



Ex-post Evaluation 2011 – Brief Report

Promotion of Drug Control, Laos

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Health Focus GmbH

This report was produced by independent external experts.
It reflects only their opinion and assessment.

Frankfurt am Main, 13/12/2011

Tabular overview

The evaluation mission

Evaluation period	October/November 2011
Evaluating institute / consulting firm	Sustainum - Institut für zukunftsfähiges Wirtschaften/ Health Focus GmbH
Evaluation team	Susanne Schardt, M.A. – international consultant Dr. Swady Kingkeo – national consultant

The development measure

Title according to the offer	Promotion of Drug Control, Laos
Number	PN 1996.2530.2; PN 02.2224.0-001.00 PN RDMA: 2003.2107.5
Overall term broken down by phases	<p>Phase I: January 1999 to December 2001, extended until March 2002.</p> <p>Phase II: April 2002 to March 2005 (designed).</p> <p>Integrated into the "Integrated Rural Development in Mountainous Areas in the Northern Lao PDR" programme (RDMA) from January 2004 onwards with remaining funds from Phase II. It ended as a single project with PN 02.2224.0-001.00 on 31/12/2003.</p> <p>Continued as part of RDMA's programme component 2 from March 2004 until September 2008 (Phase I of the RDMA).</p>
Total costs	Estimated at approx. 6,747,000 € (13,000,000 DM); according to the proposal for Phase I; with the German contribution amounting to approx. 6,391,000 € (12,500,000 DM) and the partner's contribution amounting to approx. 256,000 € (500,000 DM).

	<p>Costs for Phase II were estimated at 1,648,000 € in the proposal. The sum of which should be divided as follows: German contribution was estimated at a total of 1,122,000 €. 1.022.000 € were to be brought in through German Technical Cooperation (GTZ) and 100,000 € through the German Development Service (DED). The contribution from the partner for Phase II was estimated at 26,000 €. Added to this was an unspecified item called “Other contributions”, amounting to 500,000 € (cf. proposal from 11/06/2002, page 16).</p> <p>According to the proposal from 17/10/2003, the RDMA programme had total costs of 18,900,000 €, allocated throughout the programme duration of 6 years (01/2004 to 12/2009), in 2 phases, each respectively 3 years long. Total costs of the German contribution were estimated at approx. 15,000,000 €. Costs for Phase I (03/2004 – 09/2008) were estimated at a total of 12,400,000 €; the German contribution at 7,400,000 €.</p>
<p>Overall objective as per the offer, for ongoing development measures also the objective for the current phase</p>	<p>Project objective Phase I: <i>“Communities in selected districts of the provinces of Luang Namtha, Xieng Khouang and Bokeo are more able to keep drug addiction rates under control and to reduce their economic dependence on opium, and the responsible organisations at national, provincial and district level are more able to plan and implement drug control measures.”</i></p> <p>Project objective Phase II: <i>“Relevant partner institutions plan and coordinate efficiently development-oriented drug control measures and integrate drug control objectives into socioeconomic development strategies.”</i></p> <p>RDMA programme Phase I:</p> <p>Overall objective: <i>“With the support of the provincial and district authorities, the target population</i></p>

	<p><i>sustainably improves its economic and social living conditions.”</i></p> <p>Objective of Component 2: <i>“People in the programme villages plan and organise services to improve their quality of life without any external assistance.”</i></p>
Lead executing agency	<p>Lao National Commission for Drug Control and Supervision (LCDC);</p> <p>RDMA: Ministry for Planning and Investment – Department of International Cooperation (DIC)</p>
Implementing organisations (in the partner country)	<p>Intermediaries Phase I: <i>employees and committees of public institutions as well as international non-governmental organisations (NGOs) or projects and representatives of village organisations.</i></p> <p>Phase II: no intermediaries or implementing organisations. Instead: <i>“The project target groups are first and foremost intermediaries at national, provincial and district level who are involved in drug control in a primary or ancillary role (...).Intermediaries include employees of and bodies within state institutions, employees of NGOs and projects and representatives of village organisations.”</i></p> <p>RDMA Phase I: <i>employees of the provincial and district authorities.</i></p>
Other participating development organisations	<p>DED – phase II</p> <p>International Fund for Agricultural Development (IFAD) – RDMA</p>
Target groups as per the offer	<p>Phase I: <i>“Women, men and young people from mountain farming communities that belong to the target</i></p>

	<p><i>groups of three on-going rural development projects of the German Technical Cooperation¹ in the provinces Xieng Khouang (...), Luang Namtha (...) und Bokeo (...).The main target groups are the population groups (...) producing and/or using opium, or that are classified as being at risk with respect to drug control.”</i></p> <p><i>Phase II: “The project target groups are first and foremost intermediaries at national, provincial and district level who are involved in drug control in a primary or ancillary role (...).”</i></p> <p><i>RDMA Phase I: “The entire population of the 319 programme villages selected on the basis of poverty criteria in the provinces Bokeo, Luang Namtha and Sayaboury².” Around 20,000 households according to the proposal.</i></p>
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The rating

<p>Overall rating</p> <p><i>On a scale of 1 (very good, significantly better than expected) to 6 (the project/program is useless, or the situation has deteriorated on balance)</i></p>	<p>3</p>
<p>Individual rating</p>	<p>Relevance: 2; Effectiveness: 3; Impact: 3; Efficiency: 2; Sustainability: 3</p>

¹ “Nam Ngum Watershed Management and Conservation Project, NAWACOP“ (PN 92.2299.3-01.100) in Xieng Khouang; „Integrated Food Security Programme, IESP“ (PN 93.3655.3-01.100) in Luang Namtha; and „Regional Rural Development Project“ (PN92.2298.5-01.100) in Bokeo

² Bokeo: 80 villages, Luang Namtha: 110 villages, Sayaboury: 129 villages.

Laos is one of the world's least developed countries. Even though the economic situation has improved over the past decade – with a Human Development Index (HDI) of 0.497 Laos currently ranks 122 of 169 – the country still ranks below the regional average of 0.650, and almost half of the country's population of six million (47.2%) lives in poverty according to international standards. Agriculture contributes to about 75% of the employment and approx. 30% of the gross domestic product (GDP). The majority of the rural population depends on subsistence agriculture and lives in remote mountainous areas in the country's north where infrastructure hardly allows access to markets, health or social services and schools.

As the **Lao-German Drug Control Programme** started in 1998, Laos was still part of the so-called "Golden Triangle" (Thailand, Myanmar and Laos), and with a production of 167 t, the world's third largest producer of opium – despite ranking far behind Myanmar and Afghanistan. The prevalence of opium consumption in 1998 was 2.9% which was the second highest prevalence worldwide after Iran. The global average prevalence at that time was 0.3%. Opium production and trade have been one of the most important sources of income for the poorest highland families in the north which traditionally bridged rice-shortages until the next harvest by trading. Among the highland population opium is also traditionally consumed to alleviate physical and psychological ailments. Studies of the Asian Development Bank (ADB) have shown that about 60% of the opium produced is being consumed in the country itself.

In 1996, the Lao government declared opium illegal and took sometimes drastic measures to reach the declared goal of a drug-free Laos by the year of 2005. These measures included the selective resettlement of whole villages to eliminate the slash and burn shifting cultivation and the forced eradication of poppy fields in large areas of the Northern provinces.

The preparation of the programme began in December 1995. In December 1998, the project agreement was signed with the "*Lao National Commission for Drug Control and Supervision*" (LCDC) as political partner of the project. In January 1999, the implementation of the measure started. The **overall project duration** was four years, before it was integrated into the "Integrated Rural Development in Mountainous Areas (RDMA) in the Northern Lao PDR" programme and ended as a single project on December 31, 2003. Remaining funds were used to continue drug-related measures as part of RDMA's programme component 2 (Phase I of the RDMA) from March 2004 until September 2008.

The **interventions** aimed at strengthening the then newly established drug control authorities on national, provincial and district levels, and at mainstreaming drug control in development measures and of development issues in drug-control. Capacity building for the staff of the drug control authorities and a national, regional and international policy dialogue contributed

successfully to the capacities development of relevant institutions and donors. Lack of ownership and expertise on the side of the Lao partners however, complicated the framework conditions and hampered project implementation. Measures to reduce the supply and demand of drugs at the community level included drug prevention and community-based drug abuse control (CB-DAC).

These measures were implemented on **national level** as well as in three **provinces** especially influenced by opium production and consumption where measures of technical assistance on rural development and food security were already active: Luang Namtha and Bokeo at the borders to Thailand and Myanmar and Xieng Khouang at the border to Vietnam.

The programme was subject to an **independent ex-post evaluation** of GIZ, financed by the German Federal Ministry for Economic Cooperation and Development (BMZ) seven (respectively, three) years after its completion. The evaluation was conducted **between April 2011 and February 2012** by the German consortium Sustainum – Institut für zukunftsfähiges Wirtschaften / Health Focus (project leader Susanne Schardt, M.A.) in collaboration with a national consultant (Dr. Swady Kingkeo). **The mission in Laos took place between October 22nd and November 15th, 2011.** The impact of the measure was evaluated on micro-, meso- and macro level following the five criteria of the Development Assistance Committees of the Organization for Economic Co-operation and Development (OECD): relevance, effectiveness, impact, efficiency and sustainability. In this process, mostly qualitative methods of social research were used. They comprised of a desk study of relevant documents, observations, expert discussions, semi-structured interviews with relevant authorities and the participatory development of so-called timelines with the target groups in selected communities.

Relevance: The measure set in at the right time and was very relevant, given the newly declared opium-ban and the Lao government's aim to achieve a drug-free Laos by 2005. The clear focus on the reduction of rural poverty especially among extremely poor population groups and ethnic minorities contributed to a solution of essential development issues. However, the measures mostly reached resettled communities. The project was in line with the policy of the BMZ and the partner country. It contributed to poverty reduction, participatory development and good governance, environment and resource protection, the fight against drug abuse, rural development and – albeit indirectly – to the protection of tropical forests. The contribution to gender equality was only marginal.

Relevance of the project with regard to improving the quality of health services was only achieved in part: the CB-DAC approach in drug therapy did support a participatory, voluntary,

non-discriminatory and respectful interaction with drug addicts and contributed to equal access/equitable access of women and ethnic minorities. The population was also sensitized for the risks of drug addiction. However, the method was not sufficiently suitable to free the mostly elderly long-term opium addicts from their addiction. Altogether, the **relevance** was evaluated as **good, without substantial deficits (level 2)**.

Effectiveness: The effectiveness was evaluated on the basis of nine reconstructed indicators and the reconstructed direct impact: *“drug-control authorities and committees on national, provincial and district level contribute to the implementation of the aims in the field of opium supply and demand reduction as defined in the Lao master plan on drug control”*. Of the nine indicators, four were achieved and five were partially achieved: documents and guidelines of the Lao government, the United Nations Office on Drugs and Crime (UNODC) and ADB refer to drug-related issues. Opium production has been reduced – at least until the end of the measure in 2008 – and is restricted to very remote highland areas. However, since 2008 opium production is on the rise again. The prevalence of opium consumption was reduced significantly in the Northern provinces and between 2003 and 2008 the relapse rate was 34% for the whole country. In some project provinces however, the relapse rate was far above that with up to 89.3%. Hence, the aspired relapse rate of 40% could not be achieved even though the prevalence sank by more than 40% and clients were mostly satisfied with the conducted detoxification measures.

Based on the available project documents the **effectiveness** of the project was evaluated as **overall satisfactory**, because **positive results prevail (level 3)**.

Impact: Indirect benefits arose from the elaboration of guidelines and recommendations for the approaches and methods used in the project. They are participatory, target-group oriented and place an emphasis on social, economic and infrastructural development prior to the eradication of opium poppy fields. Furthermore this so-called “development-oriented drug control approach” mainstreaming could be achieved in relevant strategies and guidelines on drug control of the Lao government and UNODC.

Impact was achieved regarding different dimensions of poverty, such as the improvement of political and socio-cultural dimensions, the participation and strengthening of poor and discriminated population groups. This also contributed to the achievement of the Millennium Development Goals (MDG) – especially MDG 1: fight against extreme poverty and hunger – and to the pro-poor-growth and pro-poor-governance.

No contribution was made to the strengthening of the health system, but this could not be expected because the project was strongly oriented towards rural development.

Nevertheless, drug problems are largely a health issue and these aspects should have been reflected more strongly. The collaboration with other international donors, technical assistance projects and other German development partners (especially DED) influenced the impact positively. The overall **impact** of the project is evaluated as **satisfactory, because positive results prevail (level 3)**.

Efficiency: The material for an evaluation of the project's efficiency was rather feeble. It was conducted on the basis of the available project progress reports. The structure of the measure was appropriate. The need for support on the side of the national, provincial and district authorities was very high because they were newly established. The project progress reviews showed that due to the structural weaknesses of these authorities the financial means for this support could not be spent according to the plans and were lower than planned during both phases. The overall **efficiency** of the measure was evaluated as **satisfactory, because positive results dominate (level 3)**.

Sustainability: The development-oriented approach in drug control was established sustainably in Laos – at least in official documents and strategies. However, funds and qualified personnel to put this approach into practice are scarce. The government still largely follows a repressive approach and puts communities under much pressure to abstain from opium production and consumption without establishing sustainable alternatives as laid down in the official drug control policy. This also has effects on the sustainable reduction of opium consumption where relapse rates are high. The CB-DAC approach relied mainly on a follow-up by family members of detoxified addicts. This was not sufficient to reduce opium consumption sustainably and did not contribute to community health care. The sustainability of the CB-DAC method could have been enhanced by professional psycho-social and medical follow-up care, better access to legal drugs and better linkage to other health care services. Sustainability was achieved however, by sensitizing the population for the reasons and risks of opium misuse and by destigmatising drug addicts and creating more solidarity for them in the communities. The overall **sustainability** of the measure was evaluated as **satisfactory, because positive results prevail (level 3)**.

The classifications for the five evaluation criteria summed up to an **average of 3** which is an **overall satisfactory appraisal**.

Recommendations:

For the health sector:

Observe the development of the drug problem, such as new forms of consumption, new substances consumed and their psycho-social and health risks - especially HIV/AIDS. A

focus should be on groups most at risk, such as truck drivers, migrant workers, commercial sex workers etc. and on regional developments. In this area, valuable contributions could be made to develop client-friendly health and drug services, before the HIV prevalence reaches a critical level also in Laos.

Use GIZ experience in the region (e.g. from the health programme in Vietnam), well-established approaches, methods and lessons learned to help stem the health risks related to drug abuse in Laos. These include for instance the Harm Reduction approach, the drug profile analysis, developed by the Development-oriented Drug Policy Programme (EOD), which also contains gender aspects in a drugs environment (production, trafficking and consumption) and the training module for the development of services for female drug users.

Share the methods and lessons learned with other donors active in the health sector in Laos. Measures of German development cooperation (rural development and sustainable economic development) should be linked more closely with those of other donors in Laos – especially those active in the health sector - in order to build synergies on cross-cutting issues and for the improvement of the drug problem.

Evaluate the CB-DAC approach with regard to its contributions to various sectors and for making it replicable within other development measures. To make useful contributions within the health sector, the approach needs to be adapted to international standards. To enable long-term addicts to become abstinent, education and detoxification need to be complemented by follow-up residential or outreach therapy, especially psycho-social care and medical substitution treatment. Staff of health and community services needs more expertise on special services for drug addicts; hence capacity building would be needed for them.

For the regional department:

Scale up the successfully established village funds to finance micro-credits in the communities and link them with special support for women in using these credits for income generation. Take measures to professionalize the administration of the village banks.

Support women and girls in opium producing communities through capacity building measures in creating lucrative income-generation opportunities in and outside agriculture.

Scale up rural development measures especially in opium producing areas and put an emphasis on income-generating opportunities that have a similar potential for profit as opium without creating further economic dependencies as is the case e.g. in rubber cultivation in Luang Namtha. These measures should also be better linked to measures of other donors, especially those working in the health sector.

To the BMZ:

Support participatory, cross-sectoral and voluntary measures to reduce drug related harm.

Health is not a sectoral priority area in Laos. Hence the BMZ should influence UNODC projects (*Funds in Trust*) conducted with funding from the German government to follow the above mentioned approach.

Promote German approaches, methods and lessons learned in regional committees and networks in order to expand the successful mainstreaming of the drug control project and push for respective implementation in Laos and the region.

Enhanced networking with relevant donors, government bodies, research institutes and experts in the region could also help to observe the development of the drug problem and react accordingly together with other GIZ measures in the region.

Planned/actual indicator values

Overall objective: The population of the project/programme districts have an improved quality of life with less economic and physical dependence on drugs.

Project result (reconstructed): Drug control authorities and committees at national, provincial and district levels contribute to the implementation of the goals defined in the Lao master plan of drug control with respect to reducing opium supply and demand .

Indicator 1: At least 50 % of the development strategy documents and policies of Lao's government make reference to drug control. At least two donor organisations respond to the drug problem in their development strategies.

Drug references are made by ADB & UNODC, but not in sufficient government documents.

Indicator 2: At least 40 % of families in the project areas that produced opium at project start do no longer depend on opium poppy cultivation, as they now have an income from legal economic activities.

Except for very remote communities, there is no more opium poppy cultivation.

Indicator 3: Drug addiction has been reduced by at least 40 % in the project areas. The relapse rate is less than 40 %.

Overall opium abuse was reduced, however, the relapse rate in long-term addicted people is 34% -89,3%.

Indicator 4: At least 50 % of the development strategy documents and policies of the three ministries that have established a DCU, make reference to drug control.

Indirect references to drug control made by MoH and MoE as well as MoAF

Promotion of Drug Control / RDMA I
 Programme duration: 1999 – 2008
 Planned/actual indicators November 2011

Cross-section issues				
Poverty reduction (MSA)	Gender (G1)	Environment (UR 0)	Good governance (PD/GG 1)	Public-Private Partnership
Contribution through promotion of income-generating measures	Income-generating measures for women should have been given stronger support	Contributions to the reduction of slash & burn practices lead to the preservation of forests	Direct contribution through strengthening of new government bodies and participatory and multi-sectoral structures	Was not part of the project and is not relevant

Indicator 5: Drug control authorities and committees at national, provincial and district level can demonstrate regular cooperation with the village drug control committees in the annual reports of their activities. The annual reports make reference to the goals defined in the Lao master plan of drug control and monitoring and evaluation systems (such as the Opium Surveys).

Indicator partly fulfilled: regular monitoring not possible in all communities; LCDC has not entered into cooperation with communities.

Indicator 7: Activity reports of the drug control units at central, provincial and district levels demonstrate regular cooperation between the authorities at different levels. Village drug control committees make reference in their activity reports to the support provided by district and/or provincial authorities.

In particular at district level there is a close exchange on information between the village committees and district authorities

Indicator 6: At least 65 % of the interviewed opium poppy farmers and users in selected communities of the project areas are satisfied with the methods and measures offered for supply and demand reduction and confirm their participatory planning and implementation.

Samples showed satisfaction.

Indicator 8: Drug control policies of the Lao government make reference to the CB-DAC approach. Samples in project villages show that CB-DAC methods and participatory drug prevention methods (i.e. street theatre) are used there in a sustainable manner.

Participatory prevention methods (i.e. street theatre) are not sustainable.

	Indicator fulfilled
	Indicator partly fulfilled
	Indicator not fulfilled

Indicator 9: Drug prevention issues are discussed regularly in at least 25 schools from the three project areas which still use teaching materials developed during the course of the project.

Not the entire curriculum used, but information from it has been integrated into the lessons and the new curriculum of the government

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