Periodic Technical Report
2020

CHAFAEA Operating Grant Nr: 881545
Acronym: C-EHRN
Title: Correlation – European Harm reduction Network
Author: Katrin Schiffer
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Acknowledgements

Correlation – European Harm Reduction Network is looking back on a year full of activities and many challenges, due to Covid-19. Although the pandemic impacted our work significantly and forced us to implement activities in a different way, we were able to strengthen our network, foster the cooperation with other networks, organisation and experts, produce our Monitoring Report, organise a variety of online meetings and webinars and engage in numerous advocacy activities.

All this would not have been possible without the support of the following groups, individuals and organisations.

First, we want to thank our members. Their support, commitment and trust was essential for us. Their involvement in the different network activities was unverifiable and contributed to the successful implementation of network activities.

Specific thanks go to our C-EHRN Focal Points. They fulfilled an extremely important role as national reference point in the area of monitoring and data collection. They implemented the Monitoring Tool in their country, collected information and data and provided us with the information, which was needed to produce the Monitoring Report.

We also want to thank the committed members of our newly elected C-EHRN Steering Committee, who supported us in planning, developing and implementing our work plan and strategic focus. Thanks go to Alina Bocai, Marianella Kloka, Peter Sarosi, Tuukka Tammi, John-Peter Kools, Jose Queiroz, Dirk Schäffer and Christos Kouimtsidis.

One of the main activities in 2020 included the monitoring activities. An extremely challenging task, which required the input of many different experts and stakeholders.

First, we would like to thank the scientific experts, who were actively involved in the monitoring activities. This includes in particular:

Tuukka Tammi, the lead of the Scientific Expert Group: organised the work within the group, prepared documents, monitored the overall process and communicated with the different stakeholder for additional input. His knowledge, commitment, flexibility and pragmatism was key for the development of the monitoring tool and report.

Thanks as well to Rafaela Rigoni from the C-EHRN Team, who is responsible for the monitoring activities and the writing of the Monitoring Report.

Dagmar Hedrich from the EMCDDA: has been essential for the monitoring activities and provided essential input for the analysis of data and information. Her scientific knowledge, ongoing commitment and support towards our work in the area of drug use and harm reduction was extremely important for us. She provided us with essential knowledge and kept us sharp: do not ask what you already know, do not ask what can’t be answered, but focus on the essentials, which make the perspective of civil society important and valuable.

C-EHRN has identified three thematic priorities, covering HCV and Drug Use, Overdose Prevention and New Drug Trends. Experts groups, covering these topics have been established in 2018. They
contributed to monitoring activities and contributed to the respective topics. We want to thank all thematic experts for their commitment and input. Special thanks go to the coordinators of the respective thematic expert group:

Moijca Maticic: Our dedicated and committed expert in the area of HCV and drug use. Moijca is involved in our network since many years and has contributed to many HCV-related activities. As coordinator of the HCV expert group, she provided input to the monitoring activities and will organise and support the HCV-related activities within C-EHRN.

Dirk Schäffer (Deutsche Aids Hilfe): is actively involved in our network since many years. His broad expertise – ranging from HIV/AIDS and HCV, Drug consumption rooms, Naloxone, drug user involvement and advocacy, makes him to an indispensable expert in our network. He is the coordinator of the Overdose prevention expert group and provided input to the monitoring activities Tool. Furthermore, he was part of the transitional Steering Committee of C-EHRN.

Daan van der Gouwe (Trimbos Institute): is highly knowledgeable in the area of new drug trends and data collection. His involvement has been essential for the development of the monitoring tool. He coordinates the expert group on new drug trends and will support our activities in this particular area also in the future.

We also want to thank our partners of the network with whom we worked closely together and which supported our activities. This includes in particular the Eurasian Harm Reduction Association (EHRA), the European Network of People Who Use Drugs (EuroNPUD) and the Drug Policy Network of South Eastern Europe (DPNSEE).

Other important networks, organisations and initiatives with whom we cooperated are EMCDDA, ECDC, WHO, HRI, IDPC, the Achieve Coalition, ELPA, EASL, FEANTSA, the Nobody Left Outside Platform.

Last, but not least our gratitude’s go to our dedicated C-EHRN team, which has worked tremendously hard to achieve all the results, described in this report. Special thanks go Roberto Perez Gayo, Rafaela Rigoni, Linda Vernout, Ion Raulet, Pinar Karaaslaan, and Cedric Charvet.

March 2021

Katrin Schiffer
Eberhard Schatz
Network Coordinators
Operating Grant implementation

Organisation and planning

DESCRIPTION OF THE MAIN ACTIVITIES

Pillar 1: Network
In 2020 C-EHRN activities are organised in four key operational objectives:

1.1. Maintain the C-EHRN structure
Steering Committee
The elected SC is strongly committed to the further development of C-EHRN and has contributed actively to the strategic planning and implementation of activities in 2020. We organised a SC meeting in the beginning of the year in combination with an expert meeting to evaluate the monitoring activities.

C-EHRN member database
We further updated our membership database. In total, C-EHRN welcomed 36 new members. Our membership application procedure was simplified at the end of 2019, which made it easier for organisation and individuals to apply for membership.

To learn more about the networking needs and activities of our members, we organised a member survey to identify HR Networks on national level.

1.1. Maintain network activities and cooperation
Focal points
The Focal Point (FP) system is updated with two new Focal Points. Much time was invested in the support of the local FPs. This was mainly needed during the preparation and implementation phase of the monitoring activities. FP’s were actively supported in fulfilling their tasks - through the organisation of an online meeting/webinar on 19 June 2020 and individual contacts with specific Focal Points.

C-EHRN member and expert meeting
Due to Covid-19, C-EHRN member meeting could not be organised as part of the EHRC2020. Instead, the network organised specific webinars, in the related thematic areas. Five Webinars were organised on NPS, Take Home Naloxone, HCV, Drug Consumption Rooms and Outreach work. In replacement of the EHRC2020, additional four online HR sessions were organised on 5 November.

1.2. Consolidate and maintain thematic expertise
Thematic Expert Groups (TEGs)
Expert groups were maintained, but exchange was organised less strictly. We organised online calls with experts and asked for specific input to the related topics. Some experts contributed to webinars, the monitoring tool or the thematic papers.

It becomes more and more clear that a fixed group of experts it is not the best way for effective cooperation. Instead, it makes more sense to invite different experts for different activities. As such, we cooperated with a pool of different experts.
In cooperation with the coordinator of the expert groups, we prepared a general working plan, including the organisation of a webinar and the contribution to relevant papers and outcomes.

1.4. Improve communication and promotion of C-EHRN activities and results

**Communication**
The communication activities of C-EHRN were intensified, due to a dedicated communication officer. Although our communication has improved significantly, we realise that our communication efforts should be further intensified.

Our communication strategy was updated and implemented taking into account the specific challenges concerning Covid-19.

Websites where updated and maintained, including www.correlation-net.org www.harmreduction.eu; http://www.drugconsumptionroom-international.org/

Newsletters were disseminated at least once per month [21 newsletters]. In addition we were actively posting news and messages on social media (facebook, twitter and LinkedIn).

**Conferences and meetings**
The participation to European and international conferences was strongly limited due to Covid-19. Consequently, we attended only seven face-to-face meetings/conferences. Instead, we participated to 160 online events.

**Pillar 2: Monitoring and data collection**
Monitoring remains to be one of the biggest challenges in our work plan. A lot of time and energy was invested to evaluate the previous monitoring activities, to develop, implement and analyse an adapted survey and prepare a report on the findings. More specifically the activities included the following steps.

2.1. Evaluate the monitoring tool
A meeting was organised alongside the SC Meeting on 12-13 February in Amsterdam, including different experts. During this meeting, the main findings and challenges of the monitoring process in 2019 were discussed. This included previous input given by FPs via a short questionnaire/evaluation. Initial proposals to address the feedback were discussed with participants.

A short report with the main feedback points and proposals to address them was shared with all FPs, SEG, and SC and remaining feedback collected.

2.2 Adapt the monitoring tool
The thematic expert groups, coordinated by the SEG, used the feedback to adapt all the correspondent sections of the Monitoring Tool. This process took longer than expected, as many of our experts were overworked due to COVID-19 pandemic consequences. Detailed guidelines were produced on how to gather data and fill in the Monitoring survey.

2.3. Organise support
The adapted questionnaire and guidelines were sent out to all FPs on the 19th of May. FPs were requested to deliver a completed survey by the end of July.
2.4. Implementation
Online Q&A sessions were offered to FPs to solve general doubts throughout process. Specific questions were resolved through one-one communication via a dedicated e-mail for the monitoring. The COVID-19 pandemic imposed extra challenges for FPs to complete the survey and contact experts on the proposed time. The data collection was completed by the end of August.

2.5. Analysis and reporting
The monitoring survey was analysed. Draft chapters were written and discussed with the SEG group. Based on the results, we selected a few “good practice” cases for the different themes covered and asked FPs to write a short summary of such practices to include in the report.

To improve integration with other monitoring agencies, we invited HRI to contribute with a short chapter to the monitoring, positioning harm reduction in Europe in comparison to the rest of the world.

Pillar 3: Capacity building and knowledge exchange
In 2019 C-EHRN activities on Capacity building & knowledge exchange are organised in three key operational objectives:

3.1. Develop an online knowledge and training hub on drug use and harm reduction
In 2019, C-EHRN decided to bring C-EHRN databases and resources together with the HA REACT harm reduction website. The online knowledge hub provides an overview of resources in the field of harm reduction and drug use, covering the priority topics of C-EHRN. This includes for example: HCV and drug use, overdose prevention, naloxone distribution, Drug Consumption Rooms, new drug trends, civil society involvement, advocacy, peer involvement, outreach, and related topics, such as homelessness, sex work and migration.

In 2020, a staff member of C-EHRN is updating the online knowledge hub with new publications, tools and other relevant materials. The knowledge hub is updated on a weekly basis and can be accessed using the following link: https://harmreduction.eu/db

3.2. Address thematic priorities and other relevant topics
In 2020 C-EHRN continued addressing the three thematic priorities: HCV, new drug trends and overdose prevention with support of the involved experts in the TEGs and the linkage to other projects and initiatives. Online calls with all three coordinators were organised to discuss potential topics and priorities for 2020.

A total of four webinars were organised
- In May Covid-19 and DCRs
- In May Covid-19 and Outreach work
- In November: Take Home Naloxone
- In December: NPS
In replacement of the EHRC2020 we organised additionally a whole day of HR sessions on 5 November, including 4 different sessions with a total of 332 participants, representing 51 countries.

Overall, the organisation of webinars has become an important way of communication and capacity building. We were able to reach a large number of participants, and addressed specific topics and emerging issues such as covid-19.

3.3. Organisation and contribution to other European conferences and events

The participation to European and international conferences was strongly limited due to Covid-19.

**Pillar 4: Advocacy**

In 2020 C-EHRN activities on advocacy are organised in four key operational objectives:

4.1. Implement an annual advocacy strategy

In 2020 C-EHRN developed and implemented a new advocacy strategy, based on current developments and needs. The strategy describes relevant advocacy objectives for 2020-2021. More specifically:

- Ensure access and quality of HR services in Europe during and after the Covid-19 pandemic.
- Ensure the development and the implementation of an integrated and balanced EU Drug Policy in different EU programmes.
- Advocate for sustainable HR services in countries with low coverage and access to these services. Advocate for increased coverage and quality of overdose prevention services in Europe, by promoting Drug Consumption Rooms and take-home naloxone.
- Present drug use and drug-related problems in a broader context, by addressing poverty, homelessness and social exclusion.
- Advocate for more effective and meaningful civil society involvement in Europe.

Different advocacy activities were carried out by C-EHRN, including:

- Support through written statements and letters
- Approach of policy makers and politicians to advocate for the support of certain activities/policies
- Direct support of CEHRN members
- Factsheets
- Presentations
- Organisation of policy-related webinars

4.2. Organise and participate in policy dialogue meetings

C-EHRN organised and participated to the following policy-related events related

- Fact finding mission Sarajevo
- CND2020
- Negotiations with EC- DG home on development of the new EU Drug Strategy on behalf of the CSFD
- Consultation and advice towards EC- DG Home on renewed EMCDDA mandate on behalf of the CSFD
- Presentation at online National Drug Coordinator Meeting of the EU on vulnerable groups on behalf of the CSFD
- Online call with German Presidency on EU Drug Strategy on behalf of the CSFD
- Online call with Horizontal Drug Party of the EU on behalf of the CSFD
- Participation to different online webinars addressing drug policy issues
- Evaluation of the UNAIDS strategy and contribution to the development of the new strategy in online call
- EC Health Policy Platform | Thematic Network Cycle
- EFUS | COVID19 Activities

Most of our meetings and seminars were organised online. Covid-19 affected our work and way of cooperation significantly. Less interaction was possible. On the other hand, we participated to a large number of meetings and exchanges. This means that there were more moments of exchange than ever before. More than 40 advocacy tools are included in the www.harmreduction.eu website.

4.3. Development of policy recommendations
Policy and advocacy messages are prepared and shared widely through social media, including
- Covid-19 Policy Paper
- C-EHRN Statement on EU Drug Agenda towards DG Home and the HDG
- Factsheet on overdose
- Factsheet on naloxone

MAIN RESULTS OF THE ACTION

Network-related results
- Improved knowledge on profile and needs of C-EHRN members, members and key stakeholders, due to organisation of a survey among members, partners and key stakeholders
- Increased cooperation and support of national HR networks, through assessment and mapping of national HRN networks
- Increased cooperation with relevant organisations in the field through involvement in different EU funded projects (e.g. CSFD Project, So-Prep Project), the participation in various initiatives (e.g. Pompidou Online Platform on Covid-19 ‘Save Lives, Protect People’, NLO Initiative, Achieve Coalition) and Advisory Groups (e.g. EMCDDA, IDPC Member Advisory Council, FEANTSA Health Cluster).

Monitoring-related results
Increased knowledge and information on the situation in the EU and the related MS, covering the thematic priorities of C-EHRN
The monitoring activities and the Monitoring Report contribute to the knowledgebase and complement existing data and monitoring efforts in Europe in the area of Civil Society Involvement, HCV and Drug Use, Overdose Prevention and new drug trends. In addition, the finding in the Monitoring Report can inform advocacy and drug policy development on the EU and the MS level

Improved position of harm reduction services and civil society organisations
The monitoring activities and the published Monitoring Report acknowledge the important position of harm reduction services and foster their role as expert in national and European drug policy.

Results, related to capacity building activities:
Increased knowledge and capacities among CSOs and HR organisations
The online knowledge hub contributes to the knowledge and capacities of health and social service providers, researchers, affected communities and policy makers. The www.harmreduction.eu websites provides an extensive overview on scientific publications, manuals, guidelines, tools, training guides, videos and other resources and allows users to search for specific information.

Five thematic papers and five scientific papers provide insights and specific information on HCV and overdose prevention. 30 different presentations were given during online meetings, webinars and workshops. In the framework of other EU funded projects, C-EHRN prepared a series of online training sessions (e.g. Civil Society Involvement) and training sessions (e.g. on intervention planning, monitoring evaluation and advocacy) provided specific information and capacity building.

**Increased opportunities for networking and exchange on national ad European level**

C-EHRN organised and participated in numerous meetings, conferences and projects, which contributes to the networking function and provides additional opportunities for cooperation with other networks, initiatives and partners.

**Advocacy-related results**

**Increased advocacy impact**

C-EHRN focused on different advocacy areas, including

- Covid-19 – through organisation of a policy webinar, the development of a policy paper, the set-up of a covid-19 resource centre and the cooperation and support of the Pompidou online Covid-19 Platform ‘Save Lives, Protect People’
- EU Drug Policy – through active involvement in the development of the EU Drug Strategy through CSFD Involvement; Preparation and Publication of a Policy Brief on the EU Drug Strategy.
- Overdose Prevention – through preparation of a factsheet, the organisation of a webinar on DCRs and Covid-19 and a webinar on naloxone distribution
- HR in a broader context – through participation in the NLO Initiative, improved cooperation with FEWANTSA and the participation to the HR4Homelessness Project
- Meaningful Civil Society Involvement (CSI) – through specific focus on CSI in the monitoring activities, the support in developing principles for meaningful CSI in the framework of the CSFD Project

**Provision of information and tools for national and European advocacy actions**

C-EHRN has developed different publications, tools which can be used, and inform national and European advocacy actions. This includes the Monitoring Report, the Thematical Papers and the Factsheets.

**Improved advocacy capacity and activities on national and European level**

C-EHRN has provided specific advocacy support to members and partners. This includes written statement, letters, but also practical support on the local/national level, e.g. by visiting members in Bosnia Herzegovina to support the sustainability of HR services.

**GLOBAL EVALUATION OF THE RESULTS - STRENGTHS, WEAKNESSES AND ADDED VALUE**

**Strengths of C-EHRN related to results:**
- C-EHRN members feel strongly represented by the network and are very committed to the network and its activities.
C-EHRN members value the activities of the network, especially when it comes to networking, knowledge exchange, capacity building and direct support.

C-EHRN brings together a variety of different stakeholders and creates cooperation and exchange between social and health services providers, harm reductions services, affected communities, researchers, public institutions and policy makers. The network is valued and acknowledged by all relevant stakeholders and can as such function as mediator and facilitator of exchange.

C-EHRN activities include grassroots organisations and drug user organisations and can therefore easily detect and respond to new developments and trends on the national and local level.

C-EHRN members and partners reflect the diversity of the field and have different areas of expertise and knowledge, which can be utilised within the network activities and in the mutual contact between our members.

C-EHRN has a broad understanding of harm reduction and addresses not only drug related problems. Instead, an integrated approach is promoted including topics, such as homelessness, sex work, employment, education, inequalities, loneliness, mental health problems and more.

C-EHRN is involved in different EU projects and initiatives, which contributes to the overall impact of the network and its activities.

C-EHRN responds quickly and directly to the developments and needs in the field. Example: the quick response of C-EHRN in the covid-19 pandemic.

C-EHRN is a flexible network and can adapt quickly to the changing situation. Example: C-EHRN organised a large number of online events, webinars and trainings in an online format.

Weakness of C-EHRN related to results:

- C-EHRN is a large network with a diverse group of members and partners. It is evident that the network is unable to respond to all needs. In general: more could be done in all areas of work, including communication, exchange of information, and direct support of members, capacity building and advocacy. The network has to limit itself to its core objectives and activities, although more financial resources and human resources would be helpful.

- C-EHRN Monitoring activities are ambitious. The activities and results build on the input of the C-EHRN FPs – the backbone of the network - while no financial support can be provided. This is only possible because the FPs value the network, want to be an active part of it see a clear benefit in their work.

- C-EHRN FPs need to be an expert in different areas (Civil Society Involvement, HCV, Overdose Prevention and new drug trends) or have to consult different national stakeholders for additional input.

- Monitoring Report is based on the opinion of one expert (not necessarily someone with a research background). This can lead to subjective or anecdotal information and might sometimes contradict with information from other sources. This is acknowledged and described in the report, and is evident as well for all kind of monitoring reports and data collection on the EU level.

Added value of C-EHRN results:
The network is well connected and linked – on the national and European level, to grassroots organisations, harm reduction services, (public) health organisations, organisations representing affected communities, research institutes, advocacy organisations, national and European policy
makers and EU networks, institutions, expert groups (e.g. Civil Society Forum on HIV/Aids and Civil Society Forum on Drugs) and organisations (including EMCDDA and ECDC). This creates benefit, supports the exchange between different stakeholders, and contributes to the development of effective EU policies and interventions.

The monitoring activities of the network complement existing data collection and monitoring efforts at EU level. This is also acknowledged by the EMCDDA (represented in the Scientific Expert Group).

The different activities and results of the network provide C-EHRN members with evidence and tools for the advocacy activities on the national level.

The network is represented in different expert and review groups on EU level (EMCDDA, ECDC, WHO, FEANTSA), which provides additional impact to a more comprehensive approach.

The involvement of C-EHRN in different EU-funded projects and other initiatives creates synergy and additional impact.

**DIRECT IMPACT OF RESULTS ON POLICYMAKERS AT EC, MS, REGIONAL OR LOCAL LEVEL**

- The Monitoring Report and findings can be used by policy makers on local, national and European level
- Thematic Papers on HCV and Overdose Prevention provide input and guidance for policy makers on local, national and European level
- The factsheets are short and concise summaries and policy messages, particular useful for policy makers on local, national and European level
- Specific support, which is provided to C-EHRN members in developing and implementing advocacy strategies, funding proposals and more is in particular affecting local and national policy makers.

**DIRECT IMPACT OF RESULTS ON HEALTH PROFESSIONALS AND THEIR DAILY PRACTICE**

The Monitoring Report, thematical papers and factsheets will be used by C-EHRN members and professionals to improve service provision and advocate for more coverage, sustainability and quality of harm reduction services.

The improved capacities and skills through the organisation of webinars, online exchange and online training events support C-EHRN members and partners in their daily practice.

**DIRECT IMPACT OF RESULTS ON THE GENERAL POPULATION**

The overall objective of C-EHRN is to improve the access to and the quality of harm reduction services for PWUD including other related vulnerable and marginalised people and to enhance policies and practices that increase social inclusion.

All activities and results of the network are directly linked to this overall objective. Although it is not possible to measure the direct impact of the network results on the general population it is expected, that C-EHRN can create and indirect impact on the general population. This can be achieved by influencing policy makers, health professionals, social care providers and community
groups. C-EHRN strives to reduce stigma and advocates for an increased access to and availability of services.

The results linked to our activities support the development and implementation of accessible, effective and evidence-based interventions. This will create direct impact on the situation of People Who Use Drugs, their relatives and friends.

Summary of seminars, conferences and other events

<table>
<thead>
<tr>
<th>Date</th>
<th>Title of seminar, meeting, conference</th>
<th>Organiser</th>
<th>City/Country</th>
<th>Nr of participants</th>
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<td>Closing Health Policy Platform</td>
<td>EC Health Policy Platform</td>
<td>Webinar</td>
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<td>SC and Expert Meeting</td>
<td>C-EHRN</td>
<td>Amsterdam</td>
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<td>EC – DG Justice</td>
<td>Brussels</td>
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<td>UN</td>
<td>Vienna</td>
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### Subcontracting

- The beneficiary shall specify in this section:
  - the work (the tasks) performed by a subcontractor which may cover only a limited part of the action;
  - explanation of the circumstances which caused the need for a subcontract, taking into account the specific characteristics of the action;
  - the confirmation that the subcontractor has been selected ensuring the best value for money or, if appropriate, the lowest price and avoiding any conflict of interests.

All subcontracts in C-EHRN and De Regenboog Groep are based on the following basic principles:

1. **Financial guidelines:** C-EHRN chooses the tender offering the best value for money, with careful considerations of the below-listed criteria.
2. **Feasibility:** C-EHRN must trust that the organisation who offers the tender has a clear understanding of the work that is involved in the contract, and has provided an offer that is realistic and feasible in terms of outcome and quality.
3. **Social responsibility:** if possible, the tendered organisation that actively aims to fulfill its corporate social responsibility or functions as a social corporation will be preferred.
4. **Conflict of interest:** Correlation network aims to avoid any conflict of interest when choosing an offer.
5) In case C-EHRN is subcontracting a person for the fulfillment of certain activities, C-EHRN disseminates an online call among its member organisations. The call includes a description of tasks and the Term of References. The choice of the subcontractor is based on the criteria (1-4) as mentioned above.

The SGA 2020 includes a total of 72833 euro for natural persons under direct contract and seconded persons.

This includes the following individuals and tasks:
- Richard Braam: Network Evaluator 5.000 euro
- Tuukka Tammi: Coordinator Monitoring activities 5.000 euro
- Daan v.d. Gouwe: Coordinator New Drug Trends 5.000 euro
- Robert Teltzrow: Writing Covid-19 Report 3.000 euro
- Subcontract for external organisation – Sananim – to organise and administer the European Harm Reduction Conference in 2021 in Prague 54833 euro

Network Evaluation
The network evaluator Richard Braam has already carried out the evaluation for the SGA 2018 and 2019. He was selected after C-EHRN has launched a call in 2018. Three different researchers were consulted. Based on the resources available and the specific expertise of R. Braam in the area of monitoring and evaluation, C-EHRN has chosen best value for money. R. Braam has no conflict of interest.

A specific subcontract agreement has been developed and signed for 2020.

Coordinators Monitoring, HCV, Overdose Prevention and New Drug Trends
C-EHRN works with different thematic expert groups, which are coordinated by one person, which were selected in 2018 after
- a careful analysis and description of needs and activities and
- the expressed interest of the different candidates.

The coordinators of the expert group on monitoring and new drug trends continued the work of 2018 and 2019 and received a separate subcontract for 2020. More specifically this applied for:
- Tuukka Tammi for the Scientific Coordination of the Monitoring activities
- Daan van der Gouwe for the coordination of activities related to new drug trend

The tasks of the expert group coordinators were discussed with the SC and are stipulated in a separate subcontracting agreement.

Both coordinators have been involved in C-EHRN since many years and provided specific input and advice in the related areas. They agreed to coordinate the different expert groups, contribute to the implementation of the Monitoring Tool, and support the development of thematic papers and the implementation of the C-EHRN work plan 2020.

Writer of the Covid-19 Report
Due to the Covid-19 Pandemic, C-EHRN dedicated a number of activities specifically to the specific needs of marginalised groups in this public health crisis. In cooperation with the Pompidou Group,
C-EHRN prepared a report „Save Lives Protect People - COVID-19 and people who use drugs“. Therefore a specific writer – Robert Telztrow - was hired. He delivered a report, which was launched in the first quarter of 2020.

All subcontracted experts meet the EC requirements for subcontracting. C-EHRN made the selection, based on best value for money. None of the experts has a conflict of interest.

**Subcontract to organise the European Harm Reduction Conference in 2021 in Prague**
The European Harm Reduction Conference was one of the major events in the work plan 2020, offering opportunities to highlight and promote the work and the results of the network. This promotion is equally important for all network pillars, including networking, monitoring, capacity building and advocacy. A large number of partner networks, organisations and EU /international institutions and agencies were involved in the organisation of the conference.

The Covid-19 pandemic and the related safety measures obstructed the organisation of the Conference (EHRC), which was planned to be organised in November 2020 in Prague. To safeguard the organisation of a EHRC in 2021 and mitigate risks in relation to the ongoing Covid-19 pandemic, the administrative organisation of the EHRC is outsourced to an external party - the contractor.

An amendment of the SGA 2020 was prepared and signed accordingly, including the shift of travel, subsistence and venue costs to other costs with subcontracting.

The subcontracted party is Sananim, an organisation in Prague, which will safeguard the smooth organisation of the conference.

**Reasons for deviations from Annex 1**

- **Explain the reasons for deviations from Annex 1, the consequences and the proposed corrective actions**

  The Covid-19 pandemic and the related safety measures obstructed the overall organisation and implementation of activities. C-EHRN was unable to organise face-to-face meetings. Instead, we organised online calls and webinars. As explained in the section above the pandemic obstructed as well the organisation of the European Harm Reduction Conference, which was planned to be organised in November 2020 in Prague. To safeguard the organisation of a EHRC in 2021 and mitigate risks in relation to the ongoing Covid-19 pandemic, the administrative organisation of the EHRC is outsourced to an external party - the contractor.

- **Explain tasks not fully implemented**, critical objectives not fully achieved and/or not being on schedule. Explain also the impact on other tasks on the available resources and the planning.

  All activities and tasks were implemented.

- **Explain deviations of the use of resources** between actual and planned use of resources in Annex 1 (Description of the Action), especially related to person-months per work package.

  Not applicable

- **Please describe changes to the original planning, their reasoning, which problems occurred and how did you solve them?**
The Covid-19 pandemic obstructed the organisation of face-to-face meetings. Instead, inline meetings and webinars were organised. The EHRC will be organised in 2021. The logistics are outsourced to an external party.

**Evaluation**

- Please provide a qualitative evaluation of the execution of all tasks mentioned in Annex I of the grant agreement

### 1 Evaluation methodology

This chapter describes the research questions and methodology of the evaluation of Correlation Network (C-EHRN) 2020 work program. This evaluation means to ensure the quality of the implementation and to evaluate the process and outputs of the 2020 work program. Separate evaluation plans will be developed and implemented for the work programs 2020-2021.

#### Research questions

The three main research questions of the evaluation are:

1. Did the 2020 work program achieve the envisaged objectives, actions and results?
2. Did the process of development and implementation go as planned?
3. Were involved stakeholders satisfied with C-EHRN activities and results?

#### Guiding principles, methods and tools

The evaluation is both quantitative (questionnaires/surveys) and qualitative (Logical Frameworks Matrix, interviews). It examines both process and output of the project.

Guiding principle for the evaluation is the Logical Framework Matrix. In a Logical Framework Matrix, every action in a project gets a strict timeframe and indicators how and when products of the work program have to be delivered. In this way, the Logical Framework Matrix can be used both as an evaluation and as monitoring instrument.

For the evaluation, multiple research instruments were used:

1. Project based Logical Framework Matrix
2. Activity list
3. Evaluation questionnaires/surveys
4. Interim meetings between evaluator and project coordinator

#### Project based Logical Framework Matrix

A Logical Framework Matrix was designed in close cooperation with the project coordinators, following project outlines, objectives and activities. The matrix first shows the ‘intervention logic’ with the activities, results and objectives that have been determined. Secondly the ‘objectively verifiable (SMART) indicators’ are written down. These indicators are used to check whether the objectives of the aims are reached or not. An assessment on the indicators shows whether the project was successful or not in terms of objectives and results.

The Logical Framework Matrix has also been used by the network coordinators to monitor the progress of the network activities and to detect potential problems or delays.
Activity list
The activity list includes all planned activities, a detailed time schedule, the implementation progress and is linked to process, output and outcome indicators. The indicators are based on the envisaged outputs of the different activities. Indicators are used to check the progress and to measure, whether planned project results and deliverables have been achieved in the desired quality.

Evaluation questionnaires
C-EHRN members, partners and a number of additional experts (e.g. EMCDDA representatives) were asked to fill in questionnaires. Three surveys were conducted.

- A C-EHRN member-survey in order to assess the impact of the network activities on its members (62 out of 172 C-EHRN members filled in the questionnaire). Almost half of the respondents (47%) works for service providers. The others work for community-led organisations (23%), advocacy (10%) or other organisations.
- A qualitative survey assessed the satisfaction of key informants about specific C-EHRN activities and publications (14 out of 20 key informants joined the survey). The key informant group is a good representation of C-EHRN members from different angles and activities within C-EHRN. They are experts involved in the Scientific Expert Group (SEG), the Thematic Expert groups (TEG), Focal Points (FP) or Steering Committee (SC). Some of the key informants are involved in more than one C-EHRN activity.
- Finally, key stakeholders were invited to fill in a questionnaire on their cooperation with C-EHRN. Key stakeholders are external partners from organisations that closely work together with C-EHRN, like EMCDDA, ACDC, WHO, Aids Action Europe, EuroNPUD and representatives of other organisations. 7 out of 14 external partners responded.

Interviews network coordinators
During the project, the evaluator and the network coordinators regularly discussed the progress of the work program. The topics of discussion were the process and output of activities, the update of the Logical Framework Matrix, the cooperation with partners and other relevant matters concerning the project.

Specific objectives of the 2020 work program
The annual work plan 2020 is organised in four pillars:

1. Network
2. Monitoring and Data Collection
3. Capacity Building and knowledge exchange
4. Advocacy

The evaluation (and its instruments) is linked to those four pillars. For each pillar, a specific objective was designed.

1. Strengthen the network and the collaboration with its members and partners through an adequate and solid organisational network structure
2. Monitor developments and collect information and evidence in the field of drug use and harm reduction by involving the expertise of civil society organisations
3. Strengthen capacities of the various players in the field of drug use and harm reduction and facilitate exchange between network members and partners
4. Advocate for full coverage of harm reduction programmes in Europe, addressing both health and social aspect
The specific objectives are described in an activity list and a Logical Framework Matrix in terms of activities, indicators, targets, and means of verification, milestones and deliverables. On each activity, an assessment was conducted to evaluate whether the activity was successfully implemented. The Logical Framework Matrix is attached to this document in annex 1. This report is based on those assessments, triangulated with the results of interviews with the network coordinators and the questionnaires for key stakeholders, key informants and network members.

2 Results of the Correlation Network 2020 work program

This chapter presents the results of the process evaluation, following the four pillars of the annual work plan. First, we focus on the objectives of the four pillars in chapter 3.1 to 3.4. Then, in chapter 3.5 we look at the key informants, key stakeholders and C-EHRN member opinions on 2020 C-EHRN activities and ideas for 2021.

The specific objectives and output of the 2020 work plan are described in a Logical Framework Matrix. Objectively verifiable SMART indicators were formulated before the program started. These indicators are used to pinpoint the objectives and outcome of the project. Furthermore, the means of verification were described. This enables us to measure whether the objectives and results were reached. The assessment describes to what extent the objectives and results of the C-EHRN 2020 work program have been achieved.

In the next four paragraphs, the results of the four pillar objectives are evaluated:

1. Network
2. Monitoring and Data Collection
3. Capacity Building and knowledge exchange
4. Advocacy

Pillar 1: Network

Specific Objective 1: Strengthen the network and the collaboration with its members and partners through an adequate and solid organizational network structure.

Over the years, C-EHRN has developed a strong and sustainable network, which supports the development and implementation of all C-EHRN activities. The shift to the Correlation - European Harm Reduction Network, the organisation of various events and the intensified communication measures made the network more vital and vibrant. Members feel strongly committed and became more involved in the development and implementation of strategies and activities.

In 2020 C-EHRN activities on networking are organised in four key operational objectives:

1. Maintain the C-EHRN structure
2. Maintain network activities and cooperation
3. Consolidate and maintain thematic expertise
4. Improve communication and promotion of C-EHRN activities and results

Impact Network according to C-EHRN members and Key Informants

In the C-EHRN member survey respondents (N=62) were asked to indicate whether C-EHRN represents their interests. Almost half of the respondents feel fully represented (44%) and 43% sometimes represented, 13% feels rarely or never represented. 80% of the members state that C-EHRN Networking & Cooperation are the most valuable for their organisation, followed by knowledge exchange, meetings and conferences (67%). For 43% activities linked to thematic
priorities [HCV and drug use, Overdose Prevention, New Drug Trends or Civil Society Involvement] are most valuable. About a third mention Capacity Building, Advocacy, and C-EHRN publications as most valuable. Monitoring, Communication and Dissemination are mentioned by less than 20%.

We asked key informants (N=14) to judge the four working areas of C-EHRN on a 4-point scale from most important to less important. Like previous years Networking & Cooperation is the most important C-EHRN work area according to the Key Informants. Eight out of thirteen stated that these areas are very important, three stated important and two of them judge less important. The other three working areas are judged less than last years. None of the key informants judge Monitoring as most important. Five respondents say it is important, another five say it is a bit important and four key informants judge Monitoring as less important. Capacity Building was seen as most important by three key informants, important by three, a bit important by four and less important by two respondents. Finally, Advocacy was selected as most important by three, important by three, a bit important by three and less important by four respondents. In previous years, none of the respondents judged areas of work as less important.

A key informant explains the different importance of Networking and the other areas of work: “The networking function of C-EHRN is the most invisible but at the same time the most crucial element of C-EHRN. Bringing people together, facilitating exchange and dialogue is a prerequisite for all other elements and areas of work.” Another states: “I think as a European Network our role for the Network is vital but as for the rest of the points, I feel they are equally important and they all go hand in hand. And, once the priority is set on Networking, the rest of the points grow as well.” One of the key informants states that priorities differ on national and local needs. “The choice was not easy, because it differs among the European countries, depending on their local and national facilities, national plans and strategies, etc. So, my choice was based more on the countries not yet having enough capacities etc. You cannot monitor the progress until you build the capacity to perform activities that need monitoring. Speaking of more advanced countries, my choice would have been completely different. Besides, the pandemic during 2020 made several positive activities needed to stop, at least temporarily, which will definitely affect all the four areas of work.”

According to the Key Informants, the most beneficial activities on Networking & Cooperation are “Gathering members and discussing needs and sharing info, and also cooperating with other international and European agencies in the field.” Furthermore they mention bringing together HR experts, organise meetings, conferences and the HR webinars. In addition, the network communications through newsletters and social media, website etc. were called beneficial. Finally bringing together a new Steering Committee was appreciated. According to a key informant, “the situation has been improving, also thanks to C-EHRN - however, in the pandemic year the majority of activities have stopped, at least for a certain period of time.”

We asked key informants to judge 2020 progress on ‘Networking & Cooperation’. They mentioned: “Representatives from more countries have been reached in 2020.”, “More involvement of members and cohesion in the network” and “Pompidou group cooperation”. Most key informants refer to the impact of the COVID epidemic: “less due to corona.”, “In 2020, it is difficult to discuss the progress due to the pandemic”, “C-EHRN is represented in many important spaces of debate and its expertise has been required several times. Due to COVID the contact with members was restricted.”, “good progress but slowed down by the COVID-19 imposed restrictions.” And “increase knowledge in times of pandemic. Sharing good practices.”
Milestones and deliverables Network

<table>
<thead>
<tr>
<th>Milestones &amp; Deliverables</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 1: 1st and 2nd Steering Committee Meeting</td>
<td>1st SC Meeting; 12 February 2020; 4 online SC Meetings</td>
</tr>
<tr>
<td>MS 2: Launch EHRC 2020 Website</td>
<td><a href="https://www.harmreductionconference.eu/">https://www.harmreductionconference.eu/</a></td>
</tr>
<tr>
<td>D1: Updated Membership database</td>
<td>Updated and maintained</td>
</tr>
<tr>
<td>D3: Regularly updated website</td>
<td>Updated and maintained</td>
</tr>
<tr>
<td>D4: Newsletters, promotion materials, social media accounts</td>
<td>Delivered</td>
</tr>
</tbody>
</table>

Pillar 2: Monitoring and data collection

Specific Objective 2: Monitor developments and collect information and evidence in the field of drug use and harm reduction by involving the expertise of civil society organizations.

C-EHRN developed a Monitoring Tool in 2018. The C-EHRN Monitoring Tool aims to collect reliable and comparable data from harm reduction services in the European Union and neighbouring countries, by specifically focusing on HCV, Overdose Prevention (ODP) and New Drug Trends (NDT). The tool was implemented for the first time in 2019. Focal Points collected national data and information in regard to HCV, ODP and NDT by involving additional experts in the respective priority areas. The Monitoring Tool was implemented in 35 countries (28 was the target). 36 Focal Points (Finland has two FPs) and at least 55 additional national experts were involved in the collection of data.

A first Monitoring Report was launched at the end of 2019. The first year of the Monitoring Tool was, overall, positively evaluated. Both FPs and the SEG members brought in valuable feedback and suggested adjustments to improve the Tool. Most suggestions relate to fine-tuning the Tool to better adjust it to the needs and expertise of C-EHRN FPs. They also point at a more precise focus on the added value that C-EHRN Monitoring can offer when compared to other existing Monitoring Tools. Most suggestions are implemented in the second version of the C-EHRN Monitoring Tool.

In 2020 C-EHRN activities on monitoring & data collection were organised in six key operational objectives:

1. Evaluate the monitoring tool and monitoring process of 2019
2. Adept the Monitoring Tool
3. Organise a webinar for Focal Points
4. Implement the final Monitoring Tool
5. Analyse and summarise the results
6. Review and launch the Monitoring Report

Impact Monitoring according to C-EHRN members and Key informants

76% of the C-EHRN members is aware of the 2019 C-EHRN Monitoring Report. Of those members, 89% indicates that the report is useful for their work. This means that 67% of all the members state that the report is useful (target was 50%). 80% of the members that were aware of the report state that it has a positive influence on their engagement in monitoring and advocacy.

Key Informants that participated in the expert-survey (N=14) were asked to indicate which C-EHRN areas are most important. None of the key informants judge Monitoring as most important. Five respondents say it is important, another five say it is a bit important and four key informants judge Monitoring as less important. A Key Informant states: “C-EHRN is a network by definition,
therefore this is 1st. [...] Monitoring comes as a support and evidence-base for advocacy and to serve both the member community and other agencies in the field with important data on the implementation of services and needs of HR. Other agencies also do monitoring so C-EHRN has a complementary role there with more local, in-depth data. Finally, capacity building is also done by several other agencies and many times by network members themselves. C-EHRN should have a complementary role there in areas where knowledge is missing.” And another one: “The monitoring and advocacy work are vital in ensuring we understand the state of harm reduction in Europe and advocate for scaling up/ expanding where needed.”

Key Informants (n=13) were asked to judge their satisfaction on C-EHRN’s Monitoring Report on a 5-point scale (1=poorly to 5= greatly). Four Key Informants were greatly satisfied and gave it a 5; six appreciated it with a 4 and three with a 3. Responses were “Very good work! Lots of useful information.” and “It brings about a very good overview of the current situation among European countries from the view of the community and not the professionals. This is a very important, additional perspective that has been missing in other reports from the distinguished professional institutions.” or “Living map of the situation of harm reduction services and drug users around Europe. Excellent synthesis work. Very useful tool in the intervention, in monitoring, networking and advocacy activities.” According to some Key Informants, there is still a lot of work to do: “Considering the workload, the number of people reached, the available resources and the results achieved I think it is a very good start. As I mentioned earlier, it served as a good basis for the new one and the most important thing is that the things which did not work so good were considered.” and “The monitoring is a great coordinating effort and depends on many people. It was also the first report, and thus deserves credit. Nevertheless, there were several issues: the questionnaire was too long and had several questions asking facts that FPs could not answer, it was not clear which indicators were being measured, and the report format was not adequate for network members to profit from it. Besides, no comparison with other published data is made in the report, so it is not clear what the added value of C-EHRN report is. Several of these issues were addressed in 2020 but there is still more work to do.” According to the Key Informants the best benefits of monitoring are the monitoring report and the “EMCCDA recognition and cooperation”.

We asked key informants to judge 2020 progress on ‘Monitoring’. Most of them were positive, they mentioned: “we have improved the questionnaire and the methods to gather data, have included new themes in the monitoring and started having a more critical/constructive look at the process.”,”A more developed monitoring report based on the lessons learned from the previous one.” and “Increase knowledge in times of pandemic. Awareness of the importance of data.” One respondent mentions the “recognition and cooperation from EMCCDA” There also was some criticism: “Still very limited regarding HCV infection.”

**Milestones and deliverables monitoring**

<table>
<thead>
<tr>
<th>Milestones &amp; Deliverables</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 3: Webinar for Focal Points</td>
<td>The webinar took place on June 19th 2020</td>
</tr>
<tr>
<td>MS 4: Launched Monitoring Report</td>
<td>Launched in December 2020</td>
</tr>
<tr>
<td>D2: Updated Focal Point List + additional national experts</td>
<td>Updated and maintained</td>
</tr>
<tr>
<td>D5: Updated Monitoring Tool and guidelines</td>
<td>Delivered</td>
</tr>
<tr>
<td>D6: Monitoring Report 2020</td>
<td>Final version will be available in February 2021</td>
</tr>
</tbody>
</table>
Pillar 3: Capacity building and knowledge exchange

Specific Objective 3: Strengthen capacities of the various players in the field of drug use and harm reduction and facilitate exchange between network members and partners

Capacity building and training is a main part of C-EHRN activities. In the past years, C-EHRN has developed different activities, projects and interventions to strengthen capacity building and knowledge exchange. Capacity building includes the development and the dissemination of relevant resources and tools, the organisation of training events and the exchange of information through the organisation of meetings, conferences, seminars and workshops.

In 2020 C-EHRN activities on Capacity building & knowledge exchange are organised in 4 key operational objectives:

1. Maintain and update the online knowledge hub
2. Address thematic priorities and other relevant topics
3. Organise the 5th European Harm Reduction Conference
4. Participate and contribute to conferences / events

Impact Capacity Building according to C-EHRN members and Key Informants

Key Informants that participated in the expert-survey (N=14) were asked to indicate which C-EHRN areas are most important. Capacity Building was seen as most important by three key informants, important by three, a bit important by four and less important by two respondents. A Key informant states: “Capacity building increases our ability to act, so the rest of the areas are subrogated to the first. Networking and cooperation are necessary to grow, to expand and to build new ways of operating and intervening.” Another one is less positive: “In theory, I find capacity building and advocacy more important, however in practice C-EHRN doesn’t fulfill that role for us, as we have never benefited from either of those.”

38% of the C-EHRN members is aware of the online Knowledge & Training Hub that C-EHRN launched in 2019. Of those members (n=22) 90% states that the Hub is important for their work. More than half indicates that the training materials (55%) and the reports (50%) are useful for their work. A third mentions news, e-learnings and case studies as useful. Finally, videos, articles and links to websites are mentioned.

Key Informants (n=12) were asked to judge their satisfaction on the Knowledge & Training Hub on a 5-point scale (1=poorly satisfied to 5=greatly satisfied). Two Key Informants were greatly satisfied and gave it a 5, three appreciated it with a 4, six with a 3 and one gave a 2. Responses were: “Very nice idea congratulations!” “Very practical, that is what we need!” and “Brings together information and resources from different stakeholders” But there is still a lot of work to do: “Brings together information and resources from different stakeholders “ and “The Online Hub has a great potential, however currently it is going through a transition phase which will determine its long term role. Even though, it managed to achieve great numbers in terms of clicks and downloads so it is definitely a step forward.”

Like the C-EHRN members not all Key Informants were aware of the Knowledge & Training Hub: “In all honesty: I had no clue you had launched this. It looks very beautiful, but can’t judge it based on the one minute I just viewed it.” and “Was not aware of hub, but maybe details sent to our previous staff lead?” So, promotion and dissemination needs attention: “good items but transfer to practitioners is a challenge.”
85% of the members (n=49) is aware of the different publications, tools, reports and policy/thematical papers C-EHRN has developed and launched in 2020 and previous years. All of them state that those publications were valuable for their work.

Key Informants (n=13) were asked to judge their satisfaction on the C-EHRN publications on a 5-point scale (1=poorly satisfied to 5 greatly). Five Key Informants were greatly satisfied, seven appreciated it with a 4 and one with a 3. Responses were: “C-EHRN has an impressive amount of publications.”, “They are very broad and many, which I think is impressive.” And “High quality, good thematic selection, great format and layout.” One Key Informant states: “Overall I think the C-EHRN products are of high quality. Sadly, I rarely have/make the time to really look at them properly. Maybe it would be helpful to make it more apparent in a quick scan/summary, what practical relevance the product may have on a local/national level. But maybe that’s unrealistic and just my quirky preference.”

Almost half of the members (47%) participated in the webinars that were organised by C-EHRN. For 89% of them the webinars are useful for their work. We asked the members that participated to judge the webinars on a 5-point scale (1=poor to 5=excellent). Almost half judged the webinars as excellent, a quarter gave it a 4 and another quarter a 3.

Key Informants (n=11) were also asked to judge their satisfaction on the C-EHRN 2020 webinars on the 5-point scale. Six Key Informants were greatly satisfied, three appreciated it with a 4 and two with a 3. Responses were: “Very good webinars. Broad range of topics, good experts and well organised”, “Very interesting speakers and good participation.”, “Very well developed and launched, good documentation afterwards”, “Thank you for organising all those activities! Extremely important!”. One Key Informant states: “Enjoyed every webinar, fantastic job, although very strict with the timeline, sometimes nice conversation must be above the timeline.”

According to the Key Informants most important benefits of Capacity Building are the webinars, fact sheets, trainings, resources and publications. A Key Informant states: “Capacity building activities may focus on shoring up sustainability, supporting collaboration, or strengthening infrastructure. Strengthening the skills, resources, and abilities that allow an organization and its workers to grow and thrive.”

We asked key informants to judge 2020 progress on ‘Capacity Building’. They mentioned “Additional factsheets and publications”, “Good and interesting publications.”. The webinar and online activities were appreciated: “A high increase of online interaction skills.” and “Webinars as new form of exchange.” Also here COVID-19 played a role. “The influence of the pandemic has decreased the progress in 2020.” and “good progress but slowed down by the COVID-19 imposed restrictions” but on the other hand “knowledge increased in times of pandemic. Growth of teams, growth of entities.”

**Milestones and deliverables Capacity Building**

<table>
<thead>
<tr>
<th>Milestones &amp; Deliverables</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 5: Webinar Meeting for all Thematic priorities</td>
<td>Five webinars were organised</td>
</tr>
<tr>
<td>MS 6: EHRC 2020</td>
<td>Replaced by an online version on 5 November; shifted to 2021</td>
</tr>
</tbody>
</table>
Pillar 4: Advocacy

Specific Objective 4: Advocate for full coverage of harm reduction programmes in Europe, addressing both health and social aspects

According to the C-EHRN coordinators advocacy has always been an essential part of the work. All activities of the network, such as the collection of data and information on grassroot level, the development of guidance documents, manuals and other relevant reports and the implementation of capacity building events need to be complemented with advocacy activities, in order to increase impact and change. C-EHRN advocacy activities include the organisation of policy dialogue meetings in close cooperation with national and European policy makers.

In 2020 C-EHRN activities on advocacy are organised in 3 key operational objectives:
1. Develop and implement an advocacy strategy for 2020-2021
2. Organise and participate in policy dialogue meetings
3. Development of policy briefings and recommendations

Impact Advocacy according to C-EHRN members and Key Informants

82% of the C-EHRN members is aware of the C-EHRN advocacy activities. 83% of them state that C-EHRN advocacy supports their work in a positive way.

Key Informants that participated in the expert-survey (N=14) were asked to indicate on a 4-point scale (1=most important – 4=less important) which C-EHRN work areas are most important. Advocacy was selected as most important by 3 respondents, important by 3, a bit important by 3 and less important by 4 respondents. A Key informant states: “C-EHRN is a network by definition, therefore this is 1st. Advocacy is an important area of work that can only be done by CSOs and as representative of many CSOs in the field, CEHRN should take up a leading role for HR advocacy in Europe.” Another Key Informant expresses the importance of advocacy on a local level: “All work areas are important, but I think that advocacy is important on a local level.” According to the Key Informants the most important benefits of Advocacy in 2020 are the involvement in CSFD, the COVID-19 statement and advocacy on monitoring and HCV. Two Key Informants mention: “high level information for global policy and support for human rights”, and “be present in high level discussions with other agencies, push for the inclusion of PWUD issues in these high level meetings, provide data to back up needs in the field.”

Key Informants (n=13) were asked to judge their satisfaction on the C-EHRN advocacy activities - including statements on COVID-19 - on a 5-point scale (1=poorly satisfied – 5=greatly satisfied). Two Key Informants were greatly satisfied and gave it a 5, Nine appreciated it with a 4, one with a 3, and one with a 2. Responses were: “C-EHRN is present in several spaces and advocates for HR. Fact sheets also help and started being developed as feedback from the network. I think C-EHRN could improve its activist side on social media channels.” and “What I have seen of your statements, I always agree with the message and find them well formulated. However, Europe
can feel very abstract/distant in our daily work.” One Key Informant states: “Advocacy activities have to become more concrete and focused, good cooperation with other stakeholders.”

We asked key informants to judge 2020 progress on ‘Advocacy’. They mentioned: “Closer contact with EU level representatives, renewal of the HIV/AIDS, hep and TB civil society forum” and “Increased visibility of the network in certain advocacy areas.”. There was an “increase knowledge in times of pandemic.”

**Milestones and deliverables Advocacy**

<table>
<thead>
<tr>
<th>Milestones &amp; Deliverables</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms 8: Policy Dialogue Meeting at EHRC 2020</td>
<td>Online meetings (on COVID-19 and decriminalisation)</td>
</tr>
<tr>
<td>Ms 9: Launched policy recommendations/factsheets</td>
<td>Policy recommendations are included in the briefing papers and 3 factsheets</td>
</tr>
<tr>
<td>D10: Advocacy Strategy</td>
<td>Strategy is developed</td>
</tr>
<tr>
<td>D11: Policy Recommendations / factsheets</td>
<td>Delivered</td>
</tr>
</tbody>
</table>

**Overall satisfaction**

We asked both key stakeholders, key informants, members and C-EHRN coordinators about their satisfaction and opinions on 2020 activities and ideas for 2021.

**Overall satisfaction on 2020 activities**

The C-EHRN members are positive about the activities and results of C-EHRN in 2020: on a 5-point scale (1=poorly satisfied – 5=greatly satisfied) almost 43% was greatly satisfied, 33% was very satisfied, 15% mentioned to be satisfied, 4% was little satisfied and 8% poorly. Members specified their answers with: “I am grateful for your work and your continuous support”, “Thank you for existing” and “Great job”. One member states: “Coming from a small country and introducing a new concept such as harm reduction applied to all drugs is a bit challenging, but your report and outreach helps a lot to further strengthen my arguments :))”. Other members point at the difficulties due to the COVID-19 epidemic: “This year has been very exceptional indeed. I am sure C-EHRN has done an excellent job also during these weird times. Drug policy is not our main topic but we have benefited the expertise C-EHRN has in harm reduction practices. Unfortunately our own involvement and activity in the network has been very weak and random during 2020.” And “Thanks to C-EHRN harm reduction can shine even in this difficult time. Thanks:)”

The Key informants are also positive about the activities and results of C-EHRN in 2020. On a five-point scale (from 1=poorly satisfied to 5=greatly satisfied) three out of thirteen respondents gave it a 5, eight gave it a 4 and two a 3. The key informants that were greatly satisfied stated: “I am very satisfied with the activities!” and “it always can be better but also in regard of the pandemic, good performance.” Also other key informants point out the impact of the COVID-19 pandemic: “Well done considering the disturbance and restrictions generated by COVID-19.” and “It has been a difficult year, very hard. The situation caused by COVID has caught us unprepared, therefore the effort has been double. From our institution, we appreciate all the support received from CN, the effort in the construction of bridges of COVID and harm reductions knowledge. The fact of being able to share has not only given us new points of view, but has also been able to reinforce our work.”
According to the key informants the flexible change of C-EHRN to online activities, virtual networking and organising webinars created the biggest impact in 2020. “All together they put C-EHRN as a very responsible organisation which in 2020 reacted timely regarding the COVID-19 pandemic and fulfilled its role as a network with connection and expertise to further disseminate the information.”

We asked the key informants about their satisfaction on how C-EHRN addressed the COVID 19 pandemic. On a five point scale (1=poorly satisfied to 5=greatly satisfied) four respondents gave it a 5, seven a 4 and two a 3. The explanation of their answers was rich and speak for themselves: “The reaction of C-EHRN was quick and satisfactory.”, “C-EHRN was one of the first networks that responded directly with advocacy related support and practical support through webinars and online resource centre.” and “A lot of activities took place like webinars, COVID resource centre, publications.”, “I tend to believe that C-EHRN reacted timely and directly to the point when it comes to the COVID-19. As for example the webinar regarding the effects of the COVID-19 on the community was already pointing out the major issues faced in regard to this crisis. The COVID-19 pandemic since its start was perceived as a thread and information regarding its effect was disseminated. The creation of the COVID-19 resource centre and promotion of other resource centres (DRF, EMCDDA etc.) was important as to share the findings at the current moment.”, “Even the cancelled HR Conference was in a way performed - a very well organised event, excellent choice of topics presented.”

Networking and sharing seemed important: “For us it has been very important to be able to share our experience, and being able to learn from the experience of others. They have been very hard months and feelings of loneliness (like a team). sharing has given us the opportunity to see that the rest of our colleagues were the same as us, working hard to get ahead.” On the other hand: “C-EHRN has done good work on this, but there has been an overabundance on COVID monitoring and reporting. As there was so much information on a national level I rarely had the space (or relevance) for international publications, even though the things that I saw were interesting.”

One key respondents points out that within the network always the same persons are on front. “We have built a good resource centre and several webinars where network members could present what happened in their organizations and countries. From these webinars we also got short reports. What could improve would be to invite different members for debate, as the impression I have is that we tend to repeat the same faces over the years. Maybe they are the ones who can better communicate, but we could also start giving space to new folks to develop their presentation skills. We could also improve webinars by making them more interactive.”

We asked key stakeholders about their satisfaction of the cooperation with C-EHRN. Key stakeholders are external partners of organisations that closely cooperate with C-EHRN, like EMCDDA, ECDC, WHO or EuroNPUD. They cooperate with C-EHRN on advocacy, capacity building, monitoring and data collection.

All key stakeholders agree that the structure and priorities of the network are adequate and contribute to the overall aim to improve harm reduction policies and practice. On a 5-point scale (1=low to 5=excellent) six key stakeholders assessed the cooperation as excellent, one gave a 4. All key stakeholders state that C-EHRN activities create added value for their work. They clarify: “Important monitoring information to help in understanding progress towards targets”, “Engagement with parliamentarians.” and “By sharing their expertise and making experts from your network available for an online training we organised together.” All key stakeholders intend to maintain the cooperation in the future. “As a homeless service network, we are very much
looking forward to continuing the collaboration as we think that there is a big need for capacity training on HR and drug use related topics among our members, which are (mainly) homeless services.”

**Ideas for 2021 C-EHRN activities**

We asked the members in which areas of work they would like to see more engagement of C-EHRN. Respondents were allowed to mention three areas of work. The C-EHRN work areas ‘Networking & cooperation’ and ‘Knowledge exchange, meetings and/or conferences’ were mentioned most (48%), followed by ‘Capacity building activities’ (43%). The work areas ‘Advocacy activities’ and ‘Thematic priorities’ were mentioned by one third of the respondents. ‘Monitoring’ was mentioned by 17%, ‘Communication and dissemination’ by 10% and ‘Publications’ by 9%.

We asked the C-EHRN members whether they would be interested to attend the postponed European Harm Reduction Conference (EHRC). 96% was interested, 4% was in doubt. 56 % was interested to submit an abstract for the conference, 33% was in doubt and 11% was not interested.

The key informants have a lot of different suggestions for 2021. Some key informants pleat for more member engagement and renewal of themes and speakers on conferences and webinars. “I would love to see more member involvement, but don’t how to make this work.” and “Engage more the network in the planning of the conference (decision of themes, make sessions more open not so many pre-defined sessions). Have a bigger rotation of speakers for events. Bring new themes to the front, such as intersectionality (gender, race,...), HR for youth, HR for non-opioids. Have a day of overall evaluation and planning within the team (maybe with a facilitator or we could self-organize a workshop style).”

Others pleat for more advocacy: “concrete advocacy action plans face to face meetings if possible.” There are ideas on improving capacity building and publications. “Have looked at the online hubs and publications the work seems great, the main issue may be where is it being promoted and shared, so might be useful to reflect on that.” , “More quick and easy overviews of the practically relevant results. Short and easy surveys or other contributions.” and “Podcasts! We should be ahead with planning and not so much on time or last minute so we are on top and ahead of situations.” One key informant has a lot of ideas on 2021: “I’m imagining better interference in the punitive EU countries maybe with a branch of C-EHRN, together with local grass roots organisations, helping for the proper harm reduction.

Other ideas:
- Starting an interim training for community members and helping to capacity building.
- Advocacy for better OST, poor quality all over EU need to reform.
- More projects like “peer to peer”, with more carefully procedures, independent evaluation and more equality to peers.
- Training and harm reduction academy for community members, do we want more strong drug users activists? If we want we have to help them, pay them, train them, push them to become more devoted.
- Advocate for Europe funding to go in community-based organization and partner with experts and well established NGOs like C-EHRN.” A key stakeholders states: “Ideally we must join forces for advocacy activities at EU level. We will be stronger together.”

And of course there is the pandemic. “Evolution of the pandemic and situation of harm reduction services. Situation of people who use drugs in periods of confinement. Status of substances of
abuse in the COVID era: access, quality…”,” strongly support that all the current activities continue because they cover all the necessary fields. However, the COVID impact should be monitored in a way. I am convinced that due to the pandemic in 2020 a new, strong and positive force will be needed in 2021 to revitalise the activities and bring them back to ‘normal’ or even ‘better’. The monitoring of anti-COVID vaccination in PWID is also one of them.” and “Looking forward to more face-to-face interaction once COVID restrictions will be lessened. Well done guys and happy 2021!”

3 Conclusions
COVID-19 had significant impact on C-EHRN activities, both negative and positive. It slowed down actions and delayed output. Seminars, conferences and face to face meetings were cancelled. Social dynamics went down. On the other hand all kind of new possibilities were explored and implemented: webinars and online meetings were booming. Online communication went much smoother and more efficient. Practical dynamics went up. A turbulent year for evaluation.

Network
Specific objective 1: Strengthen the network and the collaboration with its members and partners through an adequate and solid organisational network structure.

In 2020 C-EHRN further improved the network and the governance structure. In 2020 the CNO is maintained and network activities are carried out by 7 C-EHRN staff members. The new elected Steering Committee (SC) played an important role within the further development of C-EHRN. In 2020 an Advisory Board was installed, built upon the Scientific Expert Group, giving advice and support to C-EHRN in all relevant network activities.

The number of C-EHRN members increased with 36 actively involved members (target was 20). Members have become more active and dedicated. Due to COVID-19 the C-EHRN member and expert meeting could not be organised. Instead, the network organised specific webinars, in the related thematic areas. The Thematic Expert groups (TEG) were maintained, but exchange was organised less strictly. The Focal Point (FP) system is maintained and updated. In 2020 two new FPs were included (target was 5). The Focal Points are actively supported in fulfilling their tasks.

Since installing a specific communication officer in 2019 communication has improved significantly but communication efforts could be much further intensified by installing two fulltime officers. The communication strategy was updated and implemented taking into account the specific challenges in regard to COVID-19. In 2020 21 newsletters were disseminated. C-EHRN publications and newsletters reached 2.338 individuals and were highly appreciated. The website was updated 18 times in 2020. In total there were 79.647 website visits of which 45.300 unique visitors (target was 10.000). On Twitter and Facebook the target of 1.000 posts was almost reached: on Twitter there were 234 posts and 346 mentions in posts and 400 Facebook posts. In 2020 there were 157 new Twitter followers (on 590 followers in 2019) and there were 1.180 Facebook followers, 100 more than in 2019. The target of 1.000 individuals reached through Facebook and Twitter was reached easily with an average impressions reach of 22.000 per month.

The European Harm Reduction Conference 2020 was well organised and prepared but was cancelled due to COVID-19 and postponed to 2021. Also life member and expert meetings couldn’t take place.
Also due to COVID-19 the participation to European and international conferences was strongly limited. The last conferences which were attended took place in the beginning of 2020. From that moment on, C-EHRN participated to a large number of online events. Through participation on online conferences and webinars over 2,500 individuals were reached.

C-EHRN is involved in initiatives and cooperation of other organisations, networks and projects, which also contribute to the communication and dissemination tasks of the network. C-EHRN participated in numerous activities, initiatives, projects and events in 2020.

Most C-EHRN members feel represented by the network. Networking & Cooperation are judged most valuable, followed by knowledge exchange, meetings and conferences. According to the members most beneficial activities on Networking & Cooperation are gathering members, discussing needs, sharing info and cooperating with other international and European agencies in the field. Furthermore they mention bringing together HR experts, organise meetings, conferences and HR webinars. Also the network communications through newsletters and social media, website etc. were called beneficial.

The EHRC was cancelled and postponed to 2021. Further all milestones and deliverables on Networking were met.

**Monitoring and data collection**

*Specific objective 2:* Monitor developments and collect information and evidence in the field of drug use and harm reduction by involving the expertise of civil society organisations.

The 2019 monitoring tool and monitoring process were evaluated in 2020. The thematic expert groups, coordinated by the SEG, used the feedback to adapt the Monitoring Tool. Detailed guidelines were produced on how to gather data and fill in the Monitoring survey. This was presented and discussed in a webinar with the Focal Points. The adapted questionnaire and guidelines were implemented and online Q&A sessions were offered to FPs to solve general doubts throughout the process. The monitoring survey was analysed. Draft chapters were written and discussed with the SEG group. Due to Covid-19 there was a delay. The final version of the monitoring report will be available in January 2021 (target was October 2020). The monitoring tool was presented at several online conferences and seminars. Most of the members and key informants are satisfied with the monitoring and state that it is useful for their work.

All milestones and deliverables on monitoring were met. The publication of the monitoring report was delayed.

**Capacity building and knowledge exchange**

*Specific objective 3:* Strengthen capacities of the various players in the field of drug use and harm reduction and facilitate exchange between network members and partners.

As staff member of C-EHRN is maintaining and updating the online knowledge hub on a weekly basis with new publications, tools and other relevant materials. In 2020 there were 70 new entries in the online knowledge hub (target was 50). The online knowledge hub was visited frequently in 2020. There was an average of 4,000 clicks per document. Only 38% of the members is aware of the knowledge hub, so promotion is needed. Of the members that are aware of the knowledge and training hub 90% states that it is important for their work.
In 2020 C-EHRN continued addressing the three thematic priorities: HCV, new drug trends and overdose prevention. Five briefing papers, seven scientific articles and three factsheets were published. 3,759 articles and policy recommendations were downloaded from the C-EHRN website. Five thematic webinars were organised (target was 3) with a total of over 600 participants (target was 60). Webinars have become an important way of communication and capacity building. The webinars were highly appreciated.

The 5th European Harm Reduction Conference 2020 was cancelled due to COVID-19. Instead C-EHRN organised a whole day of HR sessions on November 5th, including four different sessions with a total of 430 registered participants, representing 51 countries. It is now planned to organise the conference on 2021. 96% of the members is interested to attend the postponed conference.

All milestones and deliverables but EHRC were met. Instead of the EHRC there was a webinar day and the EHRC will be organised in 2021.

Advocacy

Specific Objective 4: Advocate for full coverage of harm reduction programmes in Europe, addressing both health and social aspects

The 2020-2021 Advocacy Plan was prepared and reviewed by SC members. An updated advocacy strategy is developed, covering the thematic priorities of C-EHRN and additional topics. This includes as well an ongoing focus on meaningful civil society involvement, the need for extended HR funding and coverage of HR services, the need for continuous EU involvement in drug policy and HR and the need for an integrated overdose prevention strategy for Europe.

In 2020, C-EHRN responded increasingly to the specific advocacy needs of the network members and partners. This included support letters, online calls for action, briefing papers, as well as direct support. C-EHRN is part of different advisory groups on European and international level. As part of the core group of the CSFD and coordinator of the new CSFD Project, C-EHRN is strongly involved in the development of a common policy agenda. In 2020 this included the development of a new EU Drug Strategy and the discussion on the new EMCDDA mandate.

Most of the 2020 meetings and seminars were online. COVID-19 has impacted C-EHRN’s work and way of cooperation significantly. Less interaction was possible. On the other hand C-EHRN participated to a large number of meetings and exchanges. There were more moments of exchange than before.

In 2020 C-EHRN developed a set of policy recommendations, covering the three priority areas of C-EHRN and additional topics identified in the Advocacy Strategy. The policy messages are prepared and shared widely through social media.

82% of the C-EHRN members is aware of the C-EHRN advocacy activities. 83% of them state that C-EHRN advocacy supports their work in a positive way.

All milestones and deliverables on Advocacy were met.
- Please refer to the indicators in the grant agreement and answer those in concrete numbers (Participant or partner feedback, Process evaluation, Output evaluation, Outcome evaluation)

Logical Framework Matrix

| Filled in by | Katrin Schiffer & Eberhard Schatz |
| Checked by | Richard Braam - evaluator |

**Specific Objective 1: Strengthen the network and the collaboration with its members and partners through an adequate and solid organisational network structure**

<table>
<thead>
<tr>
<th>Process Indicator(s)</th>
<th>Target</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exchange:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of SC Meetings organized</td>
<td>2 face-to-face SC meetings organised</td>
<td>1 face-to-face SC Meeting was organised on 12 February in Amsterdam. 4 online SC meetings are organised throughout the year.</td>
</tr>
<tr>
<td>Number of C-EHRN member meetings organized</td>
<td>1 C-EHRN member and expert meeting organised during EHRC 2020 C-EHRN</td>
<td>Due to Covid-19, C-EHRN member meeting could not be organised as part of the EHRC2020. Instead, the network organised specific webinars, in the related thematic areas. 5 Webinars were organised on NPS, Take Home Naloxone, HCV, Drug Consumption Rooms and Outreach work,. In replacement of the EHRC2020 additional 4 online HR sessions were organised on 5 November</td>
</tr>
<tr>
<td>Number of meetings and conferences attended</td>
<td>Participation to at least 8 external conferences and events</td>
<td>Total number of online meetings and online webinars: &gt; 160; 7 face-to-face meetings</td>
</tr>
<tr>
<td>Number of presentations/workshops during conferences</td>
<td>Organisation of at least 6 presentations/workshops during external conferences</td>
<td>More than 30 presentations during conferences and online webinars</td>
</tr>
<tr>
<td>Number of online and audio conferences with SC, SEG and TEGs</td>
<td>At least 12 online audio conferences with SC, SEG, TEGs</td>
<td>4 online SC meetings; 2 SEG meetings and 3 TEG meetings</td>
</tr>
<tr>
<td><strong>Communication:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of website updates</td>
<td>At least 6 website updates</td>
<td>18 website updates</td>
</tr>
<tr>
<td>Number of newsletters an updates</td>
<td>At least 6 C-EHRN newsletters</td>
<td>21 C-EHRN newsletters</td>
</tr>
<tr>
<td>Number of Facebook and twitter postings</td>
<td>At least 1000 Facebook and twitter postings</td>
<td>Twitter: 234 post, 346 mentions in posts, 400 separate posts in 2020, 1180 followers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Indicator(s)</th>
<th>Target</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meetings:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals participating in the SC and expert meeting</td>
<td>At least 14 participants per SC and expert meeting</td>
<td>17 participants during 1st SC Meetings, 7 SC members during separate online SC Meeting</td>
</tr>
</tbody>
</table>
### Number of individuals participating in the C-EHRN member and expert meeting

- **At least 60 C-EHRN members participate at EHRC 2020**
- More than 600 participants during 5 webinars

### Number of experts participating in the TEGs and the SEG

- **At least 20 experts participating in the TEGs and the SEG**
- More than 70 participants during 2 SEG and 3 TEG Meetings

### Number of people attending the policy dialogue meeting(s)

- **At least 40 individuals attending the policy dialogue meeting(s)**
- More than 200 participants during 2 policy related webinars

### Number of individuals reached through participation at conferences

- **At least 1000 individuals reached through participation at European and international conferences**
- More than 2500 people reached through participation at conferences and webinars

### Number of individuals participating in online meetings

- **At least 50 individuals participating in online meetings**
- More than 1800 participants during online calls

### Communication:

#### Number of website visitors

- **At least 10,000 C-EHRN unique website visitors in 2020**
- 45,300 unique visitors, 79,647 number of visits.

#### Number of individuals reached through C-EHRN newsletter postings and C-EHRN publications

- **At least 2000 individuals reached through C-EHRN publications and newsletters**
- Newsletters: 2,338 individuals

#### Number of individuals reached through Facebook and twitter

- **At least 10,000 individuals reached through Facebook and twitter**
- Twitter: 157 new followers, and an average impressions reach of 22k per month.
- Facebook: 1,180 followers, 100 more than 2019

### Members and FPs:

#### Number of additional FPs and national experts

- **At least 5 new FPS/national experts in 2020**
- 2 new FP

#### Number of additional C-EHRN Members

- **At least 20 new C-EHRN members in 2020**
- 36 new members

### Outcome Indicator(s)

#### Target

- C-EHRN represents the interests of its members.
- 60% of C-EHRN members indicate that C-EHRN represents their interests.
- 44% feel fully represented and 43% sometimes represented, 13% feels rarely or never represented.

### Milestones

#### Means of verification and deadline (M)

<table>
<thead>
<tr>
<th>MS 1</th>
<th>1st and 2nd Steering Committee Meeting</th>
<th>Programme, list of participants, SC minutes (M3; M12)</th>
<th>1st SC Meeting; 12 February 2020; 4 online SC Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 2</td>
<td>Launch EHRC 2020 Website</td>
<td>Website (M3)</td>
<td><a href="https://www.harmreductionconference.eu/">https://www.harmreductionconference.eu/</a></td>
</tr>
</tbody>
</table>

### Specific Objective 2: Monitor developments and collect information and evidence in the field of drug use and harm reduction by involving the expertise of civil society organisations

#### Process Indicator(s)

<table>
<thead>
<tr>
<th>Target</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SEG meetings organised</td>
<td>1 face-to-face meetings organised</td>
</tr>
<tr>
<td>Number of online SEG meetings organized</td>
<td>2 online SEG meetings organised</td>
</tr>
<tr>
<td>Number of filled-in evaluation questionnaires (by FPs)</td>
<td>All FPs respond</td>
</tr>
</tbody>
</table>
### Number of webinars for FPs organised
- At least 1 webinar is organised for FPs
- One webinar was organized on June 19th

### Number of Monitoring tools implemented
- Monitoring Tool is implemented in at least 28 countries
- Monitoring Tool was implemented in 35 countries

### Number of Monitoring Reports produced
- 500 copies of the Monitoring Report
- 100 reference copies due to cancellation of conferences

### Output Indicator(s)

<table>
<thead>
<tr>
<th>Output Indicator(s)</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of experts involved in the SEG</td>
<td>At least 5 scientific experts</td>
<td>7 scientific experts were involved</td>
</tr>
<tr>
<td>Number of national experts involved in the collection of data and information</td>
<td>At least 60 experts are involved in the collection of data and information. This includes the FPs as well as additional national experts.</td>
<td>36 FPs + at least 55 additional national experts were involved in the collection of data</td>
</tr>
</tbody>
</table>
| Number of presentations, linked to the C-EHRN Monitoring Tool/Report               | At least 5 presentations are linked to the C-EHRN Monitoring Report | The monitoring tool was presented at:  
  - The European Society of Social Drug Research (ESSD) online conference on September 23rd-24th  
  - The DRID online seminar from EMCDDA on  
  - C-EHRN webinar on New Psychoactive Substances on December 16th |

### Outcome Indicator(s)

<table>
<thead>
<tr>
<th>Outcome Indicator(s)</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-EHRN Monitoring Report is useful and relevant for the development and the implementation of HR practice and policy</td>
<td>- 50% of C-EHRN members indicate that the C-EHRN Monitoring Report is useful for their work</td>
<td>- 76% of the C-EHRN members is aware of the 2019 C-EHRN Monitoring Report. Of those members 89% indicates that the report is useful for their work. This means that 67% of all the members state that the report is useful.</td>
</tr>
</tbody>
</table>

### Milesopnese

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Means of verification and deadline (M)</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 3: Webinar for FPs</td>
<td>Programme, list of participants, documentation (M4)</td>
<td>1 Webinar for FPs on June, 19</td>
</tr>
<tr>
<td>MS 4: Launched Monitoring Report</td>
<td>Printed publication; social media announcements (M10)</td>
<td>December 2020</td>
</tr>
</tbody>
</table>

### Specific Objective 3: Strengthen capacities of the various players in the field of drug use and harm reduction and facilitate exchange between network members and partners

#### Process Indicator(s)

<table>
<thead>
<tr>
<th>Process Indicator(s)</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entries in the online knowledge and training hub</td>
<td>50 new entries in the online knowledge and training hub</td>
<td>70 new entries</td>
</tr>
<tr>
<td>Number of thematical papers and reports</td>
<td>At least 4 different thematical papers/reports produced</td>
<td>5 briefing paper, 5 scientific articles, issue special hr edition, 3 factsheets</td>
</tr>
<tr>
<td>Number of webinars organised</td>
<td>At least 3 webinars are organised, addressing the three priority areas</td>
<td>5 Webinars Organised and one online conference</td>
</tr>
</tbody>
</table>

#### Output Indicator(s)

<table>
<thead>
<tr>
<th>Output Indicator(s)</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals reached with thematical papers, policy recommendations</td>
<td>Dissemination of thematical papers and policy recommendations to at least 2000 individuals</td>
<td>3,759 downloads of policy recommendations &amp; papers via C-EHRN website</td>
</tr>
<tr>
<td>Number of visitors on the online knowledge and training hub</td>
<td>At least 250 individual visitors at the online knowledge and training hub</td>
<td>Average 4000 clicks per document</td>
</tr>
</tbody>
</table>
### Periodic Technical Report – CHAFEA Operating Grant

<table>
<thead>
<tr>
<th>Number of participants at webinars</th>
<th>At least 60 participants at webinars</th>
<th>More than 600</th>
</tr>
</thead>
</table>

**Outcome Indicator(s)**

<table>
<thead>
<tr>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-EHRN knowledge and training hub and thematical papers/reports are considered to be useful for the work of HR services and other relevant players in the field</td>
<td>38% of the members are aware of the knowledge and training hub. 90% of them state that it is important for their work. 85% of the members are aware of the C-EHRN publications and for all of them it is useful for their work.</td>
</tr>
</tbody>
</table>

**Milestones**

<table>
<thead>
<tr>
<th>Means of verification and deadline (M)</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 5: Webinar Meeting for all Thematic priorities</td>
<td>Programme, list of participants, documentation (M9)</td>
</tr>
<tr>
<td>MS 6: EHRC</td>
<td>Website, Programme, documentation, list of participants (M10)</td>
</tr>
<tr>
<td>MS 7: Launched Thematic Papers</td>
<td>Printed publication; social media announcements (M10)</td>
</tr>
</tbody>
</table>

**Number of registered participants:**
- In May Covid-19 and DCRs
- In May Covid-19 and Outreach work
- In June: Drug user experiences
- In November: Take Home Naloxone
- In December: New Drug Trends

Number of registered participants: 500

In replacement of the EHRC2020, we organised additionally a whole day of HR sessions on 5 November, including 4 different sessions with a total of 430 registered participants

**MS 7: Launched Thematic Papers**

- Briefing paper: HCV monitoring
- Briefing paper: OD monitoring results
- Report: COVID – voices of front line workers
- Briefing paper: COVID, in coop with NLO
- Briefing paper: Synthetic Cannabinoids (partner report)
- Factsheets: HCV, OD, DCR
- Scientific articles co-authorships:
  - CSI, Eurosider, HCV treatment, HCV monitoring, NLO checklist, HR monitoring experiences

### Specific Objective 4: Advocate for full coverage of harm reduction programmes in Europe, addressing both health and social aspects

<table>
<thead>
<tr>
<th>Process Indicator(s)</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of policy recommendations/papers produced</td>
<td>At least 3 policy recommendations/papers are produced</td>
<td>Policy recommendations are added to the publications above</td>
</tr>
<tr>
<td>Number of policy dialogue meetings organized</td>
<td>At least 1 policy dialogue meeting is organised</td>
<td>Two policy related webinars organised. Co-organisation of two side events during CND2020.</td>
</tr>
<tr>
<td>Number of C-EHRN advocacy activities</td>
<td>C-EHRN is involved in at least 5 advocacy activities</td>
<td>Advocacy activities:</td>
</tr>
</tbody>
</table>
### Output Indicator(s)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals reached through the policy recommendations / factsheets</td>
<td>At least 2000 individuals are reached through policy recommendations and papers</td>
<td>3759 policy recommendations / factsheets downloads via C-EHRN Website.</td>
</tr>
<tr>
<td>Number of individuals attending the policy dialogue meeting(s)</td>
<td>At least 50 individuals participate in the policy dialogue meeting of C-EHRN</td>
<td>More than 200 participants</td>
</tr>
<tr>
<td>Number of individuals reached through advocacy activities</td>
<td>At least 1500 individuals are reached through additional advocacy activities</td>
<td>More than 1500 individuals through different actions</td>
</tr>
</tbody>
</table>

### Outcome Indicator(s)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>CN advocacy activities are useful for C-EHRN member and partners</td>
<td>At least 60% of C-EHRN members and partners indicate that C-EHRN advocacy activities support their work in a positive way.</td>
<td>82% of the C-EHRN members is aware of the C-EHRN advocacy activities. 83% of them state that C-EHRN advocacy supports their work in a positive way.</td>
</tr>
</tbody>
</table>

### Milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Means of verification and deadline (M)</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 8: Policy Dialogue Meeting at EHRC 2020</td>
<td>Programme, list of participants (M10)</td>
<td>Online meetings (on covid-19 and decriminalisation)</td>
</tr>
<tr>
<td>MS 9: Launched policy recommendations/factsheets</td>
<td>Printed publication, social media announcements (M10)</td>
<td>Policy recommendations are included in the briefing papers and 3 factsheets</td>
</tr>
<tr>
<td>Deliverables</td>
<td>Number/name/deadline</td>
<td>Content specification</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>D1: Updated Membership database (month 12)</td>
<td>Updated list of C-EHRN members, including specific expertise and needs</td>
<td>Updated and maintained</td>
</tr>
<tr>
<td>D2: Updated Focal Point List + additional national experts (month 12)</td>
<td>Updated and extended list with all FPs</td>
<td>Updated and maintained</td>
</tr>
<tr>
<td>D3: Regularly updated website (month 12)</td>
<td>C-EHRN website is constantly updated; this includes as well other C-EHRN related websites</td>
<td>Updated and maintained</td>
</tr>
<tr>
<td>D4: Newsletters, promotion materials, social media accounts (month 12)</td>
<td>C-EHRN informs C-EHRN members and external contacts about new developments, activities, events.</td>
<td>Done</td>
</tr>
<tr>
<td>D5: Updated Monitoring Tool and guidelines (month 10)</td>
<td>The Monitoring Tool is updated after a detailed evaluation among FPs and additional national experts.</td>
<td>Done</td>
</tr>
<tr>
<td>D6: Monitoring Report 2020 (month 10)</td>
<td>The Monitoring Report 2020 summarises the finding of the monitoring, which is carried out by the FPs in EU MS and neighbouring countries</td>
<td>Final version will be available in February 2021</td>
</tr>
<tr>
<td>D7: Updated Online knowledge and training hub (month 12)</td>
<td>Online knowledge and training hub is constantly updated</td>
<td>Updated</td>
</tr>
<tr>
<td>D8: Workplan of all TEGs (month 12)</td>
<td>All TEGs will prepare a work plan to provide structured feedback to C-EHRN on all related topics.</td>
<td>Done</td>
</tr>
<tr>
<td>D9: Thematic papers (month 12)</td>
<td>At least four papers will be prepared, including the need for an integrated overdose prevention approach; the linkage between HR and social integration, the developments in the area of civil society involvement and an overview paper on how to monitor drug trends on the local level.</td>
<td>5 papers are prepared</td>
</tr>
<tr>
<td>D10: Advocacy Strategy (month 6)</td>
<td>An advocacy Strategy will be developed for 2020-2021; to support the advocacy activities of C-EHRN and describe in detail what C-EHRN wants to achieve and how this will be done. Cooperation with other organisations and networks is described.</td>
<td>Strategy is developed</td>
</tr>
<tr>
<td>D11: Policy Recommendations / factsheets (month 12)</td>
<td>Based on the work in the TEGs, C-EHRN will develop and promote policy recommendations and factsheets, which can be used as well by C-EHRN members for advocacy on national level</td>
<td>3 factsheets Covid-19 Statement EU Drug Agenda Statement</td>
</tr>
</tbody>
</table>
Final conclusions
The answers on the three main research questions of the project evaluation are clear:

1. Did the 2019 work program achieve the envisaged objectives, actions and results?
   → All milestones but the EHRC were met, although some with a delay, and all deliverables are available and of good quality. The EHRC was cancelled due to COVID-19. A series of webinars was organised instead.

2. Did the process of development and implementation go as planned?
   → Progress is judged as good and all activities but EHRC were successfully implemented. Due to COVID-19 some activities were delayed and the EHRC is postponed to 2021

3. Were involved stakeholders satisfied with C-EHRN activities and results?
   → Yes, stakeholders are very positive about progress and results.

Dissemination
- Please provide a list of all published material and the website address
- How have the dissemination materials been taken up?
- Did you receive feedback on them?
- Were dissemination activities carried out as planned? Give a brief description of the target groups and media used to disseminate the results.
- What are the strengths and weaknesses of the dissemination activities? Explain why.

List of published materials:
- 21 Newsletters
- Briefing paper: HCV monitoring
- Briefing paper: OD monitoring results
- Report: COVID – voices of front line workers
- Briefing paper: COVID, in coop with NLO
- Briefing paper: Synthetic Cannabinoids (partner report)
- Factsheet on HCV
- Factsheet on Overdose Prevention and Naloxone
- Factsheet on Drug Consumption Rooms
- COVID-19 Policy Paper
- C-EHRN Statement on EU Drug Agenda towards DG Home and the HDG
- Scientific articles co-authorships on Civil Society Involvement, the Eurosider Project, HCV treatment, HCV monitoring, NLO checklist, HR monitoring experiences

List of websites maintained:
www.correlation-net.org
http://www.drugconsumptionroom-international.org
www.harmreduction.eu
https://www.hepatitis-c-initiative.eu/
www.csidp.eu
https://streetsupport.eu
http://www.inworkproject.eu
Participation in EU actions (if applicable)
- Please provide your role/contribution to EU actions (i.e. projects)

C-EHRN and De Regenboog Groep are involved in the following EU activities
- Member of the EU Civil Society Forum on Drugs (CSFD) and part of the related core group
- Member of the EU Civil Society Forum on HIV, HCV and TB and part of the related core and steering group

C-EHRN and De Regenboog Groep are involved in the following EU projects and initiatives:
- CSFD Project: www.civilsocietyforumondrugs.eu (as coordinator and main applicant)
- So-Prep Project: https://so-prep-project.eu (as project partner)
- Peer2Peer Project: https://www.correlation-net.org/peer2peer/ (as project partner)
- Hepatitis C Initiative: https://www.hepatitis-c-initiative.eu/ (coordination)
- Nobody Left Outside Initiative: https://nobodyleftoutside.eu (as partner)
- Achieve Coalition: https://achievehepatitiselimination.eu (as partner)

- Coordination with other projects or activities at European, National and International level
C-EHRN links all relevant activities and projects with the C-EHRN Operational Grant. This creates synergy and added value. An example for this linkage is the organisation of the European Harm Reduction Conference, which was originally planned to take place in 2020. A large number of other organisations and networks has committed themselves to the conference, including (European Harm Reduction Association, EuroNPUD, IDPC, HRI, EMCDDA, WHO, UNODC).

Follow-up of recommendations and comments from previous SGA grants
- Please provide an analysis follow-up of recommendations from your earlier reports, if applicable.

Relevant recommendations from earlier reports:

The development of the draft monitoring tool has been a challenging task in 2018 and 2019. Scientific requirements had to be considered, as well as practical limitations, which affect the monitoring process. The monitoring depends on the input of the FPs, which work on voluntary basis and might not have the same level of expertise and information on the different priority areas.

➔ Monitoring activities remain complex and time-consuming. The process and content of the monitoring activities was evaluated in 2020 to improve the data collection process and the related content. A community-led questionnaire was included, as well as a specific covid-19 section. Furthermore, the questionnaire shifted from a national to a local assessment, which makes it easier for respondents to reply.

The cooperation with researchers and scientific partners has been extremely important and helpful and will be maintained and intensified in the forthcoming years.
➔ Cooperation with relevant research institutions and agencies is further intensified and improved, e.g. EMCDDA, ECDC, WHO.
Capacity Building is an important element and CN has developed a broad range of expertise, covering different topics and areas of work. Resources will be made available through the online Knowledge and Training Hub, but will also be reflected in thematical papers, and facilitated exchange meetings.

➔ Although we were unable to organise the EHRC in 2020, we organised a large number of webinars and online meetings to exchange information and share knowledge. This will be maintained in the future.

Different CN members have stressed the importance of training events, covering areas as monitoring and evaluation, project development and implementation and advocacy. CN will consider these needs and assess opportunities for more training and capacity building.

➔ In cooperation with other EU-funded projects, C-EHRN organised different online training events and workshops, e.g. Peer2Peer Project and Harm Reduction4Homeless Project. All of them were highly appreciated. More activities in this area should be organised in the future.

Advocacy activities remain an important pillar within CN. The representation of CN in both EU Civil Society Fora and the UN Civil Society Group on HIV/Aids and Drugs gives CN a strong advocacy mandate. CN will be invited to different important policy events in 2019 and will be one of the speakers during a High-Level Side Even on Opioid Overdose Management, which is organised by the Romanian EU Presidency, during the CND in 2019.

➔ C-EHRN was actively involved in different advocacy activities, including the CND, different statement around EU Policy and Funding and practical Support towards members

Lessons learnt
- Please provide an analysis of strengths, weaknesses, future opportunities and threats to the operation of your network/organisation
- Which lessons learnt can you share with others active in the field?
- What did work well?
- What did not work as expected?
- What would you do different, if you had the chance to start over again?

Strengths
- C-EHRN members feel strongly represented by the network and are very committed to the network and its activities.
- C-EHRN members value the activities of the network, especially when it comes to knowledge exchange, capacity building and direct support.
- C-EHRN brings together a variety of different stakeholders and creates cooperation and exchange between social and health services providers, harm reductions services, affected communities, researchers, public institutions and policy makers. The network is valued and acknowledged by all relevant stakeholders and can as such function as mediator and facilitator of exchange.
- C-EHRN activities include grassroots organisations and drug user organisations and can therefore easily detect and respond to new developments and trends on the national and local level.
- C-EHRN members and partners reflect the diversity of the field and have different areas of expertise and knowledge, which can be utilised within the network activities and in the mutual contact between our members.
C-EHRN has a broad understanding of harm reduction and addresses not only drug related problems. Instead, an integrated approach is promoted including topics, such as homelessness, sex work, employment, education, inequalities, loneliness, mental health problems and more.

C-EHRN is involved in different EU projects and initiatives, which contributes to the overall impact of the network.

The monitoring activities of the network are highly appreciated and bring credibility to both, the network and the members, which can use the results and findings for their advocacy work at national and local level.

**Weakness**
C-EHRN is a large network with a diverse group of members and partners. It is evident that the network is unable to respond to all needs. In general: more could be done in all areas of work, including communication, exchange of information, and direct support of members, capacity building and advocacy. Consequently, the network has to limit itself to its core objectives and activities, although more financial resources and human resources would be helpful.

C-EHRN Monitoring activities are ambitious. The activities and results build on the input of the C-EHRN FPs – the backbone of the network - while no financial support can be provided. This is only possible because the FPs value the network, want to be an active part of it see a clear benefit in their work.

C-EHRN FPs need to be an expert in different areas (Civil Society Involvement, HCV, Overdose Prevention and new drug trends) or have to consult different national stakeholders for additional input.

The Monitoring Report is based on the opinion of one expert (not necessarily someone with a research background). This can lead to subjective or anecdotal information and might sometimes contradict with information from other sources. This is acknowledged and described in the report, and is evident as well for all kind of monitoring reports and data collection on the EU level.

Face-to-face meetings, workshops, training events and direct support at the national/local level is highly appreciated by C-EHRN members. Due to financial limitations and a lack of human resources, the network can provide only limited support in this area. The Covid-19 pandemic increased this problem, as face-to-face meetings could not be organised at all.

The network activities rely on financial support and network funding. We can see that the Operational Grant has been essential for our work and the results in the past years. This means that the network depends on funding and support.

**Future Opportunities**
The organisation of the bi-annual European Harm reduction Conference is an important milestone within C-EHRN and has improved the cooperation between different European stakeholders and networks. The preparations for the 2020 Conference are already ongoing and it is expected the Conference in Prague will be as successful as the one in Bucharest in 2018.

The annual Monitoring Report complements existing monitoring efforts on EU level and is highly valued by different stakeholders, including the EMCDDA and the WHO.

As such, the network
- can contribute to an improved knowledgebase and information on harm reduction and drug use in Europe
- can foster the position and recognition of Civil Society and Harm Reduction Organisations
- can contribute to more cooperation and advocacy on European and national level

The online Knowledge Hub has been launched in 2019 and provides an extensive overview of resources – including publications, guidelines, tools, videos and more. As such, the online hub is a perfect online platform for all other organisations and initiatives to share and disseminate their work.

The good reputation of the network has also increased the number of advocacy activities. C-EHRN supported different written statement, developed letter of support and advocacy briefings and organised specific policy dialogue sessions.

**Threats**
The network has become an important stakeholder and is acknowledged by grassroots organisations, research institutions, EU agencies, networks, and policy makers. All progress, which has been made since 2018 is directly linked to the funding of the FPA. The sustainability of the network activities and results depends on this support and it is hoped that the new Multiannual Financial Framework (2021-2027) will sustain funding to C-EHRN and enable the network to continue its activities.

**Lessons Learnt**
COVID-19 had significant impact on C-EHRN activities, both negative and positive. It slowed down actions and delayed output. Seminars, conferences and face-to-face meetings were cancelled. Social dynamics went down. On the other hand, all kind of new possibilities were explored and implemented: webinars and online meetings were booming. Online communication went much smoother and more efficient. Practical dynamics went up. A turbulent year for evaluation.

**Impact Assessment**
Please answer to the following questions, giving your point of view in free text:
- What was the impact of your work?

After only three years, the network managed to be acknowledged as the European Harm Reduction Network. It is highly appreciated by grassroots organisations, researchers, policy makers and relevant agencies and network on national and European level. As such, the network has managed to represent the needs of its members effectively. This is also confirmed by the member and stakeholders survey, which has been carried out. 95% of the network members have indicated that they feel represented by C-EHRN.

The network complements existing monitoring efforts in the area of drug use and harm reduction. The Monitoring report is the first one of its kind and supports the recognition of HR services on national and European level. Based on the member and key stakeholder survey, carried out at the end of 2020:

Almost half of the respondents feel fully represented (44%) and 43% sometimes represented, 13% feels rarely or never represented. 80% of the members state that C-EHRN Networking & Cooperation are the most valuable for their organisation, followed by knowledge exchange, meetings and conferences (67%). For 43% activities linked to thematic priorities [HCV and drug use, Overdose Prevention, New Drug Trends or Civil Society Involvement] are most valuable.
About a third mention Capacity Building, Advocacy, and C-EHRN publications as most valuable. Monitoring, Communication and Dissemination are mentioned by less than 20%.

76% of the C-EHRN members is aware of the 2019 C-EHRN Monitoring Report. Of those members 89% indicates that the report is useful for their work. This means that 67% of all the members state that the report is useful (target was 50%). 80% of the members that were aware of the report state that it has a positive influence on their engagement in monitoring and advocacy.

38% of the C-EHRN members is aware of the online Knowledge & Training Hub that C-EHRN launched in 2019. Of those members (n=22) 90% states that the Hub is important for their work. More than half indicates that the training materials (55%) and the reports (50%) are useful for their work. A third mentions news, e-learnings and case studies as useful. Finally videos, articles and links to websites are mentioned.

85% of the members (n=49) is aware of the different publications, tools, reports and policy/thematical papers C-EHRN has developed and launched in 2020 and previous years. All of them state that those publications were valuable for their work.

Almost half of the members (47%) participated in the webinars that were organised by C-EHRN. For 89% of them the webinars are useful for their work. We asked the members that participated to judge the webinars on a 5-point scale (1=poor to 5=excellent). Almost half judged the webinars as excellent, a quarter gave it a 4 and another quarter a 3.

82% of the C-EHRN members is aware of the C-EHRN advocacy activities. 83% of them state that C-EHRN advocacy supports their work in a positive way.

- For Health literacy actions and patients’ empowerment actions, specify among the targeted groups, the relevant categories. For example, give the number of people targeted by language, by age groups, by social status or by cultural component...

EMCDDA Report 2020:
The use of illicit drugs remains an important public health issue in Europe. Almost a third of adults in the European Union aged 15–64, or around 97 million people, have used illicit drugs at some point in their lives, with the experience of drug use being more frequently reported by men than women are. Cannabis is the most frequently used drug, but some have also used cocaine, ecstasy (MDMA), amphetamines, and other drugs. The use of illicit drugs, particularly among people who use them regularly and heavily, is associated with higher risks of cardiovascular diseases, mental health problems, accidents, as well as infectious diseases such as HIV when the drug is injected. Illicit drug use is a major cause of preventable mortality among young people in Europe, both directly through overdose and indirectly through drug-related diseases, accidents, violence and suicide.

- For each group of actions developed and/or implemented by your organisation, give a report on the scientific evidence basis used. Are the actions related to the OG funding based on sufficient evidence?

C-EHRN activities are built on scientific evidence from relevant scientific sources, including the EMCDDA (e.g. European Drug Reports), the ECDC, the European Drug Strategy and Action Plan, the Council Recommendations on the prevention and reduction of health-related harm,
associated with drug dependence, Harm Reduction International, the Harm reduction Journal and other scientific publications.

More specifically, the activities of the SGA 2020 are supported by the following evidence. The European Drug Reports of the EMCDDA (2019) state that Europe has a growing problem with drugs. Specifically mentioned are:

**Drug Use and related challenges**
- although injecting heroin use is decreasing in many EU countries, opioid problems are growing elsewhere in Europe - making a major contribution to the health and social costs attributable to drug use in Europe
- there is an overall increase of drug-related deaths in the past 5 years. This threat might be growing as the quantity of heroin seized has increased and the purity of the drug remains relatively high and the price relatively low
- Hepatitis strategies are now in place in 17 EU countries and Norway, and an increasing number of countries are providing unrestricted access to better tolerated and more effective, direct-acting antiviral medications. However, HCV screening is a critical entry point to effective hepatitis care and helps prevent further transmission. Community-based drugs services can play an important role here. In many countries, however, effective testing policies and appropriate referral pathways are not in place
- an effective early warning system is extremely important. This is in particular important in regard to synthetic opioids, as they are becoming more commonly detected in drug overdose cases. Despite this threat, the current capacity to detect and report on the availability, use and consequences of synthetic opioids remains limited. Improving the sensitivity of information resources in this area must therefore be regarded as a priority.
- The specific overdose prevention interventions, which are actively promoted by C-EHRN are also included in the overview of key approaches for reduction opioid related deaths by the EMCDDA

**The need to improve coverage and quality of Harm Reduction**
Harm reduction services are an evidence-based and cost-effective approach, which refers to policies, programmes and practices. It is based on a strong commitment to public health and human rights. Although HR is an essential element of the European Drug Strategy and Action Plans, it is still insufficiently implemented. In many countries, funding for HR has been decreased and coverage and quality of services is at stake. This has a negative impact on the coverage, and the quality of HR services and impacts as well the health and well-being of PWUDs.

The 2019 Report of the EMCDDA states as well that the provision of harm reduction services remains inadequate in many EU countries, and is deteriorating, even in countries with historically good service coverage. At the same time, the EMCDDA acknowledges and recommends certain harm reduction responses to effectively reduce the number of overdoses and deaths.

**The importance of civil society and a strong civil society network in the area of drug use and harm reduction**
Civil society organisations are a crucial indicator for a modern democracy and are essential in addressing different challenges in society. This applies in particular to civil society and HR organisations, which are working with and for PWUDs.

Experience from the past years and feedback from C-EHRN members has shown that HR services need support and training in monitoring, evaluation and advocacy. C-EHRN can contribute to this,
by developing and implementing the monitoring tool, by organising capacity building – also in the area of monitoring and evaluation and by supporting advocacy efforts in this area.

- If your organisation is disseminating good practices, please explain the types of good practices (intervention, guideline...) you are disseminating.

In 2020, C-EHRN disseminated guidelines and good practice examples, including


- Have the actions of the OG produced the expected outcomes with a sufficient level of quality in the mid-long term and have they demonstrated an impact on EU Public Health?

Yes, the OG has produced the expected outcomes with a sufficient level of quality on the mid and long term and demonstrated an impact on EU Public Health. Please compare the evaluation section in this report.

- What difference did the OG funding make for the EC policy? The answer to this question should be quantitative and qualitative on the basis of the indicators produced in the OG reports.

C-EHRN has contributed to EC policy in the following ways:
- the Monitoring Report addresses different EU priorities in the area of health and drug related issues. This includes HCV prevention, testing and care for PWUDs, Overdose Prevention, New Drug Trends and Civil Society Involvement. The Report summarises data and information from 35 countries in Europe, by building on the knowledge and perspective of CSOs and harm reduction organisations. The report complements existing data Collection and Monitoring Reports and informs policy and practice on national and EU level.
- C-EHRN organised webinars (600 participants) & policy dialogue meetings (200 participants) and participated in webinars and other events, organised by other organisations (2500 participants).
- Our publications/meetings targeted service providers as well as policy makers and in total we reached more than 4250 people in different meetings and events.
- C-EHRN contributed actively to the development of the new EU Drug Strategy and Action Plan and supports as such the drafting of a new strategy beyond 2020.
- C-EHRN is part of the Civil Society Forum on Drugs and the Civil Society Forum on HIV/AIDS, HCV and TB and contributes actively to the development of EU Policy in both areas.

- What is the concerned population and in which member States targeted by your action and particularly with regard to Patients empowerment and health literacy. How many people did you reached by your different actions?
C-EHRN cooperates actively with representatives of affected communities, including PWUDs, People experiencing Homelessness, sex workers, MSM, PLWHA and others. All events and activities are organised in close cooperation with affected communities.

The monitoring activities are implemented in 35 countries, including relevant stakeholders and affected communities in these countries.

- **What has to be changed in the future Health Programme with regards to the present evaluation? Is the OG funding adequate for the objective?**

Drug problems are complex and linked to different policy areas (e.g. health, social inclusion, justice, security, development and human rights, among others). However, the most relevant policy area for drug prevention, risk and harm reduction, treatment and recovery is Health Policy. It is therefore essential that the future Health Programme (Europe4Health) reinforces the focus on drug use and the particular vulnerable situation of People Who Use Drugs, People Living with HIV/AIDS and HCV.

The future Health Programme should cooperate closely with other EU Programmes, such as the the ESF+ Programme and the Security Fund to ensure synergy and an integrated approach in both, programme development and implementation.

We therefore call for the **inclusion of drug-related actions in the list of joint health priorities.**

Doing so is also important in relation to the achievement of the United Nations 2030 Agenda for Sustainable Development, to which the EU and its Member States committed. Indeed, a number of the Sustainable Development Goals (SDG) relate directly to drug problems. Goal 3.3 focuses on ending the epidemics of infectious diseases, such as HIV/AIDS and viral hepatitis; Goal 3.5 seeks to enhance the prevention and treatment of drug use problems. In its 2019 report, the EMCDDA itself highlighted the ‘need to scale up the provision of prevention, testing and treatment as a critical objective to achieving the public health goals which are adopted in the United Nations 2030 Agenda for Sustainable Development’

**The OG Funding is currently the only opportunity for our network to remain active and develop and implement activities in the area of networking, monitoring, capacity building and Advocacy. We therefore truly hope for a continued support and sustained opportunity for network funding through the OG.**

- **In relation of the Dissemination of best practices or other type of information, which priorities of the Health Programme have been covered by the OG action? are the existing best practices related to major priorities of the Health Programme effectively disseminated via the OG?**

In relation to the dissemination of best practices or other types of information C-EHRN contributes to the following thematic priorities of the Third Health Programme:

1.2. Drugs-related health damage, including information and prevention

1.3. HIV/AIDS, tuberculosis and hepatitis

2.2. Capacity-building against health threats in Member States, including, where appropriate, cooperation with neighboring countries
C-EHRN responds to the transnational dimension of public health and takes into consideration the European perspective on Public Health in general and European health strategies in particular by:

- assuring involvement of EFTA countries and partnerships with organisations from neighbouring countries of the European Union, such as the Balkan countries, Russia, Georgia and the Ukraine;
- cooperating with WHO Europe, EMCDDA, the EU Civil Society Forum on Drugs and the EU CSF on HIV/AIDS and linking up with other European networks;
- collecting and summarising evidence and models of good practice in Europe. In partnership with other actors in the field, CN disseminates and promotes effective tools and strategies on the European level, and contributes to the provision of comparable data and information;
- addressing local or national health constraints, such as HCV incidence, HIV treatment compliance, hard-to-reach communities, and comparing responses in different settings, so that stakeholders can learn from each other’s experiences and approaches;
- collecting information and materials in a documentation centre on the CN website; disseminating information and materials all over Europe to intermediaries, service providers and decision makers.

**What is the target population reached by the dissemination of good practices and is there a good match between the topic of the best practice and the target population?**

Target Groups which were reached by the dissemination of good practices were:
- Civil society and harm reduction services
- EU agencies (such as EMCDDA and ECDC)
- international agencies, such as WHO, UNODC, Pompidou Group
- International and regional civil society networks and initiatives
- Health services providers
- Social service providers
- Policy makers
- Affected Community Members

Good Practice examples and collection were disseminated among all these target groups, addressed their specific needs and provided them with information and advice.

**Further remarks**

- Please state further remarks that you find noteworthy

&lt;Please write here&gt;
Annexes
- Please enclose in this report two copies of all published material and the website address with evidences of publicity on Union funding

Website:
https://www.correlation-net.org/

Publications:


Factsheets:


Scientific publications


https://bmjopen.bmj.com/content/bmjopen/10/4/e035621.full.pdf