

**UNITED NATIONS OFFICE ON DRUGS AND CRIME**  
Vienna

**Final Evaluation**  
**‘Good practices**  
**on preventing ATS abuse among young people’**  
**GLOH42**

**Richard Ives**

**September 2011**

## Evaluation of UNODC Project GLOH42

### 'Good practices on preventing ATS abuse among young people'

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Richard Ives September, 2011

### Disclaimer

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## **Abbreviations and acronyms**

<b>ATS</b>	Amphetamine-type Stimulants
<b>BPO</b>	Business Process Organisation
<b>CalSam</b>	The Calcutta Samaritans – the local project leader in India
<b>CIJ</b>	Centro de Integracion Juvenil – the local project leader in Mexico
<b>Fusalmo</b>	Foundations Salvador del Mundo – the local project leader in El Salvador
<b>IEC</b>	Information, Education & Communication ('comprises a range of approaches, activities and outputs to raise awareness about HIV/AIDS for behaviour change' WHO 'Terms Commonly Used in AIDS Communication')
<b>Project / project</b>	when capitalised, refers to the overall UNODC Project; when written with a lower-case 'p', it refers to the four local projects
<b>SAPS</b>	South African Police Service
<b>SMART</b>	(of objectives:) Specific, Measurable, Achievable, Realistic, Time-limited'
<b>Tag Rugby™</b>	'... a non-contact team game in which each player wears a belt that has two velcro tags attached to it, or shorts with velcro patches. The mode of play is similar to rugby league with attacking players attempting to dodge, evade and pass a rugby ball while defenders attempt to prevent them scoring by "tagging" - pulling a velcro attached tag from the ball carrier.' (Wikipedia)
<b>UNDCP</b>	United Nations Drug Control Programme (which existed until 1997 when it was combined with the Crime Prevention and Criminal Justice Division)
<b>UNODC</b>	United Nations Office on Drugs and Crime

## **Management response to final project evaluation on:**

GLOH42: Good practices on preventing ATS abuse among young people

This final project evaluation and its recommendations focus on issues that are important to all project documents developed by Prevention, Treatment and Rehabilitation Section. Most of our projects focusing on substance use prevention and drug dependence treatment contain similar elements to those of GLOH42: Good practices on preventing ATS abuse among young people. These are mainly the development of guidelines and good practice documents, training of practitioners, policy makers and NGOs and providing grants as a mechanism to build the capacity of local institutions. Therefore, the recommendations are welcomed by the management in order to further improve our work and ability to respond to local needs both at the community and national level.

This project (GLOH42) was developed at the time when Member States and UNODC recognized that ATS use was growing and special concerns were raised about the spread of ATS use globally. This project's focus on ATS use was relevant and responded to a clear need at the time. During the project implementation many changes were made at Prevention, Treatment and Rehabilitation Section in terms of the organization's approach to work within the field of substance use prevention. The main change being that there is no need to focus on a specific substance when preventing substance use. Evidence shows that prevention programmes that address a range of risk factors and protective factors as well as a range of risky behaviours are far more effective than those that operate focusing on a single substance or behaviour. The new approach was recognized by the management and staff at Prevention, Treatment and Rehabilitation Section and efforts were made to attempt to implement the new approach outlined in the *Thematic Programme Addressing Health and Human Development Vulnerabilities in the Context of Drugs and Crime* in 2009 while maintaining focus on the old problem as outlined in the project title itself: prevention of ATS use. Needless to say challenges and limitations were met during the project implementation and while they were addressed to the best of the abilities of the Project Coordinator and Programme Manager at the time, to minimize any reflection on the quality of the implementation.

The project also faced internal organisational challenges, mainly the gaps in project coordination while the post of the project coordination was frozen. Finally an exit strategy was put in place to move funds to a new substance use project that focused on evidence-based family skills training programmes and fully responded to the *Thematic Programme Addressing Health and Human Development Vulnerabilities in the Context of Drugs and Crime*. Project implementation remains a form a work that is constantly challenged and final project evaluations always look back in time when it is clear for everybody to see what should have been done differently.

Despite the challenges and limitations the project faced during its implementation cycle, many good results were achieved. A policy guide *Preventing Amphetamine-type Stimulant Use among Young People* was produced together with training materials, regional training workshops for NGOs and policy makers were held and small grants were disbursed to local NGOS to implement evidence-based prevention activities to prevent substance use,

including ATS use with budget that today seems very small for a global project implemented in several countries in different regions.

Prevention, Treatment and Rehabilitation Section continuously wants to improve performance and accountability and has submitted responses in the form of actions to be taken with immediate effect based on the recommendations of this final project evaluation.

### **Executive Summary**

The UNODC Global Project 'Good practices on preventing ATS abuse among young people' launched in April 2005 and ran to December 2009. The initial budget was \$816,600, but was decreased to \$545,236 as some un-programmed funding was moved to a related Project where it was better placed. The Project was in part a response to the widespread and growing use of ATS (Amphetamine-type stimulants), as identified in several UNODC reports. Its objectives included the development and dissemination of good practices on the prevention of ATS abuse. Reviews on the health and social consequences of the abuse of ATS and on effective approaches to preventing ATS abuse among young people would assist in creating guidelines and training materials for policy makers and practitioners, which would be widely disseminated via:

- regional-based training
- demonstration projects putting in practice the relevant principles and techniques
- the results of the monitoring and evaluation of the demonstration projects would be used to review the relevant documents
- good practices would be disseminated through the UNODC youth prevention website, and by other methods, especially including good practice messages in the work of UNODC's Field Offices.

Expected outcomes were that evidence-based interventions on preventing ATS abuse among young people were available, disseminated, adopted and promoted. Outputs from the Project were to include:

- a comprehensive implementation tool (which resulted in the *Policy and Programming Guide*)
- the development of a dissemination strategy
- training workshops on prevention
- demonstration projects on the prevention of ATS abuse among young people.

Following the creation of a *Policy and Programming Guide* and five regional training events addressing ATS prevention, the Project funded local projects in four countries: India, South Africa, Mexico and El Salvador. Projects in the countries were: workplace policies in India, drug education through participation in 'Tag Rugby' in South Africa, Workshops for professionals in Mexico and workshops for professionals and an 'Expo' for young people in El Salvador.

This final evaluation assesses the entire Project and makes judgements and recommendations based on e-surveys, interviews, and document and web analysis. It is

intended for policy-makers and programme designers, and provides 'lessons learned' to assist in the creation and execution of future programmes.

The evaluation was limited by the time that had passed since some of the Project activities took place, and by the imprecise objectives set by the local projects and the weakness of their outcome measures. The diversity of the four local projects, whilst a positive response to locally-perceived need, prevented direct comparisons between them. Additional weaknesses included the poor quality of local project objectives, differing understanding of baseline assessments, and unclear outcomes proposed by the local projects. This, coupled with lack of detail in the monitoring, limited the conclusions that could be drawn.

During the rather protracted Project implementation, institutional thinking within UNODC developed considerably and priorities shifted. Focusing prevention activity on a particular substance or group of substances became less-favoured, as evidence grew that this was less effective than a broader approach which tackled the whole range of substances, and addressed situational and risk and protective factors. Inevitably, this led to tensions in the implementation approach, and some creative developments of the Project.

This evaluation found that, broadly, the activities were properly implemented according to the Project design and that the four local projects had effectively fulfilled their agreed commitments, and were able, using other resources, to add value to the grant that they received from UNODC. Through the training and the local activities, a large number of professionals were reached. ATS information was disseminated and made available to professionals, young people, and (in the case of Mexico) to parents. Where proposed activities were not successful (as in the case of India in reaching employees' families) there were good reasons for this.

The Project evaluation identified some significant learning. This is described in more detail in this Report. In summary, the evaluation suggests that a focus on a specific drug or group of drugs is not the most effective prevention practice and is difficult to implement effectively at a local level. This is particularly true where, as in this Project, local agencies have considerable freedom over the activities they carried out, and did not always have clear goals; more needs to be done to help local projects understand appropriate approaches to prevention. Unless consistency in the use key terms is established and enforced, misunderstandings can affect Project implementation and outcomes. More direct lines of communication between Headquarters and local projects would help to improve clarity of communication on conceptual and on operational issues. Nevertheless, the local agencies gave good value for money, and in some cases, the UNODC grant informally leveraged other resources, enabling additional activities to take place.

Slippages in the Project timetable had serious impacts on Project activities. It is difficult to measure the outcomes and impact of projects without robust monitoring and on-going evaluation built in at the planning stage. The need for baseline measurement is also crucial.

With these findings and conclusions in mind, the evaluation makes specific recommendations, which are described in detail in the following summary matrix of

recommendations, the findings these are extracted from, and the evidence supporting these findings.

<b>Key Findings</b>	<b>Supporting Evidence</b>	<b>Recommendations</b>
<p>1. The Project arose from identified need and some of this need was identified at a local level. The Project's focus on ATS, however, was not maintained; locally, ATS prevention was integrated in broader prevention packages.</p>	<p>Project documents; UNODC documents; interviews ; evidence from Project implementation showing that generic drug prevention goals tended to be focused on; evidence from prevention research.</p>	<p>UNODC should ensure prevention projects address the whole range of substances that are misused, rather than focus on a specific substance. With exception to narrow and specific contexts, prevention projects should be more effectively and broadly focused on lifestyle and behaviour, not specific drugs. This is now UNODC's approach.</p>
<p>2. Delays in Project implementation impacted the cohesion of Project elements.</p>	<p>Project documents; interviews. For example, there was a disconnect between the regional trainings and development of local projects.</p>	<p>UNODC should integrate comprehensive monitoring systems in order to improve the management of project implementation as well as allow for remedial action to be taken if delays are encountered. Moreover, an exit strategy should be integrated into project design so that the project can appropriately adapt to unforeseen circumstances.</p>
<p>3. Tensions between the centrally-conceived Project and the local implementation; HQ provided full autonomy to local agencies in the design and implementation of projects so that local contexts were taken into account. This however resulted in inconsistencies across projects.</p>	<p>Project documents; telephone interviews with UNODC local staff and with project leaders. For example, key terms (such as 'baseline assessment', and 'objectives') were not always consistently interpreted (at the time, the UNODC training materials for monitoring and evaluation were not finalised).</p>	<p>UNODC should ensure the focus of projects is centrally maintained while allowing for sufficient autonomy of the local implementation of projects. This balance could be maintained through instituting a standard project design to local agencies while allowing for flexibility in the implementation as local projects can vary from one context to another.</p>
<p>4. The money provided to the local projects was 'multiplied' and led to</p>	<p>Project documents; telephone interviews with UNODC local staff</p>	<p>UNODC should continue to effectively target funding to local organisations in order to</p>

additional activities not included in the original proposals.	and with project leaders.	elicit local commitment and enthusiasm as well as leverage additional activities from local funds and/or resources.
5. Local projects had limited understanding of evidence-informed approaches to prevention.	Telephone interviews. Evidence from prevention research: 'prevention' is a multi-faceted concept, and 'traditional' prevention approaches can be ineffective; more recent prevention approaches have the potential for greater effectiveness. But this is not always understood (newer approaches are more complex), and is sometimes resisted (these approaches can be more challenging).	UNODC should communicate a clear, coherent message of their recent prevention strategy to partners, and also extend this to organizations who then implement projects on the local level. The proposed 'Practitioner's Guide' might have been helpful in communicating and educating stakeholders in this regard.
6. Communication between Headquarters and local projects was slow, inefficient, and not clearly delineated.	Several interviews with stakeholders	UNODC should establish clear lines of communication in project design, and modify these structures as appropriate during the course of the implementation to ensure the clarity of communication.
7. The Policy and Programming Guide was a comprehensive and informative document, although it was little used by the local projects in developing their activities.	Document analysis; telephone interviews	UNODC should assist local implementing partners to make better use of materials through continuing to ensure such documents are available and accessible; incorporating such material in the trainings/and or other activities to be completed during the course of the project; and encouraging implementing organizations to build upon this knowledge in their implementation of projects on the local level.
8. The training was valued by the participants, but	Mission reports, including pre-and post-testing results; the e-	UNODC should continue to offer and expand on the training as appropriate as well as ensure

<p>improvements were suggested.</p>	<p>survey of trainees. Participants suggested improvements, for example, providing task assignments which could be followed up in follow-on training; and more time for sharing participants' experience.</p>	<p>the training is closely linked to project development to ensure overall cohesion between the varied project activities.</p>
<p>9. Evaluation could be better supported in the Project. The project design was not strong; objectives were not clear and outcomes not measurable. There was insufficient documentation of the monitoring of activities.</p>	<p>Experience of conducting the evaluation. Project document.</p>	<p>UNODC should ensure the evaluability of projects through incorporating stronger evaluation elements in project design. This could be accomplished through the development of evaluation plans appropriate for the size and scope of the project, project objectives should be well-formed, project outcomes measurable, the integration of more systematic monitoring and documentation of activities, and general consultation with the Independent Evaluation Unit.</p>

## 1. Introduction

### 1.1. Background and context

The misuse of amphetamine-type stimulants (hereinafter referred to as 'ATS')<sup>1</sup> is widespread and is a growing problem in certain parts of the world, especially South-East Asia. A 2010 UNODC report (UNODC, 2010):

'points toward ATS as a critical emerging threat to the region on health and law enforcement levels, with between 3.4 million and 20.7 million people in East and South-East Asia alone having used amphetamines in the past year – a sizeable portion of the estimated 14 million to 53 million global users.'<sup>2</sup>

<sup>1</sup> Amphetamine-type stimulants are a group of substances comprised of synthetic stimulants including amphetamine, methamphetamine, methcathinone, and ecstasy-group substances (e.g. MDMA and its analogues)

<sup>2</sup> UNODC Press Release 26-11-10

(<http://www.unodc.org/unodc/en/frontpage/2010/November/ecstasy-and-methamphetamine-first-choice-of-drugs-in-east-and-south-asia.html>) (accessed 26-11-10)

Earlier UNODC Reports had addressed these substances. In 1996, UNODC produced a report in its technical series (UNODC, 1996), and since 1999 the global ATS situation has been reported annually as part of UNODC's analysis of trends in world drug markets. In 2003 UNODC published a Global Survey (UNODC, 2003) which:

'...provided an in-depth analysis of the size and nature of the ATS threat with a special focus on the impact of ATS use on society. It concluded that there is continuing demand for ATS and that the market is expanding to incorporate new users in countries previously unaffected by the ATS problem.' (UNODC, 2008, p 8)

The 2008 Global ATS Assessment found that:

'...even though some progress has been made in the implementation of the ATS Action Plan, significant efforts are still required to understand the ATS problem better and tackle it more effectively. What has emerged is that generalisation of the situation at the global level tends to obscure regional developments and delay the identification of emerging trends.' (UNODC, 2008, p8)

The 2008 Assessment reported that ATS was spreading and that misuse was highest in East and South-East Asia, followed by Europe, Australia and the USA. Mexico was the primary supplier of methamphetamine to the USA. In Africa and South America the phenomenon was still in an early stage, but was expected to increase. The Assessment, understandably, does not focus on prevention and treatment, but does point out that:

'The widespread use of ATS is a result of their attractiveness to users: they seem to appeal to the needs of today's societies and have become part of what is perceived to be a modern and dynamic lifestyle; in some segments of society, they continue to be used frequently for occupational purposes.' (UNODC, 2008 p 11)

## **1. 2. The Project**

The widespread use of amphetamine-like stimulants prompted the development of a UNODC Project 'Good practices on preventing ATS abuse among young people', which launched in April 2005 and ran to December 2009.<sup>3</sup> Its objectives included the development and dissemination of good practices on the prevention of ATS abuse among young people, beginning with reviews on the health and social consequences of the abuse of ATS and on effective approaches to preventing ATS abuse among young people. The results of the reviews were to be discussed at a participatory meeting which would help to identify the details of an implementation tool (to include guidelines and training materials for policy makers and practitioners). To disseminate the implementation tool, the dissemination strategy was to include the four elements:

1. three regional-based trainings for practitioners and/ or policy makers

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<sup>3</sup> the Project was originally planned to finish in December 2007, but due to implementation difficulties it was extended; the local project in India ran to November 2010

2. demonstration projects putting in practice the relevant principles and techniques
3. the results of the monitoring and evaluation of the demonstration projects would be used to review the relevant documents
4. good practices would be disseminated through the UNODC youth prevention website, and by other methods, especially including good practice messages in the work of UNODC's Field Offices.

Following some modifications to the initial aims of the Project, there were three expected outcomes (with performance indicators):

1. good practices on preventing ATS abuse among young people [are] available
2. good practices on preventing ATS abuse among young people [are] disseminated and adopted
3. evidence-based interventions in drug abuse prevention [are] promoted.

The original Project was approved in 2005.<sup>4</sup> It was twice revised, once in 2008 and again in 2010. The 2008 revision was in response to difficult personnel issues. It revised the Project outputs and outcomes regarding dissemination of good practice and regarding the expansion and maintenance of UNODC programmes (the latter meaning that the Project Coordinator would, in addition to coordinating the Project, help to develop further other global projects in substantive areas such as workplace and the family).

The revision in 2010 extended the Project for one year to enable the appointment of an evaluator; and transferred responsibility from the Programme Coordinator (who had moved to another position) to the Programme Officer. It also removed Output 3.1, moving it to another on-going project where it was more appropriately placed; this output was part of an on-going drug abuse prevention project (GLOK01) and was dependent on another drug abuse prevention project in the field to implement such a programme before the end of 2009. Since no project secured funding for an evidence-based family skills training programme in time, the remaining un-programmed funding was moved from GLOH42 to GLOK01 where it fitted very well. At this stage, the overall budget was \$545,236: that is, two-thirds of the original budget.<sup>5</sup> The Project donors were Sweden and Canada.

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<sup>4</sup> Following the original Project approval there were two amendments, one in 2006 and another in 2007 to change the Project co-ordinator and the focal person at UN Headquarters.

<sup>5</sup> The total approved overall budget was \$816,600, but in the last Project revision (February 2010), there was a decrease in the budget of a third (\$271,364, due to a decision to move the remaining un-programmed funding from GLOH42 to GLOK01), giving a total revised overall budget of \$545,236. This revised budget showed an allocation of \$54,091 as 'grants to institutions' (10% of the total project budget). Local project documents show that the four local projects received grants to a total of \$47,319 (\$16,000; (Calsam spent only \$12,435 of the total grant, and accordingly reported returning \$3,564) \$16,500; \$6,834; \$7,985 – see table 1 in Annex 5); the remaining \$6,772 was received by the regional offices to cover their expenses in administering the grants locally. (The Project had funds for grants of up to \$16,000 for each of five regions. Mexico and El Salvador shared one grant, and no grant was awarded in South East Asia).

The Project was worldwide, with four countries involved in the local activities of the Project: India, South Africa, Mexico and El Salvador. In this report, these local activities are called 'projects' (lower case 'p'), while the overall Project is given a capital 'P'.

During the delayed and rather protracted Project implementation, institutional thinking within UNODC developed considerably and priorities changed. While historically, there had been a substance-specific focus in prevention activities (as in many other UNODC activities), a new paradigm was emerging. There was a growing awareness, not only in UNODC but more widely, that focusing prevention activity on a particular substance or group of substances was problematic. Prevention research and experience strongly indicated that this was less effective than a broader approach, tackling the whole range of substances, and addressing situational factors, addressing risk and protective factors in the individual, the family, the community, and in the wider society.

Significant in this regard was a 'Thematic Programme Framework', published in 2009 – although it had been in development for some time previously and had already impacted significantly on UNODC staff's thinking. The document, 'Addressing health and human development vulnerabilities in the context of drugs and crime', '...outlines the broad UNODC strategy to address health and human development issues in the context of illicit drugs and crime.'<sup>6</sup> It pointed to the underlying vulnerabilities of people related to drug misuse. It identified important evidence-based prevention outcomes such as: drug education in schools being based on the lifeskills approach; the importance of family skills training programmes;<sup>7</sup> workplace prevention;<sup>8</sup> and the targeting of youth particularly at risk. The importance of developing partnerships and locally-adapted solutions was emphasised: 'The involvement of local-country agencies in these activities permits [them] to adapt the methods based on science to specific needs, socio-cultural and ethnic ... characteristics of the territories' (page 6). The document also notes the trend for donor funding streams to move towards specific countries, concentrating on specific issues, with the consequent danger of neglect of the broader themes (pages 17-18).

This new thinking was crucial in influencing UNODC's approach. Partly for this reason, the ATS Project 'balanced between two stools', looking backwards to the substance-specific approach dominant in the Project development phase, and forward to the broader approach that gained rapid influence during the Project implementation. Inevitably, this

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The cost of the training courses all came in the first year of the programme (2006) and amounted to \$30,762 (5.6% of the total project budget, although this does not include the cost of international experts who contributed to some of the training).

<sup>6</sup> This internal UNODC document, titled 'Addressing Health and human development vulnerabilities in the context of drugs and crime', was endorsed by the Executive Committee at its meeting of Thursday, 21 May 2009, following endorsement by PPC at its meeting 2009/10 on 14 May 2009. The version quoted from is dated 11 June 2009.

<sup>7</sup> A topic that was included in the original ATS project document (Output 3.1 – see comment on this above)

<sup>8</sup> A topic that was effectively addressed in one of the local implementations (in India) of the ATS Project

led to tensions in the implementation approach – tensions, as this Report will argue, were in many ways positive and which contributed to institutional learning.

## **2. Purpose and scope of the evaluation**

The evaluation commenced in the spring of 2010 and reported in December of that year. It was a final outcome evaluation that included a process evaluation component. The purpose of the evaluation was:

'to assess the implementation and impact of the project with a view to identifying lessons that might be useful for similar UNODC projects in the future.'<sup>9</sup>

Annex 2 gives the aims of the evaluation (and the Evaluator's ToR). Key evaluation questions covered the attainment of the Project objective; and the achievement of Project outcomes. The relevance of the Project and how it was implemented were assessed. The evaluation also covered the institutional and managerial arrangements of the Project. As far as these could be measured, impact and sustainability were assessed; the lessons learned and the best practices which emerged from the work were looked at. Constraints on the Project and how these were addressed were also considered.

There were a number of stakeholders in the evaluation:

- the Drug Prevention and Health Branch within the Prevention, Treatment and Rehabilitation Section of UNODC
- the implementing partners – local organisations, and locally-based national and international organisations
- Global Youth Network members (especially those who participated in training sessions, and in implementation)
- UNODC Field Offices other UN Agencies, international organisations and donor agencies.

The UNODC's Independent Evaluation Unit served to provide quality assurance.

Following a June 2010 meeting in Vienna to refine the evaluation, the Evaluator contacted a number of the key players in the Project in the four countries where project-related activities took place. These were: India; South Africa; Mexico and El Salvador. In South East Asia, no suitable NGO partner had been identified within the timescale of the Project.

## **3. Evaluation Methodology**

The evaluation used a mixed methodology, which included:

- interviews (one face-to-face, three by telephone) with current and former Project co-ordinators
- desk review of the Project documentation

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<sup>9</sup> UNODC 2010 'Terms of Reference' UNODC, page 3. The full terms of reference are given at Annex 2

- e-questionnaire to those attending the training
- telephone interviews with Project stakeholders and UNODC regional office staff, and others
- e-questionnaire to project recipients
- analysis of website traffic on the relevant pages concerned with ATS on the Global Youth Network website
- collation and synthesis in a Draft Report
- revision to a Final Report taking account of comments received.

This methodology was selected to address all the various and different elements of the Project, taking in to account the limitations imposed on the evaluation (e.g. the lack of funds for face-to-face interviews; 'Skype' interviews were considered, but were not thought to add value to audio telephone interviews, especially given the likely low-band communications available to the local projects) and the need to document, describe, explain and report both processes and outcomes of the Project.

### **3.1 Desk review of the Project documentation**

The evaluation examined documents produced from UNODC Headquarters including the *Policy and Programming Guide*, and the training course materials. Key documents about each of the four local projects were examined, including the grant application, the grant agreement, the interim and final reports, plus other documents, for example, in the case of the project in India, the UNODC office mission report, and other documents such as the 'Project learning' document.

### **3.2 The e-questionnaire to those who attended the training courses**

An e-questionnaire was sent to all those listed as attending (on the participation lists provided) four of the five training courses (the participation list for the fifth course (in South Africa), was not available). Ninety-nine emails were sent in early September (but 27 of the addresses were incorrect, no longer in use, or undelivered for some other reason, giving an effective sample size of 72; (given the long time that had elapsed since the training courses, this was not unexpected.). Since it was known that the training (for reasons explained later) had been disconnected from the local project implementation, this part of the evaluation was of lower priority – it was therefore not considered cost-effective to conduct telephone interviews with respondents.

The e-questionnaire and the email requesting participation in the survey were translated into Spanish for those attending the training in Guatemala, and into Russian for those attending the training in Ukraine.

The responses were monitored, and after a couple of weeks (when there were eight responses in English, three in Spanish and two in Russian), a reminder email was sent (again translated into Spanish and Russian) requesting those who had not completed the questionnaire to do so. This resulted in further responses – see the 'findings' section for details.

### **3.3. The e-questionnaire to local recipients of the projects**

The local projects were requested to provide names and email addresses of people who had been recipients of the work. The projects in India and South Africa responded,

providing 11 and 17 email addresses respectively, of which four were non-functional, giving a sample size of 24.<sup>10</sup> After a week with only one response received, a reminder was sent, resulting in a further three non-functional addresses being identified, giving a sample size of 21. This was an 'opportunistic' sample, since the evaluation was dependent on the local projects to provide contact details. The sample cannot therefore be said to be representative. The results are provided in the 'findings' section.

### **3.4. Interviews with project stakeholders**

Interviews were conducted with the current Project Co-ordinator (face-to-face interview) and three previous Project co-ordinators (telephone interviews) at UNODC Headquarters in Vienna. The relevant staff in the three UNODC regional offices were interviewed by telephone. The staff in the four local projects were interviewed by telephone.

### **3.5. Other investigations**

A telephone interview was conducted with the Author of the *Policy and Programming Guide*, and an interview was arranged with the Author of the training materials, but despite a number of calls he could not be contacted, nor was he able to reply to subsequent emailed questions.

An analysis of web traffic on the relevant ATS-related pages of the Global Youth Network Website was conducted.

### **3.6. Limitations of the evaluation**

This evaluation was limited by several factors which constrained the depth of the evaluation and made it difficult to make comparisons between the local projects:

- budget limitations prevented face-to-face interviews with key participants, or any field observations
- the evaluation took place some time after most of the local projects had ended and a long time after the training courses – recall was difficult for some respondents
- the evaluator's lack of Spanish, and the limited English of some of the informants (and their informal interpreters) (for the projects in Mexico and El Salvador) restricted the amount and quality of information collected from them by telephone interview
- the four local projects were very different from each other
- local project documentation was limited
- quantitative data were sparse
- response rates to questionnaires were, as is usual in such 'cold-call' evaluation, quite low. (Attempts were made to boost response rate by sending follow-up reminders. Further measures were ruled out on grounds of time constraints or of potential intrusiveness for respondents (e.g. given the length of time that had elapsed between intervention and evaluation.)

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<sup>10</sup> The other two projects did not respond. It was not known what proportion of project recipients were represented by the addresses supplied. It was not possible to contact those without email addresses.

- it was not always possible to verify findings by 'triangulating' between different data sources (however, where verification was possible, the findings were supported).

It was not considered that these limitations affected the reliability and validity of the findings in relation to this Project, although the limitations restricted generalisability to other, comparable, projects, and required caution in the conclusions and the recommendations.

#### **4. Findings**

This section reports the findings of the evaluation. The following section draws together and discusses these findings, taken together; that section also looks back to the Project's expected outcomes and performance indicators.

A large part of the evaluation was concerned with understanding the four local projects; therefore they are first briefly described. More detail about the local projects is at Annex 4. The sources of information for these descriptions are the projects' documentation, telephone interviews with the four projects' leaders and with the local and regional UNODC offices and other data source such as interviews with Headquarters staff. Section 4.5 summarises the findings about the local projects and makes some general points.

Next, findings regarding the *Policy and Programming Guide*, the training, and the training materials and the website are described; there is a brief discussion of project finances. Following that, Section Five discusses the findings

##### **4.1 The project in India**

In India, the local partner, CALSAM (the Calcutta Samaritans) had previously undertaken a range of activities, including projects on the prevention of HIV, rehabilitation and counselling for alcohol and drug users, campaigning and advocacy and vocational rehabilitation for drug and alcohol users; some of this work with UNODC funds.

Assessment found that the authorities were reportedly concerned about ATS production. A rapid situation assessment involved interviews with 50 respondents. According to some informants, users were most commonly students and BPO company employees.<sup>11</sup> The stressful work in call centres was thought to predispose some vulnerable people to ATS misuse.

Accordingly, the project aimed to increase the awareness of the BPO sector and encourage the development of substance misuse prevention policies and stress management programmes in the workplace.

The project activities included advocacy meetings with BPO companies. Sensitisation workshops were to be held, and key staff members were to be identified and trained as peer leaders to continue the process after the end of the project. A further activity was a

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<sup>11</sup>Business Process Outsourcing – in this context, mainly call centres

counselling service for staff of BPO companies. An 'IEC'<sup>12</sup> and a best practice module would be developed.

The second objective aimed to 'develop better parental / familial / interpersonal skills amongst the employees & their family members for enhancing protective factors against substance abuse'. The activity under this objective involved running four or five workshops for 20 to 25 family members of the BPO company employees.

Links were described with other activities of CALSAM, but the question of the sustainability of the work was not directly answered except to point to the peer leaders' identification and training.

The total budget for this work was \$18,950, of which \$16,000 was requested from UNODC.<sup>13</sup>

In a Report dated May 2009, it was stated 20 BPO companies had been contacted and nine had been sent a proposal; six had been visited, and work was progressing in setting up work plans in some of these six.

The Interim Report, dated October 2009, included data from baseline surveys; job stressors were identified these surveys. Six of the proposed 25 workshops had been conducted to date with positive responses reported. Six counselling sessions had been conducted. However, the family sessions had not taken place because employees were not willing to share personal details about their families and lacked the time to take part in the work.

A UNODC Project Associate's Report of a mission in November 2009 reported that dialogue had been initiated with almost 60 BPO companies and that agreements had been secured with some of the largest of these. Baseline surveys had also been completed in these companies. However, the planned counselling sessions and family training workshops had encountered problems.

There was some reluctance from BPO companies to involve themselves in drug-related issues. Companies did not want to accept responsibility for drugs issues, fearing that it would affect productivity and that targeted employees might feel under pressure.

#### **4.2 The project in South Africa**

In South Africa, the local partner was the Tag Rugby Association, based in Cape Town. This project uses Tag Rugby<sup>14</sup> to help children and young people develop an active

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<sup>12</sup>IEC, Information, Education & Communication, 'comprises a range of approaches, activities and outputs to raise awareness about HIV/AIDS for behaviour change' (WHO 'Terms Commonly Used in AIDS Communication' ([http://www.searo.who.int/en/Section10/Section18/Section356/Section421\\_1623.htm](http://www.searo.who.int/en/Section10/Section18/Section356/Section421_1623.htm) accessed 25-05-10).

<sup>13</sup>Calsam actually spent only \$12,435 of the total grant, and accordingly reported returning \$3,564 to the Regional Office

lifestyle. Talks are given and information booklets distributed at Tag Rugby events about healthy lifestyles and how to 'say no to drugs'. In December 2009, the organisation reported an annual budget of \$354,500. They partnered with an NGO, 'Learn to Earn', which manufactures the Tag Rugby belts

In its application to UNODC (dated 23<sup>rd</sup> March 2009), the Tag Rugby Association stated that South Africa was experiencing ATS abuse and that its abuse was well-documented, particularly 'tik'<sup>15</sup> in the Western Cape Province. Reasons given for increasing ATS abuse included poverty, unemployment, boredom, aspirations to the luxury lifestyle of 'drug lords' and lack of sporting opportunities. The project was seen as an opportunity to provide 'protective factors' through taking part in Tag Rugby and, in doing so, being exposed to information about drug misuse.

The Association's application gave its objective for this project as:

'To enhance the knowledge of the target communities by providing training and life skills programmes to educators, parents and children on the harmful effects of substance abuse particularly ATS through participation in the TAG Rugby™ Tackle Safety Programme.'<sup>16</sup>

It listed two activities to be undertaken to achieve this objective:

- 'Organise TAG Rugby clinics with the aim of encouraging young people to apply positive decisions off the playing field based on the ethical values they would have learnt from the clinics through life skills training'
- 'To organise life skills training workshops based on best learnt preventative measures and communication skills for parents and identified community leaders.'<sup>17</sup>

To undertake the Tag Rugby clinics, the Association planned once-weekly activities over six months in 96 primary schools, aimed at boys and girls aged 6 to 13 years. To undertake the lifeskills training workshops, the Association planned to reach around 1000 parents and community leaders, providing them with two sessions a month over six months. The total budget requested was \$15,900.

Regarding the sustainability of the project, the Association's application stated that:

'Some of the young people will receive train-the-trainer short courses to enable them to sustain the project by being able to run TAG Rugby along with their peers in their schools and communities. ...

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<sup>14</sup>Tag Rugby™ is a trademarked activity, described as follows: 'Tag Rugby ... is a non-contact team game in which each player wears a belt that has two velcro tags attached to it, or shorts with velcro patches. The mode of play is similar to rugby league with attacking players attempting to dodge, evade and pass a rugby ball while defenders attempt to prevent them scoring by "tagging" - pulling a velcro attached tag from the ball carrier. Tag rugby is also used as a development game / alternative by the rugby union community.' *Wikipedia* (accessed 19-05-10)

<sup>15</sup> 'In Cape Town, South Africa, crystal methamphetamine use has exploded very quickly. Known locally as "tik", the drug was virtually unknown as late as 2003. Now, it is the city's main drug of abuse, even when alcohol is included. Tik is usually smoked, using a straw in a light bulb.' UNODC, 13 June 2008 ([www.unodc.org/unodc/en/frontpage/tik-meth-in-cape-town.html](http://www.unodc.org/unodc/en/frontpage/tik-meth-in-cape-town.html)) (accessed 19-05-10))

<sup>16</sup> Grant Application Form from Tag Rugby Association.

<sup>17</sup> Grant Application Form from Tag Rugby Association

'By empowering and training communities as well as leaving the resources in the communities they will be able to continue keeping the children active and involved in sport on an ongoing basis.'

In its Interim Report (dated 14<sup>th</sup> October 2009), the Association reported that in a five-month period they had organised Tag Rugby clinics in 40 schools with 1,915 children. Around 1,000 participants had attended lifeskills training workshops for one session a month over five months.

In its Final Report (dated 7-12-2009) the Tag Rugby Association reported that their local situation assessment had involved discussing the problems of ATS with various government departments to whom they presented the programme. Following discussions with the South African Police Services they had changed the selection of schools in order to target those schools that had reported or documented problems with ATS and other substances.

During the project, the programme had been carried out in 40 schools once a week for one year, and had been monitored by weekly reporting. Around 1000 parents and community leaders had participated in lifeskills training workshops once a month over five months, but this work would continue beyond this reporting timeframe into March 2010, and monitoring would take place.

It is reported that objective 1 was evaluated by the 'numbers of children involved in the programme ... [through] regular reports from officers delivering TAG in the schools... after the sessions', and from 'programme appreciation/feedback' via a questionnaire administered to schools participating in the programme. Process evaluation was reportedly carried out in the same way.

Reporting on participation and sustainability, the Association described the young people as participants, but went on to state that they would train peer leaders in the schools to 'assist the teachers with the execution of the games within the school'. Also reported is that 42 SAPS [South African Police Service] Cadet members had been trained to teach TAG Rugby in their communities.

The Final Report stated that they felt that they would be able to sustain the programme in the 40 schools. They planned to set up leagues so that schools could play sport together.

The Association reported that the budget from UNODC of \$16,500 had been spent: \$12,480 was spent as budgeted on the first activity and \$3,420 (as budgeted) on the second, plus \$600 on 'evaluation'.

#### **4.3 The project in Mexico**

The grant recipient was *Centro de Integración Juvenil (CIJ)*, a non-profit civil association founded in 1969 with the objective of addressing the issue of drug consumption among Mexican youth. CIJ have almost 40 years of experience in the field of drugs and carry out prevention, treatment, rehabilitation activities and conduct research on drug consumption in Mexico. Although the organisation has worked with the UN on projects over the past 15

years, this was their first project on prevention with the UN and their first project that addressed methamphetamine specifically. The grant amount from UNODC was \$ 6,834.<sup>18</sup>

The first objective of the UNODC project in Mexico was described as to run a workshop on methamphetamine prevention and risks and harms associated with the drug among vulnerable contexts and populations. The second objective was to train relevant professionals about methamphetamine misuse through a training course in two locations (Colima and Durango); the third and fourth objectives were to monitor the interventions resulting from the training and to encourage their sustainability.

The Interim Report stated that a number of activities had taken place to publicise the proposed workshops and training, but that the course dates had been delayed to tie in with a major annual activity of CIJ. A baseline assessment of methamphetamine misuse had been conducted, leading to a focus on the North-west Region of Mexico, where the ATS-related problems were thought to be greater. The assessment had helped to define the context of the training. Links has been made with relevant organisations in the two target local areas.

The Final Report described the relevant research on methamphetamine misuse in Mexico, reporting that, nationally, 12.5% of adults reported lifetime methamphetamine use. Treatment-seeking for methamphetamine use was reportedly high. Particular risk and protective factors associated with methamphetamines identified by Mexico researchers included: low perception of risk; ignorance about the effects; social pressure on youth; availability and low cost; the long-lasting effects; low levels of schooling among users; unemployment; previous use of alcohol, tobacco and marihuana.

Two workshops / training courses (three eight-hour sessions) in the two locations (with 45 people attending in Colima and 56 in Durango) had taken place. The average age of those on the training courses was 36.3 years; the majority (55%) were working in the health sector.

Follow-up monitoring took place one month later. Three-month follow-up was also undertaken. The follow-up was an integral part of the project because a goal of the training had been the creation of plans for preventive intervention in high-risk contexts and with groups vulnerable to methamphetamine use. For this purpose, the trainees had been grouped into teams according to their work (school, prison, health, etc.).

Monitoring found that 15 plans for preventive intervention had been designed: six in Durango and nine in Colima. Most of these were directed to children and young people who, as a result of their living conditions, were more exposed to the risks associated with drug use in general and to methamphetamines in particular. Examples included:

- young people living in areas with high drug availability
- children of parents with alcohol problems

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<sup>18</sup> This project shared with the project in El Salvador the total available to the UNODC Region, Mexico, Central America and the Caribbean

- students performing poorly at school
- children who were orphaned or abandoned.

Most of these activities were directed at those who were experimental or occasional consumers of alcohol and methamphetamine. They had been designed taking account of the information provided during the training, and had utilised local evidence bases. It is not clear how many of these projects had been (or begun to be) implemented although in telephone interview with staff of the project, three activities were described: i) 'Enjoy the Magic' promoted protective factors among adolescents; ii) 'adolescents for a healthy life' promoted generic healthy lifestyle factors; iii) one project addressed children of alcoholics.

In a follow-up to the work, 880 copies of a publication, *Metanfetaminas. Lo que los padres deben saber* ['Methamphetamines: What parents need to know'] were printed and distributed (including to those attending the workshops).

#### **4.4 The project in El Salvador**

In El Salvador, the local project leader was Fusalmo (Foundations Salvador del Mundo). Fusalmo is a large non-profit nationwide NGO that works with young people, especially those at risk, or with economic or other problems, which includes drugs problems and gangster violence. Young people are helped to continue their studies, and there are opportunities for sporting and youth activities. Funding of the annual budget of around \$1m comes from various sources within El Salvador and from other countries.

Fusalmo did not conduct its own assessment of ATS use specifically among its target groups but relied on research from other agencies. Fusalmo considered that the perceived increase in crime was related to drug use in general, and that the biggest problem in relation to ATS was ignorance of the consequences of consumption. The organisation considered that their 'Educational Programmes for Free Time' helped youth to be informed about drugs and their consequences,' and emphasised the importance of family communication, which, it was asserted, kept young people 'away from ATS or any other kind of drugs'.<sup>19</sup>

The local project had two objectives:

- to implement a workshop on prevention ATS consumption to youth in El Salvador at a national level for nongovernmental and governmental organizations
- to strengthen prevention activities for youth on ATS consumption through an information exhibition on ATS consumption aimed at young people but also open to the general public planned for the period March to June 2009

The activities planned under the first objective included the selection of 40 organisations (both government and NGO) to participate in a two-day national workshop 'on training of prevention of use of ATS in young people in El Salvador'. This workshop was planned to take place in February 2009 for 90 people in the age-range 20 to 35 years. Training for

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<sup>19</sup>Grant Application Form, Fundación Salvador del Mundo, p4

youth leaders was also planned. Under the second objective, the planned 'Expo' aimed to reach 2,000 young people in the age-range 12 to 22 years.

Local evaluation would involve a pre- and post-test questionnaire, and observation. The total budget was \$7,985.<sup>20</sup>

The Interim Report (December 2009) stated that the two-day workshop had taken place in July 2009; and a second two-day workshop in November 2009. In both workshops, attendance by the target age-range was achieved; 20 government and non-government organisations were represented. Feedback from participants showed that the opportunity to share experiences was welcome and that the teaching was seen as appropriate.

Training for 250 youth leaders in the 13 to 18 age-range had also taken place. The participants were selected from different parts of the country. The nature of this training was not clear.

An evaluation of the workshop through pre- and post-testing found that, prior to the workshop, there was little knowledge of amphetamines; knowledge was improved following the workshop, but there was concern about the lack of strategies to tackle drugs issues.

Regarding sustainability, Fusalmo considered that drug prevention components could readily be included in future programmes, and that the Global Youth Network could be strengthened. Its co-operation with the Ministry of Education and with other agencies could lead to projects in some of the schools with which Fusalmo was working, and in sports centres. Nevertheless, it appeared that no programmes of this kind were currently running, largely due to lack of funding for such activities.

The Final Report stated that people who used amphetamines had been identified: it was evident that they did not know the consequences of use. Some of the workshop attendees had identified schools where students were at higher risk of ATS use, and had used peer-to-peer methods to discuss drugs with them.

#### **4.5 The experience of project recipients**

The e-survey of recipients of the local projects' activities attracted only four valid responses (despite reminders being sent). Two were from India and two from South Africa. Although, of course, not a representative sample, all four respondents thought that the misuse of ATS was 'very important' for young people in their locality. When asked whether, in their view, the project reached the right participants, three respondents said they did not know and one did not respond.

There was no consensus on the question, 'in your opinion, did the work on this project increase participants' knowledge of amphetamine-type stimulants?', And on the question about whether it had increased participants' skills in working with people who use ATS,

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<sup>20</sup>UNODC-FUSALMO Grant Agreement, Annex I, May 2009

two respondents could not remember, one respondent thought that it had, , while one respondent thought that it had not.

In the opinion of one respondent the work on this project did not change participants' attitudes towards people who used ATS. The three other respondents could not remember.

One respondent thought that the work on this project changed young people's behaviour regarding ATS; one thought that it had not. One had heard that it was received well, the other respondent could not remember.

#### **4.6 Summary of findings about local projects**

The local projects were put forward for consideration by UNODC local / regional offices, and since there were few candidates, there was little choice (except in the case of India, where there were two potential candidates) of projects for UNODC Headquarters to make. Nevertheless, the four local projects implemented what they had agreed to in the Grant Agreements. All four projects went beyond the Agreements and undertook additional work at no extra cost to UNODC. For example, a second seminar was held in El Salvador, and a book for parents on ATS prevention was created and distributed in Mexico.

Not all the activities were successful – for example, in India, it proved difficult to reach employees with problems and their families through the workplace.

There was a lack of clarity about some of the activities. Part of this was because of lack of understanding, or there not being a shared understanding, of some terms. For example, all the projects were tasked with undertaking a 'baseline assessment', but this was understood in different ways.

The projects' objectives were not 'SMART'.<sup>21</sup> Indeed, they were not always objectives; rather, they were phrased as activities. Intended outcomes were not clearly explained.

With the notable exception of the project in India, it was difficult to see how the projects fitted with broader drug prevention strategies. This was partly because of the Project's focus on ATS, which was not a top priority for local projects – nevertheless, the way that local projects were creatively implemented meant that some broader prevention objectives were met (for example, reaching parents in Mexico).

The local stakeholders had little or no experience of ATS. It was therefore difficult for them to create ATS-specific projects. However, they raised their awareness and developed their understanding through the project – which was part of the objective.

The focus on ATS was hard to maintain – projects found themselves addressing broader drug prevention issues. However, this was not a negative finding – this point is further discussed later in this Report.

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<sup>21</sup> 'Specific, Measurable, Achievable, Realistic, Time-limited'

Some of the professionals reached by the local projects had little experience of prevention work. Again, they learned quickly, and it was a positive outcome that those professionals who were more concerned with treatment initiatives gained some experience of working on prevention activities.

The projects tended not to focus specifically on young people thought to be especially vulnerable to ATS misuse. The *Policy and Programming Guide* pointed to 'street children and other especially vulnerable youth', 'lesbian, gay and transgender youth', 'dance and party enthusiasts', and 'high school and university students', but none of these groups were specifically mentioned in the local project documents.<sup>22</sup> However, the *Guide* did point out that patterns of use shifted rapidly.

The *Policy and Programming Guide* suggested eight 'prevention principles'. The *Guide* was used in developing the training courses where these principles were explained and explored: unfortunately, the projects did not emerge from those people who had been on the training, and there was little evidence that the local projects' staff had made use of the *Guide* in creating their projects. However an analysis of how far the projects adhered to the *Guide's* eight 'prevention principles' showed that, in general, the projects had conformed to the suggested guidelines and responded to perceived local need (see Annex 5 'Summary of the four projects' adherence to prevention principles').

Support from the UNODC regional and local offices was willingly forthcoming, but the limited local UNODC expertise on drug prevention restricted the degree to which the local projects could be advised on specific issues. Telephone interviews with UN staff in the regional offices, and, in the case of India, a report of a Project Associate's mission, supported the data obtained from the telephone interviews with the projects themselves.

All communication from UNODC Headquarters in Vienna went to the local projects via the regional / local offices. This is the way that UNODC implements Projects such as this, and it was not seen as problematic by neither the Project co-ordinators in Vienna, nor by the staff in the local offices. However, it meant that communications were sometimes slow, and did not always get through or became attenuated.

#### **4.7 The Policy and Programming Guide**

As has been described, the local projects made little use of the *Policy and Programming Guide*, and since staff had not attended the regional training they were not able to draw on that experience in designing and executing their projects. Nevertheless, the *Guide* was an important and useful output from the Project and continues to be downloadable from the UNODC Global Youth Network website where it is available in five languages (English, Arabic, French, Russian, and Spanish). As described in section 4.9, data were not available on website downloads.

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<sup>22</sup>Mexico mentioned 'students with poor school performance, along with a number of other potentially at-risk groups.

The process by which the *Guide* was developed was an exemplary model of resource development, with an experienced Consultant appointed who worked with an Expert Group with wide knowledge of the subject, and with Headquarters staff to create a well-structured and informative guide.

The *Guide* was developed<sup>23</sup> first by studying the peer-reviewed and 'grey' literature,<sup>24</sup> although this was sparse. There was little specific information on ATS, but the *Guide* extrapolated good practice from other areas of drug prevention, because it did not seem to make sense to separate out ATS. A difficulty in developing the *Guide* was one common to project development where the main beneficiaries are intended to be those in 'developing' countries but most of the information comes from research and practical activities in 'developed' ones, and its applicability is therefore questionable. The Expert Group meeting was reported in very positive terms, and support from Headquarters in producing subsequent drafts of the document was thought to be positive.

An early intention had been to produce a 'Practitioners Guide' as a 'companion publication', but this did not happen. However, the reference to this document remains in the downloadable pdf of the *Policy and Programming Guide*.

#### **4.8 The regional training**

The regional training events were, in part, based on the *Guide*. An expert Consultant assisted with the development of the training materials for these events.<sup>25</sup> Led by Headquarters Project staff, they were held in five locations. These were: the Philippines and in India (New Delhi) both in July 2006; in Ukraine (August 2006); in S Africa (Pretoria) (November 2006) and in Guatemala City (January 2007). The training in the Philippines was aimed at policy-makers and the other four chiefly aimed at practitioners.

Some pre- and post-training evaluation sheets were made available to this evaluation; these have not been analysed in detail, since they were all very positive (as indeed, were the comments on the training by Headquarters staff and the responses to the e-survey by some of those who had attended the training; although it should be noted that, in general, post-course evaluations by participants tend to be positive). For example, in the training in New Delhi, participants were given six positive statements about the workshop and asked to indicate their agreement on a five-point scale running from 1 ('strongly disagree') to 5 ('strongly agree') the extent to which they agreed with each of them. The results were as follows; where the higher the number, the more positive the response (range: 1 through 5):

- 'I found the workshop to be informative' (4.9)
- 'Sufficient time was provided for the purposes of the workshop' (3.4)

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<sup>23</sup> Information from interview conducted 08-11-10 with the Consultant who developed the *Guide*, and supported by interview data from UN Headquarters staff

<sup>24</sup> working documents, pre-prints, research papers, statistical documents, and other materials that are not formally published and can be difficult to access

<sup>25</sup> unfortunately, despite several attempts, it was not possible to conduct an interview with this Consultant

- 'The information was presented appropriately' (4.6)
- 'The workshop covered appropriate content' (4.8)
- 'Workshop materials and resources were adequate' (4.5)
- 'The workshop met its intended purposes' (4.7)

These results show that the most positive aspects were the information provided and the appropriateness of the content; the least positive aspect was the time available for the training.

This latter point is reflected in some of the reports on the training by Headquarters staff which were made available to the evaluation; these give a very positive account of the training. For example, the report of the training in New Delhi states:

'The field trip proved extremely successful, with many participants commenting on its positive impact upon them. Possibly the most important aspect of the trip for many was that they could actually view a program that was run in their country that did not necessarily focus on drug use.'

There were 19 responses to the e-survey conducted as part of this evaluation, a response rate of 26 per cent (N=72), which is considered good for an unanticipated e-questionnaire sent long after the end of the relevant intervention. However, it cannot be said to be representative. These responses support the conclusion that the participants' experience of the training was broadly very positive. The e-survey also identifies that action was reportedly taken as a result of the training.

All respondents to the e-survey reported recalling attending one of the regional training courses: seven in the Philippines; six in Guatemala City; five<sup>26</sup> in New Delhi; and one in Ukraine. All respondents said that, overall, they found the training course a worthwhile experience; 17 of them reported what they liked about the training: some reported more than one aspect. Some examples of what they liked were:

- the presentation of an updated information related to ATS abuse
- the formation of possible policies to address ATS among the youth
- it was very participatory. Most of the sessions were activity & discussion-based; the group was a good mixture of participants from various backgrounds all having vast experience in drug abuse prevention and treatment
- the trainer was effective and was able to communicate well with the attendees
- knowledge of a topic little explored in my country and so common in the population as well as new experiences, share with other people, different cultures, learn a little of this country and its customs, but above all the lessons learned.

Few things were disliked, but they included:

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<sup>26</sup>one respondent did not answer further questions and so the sample size in subsequent responses is 18.

- the duration of the training was quite short / should have been longer/ very little time (five participants)
- ignore the legal drugs such as tobacco, alcohol
- there should be a follow-up of that training. Or similar workshops should have been conducted after the said training
- there was no specific reference to [relevant local area].

Almost all respondents thought that the other participants on the training were the most appropriate participants. There were some suggestions as to how things could have been done differently to make the training a more worthwhile experience, such as: providing task assignments which could be followed up in follow-on training; and more time for sharing participants' experience.

Seventeen respondents reported that the training was useful in their work (only one did not find it was useful). Some comments on usefulness were as follows:

- it provided additional knowledge on ATS abuse which is necessary in policy formulation
- discussion about ATS might have been new in India but the problem/abuse of ATS did very much exist
- it provided more information about ATS abuse which is useful in crafting remedial legislation on drug abuse prevention.
- knowledge of current trends and practices on prevention of ATS misuse
- there were interesting facts about the increased consumption of certain substances and the variables associated with the consumption level of context
- the information given applies to the work I do
- because we could position ourselves more in the work of preventing the use of these substances, as well as update and incorporate the theme in our training
- review of strategies of prevention programs, youth participation in these programs, assessment and monitoring.

ATS training was new to eleven respondents; only seven respondents had participated in other training that focused on ATS. As a result of the training, 14 respondents said that they had undertaken work on ATS misuse (four had not, described as follows (multiple responses were possible) :

- conducted various capability-building and advocacy programs for different target groups
- formulated policies on the inclusion of some substances in the list of dangerous drugs
- attended technical working group meetings of the dangerous drugs board of [country]
- involved in many anti-narcotics operations with positive results
- during the trainings sessions I conducted in schools with students as well as conducted sessions on the same with professional working in Drug abuse prevention and treatment centres
- my work focuses on drug law legislation and presently we are reviewing proposed amendments on the drug law
- mostly general drug use prevention, particularly among high risk population in limited areas in my country

- includes information on training workshops for teachers, parents and adolescents
- incorporating the information to technology of training to teens in communities tourist area
- training educators and youth leaders
- development of youth initiatives in the area of prevention.

Regional differences in activities were not detectable in this small sample, as the table shows.

**Table 1** *Reported outcomes from the training by location*

Training location	Total N	'As a result of the training did you undertake any work...?'		'Are you or your current organisation doing any work on ATS misuse right now?'	
		N	%	N	%
Philippines	7	6	86	4	57
New Delhi	4	2	50	3	75
Ukraine	1	0	0	0	0
Guatemala City	6	6	100	4	66
<b>Total</b>	<b>18</b>	<b>14</b>	<b>78</b>	<b>11</b>	<b>61</b>

Eleven respondents said that their current organisation (given the time that had elapsed, their current organisation might not have been the organisation that they were with at the time of the training.) was doing some work on ATS at the time of responding to the questionnaire (seven reported no current work). Nine (of the eleven) people described their organisation's ATS work as follows (multiple responses were possible):

- inclusion of ketamine in the list of Dangerous Drugs and Amending Section 32-6 of Board Regulation No. 3, s. 2003 and in the list of Dangerous Drugs to be prescribed in a Single Applicable Prescription by a Licensed Practitioner.
- reclassifying ephedrine and pseudo-ephedrine as dangerous drugs
- inclusion of N-benzylpiperazine (BZP) in the list of dangerous drugs
- launched the Drug Abuse Prevention Program for the Transport Groups and preparing for the conduct of an Anti-Drug Summit for the Bus/Taxi/Jeepney Drivers Associations including Operators
- ...I am sometimes invited to provide lectures on illegal drugs/ATS.
- drug demand reduction activities like advocacy and education, research and policy formulation
- review of the drug law for remedial legislation
- continue to provide prevention workshops ...
- in the [secondary school] curriculum ... is an analysis of the short-and long-term use of these and other drugs
- training our staff and communities at large on the topic, and periodically check for updates, statistics and others, to be increasingly ready and able to spread more in line with current realities

- [replicating] the workshop and also to empower younger leaders with an exhibition touring the country ...

Thirteen people responded to the 'catch-all' question inviting them to write about ATS misuse or their experiences of the UNODC ATS training. Some responses were as follows (multiple responses were possible):

- ATS is still not being used ... as it is costly
- the problem is common and it is being quite glamorized especially amongst adolescents, youngsters through films and other media
- an emerging trend on ATS abuse by some in the Philippines has been discovered. ATS, specifically shabu, is diluted in Nalbuphine Hydrochloride and injected ...
- it is necessary to strengthen networks of collaboration that are created in the workshops and follow up on interagency collaboration. After the workshops contacts are lost, it is important to create networks and to hold together the same groups inviting them to follow-up workshops
- the effort is beneficial to the youth of Latin America and strengthens the work done in each country to avoid the use of this drug and others
- ... continue training and empowering on the subject, since it is the only way to combat this situation
- ... training is very necessary and important in terms of learning the latest technology to work with youth.

To sum up, the three sources of information about the training events (feedback sheets, Headquarters staff's contemporaneous comments, and the e-survey) concurred in giving a very positive view of the events. Given the limitations of post-course evaluations, and the time that had elapsed between the training and the e-survey, it is not possible to assess the value of the training courses in any detail – particularly as the events were not (as had been originally intended) followed by local ATS projects.

#### **4.9 Web statistics**

Web statistics were provided for the three years, 2008 to 2010. These statistics referred to two pages: the main Global Youth Network page describing this Project which contained various downloadable documents ([www.unodc.org/youthnet/ats.html](http://www.unodc.org/youthnet/ats.html)) and a page on the main UNODC website ([www.unodc.org/india/ats.html](http://www.unodc.org/india/ats.html)), which had some information and downloads relating to the workshop on ATS abuse held 6<sup>th</sup> to 7<sup>th</sup> July 2006 in New Delhi.

There were relatively small numbers of 'unique visitors' in 2008 (about 266), but this almost doubled in 2009 (to about 503) before falling back in 2010 (to 375). The visits originated from a range of countries, but the USA was first or second in the 'top ten' for each of the three years analysed. India appears in the top ten, but the countries of the other three local projects do not.

Visit duration was very short, with almost all visitors navigating away from the page within 30 seconds; however, this is not surprising if they came to obtain a download (data were not available for downloads). Most visitors came to the site via a direct address; few came via links from an external page, and no-one came from a news group link. Between 13 and 23 per cent came via a search engine: the search engine search terms were very varied.

Around half of the visits to /youthnet/ats.html came directly to the page, and for a similar proportion, this was the exit point; higher proportions entered and exited from the /india.ats.html page, implying, perhaps, that they came to the page, knowing what they wanted, got it and left. The tables in Annex 5 provide more detail.

#### **4.10 Expected outcomes and performance indicators**

Had the Project met the expected outcomes, and were the performance indicators achieved (expected outcomes and performance indicators are given in *italics*)? The following paragraphs discuss these two questions in relation to this evaluated Project only. Not considered here is other work of the Project Coordinator, who, as previously mentioned (when discussing the 2008 Revision to the Project) was allocated substantial tasks in addition to coordinating the Project, and was closely concerned with the development of other global projects (especially in the areas of the workplace and the family).

##### *Good practices on preventing ATS abuse among young people [are] available*

This outcome has been achieved in that the *Policy and Programming Guide* was available for the training and for the local project implementation period, and remains available as a free download (in five languages) from the UNODC Global Youth Network pages. The training materials (the programme, the materials and the pre-post evaluation materials) used on the regional training courses are also available as free downloads (in English and in Russian). The local project in India has made good practices in managing workplace ATS misuse available to BPO companies. The local projects in El Salvador and Mexico have made locally-based good practices available to professionals through the training they provided. And, while it was not formally an output of the funded project, the local project in Mexico has made good practices for parents available through its publication aimed at parents.

##### *Good practices on preventing ATS abuse among young people [are] disseminated and adopted*

The good practices described above have been disseminated locally, regionally and globally, but it is not clear how far they have been adopted. Dissemination had taken place in many different ways, at different levels – it is not possible to quantify the extent of dissemination. 'Prevention' is a difficult and multifaceted concept, and in some cases conflicts with what people regard as 'common sense';<sup>27</sup> it remains difficult to ensure adoption and implementation of evidence-informed prevention projects at 'grass-roots' level.

##### *Evidence-based interventions in drug abuse prevention [are] promoted*

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<sup>27</sup> For example, the "common-sense" prevention approach 'Just Say No' is not supported by evidence, and may be counterproductive – but it remains difficult to convince practitioners and the public of this fact!

The *Policy and Programming Guide* and the training was based on the evidence about ATS patterns of use, although that evidence was not always available at a sufficient level of detail: patterns of use vary greatly around the world, and the term, 'ATS' covers a range of substances. The *Guide* and the training were also based on the limited evidence available about effective prevention. The local projects conducted needs assessments, but these were of varying quality; in any case, detailed local data were not available. Not all the local projects followed best prevention practice.

The Coordinator worked in many other difficult-to-quantify ways to promote evidence-based prevention in general, such as presentations at events, emails to field offices, information disseminated to Member States, and website documents. Furthermore, evidence-based prevention was an important aspect of the developing work on family skills prevention and workplace prevention. In fact, a substantial part of the Project funding was moved to project GLOK01 ('Prevention of drug use, HIV/AIDS and crime among young people through family skills training programmes in low- and middle-income countries'), where it was more appropriately placed.

The three performance indicators were met overall, with some caveats, as follows:

*Publications printed in at least four UN languages; materials and publications available on-line*

The *Policy and Programming Guide* is available as a free download in *five* languages. The planned companion Guide, 'Preventing amphetamine-type stimulants use among young people: a guide for practitioners', was not completed or published. The training materials used on the regional trainings are also available online for free download (in English and in Russian).

*Number of policy-makers and practitioners successfully completing training on ATS prevention good practices; extent to which activities implemented following the training are in line with good practices in ATS prevention*

The five regional trainings were successfully held, were well-attended, and were positively received. Many of the local activities implemented by the trainees appeared to be in line with good practices; the four local projects (which did not benefit from the training) tackled ATS prevention appropriately within the broader substance misuse prevention context.

*Number of summaries of evidence disseminated through various media; number of technical advice produced to FOs, Member States, the UNODC network of youth organisations and contacts working in drug abuse prevention; hits on the website.*

Details of these indicators were not available to the evaluation, except for web statistics. However, for a range of reasons website 'hits' is an extremely uninformative measure of website use. The foregoing analysis of website traffic data has provided a more sophisticated account, demonstrating consistent use of the relevant website pages, although not at a very high rate, and not generally from the countries where the local projects were implemented.

#### **4.11 Other questions posed by the Project evaluation**

The Project Evaluation set out a number of other questions (these are reproduced at Annex 2), some of which will now be addressed.

##### *4.11.1 Attainment of the objectives and achievement of Project outcomes*

As described above, the objectives and outcomes have broadly been achieved, but it has not been possible, with the data available, formally to assess impact. However, the local projects reported significant impacts, both on their levels of awareness of ATS and their action about it, and the impact that their work funded under this Project has had on local professionals and young people.

The results were achieved through adherence to the Project plan despite implementation difficulties. The achievements have been reached because of, in particular:

- the well-structured Project specification, based on assessment of need at the global level
- the commitment at Headquarters to implement the Project, despite staffing difficulties
- the enthusiasm and hard work of the local projects, which gave good value for money
- the support of the UNODC regional and local offices.

To the extent to which they have *not* been reached, the chief reason was:

- the staffing problems<sup>28</sup> in Headquarters, leading to hiatuses in Project implementation. (When in 2006, the Project Coordinator moved to another post the decision was taken to freeze the post, leaving one person to manage the whole portfolio of prevention projects as well as other prevention work. There was a subsequent delay of more than a year before a new Coordinator took up post).

Other reasons were:

- the local projects' lack of experience of work on ATS prevention specifically and, in some cases, on drug prevention work in general
- the weak evidence base on ATS issues in the countries of the four local projects
- the weak evidence base on specific prevention interventions that might be effective with ATS.

##### *4.11.2 Relevance and alignment with policies and strategies*

The Project was, at the time, relevant and very much aligned with UNODC policies and strategies. ATS was a key issue, which had been addressed with increasing urgency in reports from 1996. It was clear that the Project was, when conceived, addressing a priority area, although priorities changed during the life of the Project. Thus, although the

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<sup>28</sup> It should be emphasised that the various staffing difficulties were due to ill-health of the officers and, in one case, a role change. There was no indication that staff relations were anything other than supportive.

misuse of ATS is still a major problem, understanding about the best methods to tackle it has developed. In particular, thinking within the UNODC has increasingly moved away from a focus on the prevention of the misuse of individual drugs towards a more holistic approach that recognises that the underlying reasons for drug misuse are common to a range of drugs (and other social problems) and are best tackled in more integrated ways.

This Project has contributed to this learning: for example, by the way that the local projects maintained a broad prevention focus, while also addressing ATS. This is best exemplified by the project in India, where ATS was used as the 'lever' to target a particular industry sector, but worked towards (and resulted in) workplace-based responses to a broader drug prevention agenda. Thus, while at the time of the Project conception, the methodology in relation to the focus on a single group of substances was an appropriate solution to the identified issues, it would not be so today.

However, the methodology of identifying a global issue with locally-variant facets, and providing funding and support for local implementation of a range of different prevention projects remains an excellent model for experimentation with different approaches to tackle emerging problems for which effective prevention is uncertain.

#### *4.11.3 Implementation, institutional and managerial arrangements*

The Project did not deliver to the original timetable, but project revisions responded to implementation difficulties due to staffing problems, and the Project was satisfactorily implemented with use of resources as envisioned in the Project specification. As far as can be judged without a detailed knowledge of internal UNODC financial controls, etc., it appears that the budget has been allocated and spent as planned. The decision to move part of the budget to the family skills project, GLOK01, was a sensible response to timetabling difficulties, and more appropriately placed some of the work in this new project.

As far as can be judged without a detailed knowledge of the internal UNODC practices, the institutional and managerial arrangements were satisfactory. When staffing difficulties emerged, the Programme Management Officer, on more than one occasion, was able effectively to progress the Project. It is not possible to comment on staff selection and recruitment.

#### *4.11.4 Impact*

It was clear from feedback from the training course participants that their awareness of ATS, and their knowledge of prevention approaches, was heightened. The countries where the local projects were implemented were not those with high levels of ATS misuse. Nevertheless, it was important to raise awareness in those countries, and there is some evidence from the local projects of raised awareness, and of increased understanding, of the issues around the prevention of ATS among staff in the local projects and the professionals and young people reached by the projects. It is not possible to make useful comment on long-term social, economic, technical, or other effects on individuals, communities or institutions at the micro or macro level because this evaluation was not carried out over a sufficiently long period. Any such effects are likely to be small – small-

scale prevention activities do not generally result in measurable changes over the long-term.<sup>29</sup>

#### *4.11.5 Sustainability*

It is unlikely that any of the specific local initiatives will continue in the form in which they occurred during the Project. But this is not a negative point – on the contrary, the Project can be thought of as scaffolding, which, once a structure has been created, can be removed. The question is, has any structure been created within the scaffolding? When the Project was designed, it been expected that the Global Youth Network would form part of the support for sustainability but this has not been the case, so it is difficult to see how best practice can continue to be shared globally. And the website statistics do not support the view that the Guide and other materials (including the training materials) are being widely used – although this is not surprising in the absence of supporting activities to encourage their downloading and use; without which, such materials have a limited life. The trainees reported relevant action as a result of the training, but as they were not further involved in the Project, any sustainability in their activities is unlikely to be primarily due to the Project's training. The local host organisations were large, well-respected, and have independent resources: they therefore have the capacity to continue to develop this work. There was evidence from the evaluation that they put into the local projects more than was justified by the financial support which they received under this Project; they were also creative with their own ideas about how to progress the work. This augurs well for future activities: they have taken ownership, they are engaged and enthusiastic. However, financial issues are likely to limit the possibilities, and there was no evidence of a continuing ATS-focused work.

#### *4.11.6 Constraints*

The Project encountered a number of constraints during its implementation. Chief among these were the staffing difficulties, which have been discussed. These difficulties were addressed as best they could be, partly by delaying Project implementation, and partly by moving some of the work of the Project to another project.

### **5. Discussion of the Findings**

Appropriate institutional and management arrangements were in place to deliver this Project successfully, but success was constrained by staffing difficulties at Headquarters. Nevertheless, the Project achieved most of the planned outputs, and attained most of the objectives set (see Annex 1 for a list of the Project's objectives and activities).

The Project was relevant because it arose from identified need; some of this need was identified at a local level. The need was identified both through the Global Youth Network and through UNODC technical reports on ATS (e.g. UNODC, 2003). However, since few local projects were proposed, the choice of local project location was very restricted, and therefore projects did not take place in areas of highest ATS misuse (such as South-East

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<sup>29</sup> Effect sizes are likely to be very small, because a prevention intervention is only a small part of what is affecting particular behaviours. And over a longer period, any effects are increasingly difficult to measure as people are subject to a range of influences, the effects of which 'drown out' any continuing effects of the original intervention. In other words, the 'signal-to-noise ratio' in the data is too low and decreases over time.

Asia). Nevertheless, as noted elsewhere, this is not necessarily a negative finding – prevention activities should not be restricted to areas of highest drug misuse prevalence.

One aim of the Project was to use learning from 'developed' countries about how to tackle ATS prevention to assist 'developing' countries with the expected emerging problems of ATS misuse. The *Guide* usefully set out eight 'prevention principles' and these principles were communicated during the training. Traces of these principles can be seen in the local projects' implementations.

Underpinning the Project was the comprehensive and informative publication *Policy and Programming Guide* (UNODC, 2007) which was prepared by a well-informed Consultant who was assisted by a broad-based expert advisory group which included academic experts and practitioners.

The Guide was used in the development of the training workshops. These were well-structured, and focused on the topic, but perhaps as a result were not able fully to take account of local patterns of ATS misuse and local concerns; nevertheless, they were much valued by the participants, and some related activities followed the training. A more developed approach to training (and a bigger budget element) might have led to a more comprehensive and sophisticated set of training activities (including follow-up training) – but this is stated with the benefit of hindsight.

However, the *Policy and Programming Guide* was little-used by the local projects in developing their activities (perhaps not surprisingly, as it was aimed primarily at policy-makers, although it contained useful information for practitioners, including the 'eight prevention principles' (see Annex 5)). And no-one centrally involved in the local projects had attended the training, so that the training was not drawn on in local project development (while the training materials were made available on the UNODC website, there is no evidence that local projects made use of them). This was largely because of the time-lag between the training taking place and the establishment of the local projects, which was due to staffing problems at Headquarters delaying their creation.

Only a few proposals were received to undertake local implementation, and the number of local projects implemented was fewer than planned. By the time the Project had belatedly got the stage of awarding grants to local projects the Global Youth Network had ended, meaning that a key contact mechanism no longer existed. There was no project in the South-East Asia Region, where ATS problems were thought to be more significant, and from where some of the original demand for ATS-related prevention projects had emerged.<sup>30</sup>

The freedom given to local agencies to design their own projects was welcomed and the projects were carried out with enthusiasm and commitment; the money provided to the

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<sup>30</sup> It appears that during the time of project selection, the South-East Asian Regional Office staff member in Bangkok had approached some NGOs with which she was in contact, but, despite several attempts, no responses were received. The staff member later left the organisation and no-one else was available to assist with the selection process.

local projects was 'multiplied' and led to additional activities not included in the original proposals, which appeared to contribute to broader prevention goals.

However, because the local project objectives were often poorly specified, not 'SMART', and focused on activities rather than outcomes it was not possible to measure local outcomes. Key concepts (such as 'baseline assessment') were inconsistently interpreted at all levels of implementation: this, too, made outcome assessment difficult.

While all the local projects reported some prior assessment of need, some of these assessments consisted only of desk research, drawing on rather limited and patchy data, which did not necessarily reflect the situation regarding ATS specifically nor the local situation and needs.

The projects were well-received in the localities: attendance at project events such as training workshops was high and local agencies were said to value the work of the projects.

There was tension between the overall Project's focus on ATS and how this focus was worked out in the local projects, where it did not always address their needs and possibilities. This could be a positive and a 'creative tension': it was positive that local projects were encouraged to look at the issue of ATS, and in the case of India, enabled the local agency to develop a strand of their work with which they had previously had difficulties. While ATS misuse was not a major issue for some of the local projects, it proved possible to make some progress in addressing issues around this group of substances. It was also perhaps a positive sign that local projects were able to work within the Project framework and adapt the approach to their local circumstances.

It is for good reason that programmes are developed at the centre – Headquarters staff are aware of a broad range of need and they keep track of emerging trends. They can assist local projects in networking and learning from others. There are also good reasons why projects are implemented with a degree of local autonomy – and in the case of Project GLOH42 there was a great deal of local autonomy. However the local autonomy should not extend to decisions about how to interpret key terms, nor should it allow too much lassitude in defining objectives and outcome measures.

The concept of addressing the prevention of a particular group of substances is a problematic one. Prevention research and experience strongly indicates that a focus on specific substances is less effective than a broader focus on the whole range of substances, and on situational factors, addressing risk and protective factors in the individual, the family, the community and the wider society.<sup>31</sup> In practice, the local projects did have a broader focus, and this will have contributed to the success of their interventions as a whole. It may also have contributed to the potential sustainability of the work.

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<sup>31</sup> see, for example, information from the EMCDDA (<http://www.emcdda.europa.eu/themes/best-practice/standards/prevention>, accessed 29-11-10)

Communication throughout the Project was effective. But communication between Headquarters and local projects was (as customary) via regional or country UNODC offices: this indirect communication was, at times, slow and cumbersome.

## 6. Lessons Learned

### *i. Local project partners can give good value*

With a relatively small amount of money available to local projects, it proved possible to engage NGOs in the Project, and to harness their full support for the work. The local agencies gave good value for money, and in some cases, the UNODC grant informally leveraged other resources, enabling additional activities to take place.

### *ii. The Project had local impact, but sustainability was not assured*

While the impact of Project funding was significant for local agencies, enabling them to undertake projects which would not otherwise have been possible, these activities were not sustained. But the objective was to create demonstration projects, and subsequent local activities benefited from the UNODC-supported work. The training had impact on the trainees, who, while not involved in the local projects, reported relevant action as a result of the training.

## 7. Recommendations

The following recommendations are addressed to UNODC Headquarters. They apply to all future prevention projects that involve working with local partners and are arranged in order of significance.

1. ***UNODC should ensure prevention projects address the whole range of substances that are misused, rather than focus on a specific substance. With exception to narrow and specific contexts, prevention projects should be more effectively and broadly focused on lifestyle and behaviour, not specific drugs. This is now UNODC's approach.***

In line with current thinking within UNODC, prevention projects should address the whole range of substances that are misused. Prevention projects that focus on a particular substance or group of substances have proven to not be the best approach. This is because drug prevention is a generic activity, and except in exceptional local circumstances, it is not appropriate to target specific substances.

2. ***UNODC should integrate comprehensive monitoring systems to improve the management of project implementation as well as allow for remedial action to be taken if delays are encountered. Moreover, an exit strategy should be integrated into project design so that the project can appropriately adapt to unforeseen circumstances.***

Ideally, projects should be implemented and delivered according to the timetable set for them. While delays in project implementation are sometimes unavoidable, projects that have interlocking events and activities are weakened when different parts become

disconnected, whether through staff changes, staff sickness or administrative problems. Monitoring of project implementation should trigger remedial action if delays are expected. This could be further supported by ensuring that programme design includes an exit strategy to enable adaptation to altered circumstances.

**3. UNODC should ensure the focus of projects are centrally maintained while allowing for sufficient autonomy of the local implementation of projects. This balance could be maintained through instituting a standardized project design to local agencies while allowing for flexibility in the implementation as local projects can vary from one context to another.**

Tensions existed between the centrally-conceived Project and the local and idiosyncratic implementation of its activities. To address this, the Project should reinforce the centralized management of the project. This could be accomplished through ensuring project design is based on accurate needs assessment and project implementation accords to the basic framework of project design; meaning control over the definition of objectives and the measurement of outcomes should not be ceded to local projects. At the same time, there should also be sufficient autonomy and flexibility for executing partners to implement projects at the local level. There needs to be a degree of freedom in the local implementation – a freedom that takes account of local needs, circumstances, capabilities, etc. Finding this balance will be a challenge, but will be key to successful project implementation

**4. UNODC should continue to effectively target funding to local organisations in order to elicit local commitment and enthusiasm as well as leverage additional activities from local funds and/or resources.**

This Project has demonstrated that small amounts of funding can be an effective use of limited resources as well as leverage significant local creative action. Funding to design local projects not only engages local commitment and enthusiasm it can also elicit the implementation of additional activities using local funds and/or resources.

**5. UNODC should communicate a clear, coherent message of their prevention strategy to partners, as well as extend this understanding to organizations who then implement projects on the local level. .**

'Prevention' is a multi-faceted concept; there is evidence of the ineffectiveness of 'traditional' prevention and the potential effectiveness of more recent prevention approaches. This however is not always understood as the approaches are more complex, and moreover, the new approaches are sometimes resisted as they can be more challenging to implement. In this, more needs to be done to advocate for these new approaches to partners, and furthermore, assist them in their implementation. Secondly, local projects need to understand evidence-informed approaches to prevention as well as assisted in the implementation of these approaches on the local level. The proposed 'Practitioner's Guide' might have been helpful in communicating this message.

**6. UNODC should establish clear lines of communication in project design, and modify these structures as appropriate during the course of the implementation to ensure the clarity of communication.**

Established lines of communication should not simply be taken as given. As seen in this project, the communication between Headquarters and local projects was slow, inefficient, and not clearly delineated. In this, communication lines should be considered as part of the project design, and modified as appropriate before and during the course of the Project to ensure ease and clarity of communication.

**7. UNODC should assist local implementing partners to make better use of materials through continuing to ensure such documents are available and accessible; incorporating such material in the trainings/and or other activities to be completed during the course of the project; and encouraging implementing organizations to build upon this knowledge in their implementation of projects on the local level.**

The *Policy and Programming Guide* was a comprehensive and informative document, although it was little used by the local projects in developing their activities. In the future, it would be sensible to assist local projects to make better use of the materials developed during Projects. This could be accomplished through ensuring the *Guide* remains available as a free download from the UNODC website, incorporating the *Guide* in related trainings, and lastly building upon such trainings through the reinforcement of the utilisation of the *Guide* in the implementation of projects at the local level.

**8. UNODC should continue to offer and expand on the training pertaining to this project as well as ensure the training is closely linked to project development to ensure the overall cohesion between the varied project activities.**

Based on the feedback from participants, it would be beneficial if the training could be repeated to further build upon the capacities of participants. Moreover, Headquarters should ensure that training is closely linked to project development; meaning local projects should be established soon after the training takes place so that they can build on learning from training

**9. UNODC should ensure the evaluability of projects through incorporating stronger evaluation elements in project design. This could be accomplished through the development of evaluation plans appropriate for the size and scope of the project, project objectives should be well-formed, project outcomes measurable, the integration of more systematic monitoring and documentation of activities, and general consultation with the Independent Evaluation Unit.**

To ensure that evaluation is possible and produces robust findings it is essential that particular elements of evaluation are built into project design at the onset of the project;

this might be achieved by consultation of the UNODC Independent Evaluation Unit at that stage. Things to consider at project design include, but are not limited to the following: Objectives should be well-formed and outcomes measurable; Indicators are appropriate and project-specific (e.g. web-based outputs than 'hits', which is a misleading measure of website use); Evaluation aims need to be realistic for the size and expected impacts of the Project (e.g. Short-term terminal evaluations are not suited to investigate long-term impact); A data collection mechanism for easy monitoring of project activities (e.g. Comprehensive document database that brings together all project documents in one place); A reporting system where data is regularly reported and used in project monitoring over the duration of project implementation.

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## Annexes

### Annex 1 Aims of the Project

#### **Long term Objective**

To prevent drug abuse among young people through identification and dissemination of good practices

#### **Immediate Objective 1**

To identify good practices on preventing ATS abuse among young people

##### ***Output 1.1***

A comprehensive implementation tool

##### *Activities:*

- conduct exhaustive review of existing research on the health and social consequences of the abuse of ATS
- conduct exhaustive review of the existing academic evidence and materials on preventing ATS abuse among young people
- organize participatory meeting comprising researchers, practitioners, youth and representatives of other relevant national and international agencies to identify the major details to be included in the comprehensive implementation tool
- on the basis of the results of the meeting, finalize the comprehensive implementation tool, including i) guidelines for policy makers, ii) training materials based on the guidelines, iii) user-friendly how-to guide for practitioners, and iv) training materials based on the guide.

#### **Immediate Objective 2**

Develop and implement a dissemination strategy for good practices on preventing drug abuse among young people.

##### ***Output 2.1***

A dissemination strategy for good practices on preventing drug abuse among young people

##### *Activities:*

In consultation with the relevant Field Offices, the Regional Sections and the Co-financing Unit develop a dissemination strategy for good practices on preventing drug abuse, including the implementation tool on preventing ATS abuse among young people. Such strategy will include, but might not be limited to:

- training manuals and training workshops
- demonstration projects
- dissemination through the drug abuse prevention youth communication links (listserv, website and newsletter 'Connekt')
- dissemination through the prevention activities developed and backstopped by UNODC's Field Offices

##### ***Output 2.2***

Training workshops on preventing drug abuse among young people

##### *Activities:*

- together with Field Offices and Regional Sections, identify the location, the target (i.e. on policy makers and/ or practitioners), and focus of the training needed by the countries/ regions. At this stage, it is planned that approximately three of such workshops will be about preventing ATS abuse among young people
- organize and facilitate training workshops
- on the basis of the results of the workshops and the feedback from participants, amend guidelines and training materials as necessary.

##### ***Output 2.3***

Demonstration projects on preventing ATS abuse among young people

*Activities:*

- together with Field Offices and Regional Sections, call for applications to implement demonstration projects applying good practice principles in preventing drug abuse among young people
- together with Field Offices and Regional Sections, select demonstration projects for financial support. At this stage, it is foreseen that approximately nine demonstration projects on preventing ATS abuse among young people will be selected as far as possible from institutions which participated in the training
- award grants to selected demonstration projects. Organisations will be required to sign the UNODC Conditions for Awarding Grants, including an agreed work plan
- monitor the implementation of the demonstration projects. This will be primarily undertaken by the relevant Field Office with substantive input from the Global Challenges Section.
- provide substantive input to the evaluation of the demonstration projects. This will be primarily undertaken by the Global Challenges Section in close consultation with the relevant Field Office
- on the basis of the experiences of implementation of the demonstration projects, amend guidelines and training materials as necessary
- on the basis of the experiences of implementation of the demonstration projects on preventing ATS abuse among young people, print a publication documenting the experiences and identifying lessons learned.

**Output 2.4**

Promotion of the use of good practices through drug abuse prevention among youth communication links

*Activities*

- disseminate good practices and documentation through UNODC's youth prevention email listserv, website and newsletter 'Connekt'
- promote the use of the good practices and documentation in the technical appraisal of relevant UNODC project ideas, documents and revisions
- develop a 2-page document providing basic technical guidance to those Offices that might want to develop a country or a regional project including a component of ATS prevention among young people.

**Immediate Objective 3**

UNODC programme on prevention maintained and expanded

**Output 3.1**

Maintain a network of youth groups and community based organisations working in drug abuse prevention (keeping the 'brand name' Global Youth Network)

*Activities*

- update the prevention website monthly
- maintain and expand the database and the email listserv of youth groups and community based organisations working on drug abuse prevention
- produce and disseminate through the listserv a weekly issue on youth drug abuse trends or prevention good practices
- publish and disseminate through the network two issues of the newsletter 'Connekt' per year

## **Annex 2 Aims of the evaluation, and the ToR**

The terms of reference for the evaluation included a number of key evaluation questions, as follows:

### Attainment of the objective

- has the project achieved its objectives (outcomes and impact); if not, has progress been made towards their achievement?

### Achievement of project outcomes

- has the project achieved its results (outputs); if not, has progress been made towards their achievement?
- what are the reasons for achievement or non-achievement?
- how [were] the results achieved?

### Relevance

- to what extent is the project aligned with the policies and strategies of the UNODC?
- is the project in line with the priority areas for technical cooperation, and does it make use of UNODC's comparative advantage?
- was the project methodology [an] appropriate solution to the problems identified and addressed by the project?
- are the objectives of the projects still relevant? Is the problem addressed still a major problem?

### Implementation

- did the project deliver on time?
- what measures have been taken during planning and implementation to ensure that resources are efficiently used?
- has the budget been allocated and spent as planned?

### Institutional and managerial arrangements

- to what extent are the organisational structures of the UNODC, the managerial support provided to the project and the coordination mechanisms used by UNODC supporting the project?
- has the staff been selected and recruited in a timely manner?

### Impact

- what difference has the project made to beneficiaries?
- what are the intended or unintended positive and negative long-term social, economic, technical and other effects on individuals, communities and institutions?
- what are the micro- or macro-level long-term social, economic, technical and other effects on individuals, communities and institutions?

### Sustainability

- to what extent will the benefits generated through the project be sustained after the end of donor funding?
- have the beneficiaries taken ownership of the objectives to be achieved by the project? Are they committed to continue working toward these objectives once the project has ended?
- is their engagement likely to continue, be scaled up, replicated, or institutionalised after external funding ceases?
- is the host institution developing the capacity and motivation to efficiently administer the initiative?
- can the initiative become self-sustaining financially?

### Lessons Learned

- what lessons can be learned from the project implementation in order to improve performance, results and effectiveness in future?
- what lessons can be drawn from unintended results?

### Best Practices

- what best practices emerged from the project?

- can they realistically be replicated?

Constraints

- did the project encounter constraints during its implementation?
- what kind of constraints and why?
- how were they addressed?

**Terms of Reference for a Consultant/Individual Contractor Contract**

Title: Evaluation Consultant

Organisational Section/Unit: Health and Human Development Section, Prevention, Treatment and Rehabilitation Unit

Duty Station: Various

Proposed period: the contract will start upon the signature of contract and will end six months later

Actual work time: 7 working weeks

1. BACKGROUND INFORMATION

Project title:	"Good Practices on Preventing ATS Abuse Among Young People"
Project number:	GLOH42
Duration:	April 2005-December 2009
Executing agency:	UNODC
Cooperating agencies:	Global Youth Network organizations
Total budget:	US\$816,600
Donors:	Sweden, Canada

The project GLOH42 "Good Practices on Preventing ATS Abuse Among Young People" was launched on 21 April 2005, on the basis that the abuse of amphetamine type stimulants (henceforth referred to as ATS) was increasing worldwide and was consequently high on the international agenda. As in the case of drug abuse generally speaking, ATS abuse is disproportionately widespread amongst the young. Most of such abuse is recreational in nature and while there have been experiences in dealing with it during the 1990s in North America and Western Europe, little has been done to adapt and validate this experience globally. Work on this issue has also been identified as a priority by the network of UNODC field offices, and has received a specific mandate in the Action Plan against the illicit manufacture, trafficking and abuse of ATS adopted by the 1998 UNGASS.

Given the political and strategic importance attached to the subject it was imperative to identify best practice in this area. Two UNODC projects, the Global Youth Network and the UNDCP/WHO Global

Initiative on Primary Prevention of Substance Abuse have created a strong ongoing relationship with a range of organisations doing prevention among young people. This provided an effective launch pad for the activities in this project, which also benefited and fed into the pilot interventions that were already being implemented in East Asia and the Pacific.

The project was originally planned to close on 31 December 2007. However, it suffered implementation difficulties primarily due to personnel issues, and underwent a revision prolonging it until 31 December 2009 and decreasing its overall budget from US\$846,700 to US\$816,600 to match the secured funding. The immediate objective of the project remained prevention of ATS abuse among young people through identification and dissemination of good practices, but in order to keep abreast of and reflect the current UNODC programme on prevention, it had to be modified to have an impact beyond identifying best practice for ATS abuse prevention among young people and providing training to NGOs. The current UNODC thematic programme on drug abuse prevention has a very strong emphasis on the fact that programmes should be based on the latest evidence. In the meantime, approaches such as lifeskills education in schools and family skills training have emerged with clear evidence of effectiveness, and there was therefore a first need to disseminate and promote these evidence-based approaches. However, most of the evidence of effectiveness comes from studies conducted in high-income countries. Therefore, a decision was taken to include a component to evaluate an evidence-based prevention intervention and contribute to the evidence base coming from low- and middle-income countries. However, none of the current on-going drug abuse prevention projects were at the stage where they could be evaluated. Moreover, the global project on family skills training programmes is in the process of being finalized and includes a strong evaluation component.

It was thought that the family skills training component would achieve both new goals set out for the programme: the evaluation of the evidence-based training as well as the subsequent contribution to the base of evidence from low-income countries. However, because this project will only effectively be taking off in the next few months and because there was no other programme that suited the achievement of this goal while implementing evidence-based activities, it was decided to transfer the funds to the project in question (family skills training), while ensuring that it contained the essential evaluation component.

The project was in line with the mandates given to UNODC by the General Assembly. At the special session held in 1998, the General Assembly adopted a Declaration on the Guiding Principles of Drug Demand Reduction (Resolution S-20/3), where Member States committed themselves to implement demand reduction policies that 'aim at preventing the use of drugs' and are 'designed to address the needs of the population in general, as well as those of specific population groups, special attention being paid to youth'. At its fifty-fourth session the Assembly also adopted an Action Plan for Implementation of the Declaration (Resolution 54/132), in which it assigned UNODC a clear role in the promotion of effective demand reduction strategies and programmes. The Action Plan specifically charged UNODC with three core tasks in providing demand reduction-related assistance to Member States:

- (a) To facilitate the sharing of information on best practice strategies and programmes;
- (b) To provide guidance and assistance for the development of demand reduction strategies and programmes in line with the guiding principles of drug demand reduction;
- (c) To provide assistance for the establishment of national information systems, including data on regionally and internationally-recognized core indicators. This project clearly responded to the first two mandates.

The total funding received (pledges) for the project was US\$ 816,569. Implementation of GLOH42 "Good Practices on Preventing ATS Abuse Among Young People" started in 2005 and is being completed this year through this evaluation as well as through the distribution of grants. As mentioned above, some activities are in the process of being transferred to another project also dealing with drug use prevention. By doing so, we will ensure that both projects are substantially coherent and will be able to close the present project according to plan, by end-of-the-year. With reference to the revised project document, the following are the expected results and performance indicators of the project:

**Outcome 1**

Good practices on preventing ATS abuse among young people available.

**Performance Indicator(s) for Outcome 1**

- i. Publications printed in at least four UN languages.
- ii. Materials and publications available online.

**Outcome 2**

Good practices on preventing ATS abuse among young people disseminated and adopted.

**Performance Indicator(s) for Outcome 2**

- i. Number of policy makers and practitioners successfully completing training on ATS prevention good practices.
- ii. Extent to which activities implemented following the training are in line with good practices in ATS prevention.

**Outcome 3**

Evidence-based interventions in drug abuse prevention promoted.

**Performance Indicator(s) for Outcome 3**

- i. Number of summaries of evidence disseminated through various media.
- ii. Number of technical advice provided to FOs, Member States, the UNODC network of youth organizations and contacts working in drug abuse prevention.
- iii. Hits on the website.

## **2. PURPOSE OF THE EVALUATION**

GLOH42 "Good Practices on Preventing ATS Abuse Among Young People" included provision for a final evaluation in the project document, and is being initiated by the Prevention, Treatment and Rehabilitation Unit, UNODC.

The evaluation will be a final outcome evaluation that will include a process evaluation component, and cover the implementation of GLOH42 "Good Practices on Preventing ATS Abuse Among Young People", from its approval in 2005 to end of the project.

The evaluation manager is the UNODC Focal Point for this project, Ms Katri Tala, who has been backstopping the project. The evaluation process will also be backstopped by the IEU.

The purpose of the evaluation is to assess the implementation and impact of the project with a view to identifying lessons that might be useful for similar UNODC projects in the future.

The evaluation is being undertaken now because the project duration is drawing to a close and the vast majority of activities have been implemented. This is a global project with a range of activities worldwide and, geographically, the evaluation will cover implementation as a whole.

The main stakeholders of the evaluation are:

The Health and Human Development Section, which has been substantially and administratively backstopping the project;

The implementing partners, locally-based international and national organisations, NGOs and Global Youth Network members in general and, in particular, those who have participated in the training sessions, in the good practices identification, in the implementation of innovative drug abuse prevention activities;

UNODC Field Offices;

The Independent Evaluation Unit of UNODC in Vienna;

Other UN agencies, international organisations and the donor agencies.

They will be involved through a variety of means, including scheduled meetings, telephone conferences as well as internet-based communication means.

### **3. EVALUATION SCOPE**

#### **General**

The time period to be covered by the evaluation is 2005 to end of 2009. The geographical coverage is global, with emphasis on selected regions/countries, as decided by the evaluator, based on the information about involvement of main stakeholders from specific regions as well as regional activities to be evaluated. The thematic coverage of the evaluation "Address[es] Health and Human Development Vulnerabilities in the Context of Drugs and Crime", as per Thematic Programme (TP). GLOH42 thematically refers to TP part III, "Health Vulnerabilities Related to Drug Use" and specifically addressed the issue of ATS use and focused on preventing the use of ATS among young people.

#### **Key evaluation questions to be answered by the evaluation**

In general the evaluation will assess the appropriateness, relevance, effectiveness and efficiency of the project in meeting the needs or solving the problems. Specifically, it will analyse:

- Attainment of the objective:
  - o Has the project or programme achieved its objectives (outcomes, and impact)? If not, has some progress been made towards their achievement?
- Achievement of project outcomes:
  - o Has the project or programme achieved its results (outputs)? If not, has some progress been made towards their achievement?
  - o What are the reasons for the achievement or non-achievement of the project or programme objectives?
  - o How the results were achieved?
- Relevance:
  - o To what extent is the project aligned with the policies and strategies of UNODC?

## Final Evaluation of GLOH42 'Good practices on preventing ATS abuse among young people'

- o Is the project in line with the priority areas for technical cooperation identified by UNODC and does it make use of the Office's comparative advantage?
- o Was the project methodology appropriate solution to the problems identified and addressed by the project?
- o Are the objectives of the project still relevant? Is the problem addressed still a major problem?
- Implementation;
  - o Did the project deliver on time?
  - o What measures have been taken during planning and implementation to ensure that resources are efficiently used?
  - o Has the budget been allocated and spent as planned?
- Institutional and management arrangements;
  - o To what extent are the organizational structure of UNODC, the managerial support provided to the programme or project, and the coordination mechanisms used by UNODC supporting the project or programme?
  - o Has the staff been selected and recruited in a timely manner?
- Impact;
  - o What difference has the project or programme made to beneficiaries?
  - o What are the intended or unintended positive and negative long-term social economic, technical and other effects on individuals, communities, and institutions?
  - o What are the micro- or macro-level long-term social, economic, technical and other effects on individuals, communities, and institutions?
- Sustainability;
  - o To what extent will the benefits generated through the programme or project be sustained after the end of donor funding?
  - o Have the beneficiaries taken ownership of the objectives to be achieved by the project or programme? Are they committed to continue working towards these objectives once the programme/project has ended?
    - o Is their engagement likely to continue, be scaled up, replicated or institutionalized after external funding ceases?
  - o Is the host institution developing the capacity and motivation to efficiently administer the initiative?
  - o Can the initiative become self-sustaining financially?
- Lessons learned;
  - o What lessons can be learned from the project or programme implementation in order to improve performance, results and effectiveness in the future?
  - o What lessons can be drawn from unintended results?
- Best practices;
  - o What best practices emerged from the project or programme implementation? Can they realistically be replicated?

- Constraints
  - o Did the project encounter constraints during its implementation? What kind of constraints and why? How were they addressed?

The consultant will be expected to propose more specific evaluation questions when preparing the evaluation instruments.

#### **4. EVALUATION METHODS**

As a first step, the Evaluator will visit UNODC HQ in Vienna for two days to interview the project staff and other relevant UNODC staff in-house and consult further documentation.

The Evaluator will review basic documentation regarding project implementation that he/she will receive by email and during his/her visit to UNODC Headquarters (these include the Project Document and Project Revision, as well as the respective budgets, the best-practice ATS Prevention Guide, training materials, the ATS Prevention NGO Guide, and the grant applications as well as their interim and/or final reports when available).

On this basis, and in consultation with the UNODC Focal Point, the Evaluator will develop a methodology to obtain the information necessary to his/her analysis.

In general, the methodology will include a mixture of desk review of project documentation and short-email questionnaires/ telephone interviews with relevant project stakeholders including a selection of the following:

- The implementing partners (including locally-based international and national organisations and NGOs);
- A few selected programmes in each region;
- Selected UNODC Field Offices involved.

Finally, the Evaluator will collate the information from the documents, the questionnaires and the interviews in a draft Evaluation Report as per the format included in Annex IV of these ToRs.

The UNODC Focal Point will provide comments for the draft evaluation report, including those of the Independent Evaluation Unit.

The Evaluator will finalise the draft report. Although the Evaluator should take the views expressed into account, he/she should use his/her independent judgment in preparing the final report.

Basic documentation for the evaluation is available on the website of the project [www.unodc.org/youthnet](http://www.unodc.org/youthnet). The rest will be made available to the consultant by the Focal Point by email on recruitment. Implementing partners contacted with regard to the evaluation will be requested to reply by email and/ or fax directly to the consultant. The Focal Point will assist the consultant getting in touch and following-up with implementing partners.

#### **5. EVALUATION TEAM COMPOSITION**

The Evaluation Team will comprise one Evaluator.

The Evaluator will not have been involved in the development, implementation or monitoring of the project and will have: at least 1 year of experience in the field of evaluation of prevention of substance abuse, and, preferably, of technical assistance projects of intergovernmental organisations; and, excellent drafting skills in English.

Other qualifications include:

- Academic degree in a relevant field (such as social sciences, psychology, public health);
- Several years of experience in researching and evaluating substance abuse prevention programmes;
- Ability to develop effective evaluation instruments;
- Excellent English drafting skills
- International experience and understanding of cultural differences.

The Evaluator will be selected and recruited by the Health and Human Development Section in consultation with the Independent Evaluation Unit. The Evaluator will not act as representative of UNODC, but should remain independent and impartial. The Evaluator will be substantially, administratively and logistically backstopped by the Chief of the Health and Human Development Section through a designated Focal Point.

## 6. PLANNING AND IMPLEMENTATION ARRANGEMENTS

### **Management arrangements**

PTRU will be responsible for the management of the evaluation.

### **Logistical support**

The evaluation consultant will be required to travel to Vienna HQ at least once at the evaluation onset in order to develop methodology, including instruments and samples, and share it with the evaluation manager. This should also enable him/her to ask questions directly, engage in relevant on-site meetings and access on-site materials.

No extra office space will be required, as the evaluation consultant will sit with the various relevant PTRU staff and will be offered all necessary support/office space needed. Logistical support will be provided by the team assistant.

### **Time frame of the evaluation process**

The starting date for the work of the evaluation consultant is 19 April 2010 and the end date is 15 October 2010.

The Evaluator will be selected, recruited and will be ready to work upon the signature of the contract. Following this, the timeframe for the evaluation activities will be as follows:

Activity	Consultant's working time	Estimated delivery timeframe	location
Document review	2 working weeks	By End of April 2010	Home
Visit to UNODC HQ to discuss proposed methodology, including Instruments and samples.	2 working days	By Mid May 2010	Vienna

## Final Evaluation of GLOH42 'Good practices on preventing ATS abuse among young people'

Development of the instrument and samples	3 working days	By End of May 2010	Home
Distribution of questionnaires and data collection through other instruments.	2 working weeks	By Mid June 2010	Home
Analysis and Draft Evaluation Report.	1 working week	Starting at Mid July 2010 and finishing by end of August 2010	Home
Comments on the Draft Evaluation Report	-	By Mid September 2010	Home
Final Evaluation Report:	1 working week	By the End of September 2010.	Home
Presentation of the finalized report to CLP, if possible	Half a day	By Mid October 2010.	Vienna

### **Budget**

The overall budget for this consultation is US\$15,000. Please refer to the section on payments for a detailed outline of the disbursement.

### **Expected deliverables**

Outputs delivered timely and according to the specifications outlined under "Purpose of the assignment".

### **Expected tangible and measurable outputs:**

- 1) Questionnaires and data collection instruments
- 2) Draft Evaluation report
- 3) Final Evaluation report
- 4) Presentation of findings (if possible)

## **7. PAYMENT**

The Consultant will be issued consultancy contract and paid in accordance with United Nations rules and procedures.

The contract will start upon the signature of the contract and end six months later. The work will be spread over 7 working weeks. A fee of a lump sum of US\$15,000 is to be paid in instalments upon certification of satisfactory performance. The fee includes the travel costs as well as provision for the consultant to provide his/her services. The consultant will be expected to travel to UNODC headquarters at the beginning of the contract. The consultant will be provided with a lump sum travel advance deducted from the agreed fee at the beginning of the contract to cover the travel costs (including daily subsistence allowance).

The proposed instalments for the provision of the services are as follows:

- The first payment (lump sum travel advance) will be made upon signature of the contract;
- The second payment will be made upon completion of the mission to UNODC

## Final Evaluation of GLOH42 'Good practices on preventing ATS abuse among young people'

Headquarters and submission of the draft evaluation instruments;

- The third payment will be made upon receipt of the draft evaluation report to the relevant units (PTRU and IEU) and sections at headquarters;
- The fourth and final payment will be made only after completion of the respective tasks and receipt of the final evaluation report and its clearance by IEU.

### Annex 3 List of informants

#### Headquarters Staff and others

Giovanna Campello Programme Management Officer  
Gautam Babbar former Project Co-ordinator  
Adriana Hewson former Project Co-ordinator  
Katri Tala current Project Co-ordinator

Gary Roberts Writer of *Guide*

#### Regional Office Staff

Rubi Blancas UNODC Office for Mexico, Central America & the Caribbean  
Neiha Bansal UNODC Office for South Asia  
Mpho Pitswane UNODC Office for Southern Africa

#### Projects Staff

Mr. Stewart McConnell, Tag Rugby Association, South Africa

Mr. Rajiv Sarkar, The Calcutta Samaritans, India

Mtro Alejandro Sanches Guerrero, Ms Beatriz Leon Parra, and Ms Karen Alvarez  
Centros de Integración Juvenil, Mexico

Ms. Lilia Ivette Padilla Ruiz, Foundations Salvador del Mundo, El Salvador

Plus respondents to e-questionnaires

## Annex 4 Instruments used

### Contents of this Annex

- 1. Question Guide for interviews with HQ staff (project managers)
- 2. Questionnaire guide for interviews with the Field Office staff
- 3. Questionnaire guide for interviews with the participating NGOs
- 4. Email to a sample of recipients of projects
- 5. e-Questionnaire to Training Event attendees
- 6. Key Author of Policy Guide question guide for telephone interview

### 1. Question Guide for interviews with HQ staff (project managers)

Q1. Job title, length of UNODC service, previous projects management experience, period as manager of this Project.

Q2a. Why ATS?

It was 'high on the international agenda' – explain.

Q2b. Was it a good decision to focus on ATS?

Q2c. How was the experience of dealing with ATS in Europe and North America used in this project?

2c (i) What approaches were adapted?

2c (ii) What approaches were validated?

2c (iii) What best practices were identified?

2c (iv) What East Asia pilot interventions were helpful?

Q3a. Was the focus on young people specifically?

Q3b. What were the links to the Global Youth Network?

Q3c. Were any of local NGOs Network members?

Q4a. Were the funds available sufficient (overall)?

Q4b. Were the funds available to the projects sufficient?

Q5. There were various delays and personnel changes during the Project. How did these impact on the Project's:

(a) implementation

(b) success?

Q6a. Were the Field Offices able, and willing, to help?

Q6b. And did they help successfully?

Q7a. How did the emergence of evidence regarding life skills and family skills training affect the running of the Project?

Q7b. And how was this information communicated to the projects?

Q8a How did the UNODC's orientation towards evidence-informed approaches affect the Project?

Q8b And how was this communicated to the projects?

Q9a During the period of the project, the UNODC was improving its approach to monitoring and evaluation; how did this affect the Project?

Q9b. And how was this communicated to the projects?

Q10. How did the removal of the funds to the FST project affect the ATS project?

*Additional questions to the first two project managers about the development of the Guide and the regional training*

Q11. Tell me a bit about the development of the Guide [the Policy and Programming Guide].

Q11a What was the reason for creating this document?

Q11b What was the process for its creation?

*Probe:* how was the consultant appointed, how did he go about the task, how was quality controlled, etc)

Q11c. How was the document distributed?

*Probe:* How many copies, to whom, etc)

Q12. The original intention was for there also to be a 'Practitioner's Guide', but this document was, I understand, only created in draft.

Q12a. What was the reason for creating this document?

Q12b. How far did the process go before it was stopped?

Q12c Why was it stopped?

Q12d In your opinion, was the 'Practitioner's Guide' an important part of the project and its absence made a negative difference, or was it a less important part and its absence did not matter much?

Q13. I understand that the Practitioners Guide was used to create the training course and the training materials. Looking back on this, in your opinion, was this a helpful way to proceed, or would it have been better to start again 'from scratch' in developing the course and the materials?

[To all]

Q14. Is there anything else that you would like to say that would help me in this evaluation?

If you think of anything else that you would like to say, please do not hesitate to contact me.

Thank the interviewee.

## **2. Questionnaire guide for interviews with the Field Office staff**

Q0. (Note office location and region covered.)

Q1a. What is your job title?

Q1b. Please describe what your work involves

Q1c. Please tell me something about your experience in working with drug prevention projects, if any

Q1d. And have you managed the local project [title] funded by the 'Good practices on preventing ATS abuse among young people' Project throughout its life (if not, over what period, and who else has been involved).

Q2. Describe, from your own perspective, why this local project [title] was funded from the worldwide project.

(*probe*: what was the process for getting applications? How were the applicants screened; how were they selected? )

## **3 Questionnaire guide for interviews with the participating NGOs**

*Note: as each of the four funded projects is very different, the questions described here are general, and will be focused to address issues on each of the four projects, based on the information received in the final reports etc.*

**Preamble:** point out that because of the small sample and the specificity of each project, anonymity cannot be given.

### ***About you & your organisation***

1a. Your name

1b. Your position

1c. Your organisation

1d. The country base of your organisation (or of this project implementation):

*South Africa*

*India*

*Mexico*

*El Salvador*

1e. Your email address (please provide the best email address to contact you with any follow-up questions or for clarifications)

2a. Please briefly describe your organisation and the work that it does.  
(What are your organisation's aims? Who are the target groups for your organisation's work? ...)  
[*Probe* for details of: size, target groups, coverage, focus on drugs issues (and ATS specifically), etc]

2b. Do you have any information about your project in English, in electronic form, which you could email to me?

2c. What is your role in the organisation?

3a. Is ATS an issue that you believe needs addressing in your region?

3b Please describe the ATS-related issues as you understand them.  
[*Probe*: are ATS used by young people; what sorts of young people; in what areas; are ATS the drug of choice; what other drugs are used, are they used in combination with ATS or in preference..., etc]

4a. *BEFORE* this UNODC ATS Project, had your organisation done any work on ATS?  
*Yes*            *No*            *don't know*

4b. (*if yes*) Please describe what your organisation had done on ATS before the UNODC ATS project commenced. Mention specifically any work on *prevention* of ATS misuse.

4c. How did you, and your organisation, become involved in the UNODC ATS project?  
[*Probe*: Include exploration of motivation for involvement, especially any evidence that ATS misuse was an issue among clients or prospective clients of the project.]

## **5.2. About the UNODC ATS Project**

Tell me about the project on ATS misuse which was (part-) funded by UNODC.

1. How was your organisation involved in the UNODC ATS Project?

2a. Please describe what the project aimed to achieve.

2b. Did it actually achieve these aims?

2c. What could have been done differently to make it (even) more effective?

3. Approximately how many people did the project work with?

4. How long did the project last?

5. Describe the activities that your organisation was involved in.

6a. Please give an estimate of the amount of time your organisation worked on this project (e.g. one person for three months full-time; two people half-time for a year, etc.)

6b. What other resources (if any) did your organisation contribute to the project?

7a. Please give an estimate of the number of people reached on this project (i.e. how many people attended an event, were reached through work in school, youth projects, etc?)

8a. Were young people involved in the project as active participants in the planning, organisation, execution of activities, etc (*to clarify if necessary* – not just as recipients of the project)

8b. (*if yes*) How were young people involved in the project?  
(*Probe*: could young people have been more involved? How?)

8c (*if no*) Why were young people *not* involved in the project?  
(*Probe*: what were the barriers to the participation of young people?)

### **5.3 About the effectiveness of the UNODC ATS Project in your area**

1. What do you think were the successes of the project?

2. What aspects of the project contributed to the successes?

3. What do you think were the limitations or failures of the project?

4. What aspects of the project led to these limitations or failures?

5. What could be done better in any future work?

6a. Have any aspects of the projects been sustained?

6b. (*if yes*) Please describe what aspects of the project have been sustained, and the reasons why these aspects were sustained.

6c. (*If no*) Please say why the project was not sustained.  
(*Probe*: was it due to lack of funds, or that the project was not suitable for the situation, or....)

### **5.4 About your satisfaction with the UNODC support for your work**

1. In general, were you satisfied with the support that you received from the UNODC in implementing this project?

Yes                      No                      Not sure / Don't know

2. Were there any specific problems or difficulties in working with the UNODC?

Yes                      No                      Not sure / Don't know

3. Was the UNODC local Field Office available when you needed to contact them?  
*Yes, available I'd have liked more availability There was too much contact.*

4a. Did the funds from the UNODC arrive on time?  
*Yes No Not sure / Don't Know*

4b. What, if anything, could have been done to improve your experience of working with the UN Regional Office?

5. Was the UNODC's 'Policy and Programming Guide' – titled 'Preventing Amphetamine-type Stimulant Use Among Young People' useful?  
*Yes, it was useful, No it wasn't useful, No I didn't know about it Don't know / Not sure*

6. Did you or colleagues in your project, attend the UNODC ATS regional training event?  
*Yes me, Yes colleagues, No couldn't attend, No didn't know about it*

7. *(if yes)* [Note, probably no one did, but...]  
*Probe* for further details: explore memory of it and whether things learned on the training affected the work of the project

### ***5.5 About your opinions on ATS and other drugs issues***

1. What are the main drugs-related problems that your organisation is tackling?

2a. How would you rate ATS-related problems in your geographical area? Are they:

- *ATS misuse leads to the biggest drug-related problems in our area*
- *ATS-related problems exist but are not the biggest drug-related problems*
- *There are no ATS-related problems in our area*
- *Don't know / Not sure*

3b. *Probe*: any comment on your answer?

### ***5.6 Anything else?***

1. Is there anything else that you would like to add about your experiences on this project?

### **5.7. Conclude**

*Thank you for taking the time to talk with me. Your answers will be carefully studied and will be included in my Report to the UNODC.*

*If you have any concerns or want to tell me more, then please contact me by email on [unodc@educari.com](mailto:unodc@educari.com). I'll send a thank-you email to the email address you gave me so that you'll easily be able to contact me if you want to.*

*(If they said they'd send some materials by email, remind them.)*

## Online questionnaires for trainees

An email was sent from UNODC HQ to all those trainees on the five regional training courses who could be contacted electronically. This email explained the evaluation and requested that they click on a hyperlink which was provided within the body of the email and as an attached html file. This link connected to an on-line questionnaire (created with 'surveymonkey' - [www.surveymonkey.com](http://www.surveymonkey.com)), which they could complete on-line.

This is reproduced below (note that since the questionnaire was in *Survey Monkey* the formatting here is not the same as the actual questionnaire, and, in particular, the check-buttons and the boxes for answers have been removed). Note also that filtering in the on-line survey is not shown here.

Thank you for responding to my email. I would be grateful for your response to the following questions about the UNODC Project on amphetamine-type stimulants. Your answers will help to determine if the project has achieved its objectives and to identify lessons learned for future work. Information on your name and organisation will not be shared or made public. The survey results will only be used on an aggregate level.

It should only take you a few minutes to complete.

There are spaces in the questionnaire where you can add your more detailed comments.

1. Your name

2. Your organisation

3. Your organisation at the time of the UNODC ATS Project (if different)

4. Four local projects took place; which one were you involved with?

in India – work with BPO companies (organised by CalSam, The Calcutta Samaritans)

in South Africa – work with schools and communities based on rugby activities (organised by the Tag Rugby Association)

in Mexico – training courses about ATS in Colima and Durango (organised by CIJ, Centros de Integración Juvenil)

in El Salvador – workshop and training for youth leaders (organised by Fusalmo, Foundations Salvador del Mundo)

None of these

PAGE 2

**5. Please describe how you were involved in this work - what did you do?  
(write in the box)**

**6. In your opinion, was the work on this project effective?**

Yes: some (or all) of the work was effective

No: none of the work was effective

Can't remember

**PAGE 3**

**7. Please describe what was effective on this project (write in the box)**

**8. Please describe anything that was not effective (write in the box)**

**9. Please describe what was not effective on this project (write in the box)**

**PAGE 5**

**10. In your view, did the project reach the right participants?**

Yes

Don't know / Not sure

No (please explain - who else should have been involved?)

**11. In your opinion, did the work on this project increase participants' knowledge of amphetamine-type stimulants?**

Yes (Please describe how in the box below)

No (Please describe why not the box below)

Can't remember

Your Comments

**12. In your opinion, did the work on this project increase participants' skills in working with people who use amphetamine-type stimulants?**

Yes (Please describe how in the box below)

No (Please describe why not the box below)

Can't remember

Your Comments

**13. In your opinion, did the work on this project change participants' attitudes towards people who use amphetamine-type stimulants?**

Yes (Please describe how in the box below)

No (Please describe why not the box below)

Can't remember

Your Comments

**14. Did the work on this project lead to participants taking action about amphetamine-type stimulants?**

Yes (please describe what actions in the box below)

No (please describe why not in the box below)

Can't remember

(Please write in the box)

**15. Did the work on this project change young people's behaviour regarding amphetamine-type stimulants?**

No

Can't remember

Yes (Please describe the changes in young people's behaviour. Can you provide an example?)

**16. In your opinion, how important an issue is the misuse of amphetamine-type stimulants for young people in your locality?**

Very important

Important

Not sure / don't know

Unimportant

Very unimportant

**17. What further actions, if any, are needed to reduce the misuse of amphetamine-type stimulants in future? (Please write in the box)**

**18. Which of these actions, in particular, would be more effective in reducing the misuse of amphetamine-type stimulants?**

**19. Is there anything else you would like to say about this project or about amphetamine-type stimulants? (Please write in the box)**

Thank you for taking the time to complete this e-questionnaire. Your answers will be carefully studied and will be used on an aggregate level in the evaluation report: no answers will be attributable to individual respondents.

If you have any questions or concerns, or if you want to tell me more, then please contact me by email on [unodc@educari.com](mailto:unodc@educari.com)

Richard Ives

(Independent Evaluator for the UNODC Project on ATS)

**Online questionnaires for recipients of the NGO work**

A 'surveymonkey' questionnaire was also used to question the recipients of the four NGOs activities. This is reproduced below (note that since the questionnaire was in *Survey Monkey* the formatting here is not the same as the actual questionnaire, and, in particular, the boxes for answers have been removed). Note also that filtering in the on-line survey is not shown here.

**1. Page one of two**

Thank you for responding to my email. I would be grateful for your answers to the following questions about the UNODC ATS Regional Training Events which were held in 2006-07. Your answers will help to determine if the project has achieved its objectives and to identify lessons learned for future regional training events.

It should only take you a few minutes to complete.

There are spaces in the questionnaire where you can add your more detailed comments.

**1. Your name**

**2. Your organisation**

**3. Your organisation at the time of the UNODC ATS Training in 2006-07 (if different)**

**4. Do you recall attending one of the UNODC regional training courses on ATS abuse?**

- Yes, in the Philippines 3-4 July 2006
- Yes, in India (New Delhi) 6-7 July 2006
- Yes, in Ukraine 22-26 August 2006
- Yes, in S Africa (Pretoria) 22-24 November 2006
- Yes, in Guatemala City 22-23 January 2007
- No, I do not recall attending any of these trainings

**5. Overall, did you find the training course a worthwhile experience?**

- Yes
- No
- Can't remember

**6. What did you like (if anything) about the training? (Please write in the box)**

**7. What (if anything) didn't you like about the training? (Please write in the box)**

**8. What (if anything) could have been done differently to make the training a more worthwhile experience for you? (Please write in the box)**

**9. In your opinion, were the other participants on the training the most appropriate participants?'**

- Yes
- Can't remember
- No (Please explain why you say no in the box below)

**10. Did you find the training useful to you in your work?**

- No
- Can't remember
- Yes (Please explain how the training was useful to you)

**11. As a result of the training, did you undertake any work on ATS misuse?**

- No
- Can't remember
- Yes (Please describe the work that you did on ATS misuse)

**12. Have you ever participated in any other training that focused on ATS?**

- Yes
- No
- Can't remember

**13. Are you or your current organisation doing any work on ATS misuse right now?**

- No
- Don't know/ Not sure
- Yes (Please describe this current work on ATS misuse)

**14. If there anything else that you want to tell me about ATS misuse or your experiences** of the UNODC ATS training, please write in the box below

Thank you for taking the time to complete this e-questionnaire. Your answers will be carefully studied and will be used on an aggregate level in the evaluation report: no answers will be attributable to individual respondents.

If you have any questions or concerns, or if you want to tell me more, then please contact me by email on [unodc@educari.com](mailto:unodc@educari.com)

Richard Ives  
(Independent Evaluator for the UNODC Project on ATS)

**4. Email to a sample of recipients of projects**

[In English and Spanish]

Dear Colleague

**ATS – Amphetamine-Type Stimulants**

I hope you will take a moment to read and respond to this email. My reason for contacting you is that I am undertaking the final evaluation of the UNODC project 'Good practices on preventing ATS abuse among young people', as foreseen in the project document.

I have been informed that you were involved in this project. It may be a while ago since you were involved, but I hope that you still remember a little about this experience. I want to ask you a few questions about it to help with my evaluation.

Four local activities took place:

- in **India** – work with BPO companies (organised by CalSam, The Calcutta Samaritans)
- In **South Africa**– work with schools and communities based on rugby activities (organised by the Tag Rugby Association)
- In **Mexico** – training courses about ATS in Colima and Durango (organised by CIJ, Centros de Integración Juvenil)
- In **El Salvador** – workshop and training for youth leaders (organised by Fusalmo, Foundations Salvador del Mundo)

Please respond to this email by following the link below to a short questionnaire, and answering the questions there. Your answers will be treated as confidential by my evaluation team and in the evaluation report, and will not be attributable to any individual.

[LINK TO QUESTIONNAIRE] [Link to Spanish version]

If you have any queries, if you have trouble with the link, or if you think that this questionnaire does not apply to you, then please reply to this email and tell me what your difficulties are.

Thank you very much for taking the time to read this, and I look forward to receiving your response.

With my best wishes

Richard Ives  
(Independent Evaluator for the UNODC Project on ATS)

## 5. e-Questionnaire to Training Event attendees

*Thank you for responding to my email. I would be grateful for your answers to the following questions about the UNODC ATS Regional Training Events which were held in 2006-07. Your answers will help to determine if the project has achieved its objectives and to identify lessons learned for future regional training events.*

1. Your name
- 2 Your organisation
3. Your organisation at the time of the UNODC ATS Training in 2006-07 (if different)
4. Do you recall attending one of the UNODC regional trainings on ATS abuse?
  - Yes, in the Philippines 3-4 July 2006
  - Yes, in India (New Delhi) 6-7 July 2006
  - Yes, in Ukraine 22-26 August 2006
  - Yes, in S Africa (Pretoria) 22-24 November 2006
  - Yes, in Guatemala City 22-23 January 2007
  
  - No, I do not recall attending any of these trainings [filter to Q13]
5. Overall, did you find the training course a worthwhile experience?  
*Yes No Can't remember*
6. What did you like (if anything) about the training? (Please write in the box)
7. What (if anything) *didn't* you like about the training? (Please write in the box)

8 What could have been done differently to make the training a more worthwhile experience for you? (Please write in the box)

9. In your opinion, were the other participants on the training the most appropriate participants?

*Yes No Can't remember*

(If you answered 'no', please explain)

10. Did you find the training useful to you in your work?

*Yes No Can't remember*

(If you answered 'yes', please explain how the training was useful to you)

11. As a result of the training, did you undertake any work on ATS misuse?

*Yes No Can't remember* [filter 'No' and 'can't remember' to Q13]

12. [if yes] Please describe the work that you did on ATS misuse (Please write in the box)  
[Filter from Q4, Q11]

13. Have you ever participated in any other training that focused on ATS?

*Yes No Can't remember* [filter 'No' and 'can't remember' to Q15]

14. [If 'yes'] how did the UNODC ATS Regional Training compare to other trainings on ATS:

*the same more useful less useful*

15. Are you or your current organisation doing any work on ATS misuse right now?

*Yes No Don't know/ Not sure*

(If you answered 'yes') Please describe this current work on ATS misuse (Please write in the box)

16. If there anything else that you want to tell me about ATS misuse or your experiences of the UNODC ATS training, please write in the box below.

Thank you for taking the time to complete this e-questionnaire. Your answers will be carefully studied and will be used on an aggregate level in the evaluation report: no answers will be attributable to individual respondents.

If you have any questions or concerns, or if you want to tell me more, then please contact me by email on [unodc@educari.com](mailto:unodc@educari.com)

Richard Ives

(Independent Evaluator for the UNODC Project on ATS)

## **6. Key Author of Policy Guide Question Guide for Telephone Interview**

N=1

*(Note: The questions listed here are a guide for a conversation; it is not possible to specify every question in advance.)*

*Preamble:* Thanks for agreeing to be interviewed for this evaluation of the ATS Misuse Project. Everything you say will be treated as confidential and will only be used on an aggregate level. You will not be quoted in the evaluation report. However, all interviewees will be listed in the annex of the report and because of the small sample, anonymity cannot be fully guaranteed.

Of course, I understand that your involvement in this Project took place some time ago and that your memory of the detail may be hazy. If you remember things after this interview, please follow up some of your answers with an email to me. It may also be that you have some documentation that you think would be useful to me. I'd be glad to receive that. I'll send you a thank-you email after this interview so you'll have my email address to hand.

Q1. So first, your current email address, have I got it correctly as...?

Q2. I understand that your involvement with the project was to write the Policy Guide. What were your qualifications/ experiences that equipped you to write the Policy Guide?

Q3. Did you do anything else on this project?  
*(if yes, probe for details)*

Q4. Please describe to me the process of developing the Guide. I understand that you started with a literature review. Tell me about that.  
*[probe: How did you start? What information sources were available...]*

Q5. Once you had developed the background document, an Expert Group meeting in Bangkok in December 2005 gave input. What was your view of this process?  
*[probe: Was the process an effective way to develop the Guide? Were the 'right people' (those who were well-informed, from a range of background and levels of work, etc) involved?]*

Q6a. After the Expert Group meeting, how did the work proceed?  
*[probe: Did you have further written comments from the Expert Group? Were there any further drafts? Did you have comments from UNODC HQ staff? Did other people comment?]*

Q6b. How much did you amend your draft as a result of the various comments and input?  
*[probe: was the final version very different to your draft, or much the same?]*

Q7. Overall, did you find the development process an effective way of working?  
*[probe: would have you liked anything to be different?]*

What could UNODC HQ have done differently to support your work even more?  
What could UNODC field staff have done differently to support your work even more?  
*(Probe: Quality of cooperation with UNODC staff at HQ etc)*

Q8. Are you satisfied with the published version of the *Policy and Programming Guide*?  
[*probe*: would have you liked anything to be different?]

Do you know how the Guide was distributed and who used it?

Did you receive any feedback on the Guide? (If yes, which?)

Were there any provisions made for receiving feedback or information on usage?

Which provisions are needed to ensure best possible use of the Guide?

Q9. If there anything else you would like to tell me about the work that you did on this Project?

## Annex 5 The local projects in detail

### *A4.1. The project in India*

In India, the local partner was an NGO called CALSAM (the Calcutta Samaritans). With an annual budget of around \$300,000, CALSAM had previously undertaken a range of activities, including projects on the prevention of HIV, rehabilitation and counselling for alcohol and drug users, campaigning and advocacy and vocational rehabilitation for drug and alcohol users; some of this work with UNODC funds.

The issue of ATS misuse was assessed using the rapid situation assessment technique – data were collected via 50 one-to-one structured interviews with respondents who regularly visited nightclubs, pubs or discotheques; and from stakeholders such as the Kolkata Police and the Narcotics Control Bureau. The authorities were reportedly concerned about ATS production and some seizures had taken place and clandestine laboratories discovered and dismantled.

Some of the interview study findings can be summarised as follows:

- the informants thought that there were ATS users among nightclub visitors and that the drugs were obtained in nightclubs, pubs and discotheques
- they said that the age of ATS users was 15 to 25 years, and that there were both male and female users
- according to the informants, users were most commonly students and BPO company employees<sup>32</sup>
- the three main reasons suggested for ATS use were: stress, peer influence, and curiosity
- an employee of a BPO company suggested that workers on nightshifts in call centres used ATS to reduce the desire to sleep and enhance job performance; while those on dayshifts used club drugs including ATS to stay awake and dance at the disco (they later used alcohol, cannabis and sedatives to sleep)
- 'Waba' and 'Yaba' were names of tablets containing methamphetamine; intake was oral.

The stressful work in call centres may predispose some vulnerable people to ATS misuse; while protective factors were thought to be good lifeskills, good communication and relationship with family and friends and the ability to manage stress through participation in ordinary social activities. A healthy workplace was also seen as important.

Accordingly, the project aimed to increase the awareness of the BPO sector and encourage the development of substance misuse prevention policies and stress management programmes in the workplace.

The project activities included a planned 40 advocacy meetings with BPO companies, with the initial aim of identifying five companies willing to implement a programme. Five

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<sup>32</sup>Business Process Outsourcing – in this context, mainly call centres

sensitisation workshops were to be held in each of five BPO companies. The aim was for 400 employees to attend the 25 workshops. Each workshop would last 30 to 45 minutes and was planned to be held once every two months in each of the five BPO companies. During the workshops, key staff members would be identified and trained as peer leaders to continue the process after the end of the project.

Monitoring of the work was to be by registration forms for workshop attendees (collecting details such as age and gender) and a questionnaire at the beginning of the period and again at the end. The questionnaire was to include questions on risk and protective factors.

A further activity was a counselling service for staff of BPO companies, which would be monitored by an attendance log and a 'before' and 'after' questionnaire to those attending.

The fifth activity under this objective was to develop 'the IEC<sup>33</sup> and a best practice module. This was to involve five BPO company employees who would attend two meetings during which their suggestions and recommendations for BPO employees would be discussed.

The second objective aimed to 'develop better parental / familial / interpersonal skills amongst the employees & their family members for enhancing protective factors against substance abuse'. The activity under this objective involved running four or five workshops for 20 to 25 family members of the BPO company employees, which would be monitored through the maintenance of a participant list and a suggestions box for recommendations.

Baseline assessment and evaluation of the project was to be carried out via questionnaires during the workshops and via email.

Planned participation of young people was to involve young people already working in the organisation, and, as described earlier, peer leaders identified during the workshops would receive further training to develop the work.

Links were described with other activities of CALSAM, but the question of the sustainability of the work was not directly answered except to point to the peer leaders' identification and training.

The total budget for this work was \$18,950, of which \$16,000 was requested from UNODC.

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<sup>33</sup>IEC, Information, Education & Communication, 'comprises a range of approaches, activities and outputs to raise awareness about HIV/AIDS for behaviour change' (WHO 'Terms Commonly Used in AIDS Communication' ([http://www.searo.who.int/en/Section10/Section18/Section356/Section421\\_1623.htm](http://www.searo.who.int/en/Section10/Section18/Section356/Section421_1623.htm) accessed 25-05-10)).

In a Report dated May 2009, it was stated 20 BPO companies had been contacted and nine had been sent a proposal; six had been visited, and work was progressing in setting up work plans in some of these six

The interim Report, dated October 2009, included a large number of annexes giving statistical data from the baseline surveys conducted in several companies.<sup>34</sup> Job stressors identified in the surveys were:

- factors unique to the job (such as: pace and variety; autonomy; the physical environment)
- role in the organisation
- career development (such as: job security; career development opportunities)
- relationships at work (such as: with supervisors; co-workers and subordinates)
- organisational structure and climate (such as: extent of participation in decision making; management style; communication patterns).

It was reported that although it was hoped to complete all the meetings with BPO companies, there had been some complexities due to, for example, differing internal processes and procedures within the companies. Six of the proposed 25 workshops had been conducted to date with positive responses reported. Although some company rules prevented registration/ attendance records from being created, baseline questionnaires had been completed. Six counselling sessions had been conducted, with 30 employees counselled. But sessions were short due to the limited time that employees had available, and because of their tiredness. However, the family sessions had not taken place because employees were not willing to share personal details about their families and lacked the time to take part in the work.

A UNODC Project Associate's Report of a mission in November 2009 reported that dialogue had been initiated with almost 60 BPO companies and that agreements had been secured with some of the largest of these – seven were listed. At six of these at least two awareness workshops had been conducted, reaching around 500 employees. Baseline surveys had also been completed in these companies. The Project Associate observed a one-day awareness workshop for about 50 employees; this company was planning to allocate space in their monthly newsletter for discussing drugs issues. At another company, the general manager for human resources agreed that the company would pay for the cost of conducting the awareness programme. In general, the response from companies was positive.

However, the planned counselling sessions and family training workshops had encountered problems: employees were not comfortable using the counselling services because they felt that anonymity was not guaranteed and exposure of any drugs problems could lead to their losing their jobs. Employers preferred to have family events organised on a broader basis (not focusing on drugs), and employees did not like the idea of involving their families in the issue. The Project Associate recommended: 'Counselling

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<sup>34</sup> These data are difficult to interpret (the sampling methods are not known and question wording is not given) and they have not been analysed here

services to be provided away from the place of work, so that employees feel more comfortable to use these services provided'.

The Project Associate concluded that there was some reluctance from BPO companies to involve themselves in drug-related issues. With the high staff turnover in the sector, investing in employees was not always a priority. Companies did not want to accept responsibility for drugs issues, fearing that it would affect productivity and that targeted employees might feel under pressure. To overcome companies' resistance required 'continuous and strategic advocacy'. Current practice was to dismiss employees who were drug dependent or who were caught consuming drugs in the workplace.

Companies' views on the prevention workshops were that they competed for employees' time during working hours, resulting in a loss of output – they would need convincing of the benefits of the programme in saving costs and increasing productivity. The Project Associate recommended additional work (under the Global Compact, and involving the ILO) with the companies to which this project had 'opened doors'.

The Final Report shows that all the activities had been undertaken. Thirty-four 'sensitisation workshops' had been held (the number attending was not given). Documentation accompanying the Final Report showed that Calsam spent only \$12,435 of the total grant, and accordingly returned \$3,564 to the Regional Office.<sup>35</sup>

#### *A4.2 The project in South Africa*

In South Africa, the local partner was the Tag Rugby Association, based in Cape Town. This project uses Tag Rugby<sup>36</sup> to help children and young people develop an active lifestyle. Talks are given and information booklets distributed at Tag Rugby events about healthy lifestyles and how to say no to drugs. In December 2009, the organisation reported an annual budget of \$354,500. They partnered with an NGO, 'Learn to Earn', which manufactures the Tag Rugby belts

In its application to UNODC (dated 23<sup>rd</sup> March 2009), the Tag Rugby Association stated that South Africa was experiencing ATS abuse and that its abuse was well-documented, particularly 'tik'<sup>37</sup> in the Western Cape Province. Reasons for increasing ATS abuse

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<sup>35</sup> The documents express the amounts in rupees, as follows: received 685,152; spent 532,506; returned 152,646. I have converted these at a rate of 42.8 rupees to the USD, this rate being back calculated on the basis of the 685,152 rupees being the original USD 16K. This fits with a current (December 2010) rate of around 45 rupees per dollar

<sup>36</sup> Tag Rugby™ is a trademarked activity, described as follows: 'Tag Rugby ... is a non-contact team game in which each player wears a belt that has two velcro tags attached to it, or shorts with velcro patches. The mode of play is similar to rugby league with attacking players attempting to dodge, evade and pass a rugby ball while defenders attempt to prevent them scoring by "tagging" - pulling a velcro attached tag from the ball carrier. Tag rugby is also used as a development game / alternative by the rugby union community.' *Wikipedia* (accessed 19-05-10)

<sup>37</sup> 'In Cape Town, South Africa, crystal methamphetamine use has exploded very quickly. Known locally as "tik", the drug was virtually unknown as late as 2003. Now, it is the city's main drug of abuse, even when alcohol is included. Tik is usually smoked, using a straw in a

included poverty, unemployment, boredom, aspirations to the luxury lifestyle of 'drug lords' and lack of sporting opportunities. The project was seen as an opportunity to provide 'protective factors' through taking part in Tag Rugby and, in doing so, being exposed to information about drug misuse.

The Association's application gave its objective for this project as:

'To enhance the knowledge of the target communities by providing training and life skills programmes to educators, parents and children on the harmful effects of substance abuse particularly ATS through participation in the TAG Rugby™ Tackle Safety Programme.'<sup>38</sup>

It listed two activities to be undertaken to achieve this objective:

- 'Organise TAG Rugby clinics with the aim of encouraging young people to apply positive decisions off the playing field based on the ethical values they would have learnt from the clinics through life skills training'
- 'To organise life skills training workshops based on best learnt preventative measures and communication skills for parents and identified community leaders.'<sup>39</sup>

To undertake the Tag Rugby clinics, the Association planned once-weekly activities over six months in 96 primary schools, aimed at boys and girls aged 6 to 13 years. To undertake the lifeskills training workshops, the Association planned to reach around 1000 parents (of both genders) and community leaders, providing them with two sessions a month over six months. The first set of activities would be monitored by weekly reporting and attendance registers, the second by monthly reporting and attendance registers. The total budget requested was \$15,900.

The Association stated that a baseline assessment would rely on 'regular reporting on participation and feedback from the officers involved'; 'studies that other organisations have done in the area; and 'government statistics on crime / drug usage in the areas'.<sup>40</sup> They allocated \$600 for evaluation and described only how they would evaluate their first objective: 'on numbers/names of participants... at the beginning of each session'.<sup>41</sup>

Regarding the sustainability of the project, the Association's application stated that:

'Some of the young people will receive train-the-trainer short courses to enable them to sustain the project by being able to run TAG Rugby along with their peers in their schools and communities.'

They also pointed out that:

'By empowering and training communities as well as leaving the resources in the communities they will be able to continue keeping the children active and involved in sport on an ongoing basis.'

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light bulb. 'UNODC, 13 June 2008 ([www.unodc.org/unodc/en/frontpage/tik-meth-in-cape-town.html](http://www.unodc.org/unodc/en/frontpage/tik-meth-in-cape-town.html)) (accessed 19-05-10))

<sup>38</sup> Grant Application Form from Tag Rugby Association.

<sup>39</sup> Grant Application Form from Tag Rugby Association

<sup>40</sup> These suggestions showed a misunderstanding of what a baseline assessment was.

<sup>41</sup> This statement showed a misunderstanding of evaluation: what was being suggested was simple monitoring.

'Regular communication with the members of the community and police forces in the area will ascertain how the programme is working going forward.

'As the Tackle Safety Pilot Project is for a year<sup>42</sup> the emphasis will be on given the training and resources to the communities and then empowering them to use carry the programme forward.'

In its Interim Report (dated 14<sup>th</sup> October 2009), the Association reported that in a five-month period they had organised Tag Rugby clinics in 40 schools with 1,915 children. They report 'no problems' and that: 'young people and educators found the activities beneficial towards getting the ethical values required.' The time frame had changed due to: 'the late arrival of required funding/ grants from various partners. With final reporting due on the 31<sup>st</sup> December 2009 the time frame had to be changed to accommodate the closure of the schools on the 11<sup>th</sup> December 2009.' Regarding the second activity, the Association reported that around 1,000 participants had attended lifeskills training workshops for one session a month over five months. The same reason was given for the change in the time frame, but no comment was made on the reduction in the number of sessions from two a month in the application to one a month in the Interim Report. The number of schools had been reduced from 96 to 40 'to enable completion of the project'.

The Interim Report stated that a baseline assessment had not been conducted. Evaluation had been attempted by receiving class lists from form teachers following a visit from Tag officials, and from 'feedback forms sent to principals' following 'drug and crime information visits'.

It was reported that one of the partners had changed – from 'Active Education' to 'Choices for Life', as the former organisation could not deliver within the revised timeframe. 'Choices for Life', it was stated, '...utilises current and ex-prison warders as well as a recently released prisoner and member of a notorious gang, who spent 19 years in jail, to deliver an excellent message to the children'.<sup>43</sup>

In its Final Report (dated 7-12-2009) the Tag Rugby Association reported that their local situation assessment had involved discussing the problems of ATS with various government departments to whom they presented the programme. Following discussions with the South African Police Services they had changed the selection of schools in order to target those schools that had reported or documented problems with ATS and other substances.

They stated that ATS was a 'growing problem', and that the main risk factor was poverty. Protective factors were thought to be young people having information about 'the use and abuse of ATS',<sup>44</sup> and role models, especially sporting role models.

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<sup>42</sup> It is not clear why 'a year' is referred to here, as the application was for six months (the UNODC quotes the duration as eight months ('Annex I Grant to the TAG Rugby Association'))

<sup>43</sup> One must doubt the 'excellence' of this approach, given that the use of ex-prisoners has not been shown to be an effective drug prevention strategy

<sup>44</sup> However, the research evidence is that the provision of drugs information only is not an effective drug prevention strategy– it must be combined with skills development, boosting self-efficacy, exploring attitudes, etc.

During the project, the programme had been carried out in 40 schools once a week for one year, and had been monitored by weekly reporting. Around 1000 parents and community leaders had participated in lifeskills training workshops once a month over five months, but this work would continue beyond this reporting timeframe into March 2010, and monitoring would take place.

Regarding evaluation of the work, the Association stated in their Final Report that they had conducted a baseline assessment, but went on to describe an *evaluation* questionnaire that they used with 'principals, teachers and young persons'. They report two questions asked of these respondents:

- '1. Do you think it is necessary for the Tackle Safety Programmes [*sic*] drugs and crime awareness message to be delivered within the community?
- '2. Was the drugs and crime message clear and easy for the children to understand?' <sup>45</sup>

The Final Report does not include any data on the results of these or of other questions in the questionnaire.

It is reported that objective 1 was evaluated by the 'numbers of children involved in the programme ... [through] regular reports from officers delivering TAG in the schools... after the sessions', and from 'programme appreciation/feedback' via a questionnaire administered to schools participating in the programme. Process evaluation was reported carried out in the same way.

Reported results of the evaluation were that:

- 93% of principals questioned thought it necessary to have the programme delivered within their community
- all the principals thought it necessary for the Tackle Safety Programme Drugs and Crime Awareness Programme to be run in their schools
- all the principals wanted the programme to continue in their schools in 2010
- 90% of the principals questioned said that their expectations of the Tackle Safety Programme were met.
- 74% of teachers questioned felt the drugs and crime message was clear and easy for the children to understand
- 86% of teachers felt there was a need for schools to receive such an awareness programmes.

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<sup>45</sup>These are poor questions: for example, the second question contains two different propositions: (i) was the message clear, and (ii) was it easy to understand. Furthermore, given the wide range (6 to 13 years) of the target population, an easy-to-understand message for older young people, might not be easy to understand for the younger ones.

- all the children questioned recognised that 'the most important message delivered by the people in the drugs and crime message (play)' was: 'don't do drugs and crime'.

Reporting on participation and sustainability the Association described the young people as participants, but went on to state that they would train peer leaders in the schools to 'assist the teachers with the execution of the games within the school'. Also reported is that 42 SAPS [South African Police Service] Cadet members had been trained to teach TAG Rugby in their communities.

The Final Report stated that they felt that they would be able to sustain the programme in the 40 schools. They planned to set up leagues so that schools could play sport together.

The Association reported that the budget from UNODC of \$16,500 had been spent: \$12,480 was spent as budgeted on the first activity and \$3,420 (as budgeted) on the second, plus \$600 on evaluation. The Association's total budget from other sources was \$113,320.<sup>31</sup>

#### *A4.3. The project in Mexico*

The grant recipient was *Centro de Integración Juvenil (CIJ)*, a non-profit civil association founded in 1969 with the objective of addressing the issue of drug consumption among Mexican youth. CIJ have almost 40 years of experience in the field of drugs and carry out prevention, treatment, rehabilitation activities and conduct research on drug consumption in Mexico. Although the organisation has worked with the UN on projects over the past 15 years this was their first project on prevention with the UN and their first project that addressed methamphetamine specifically. The grant amount from UNODC was \$ 6,834.<sup>46</sup>

The first objective of the UNODC project in Mexico was described as to run a workshop on methamphetamine prevention and risks and harms associated with the drug among vulnerable contexts and populations. The second objective was to train relevant professionals about methamphetamine misuse through a training course in two locations (Colima and Durango); the third and fourth objectives were to monitor the interventions resulting from the training and to encourage their sustainability.

The Interim Report stated that a number of activities had taken place to publicise the proposed workshops and training, but that the course dates had been delayed to tie in with a major annual activity of CIJ. A baseline assessment of methamphetamine misuse had been conducted, leading to a focus on the North-west Region of Mexico, where the ATS-related problems were thought to be greater. The assessment had helped to define the context of the training. Links has been made with relevant organisations in the two target local areas.

The Final Report described the relevant research on methamphetamine misuse in Mexico, reporting that, nationally, 12.5% of adults reported lifetime methamphetamine use.

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<sup>46</sup> This project shared with the project in El Salvador the total available to the UNODC Region, Mexico, Central America and the Caribbean

Treatment-seeking for methamphetamine use was reportedly high. Particular risk and protective factors associated with methamphetamines identified by Mexico researchers include: low perception of risk; ignorance about the effects; social pressure on youth; availability and low cost; the long-lasting effects; low levels of schooling among users; unemployment; previous use of alcohol, tobacco and marihuana.

Two workshops / training courses (three eight-hour sessions) in the two locations (with 45 people attending in Colima and 56 in Durango) had taken place;<sup>47</sup> which had included information on:

- different methods of prevention and the design, implementations and evaluation of prevention interventions
- the risks and harms associated with methamphetamine use
- the high-risk groups and vulnerability to methamphetamine use
- detection and referral of those at risk and those who were using methamphetamine
- the use of brief interventions.

Monitoring data showed that the average age of those on the training courses was 36.3 years (with slightly more women (55%) attending compared to men (45%)). The majority were working in the health sector (55%), while 17 per cent worked in public safety, 16 per cent in education, and 12 per cent worked in community-level care.

Follow-up monitoring took place one month later (by telephone, web-chat or by a logbook sent by post). Three-month follow-up was also undertaken. The follow-up was an integral part of the project because a goal of the training had been the creation of plans for preventive intervention in high-risk contexts and with groups vulnerable to methamphetamine use. For this purpose, the trainees had been grouped into teams according to their work (school, prison, health, etc.)

Monitoring found that 15 plans for preventive intervention had been designed: six in Durango and nine in Colima. Most of these were directed to children and young people who, as a result of their living conditions, were more exposed to the risks associated with drug use in general and to methamphetamines in particular. Examples included:

- young people living in areas with high drug availability
- children of parents with alcohol problems
- students performing poorly at school
- children who were orphaned or abandoned.

Most of these activities were directed at those who were experimental or occasional consumers of alcohol and methamphetamine. They had been designed taking account of the information provided during the training, and had utilised local evidence bases. It is

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<sup>47</sup> Entitled: 'Training in prevention of methamphetamine use: difference in contexts and populations at high risk,' and taking place in Durango on November 25<sup>th</sup> to 27<sup>th</sup> 2009, and in Colima on 2<sup>nd</sup> to 4<sup>th</sup> December 2009. The total duration of each course (which ran from 08:30 to 16:30 over three days) was 24 hours (10 hours of theoretical work and 14 hours of practical); lectures and group work were used.

not clear how many of these projects had been (or begun to be) implemented although in telephone interview with staff of the project, three activities were described: i) 'Enjoy the Magic' promoted protective factors among adolescents; ii) 'adolescents for a healthy life' promoted generic healthy lifestyle factors; iii) one project addressed children of alcoholics.

In a follow-up to the work, 880 copies of a publication, *Metanfetaminas. Lo que los padres deben saber* ['Methamphetamines: What parents need to know'] were printed and distributed (including to those attending the workshops).

#### *A4.4. The project in El Salvador*

In El Salvador, the local project leader was Fusalmo (Foundations Salvador del Mundo). Fusalmo is a large non-profit nationwide NGO that works with young people, especially those at risk, or with economic or other problems, which includes drugs problems and gangster violence. Young people are helped to continue their studies, and there are opportunities for sporting and youth activities. Funding of the annual budget of around \$1m comes from various sources within El Salvador and other countries.

Fusalmo did not conduct its own assessment of ATS use specifically among its target groups but relied on research from other agencies such as the University of Don Bosco and the Ministry of Education. Fusalmo considered that the perceived increase in crime was related to drug use in general, and that the biggest problem in relation to ATS was ignorance of the consequences of consumption. The organisation considered that their 'Educational Programmes for Free Time' helped youth to be informed about drugs and their consequences,' and emphasised the importance of family communication, which, it was asserted, kept young people 'away from ATS or any other kind of drugs'.<sup>48</sup>

The local project had two objectives:

- to implement a workshop on prevention ATS consumption to youth in El Salvador at a national level for nongovernmental and governmental organizations
- to strengthen prevention activities for youth on ATS consumption through an information exhibition on ATS consumption aimed at young people but also open to the general public planned for the period March to June 2009

The activities planned under the first of these objectives included the selection of 40 organisations (both government and NGO) to participate in a two-day national workshop 'on training of prevention of use of ATS in young people in El Salvador'. This workshop was planned to take place in February 2009 for 90 people in the age-range 20 to 35 years. Training for youth leaders was also planned.

Under the second objective, the planned 'Expo' aimed to reach 2,000 young people in the age-range 12 to 22 years. Initially, a rock concert for youth with 400 participants in the 13 to 22 age range was also planned, but this was not included in the final version of the proposal.

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<sup>48</sup> Grant Application Form, Fundacion Salvador del Mundo, p4

To carry out this programme, the organisation was to appoint a member of staff to assist with co-ordination and administration. Local evaluation would involve a pre- and post-test questionnaire, and observation. The total budget was \$7,985.<sup>49</sup>

The Interim Report (December 2009) stated that the two-day workshop had taken place (rather later than intended<sup>50</sup>) in July 2009, and had been attended by 90 people from the target groups. A second two-day workshop took place in November 2009, attended by 97 people.<sup>51</sup> In both workshops, attendance by the target age-range was achieved, and there was a roughly equal balance between males and females; 20 government and non-government organisations were represented. Feedback from participants showed that the opportunity to share experiences was welcome and that the teaching was appropriate, providing 'much knowledge on stimulants'.

Training for 250 youth leaders in the 13 to 18 age-range had also taken place. The participants were: '... selected from different parts of the country, western, eastern, central, this allows the information on amphetamines [to] achieve a multiplier effect throughout the country.' The nature of this training was not clear. An evaluation of the workshop through pre- and post-testing found that there was little knowledge of amphetamines prior to the workshop – following the workshop, knowledge was improved, but there was concern about the lack of strategies to tackle drugs issues. Some of the suggestions about how to do this included: the provision of information via campaigns, participatory lectures, leaflets, video, games, etc.; school visits and talks to parents; recreation activities, sport, art; the increased participation of young people; and the development of municipal policies.

Fusalmo reported links with other organisations including the Ministry of Education, although this Ministry was reported to have a 'high sensitivity' about the topic.

Regarding sustainability, the applicant considered that drug prevention components could readily be included in future programmes, and that the Global Youth Network could be strengthened. Its co-operation with the Ministry of Education and with other agencies could lead to projects in some of the schools with which Fusalmo was working, and in sports centres.

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<sup>49</sup>UNODC-FUSALMO Grant Agreement, Annex I, May 2009

<sup>50</sup> 'In September the receipt of funds to implement the grants, the date was rescheduled because the funds were received in this month and that due to the H1N1 pandemic classes were suspended for about one month, ..., so that the latter activity has been scheduled for the third week of November, during which time the young [people] are already on vacation.

'On 11 and 12 November the second workshop was planned, which by decree a national emergency because of the Storm Aida which caused many deaths and damage across the country, was again suspended ... [and took place] on 26 and 27 November.' Interim Report page 3

<sup>51</sup> It is not clear how the second workshop was financed from the budget which had only envisaged one. When questioned about this, the project leader explained that within a big organisation, if something worked well it could be repeated: there were funds for such activities Furthermore the reported disbursed budget for this activity shows only 50 units for lunch and coffee break and for materials, and reports an under-spend of \$660. The Interim Report states that only those who travelled long distances to the workshop received lunches.

The Final Report stated that people who used amphetamines had been identified: it was evident that they did not know the consequences of use. Some of the workshop attendees had identified schools where students were at higher risk of ATS use, and had used peer-to-peer methods to discuss drugs with them.

### Annex 5 Summary tables of features of the four local projects

This Annex provides three summary tables of features of the four local projects; however, because they were so different, these tables are not designed to make comparative judgements about the projects. It should be noted that the projects in Mexico and El Salvador shared the grant aid available for the UNODC Region, Mexico, Central America and the Caribbean.

**Table 1: Summary of the four local projects**

Project	<i>CalSam</i>	<i>Tag Rugby Assoc.</i>	<i>CIJ</i>	<i>Fusalmo</i>
UNODC Regional Office	South Asia	Southern Africa	Mexico, Central America and the Caribbean	
Country	India	South Africa	Mexico	El Salvador
Key 'Objectives'	Encourage and assist BPOs to incorporate substance abuse in policies, etc.; organise workshops each in five BPOs; develop skills amongst the employees & family members for enhancing protective factors against substance abuse	Provide training and lifeskills programmes to educators parents and children on harmful effects of substance abuse (esp. ATS) through participation in TAG Rugby™ Tackle Safely Programme	Training course/ workshop in two locations (Colima and Durango) targeted at key professionals on methamphetamine prevention and risks and harms associated them in vulnerable contexts and populations	National workshop on prevention of ATS misuse; and an Information Expo for youth on ATS prevention
Grant from UNODC	\$16,000	\$16,500	\$6,834.68	\$7,985
Activities	Dialogue with 60+ BPOs, agreements with 7; at each of 6 of these, two awareness workshops reached 500 employees	Tag Rugby organised in 40 schools; 1,000 parents and community leaders attended lifeskills training workshops	2 training courses held in the specified locations; follow-up monitoring to assist in the creation of interventions	Two workshops held. Training for 250 youth leaders. Expo took place.

**Summary of the four projects' perspectives on the ATS issue**

The final reporting form asked two key questions:

Question B2 Describe what was the situation with regard to the problem of the use of ATS and other substances among your target group.

Question B3 Describe what puts the youth at risk of ATS and other substance use (the risk factors), and what protects the youth from ATS and other substance use (protective factors).

The four projects' answers to these questions are summarised in the table.

**Table 2: Summary of answers to Qs B2 and B3 on the final reporting form**

<i>question</i>	<i>India</i>	<i>South Africa</i>	<i>Mexico</i>	<i>El Salvador</i>
Q B2 The situation re ATS	'Amphetamines are a <b>growing concern</b> for Indian authorities, both as trafficked items and in terms of abuse.' [emphasis in the original]	'...a growing problem', especially among youth. Attractions of the lavish lifestyles of 'drugs lords / gangsters' lead to the use and selling of ATS, and 'once caught in the web it is a downward spiral of gangsterism and crime'.	Nationally, 12.5% report lifetime methamphetamine use. Treatment-seeking for methamphetamine use is high.	1. Ignorance of the consequences of the ATS consumption among youth and organisations that aimed to help them. 2. Some parents encourage their children to get involved in trafficking. 3. Increasing crime is related to drug consumption <sup>52</sup>
QB3: Risk Factors	'Jobs in the Business Process Outsourcing (BPO) industry undoubtedly involve high levels of stress in the form of tight target deadlines, monotonous nature of job and night shifts.'	'The main risk factor we have seen is that of poverty. In the underprivileged areas the youth are victims of circumstance and are easy targets for ATS and other substance use.	Particular risk and protective factors associated with methamphetamines identified by Mexico researchers include: Low perception of risk; Ignorance about the effects; social pressure on youth; availability and low cost; the long-lasting effects; low levels of schooling among users; unemployment; previous use of alcohol, tobacco and marihuana.	1. Drug traffickers in areas near homes and schools, 2. Lack of police presence 3. Laws protecting children perversely encourage the use of children for drug-smuggling
QB3 Protective factors	Protective Factors seem to be good life skills & good communication & relationship with family & friends within & after work and managing stress through nurturing, family outings, shopping, watching films, dining out, healthy work place environment etc. are major protective factors ...'	'The protective factors of the project are that the youth are given information regarding the use and abuse of ATS as well as the role models that have been in that situation and used sport to get out of that situation.'		1. Government, the National Drug Commission and NGOs working to prevent drug use. 2. Churches transmitting values and running rehabilitation centres.

<sup>52</sup> this point is from the project proposal

*Summary of the four projects' adherence to prevention principles*

The *Policy and Programming Guide* suggested eight prevention principles. The *Guide* was used in developing the training courses where these principles were explained and explored: unfortunately, the projects did not emerge from those who had been on the training, and there was little evidence that the local projects staff had made use of the *Guide* in creating their projects. This assertion is evidenced by the table below, which shows the scores allocated by the Evaluator to the four projects according to their adherence to the principles. A scale of 0 to 10, where 0 is 'not at all' and 10 is complete adherence, has been used; an empty cell indicates this element could not be assessed on the basis of the information available. These scores are very subjective and should be taken as indicative only. The table should be read in conjunction with the footnotes. It should also be noted that while the *Guide* may not have been extensively used, the local projects generally conformed to the suggested guidelines and responded to perceived local need.

**Table 3: Summary of the four projects' adherence to prevention principles \***

No./ Notes	prevention principles	India	South Africa	Mexico	El Salvador
1.	Locate the amphetamine-type stimulant use prevention plan within a larger drug strategy and youth development frameworks	6	4	8	8
2. [A]	Base the prevention plan on a clear knowledge of the amphetamine-type stimulant use problem and the resources that can be applied to it	6	4	8	5
3.	Clarify the targets of amphetamine-type stimulant use prevention	10	4	8	5
4. [B]	Engage the youth target group meaningfully in policy and programme design and implementation	5	5	[E] 5	5
5.	Strive for a comprehensive, coordinated response	Difficult within the short timeframe and limited resources available			
6. [C]	Choose programmes that are proven or show promise	8	6	6	6
7. [D]	Ensure that activities are evaluated	8	5	8	5
8.	Pay attention to workforce development and organizational capacity	10	4	8	8

\* These scores are subjective and should be taken as indicative only

[A] Data on ATS were limited, especially in Mexico and El Salvador

[B] It does not seem that youth were meaningfully involved in any of the projects' designs

[C] Few programmes that could be implemented in the time frame and with the resources were available. But workplace development activities show promise.

[D] Activities were evaluated, but the evaluation was not of good quality

[E] Although the project in Mexico reached a very broad range of professionals, the projects designed as a result of the training and follow-up did target key groups such as 'children living in areas of high drug availability' and 'children of alcoholic parents'

## Annex 6 Web statistics: tables

Table 5.1: Hits, Visits and Unique Visitors\*

<i>year</i>	<i>Unique visitors #</i>	<i>Number of visits</i>	<i>Pages</i>	<i>Hits</i>	<i>Bandwidth</i>
2008	<=266	345	441	441	5.81
	1.29 visits / visitor	1.27 pages/ visit			17.25 KB/Visit
2009	<=503	728	1330	1330	16.31
	1.44 visits / visitor	1.82 pages/ visit			22.94 KB/Visit
2010	<= 375	490	1312	1312	26.15
	1.3 visits / visitor	2.67 pages/ visit			54.65 KB / visit

\* Viewed traffic only ('not-viewed traffic' includes traffic generated by robots, worms, or replies with special HTTP)

# exact value not available

Table 5.2 Page entry and exit points

<i>year</i>	<i>page</i>	<i>viewed</i>	<i>entry</i>		<i>exit</i>	
		N=100%	N	%	N	%
2008	/youthnet/ats.html	394	304	77	304	77
	/india/ats.html	47	41	87	41	87
2009	/youthnet/ats.html	1238	661	53	708	55
	/india/ats.html	90	66	73	70	78
2010	/youthnet/ats.html	1196	386	32	394	33
	/india/ats.html	112	101	90	104	93
<b>all years</b>	<b>/youthnet/ats.html</b>	<b>2828</b>	<b>1351</b>	<b>48</b>	<b>1406</b>	<b>50</b>
	<b>/india/ats.html</b>	<b>249</b>	<b>208</b>	<b>84</b>	<b>215</b>	<b>86</b>

Table 5.3: Country: 'top ten' countries

<i>2008</i>	<i>2009</i>	<i>2010</i>
United States	United States	Great Britain
[Unknown]	[Unknown]	United States
Switzerland	South Korea	[Unknown]
South Korea	Great Britain	South Korea
Australia	India	Hong Kong
India	Germany	Canada
Qatar	Laos	Philippines
Ivory Coast (Cote D'Ivoire)	Australia	Australia
Great Britain	Philippines	Brazil
Russian Federation	Canada	China

**Table 5.4: Visit duration**

	2008		2009		2010	
	<i>seconds</i>	<i>%</i>	<i>seconds</i>	<i>%</i>	<i>seconds</i>	<i>%</i>
0s-30s	317	91.8	671	92.1	463	94.4
30s-2mn	7	2	11	1.5	2	0.4
2mn-5mn	8	2.3	9	1.2	5	1
5mn-15mn	5	1.4	17	2.3	12	2.4
15mn-30mn	4	1.1	7	0.9	3	0.6
30mn-1h	4	1.1	9	1.2	3	0.6
1h+	0	0	55	7.5	13	2.6
<b>Average</b>	<b>75</b>		<b>326</b>		<b>148</b>	
<b>N = 100%</b>		<b>345</b>		<b>728</b>		<b>490</b>

**Table 5.5: Connection to site**

	2008		2009		2010	
	<i>pages</i>	<i>%</i>	<i>pages</i>	<i>%</i>	<i>pages</i>	<i>%</i>
Direct address / Bookmarks	210	71.6	548	61.8 %	302	76 %
Links from a News Group	0	0	0	0	0	0
Links from an Internet Search Engine -	69	23.5	117	13.2 %	54	13.6 %
Links from an external page (other web sites except search engines)	14	4.7	221	24.9 %	41	10.3 %

**Table 5.6: 'Top ten' key words and key phrases**

<i>year</i>	<i>key phrases</i>		<i>key words</i>	
2008	N=27 ('top ten' = 43.4% of total)	amphetamines a stimulant; atsendia south; unodcats; amphetamine youth; atsunodc; russia amphetamine-type stimulants; ukrainian meth youth; methamphetamines abuse pretestpost test survey; journals articles on methamphetamine in America; ats Egypt	N= 62 ('top ten'= 40.8% of total)	youth; stimulant; amphetamine; ats; use; in; amphetamines; a; stimulants; india
2009	N- 32 ('top ten' = 40% of total)	preventing illicit drugs to our global youth; www.unodc/youthnet; organisations and institutes in south africa for substance abuse among the youth; youth methamphetamines prevention plan; why amphetamines abuse; related literature effect of drugs to the youth; reasons for amphetamine abuse; how is prevent amphetamines?; drug abuse among youth in the Philippines; stimulants in Ukraine.	N= 70 ('top ten' = 47.8% of total)	youth; abuse; the; drugs; in; of; among; preventing; to; philippines.
2010	N= 21 ('top ten' = 56% of total)	how to prevent the use of stimulants; amphetamines youth global network; the illicit action network; preventing illicit drugs to global youth india; articles and literature on youth and crime in India; why do the youth abuse drugs?; preventing illicit drugs to our global youth; preventing illicit drugs for global youth; most common drugs used by the youth in Ukraine; what type of people use ecstasy.	N= 57 ('top ten' = 49.4% of total)	youth; the; drugs; to; global; illicit; stimulants; preventing; use; of.

