP DISCUSSION GUIDE

- How was the design of PSEY13 accurate and realistic in relation to its set objective and outcomes
- Probe should there be any change for any future similar project?
- How was PSEY13 designed in line with the national needs?
- Probe 2017 situation assessment report.
- How were the implemented activities and services set up by PSEY13 relevant and suitable to achieve the expected results?
- How were the implemented activities of PSEY13 suited to the priorities and policies of the health sector actors and civil society?
- Probe SOPs, OST treatment guidelines, PNRC mission statement etc
- How has UNODC used its resources in an effective manner to achieve the objective and various outcomes of PSEY13?
- How has PSEY13 ensured its governance structure is adequate?
- Probe M& E, cost analysis for running of the PNRC
- How has PSEY13 supported the development of a comprehensive system of drug dependence treatment which is carefully established and integrated into the health system?
- How has PSEY13 strengthened institutional and human resource capacity to provide evidence based opioid substitution therapy and drug dependence treatment services at the PNRC?
- Probe which unachieved results should be targeted in future projects?
- Did PSEY13 produce unintended outcomes (positive or negative)?
- How has PSEY13 contributed, or is likely to contribute to long-term impact and /or outcomes?
- Probe alignment with SDG goals, UNODC programming, UNDAF, training cohorts
- How are the generated results of PSEY13 through its activities likely to continue in Palestine after the project completion?
- How has UNODC assistance helped to generate commitment of the health sector actors in the provision of a comprehensive rehabilitation treatment to continue even after completion of the project?
- Probe sustainability of training cascade, donor support, resource allocation
- Were the UNODC partnerships in Palestine efficient and effective with regard to the implementation of PSEY13?
- Probe NGOs, CSOs, key stakeholders
- How were human rights considerations included in the PSEY13 project design and implementation?
- How was PSEY13 relevant to the needs and priorities as defined by beneficiaries, women and girls?
- Probe Are gender responsive services appropriate or were any aspects were overlooked or omitted.
- How does PSEY13 answer the service needs of vulnerable targeted groups?
- Probe loss to follow up, new trends in key groups
- Are there any key vulnerable groups of drug users identified which may not access the PNRC?
- What are the lessons and recommendations that the UNODC Project Team should use and follow up upon for a possible new project focusing on the provision of aftercare?
- How can a new follow on project linked to the PNRC strengthen the gains made by PSEY13?

Thank you for your participation in this evaluation.

ANNEX III. DESK REVIEW LIST

Documents reviewed

Document – name	Reviewed (y/n)	Comments
UNODC documents		
Terms of Reference Final Independent Project Evaluation “Supporting the establishment of evidence-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre” PSEY13, June 2018	Y	Very useful
PSEY13 - Palestinian National Rehabilitation Centre Evidence based drug dependence treatment and rehabilitation system. Training Report, July 2018	Y	Very useful
Final report UNODC Contract 5131 Supporting the establishment of an evidence-based drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Center "Brief interventions in substance abuse problems" PRCS building, Ramallah, West Bank, OPT 17.08 to 21.08.2014.	Y	
Financial Reports 31 st December 2013	Y	
Financial Reports 31 st December 2014	Y	
Financial Reports 31 st December 2015	Y	
Financial Reports 31 st December 2016	Y	
Financial Reports 31 st December 2017	Y	
Press Release. UNODC and KOICA sign Memorandum of Understanding to support the establishment of an evidence-based drug dependence treatment system for the Palestinian National Rehabilitation Center.. December 2013	Y	

Progress Report Annual Progress Report (S/APR). Period covered by the report: 1Jan. - 31Dec. 2104	Y	
Annual Progress Report for Project PSEY13 1st January – 31 December 2015	Y	
Annual Progress Report for Project PSEY13 1st January – 31 December 2016	Y	
Annual Progress Report for Project PSEY13 1st January – 31 December 2017	Y	
Annual Progress Report for Project PSEY13 1st January – 30th June 2018	Y	
Project Document November 2013	Y	
Project Revision Document 2016	Y	
Project Revision Document 2017	Y	
Project Revision Document 2018	Y	
External documents		
Estimating the Extent of Illicit Drug Use in Palestine Palestinian National Institute of Public Health, Ministry of Health , UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.	Y	Very useful
Illicit Drug Use in Palestine: A Qualitative Investigation Formative phase study report. Palestinian National Institute of Public Health, Ministry of Health, UNODC/KOICA/WHO occupied Palestinian Territory, November 2017.	Y	Very useful
Palestinian Central Bureau of Statistics. (December 2011). Palestinians at the end of 2011. http://www.pcbs.gov.ps/Portals/_pcbs/PressRelease/palestineEnd2011E.pdf	Y	
Palestinian Central Bureau of Statistics, MDGs Indicators in Palestine, 1994- 2008: http://www.pcbs.gov.ps/Portals/_pcbs/mdgs/52b82275-945e-4f76-b5b4-	Y	Very useful

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United Nations Development Assistance Framework State of Palestine 2018-2022 http://www.ps.undp.org/content/dam/papp/docs/Publications/UNDP-papp-research-undaf_2018-2022.pdf ;	Y	
UNODC Regional Programme for the Arab States to Prevent and Combat Crime, Terrorism and Health Threats and Strengthen Criminal Justice Systems in Line with International Human Rights Standards (2016-2021)	Y	
UNODC website and brochure: UNODC and the Sustainable Development Goals https://www.unodc.org/unodc/en/about-unodc/sustainable-development-goals/sdgs-index.html https://www.unodc.org/documents/SDGs/UNODC-SDG_brochure_LORES.pdf	Y	
ECOSOC Report of the Inter-agency and Expert Group on Sustainable Development Goal Indicators (E/CN.3/2017/2*)	Y	
UNODC Independent Evaluation Unit: Meta-Analysis 2015-2016 http://www.unodc.org/documents/evaluation/Meta-Analysis/UNODC_IEU_Evaluation_Meta-Analysis_2015-2016.pdf	Y	
UNODC Independent Evaluation Unit: Evaluation-based analysis of good practices in UNODC's approach to capacity building http://www.unodc.org/documents/evaluation/Knowledge-Products/UNODC_IEU_Evaluation-based_Capacity_Building_Analysis_final_October_2017.pdf	Y	
UNODC Position Paper on Human Rights (2011) http://www.unodc.org/documents/justice-and-prison-reform/UNODC_Human_rights_position_paper_2012.pdf	Y	
Guidance Note on Gender Mainstreaming in UNODC (2013) http://www.un.org/womenwatch/directory/docs/UNODC-GuidanceNote-GenderMainstreaming.pdf	Y	

UNODC/UNOV Strategy for Gender Equality and the Empowerment of Women (2018-2021) https://www.unodc.org/documents/Gender/UNOV-UNODC_Strategy_for_Gender_Equality_and_the_Empowerment_of_Women_2018-2021_FINAL.pdf	Y	
UNODC evaluation guidelines, templates, handbook, policy http://www.unodc.org/unodc/en/evaluation/normative-tools.html	Y	
UNODC Inception Report Guidelines and Template https://www.unodc.org/unodc/en/evaluation/normative-tools.html#Inception_Report	Y	
UNODC Evaluation Report Guidelines and Template https://www.unodc.org/unodc/en/evaluation/normative-tools.html#Eval_Report	Y	
UNODC Evaluation Quality Assessment http://www.unodc.org/unodc/en/evaluation/Evaluation-based-knowledge-products.html#EQAs	Y	
UNEG: Integrating human rights and gender equality in evaluation http://www.uneval.org/detail/980	Y	
UNEG Norms and Standards for Evaluation (2016) www.unevaluation.org/document/download/2601	Y	
UNEG Ethical Guidelines for Evaluation www.uneval.org/document/download/548	Y	
United Nations Development Assistance Framework Guidance (2017) https://undg.org/document/2017-undaf-guidance/	Y	
International Standards for the Treatment of Drug Use Disorders 2017 UNODC/WHO (Draft for field testing)	Y	Very useful

TREATNET Quality Standards for Drug Dependence Treatment and Care Services 2012	Y	Very useful
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Number of external documents reviewed: 23

Overall number of documents reviewed: 41

ANNEX IV. LIST OF PERSONS CONTACTED DURING THE EVALUATION

<i>Number of interviewees</i>	<i>Organisation</i>	<i>Type of stakeholder</i>	<i>Sex disaggregated data</i>	<i>Country</i>
7	UNODC	Project development, management and coordination	Male: 4 Female: 3	Austria, Egypt, Palestine
1	UN Country Team	UNSCO	Female: 1	Jerusalem
2	KOICA	Donor	Male: 1 Female: 1	Ramallah, Palestine
7	Palestinian Ministry of Health Methadone Centre; WHO; Palestinian Civil Police, Anti Narcotic Department National Programme on Drug Control, criminal justice and crime prevention	National Counterpart	Male: 4 Female: 3	Ramallah, Palestine
3	Caritas Al Maqdese Al Sadiq al Tayyeb	NGO	Male: 3	Jerusalem
3	Consultants	Beneficiary	Male: 2 Female: 1	United Kingdom, Switzerland and Spain
7	Staff at the PNRC	Beneficiary	Male: 2 Female: 5	Bethlehem, Palestine
Total: 30			Male: 16 Female: 14	