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Enhancing the capacity of Governments and NGOs to address drug demand  
reduction in Eastern Africa.  
Project AD/RAF/01/E15.

Report of the Evaluator  
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## Executive Summary

### Introduction:

Project E15, 'Enhancing the capacity of Governments and NGOs to address drug demand reduction in Eastern Africa' aims primarily at strengthening the capacities and involvement of government structures and NGOs in Eastern Africa in planning drug demand reduction activities and linking them with the prevention of HIV/AIDS.

Three main strategies are employed to fulfill this aim;

- A five day national training workshop aimed at increasing the knowledge and skills of key drug demand reduction personnel in the treatment and prevention of drug problems
- Allocation of small grants to facilitate drug demand reduction activities, post workshop
- Provision of drug demand resources to key agencies and personnel.

This report will employ a process evaluation methodology to evaluate the conceptual and practical aspects of these strategies and is based on an analysis of the Project Document, various project activity reports and interviews with 50 project participants from three countries (Kenya, The Seychelles and Uganda).

### Major Findings

The evaluation was conducted primarily at a process and implementation level although structural components of the project were also considered.

At a structural level, concerns have to be expressed about the wording of the overall drug control objective and the two immediate objectives;

The overall drug control objective of the project is to significantly reduce the demand for illicit drugs at the community and national levels in the selected countries within a period of three years by further improving the capacity of Government's institutions and NGOs in planning and effectively implementing better targeted demand reduction activities in view of achieving the goals set by the United Nations General Assembly Special Session on Drugs held in June 1998.

The 2 immediate objectives in this project are;

1. To enhance the capacity of Governmental institutions and NGOs in 13 selected countries located in the East African sub-region to address primary prevention, treatment and rehabilitation.
2. To increase the availability of accurate and appropriate information on drug control issues in the sub-region, and to foster the exchange of experiences within the identified countries of Eastern Africa.

There are two major concerns with both the overall drug control and immediate objectives. Firstly, they are too intangible to be measured easily and secondly the wording of the objectives suggest that a baseline measure needs to be present before the project begins, so that measures of reduction, enhancement and increase can legitimately be made. In the absence of a baseline measure these objectives cannot be validly measured. The evaluation report will discuss this in more detail (see page 14)

At a process/implementation level, three clear themes have emerged from this mid term evaluation of the project.

Firstly, the combination of training, micro project grants and development and allocation of resources has had a galvanizing effect in most of the countries where the project has been introduced. The training workshops have been followed by a host of activity.

Secondly the networking amongst NGOs and Governmental agencies has been quite remarkable and one of the key successes of this project to date. This networking has led to collaborations in as wide ranging a topic area as curriculum development and outreach to street children to name a few.

Thirdly there has been a need identified by people interviewed for this evaluation as well as documented in the evaluation reports for workers across the region to share in each other's expertise, essentially tapping into a knowledge based network across the region. There has been strong support therefore for a regionally based centre of excellence that would be able to foster this knowledge sharing as well as providing more advanced training and placements for drug demand reduction workers in the region.

In all the project thus far has been successful in placing drug demand reduction on the agenda across primary, secondary and tertiary prevention organizations including those involved in treatment and rehabilitation.

The report also recommends that regional Governments be encouraged to establish strategic oversight committees to manage and resource national drug demand reduction activities as well as develop and implement national drug control plans so that the long term sustainability of drug demand reduction in the region is ensured.

In short Project E15 has been able to demonstrate impressive gains in putting drug demand reduction on the agenda of several countries in the region through a combination of training and funding of key agencies in the drug demand reduction field. However in order for the long term sustainability of these gains to be realized, a supportive and nurturing system for drug demand reduction needs to be established. The responsibility for such systems rests with regional Governments who need to ensure that mechanisms, such as a strategic drug control body which has oversight of a comprehensive drug control masterplan, of which drug demand reduction would be a key component, are effectively in place before the completion of this project in 2004.

## Major Results

As of October 2003, 443 people from eight countries in the ROEA, working in the prevention, treatment and management of drug demand reduction programs, have been received basic training in the prevention and treatment of drug problems. Further a drug counsellor's guide has been written in three languages (English, Swahili and French) with at least 2000 copies of each version being produced and distributed to key Government and NGOs in the region.

In addition, the following resources were also printed and distributed;

- 24,000 information leaflets on types of drugs abused in Eastern Africa. All were distributed to all countries touched under the project.
- Reprint of 24,000 additional ones this year to respond to the increasing demand for this type of info.
- Distribution of 3,000 bookmarks on 26 June 2002 International Day "Drug abuse and HIV/AIDS".
- Ongoing distribution of 3,000 bookmarks with 26 June 2003 theme: "Let's talk about drugs".
- 2 types (1,000 x 2) of stickers in 2002
- 2,000 stickers on drug prevention on an African theme in 2003.
- A host of activity at 2002 International Drug Awareness Day on the 26<sup>th</sup> June, across the region which garnered a significant amount of media coverage.
- Funds totaling \$86733 to about 30 different organizations to assist in developing DDR projects and activities.

As a result of this training, resourcing and funding a disparate range of drug demand reduction activity has taken place. These include;

- Drug Demand Reduction Training curriculum for health and community workers in two countries (Kenya and Seychelles),
- several training workshops conducted by project participants for a range of those working with drug addicts and their families including; workshops for drug counselors, youth workers, police, social workers, teachers, detention centre staff, religious leaders (Imams)
- Public awareness projects like a street parade with a theme linking HIV/AIDS and Drug Abuse (Seychelles) on International Drug Awareness Day (26 June)
- Peer clubs for 420 slum children (Nairobi)

## Major Lessons Learnt

The lessons chosen for inclusion in this report, have been made on the grounds of their applicability to other projects, insights that could help other projects become more effective in attaining their objectives.

1. The importance of rigorous screening procedures to select capable NGOs that are driven by the desire to work at grass-root level ensures success in implementing activities that improve the well being of local people”.
2. Networking among NGOs and increased information sharing increases chances for practical collaborative work.
3. The importance of writing clear objectives that can be tangibly measured will enable a project to be better evaluated
4. When choosing to implement a national project it is important to pick the right time, as political instability (due to such issues as war) or governmental reorganization can create significant barriers to the smooth implementation of the project.
5. The chances of a needs assessment being completed is relative to the number of people who bear responsibility for its completion. There is a higher chance of completion when less people are involved, therefore a needs assessment survey that depends on at least 13 people completing it (not counting the number of people that they need to contact) has less of a chance than say a ‘Rapid Assessment’ conducted by a small team of people.
6. It is crucial to have baseline measures in place before the start of a project. These measures must be linked to the objectives so that the impact of the project can be validly measured after the end of the project by noting any changes to the baseline measures.
7. The most effective resources are those, like the Drug Counselor’s Manual, that enable workers to do their jobs more effectively by combining skill development and information.

## Major Recommendations

The major recommendations are geared towards building on the lessons learnt in this project as well as introducing some initiatives so as to facilitate the sustainability of gains made in this project.

A set of baseline measures must be put in place prior to the commencement of any project activities if valid measurements of the project objectives are to be made. Consequently, the project objectives themselves need to be clearly defined so that it is clear about what exactly it is that the project’s success is being measured against.

The most significant finding from this evaluation in terms of project reports and interviewee responses has been the level of successful networking that has taken place and continues to after the workshop.

In order to sustain this networking at both a sub regional and regional level it is recommended that a regional DDR Centre of Excellence be established to resource a network of sub regional networks, as diagrammatically shown in Annex 10. The Centre would have its core functions designed to facilitate the building and sharing of knowledge and skills around DDR issues.

Another set of recommendations deal with the need to address system level issues around the long term viability of DDR work in the region. These look at the need for national oversight councils to be established so that strategic coordination of national DDR efforts can be managed. Other issues like the need for baseline studies around alcohol and drug use and a national drug control masterplan to address these issues also need to be addressed before the gains made in this capacity enhancement project can be honestly and fully realized.

## Major Conclusions

It might be timely with the completion of this review to approach the various Governments in the region to advocate putting in place systems that will ensure that the existing DDR workforce in each of the participating countries will be adequately resourced and supported once E15 is finished at the end of 2004.

In the next 12 months at least, governments should be encouraged to form a strategic oversight council or committee like an Inter-Ministerial Drug Control Committee and begin work on developing a drug control masterplan (where one does not exist) or develop a timetable for actioning it (where one does exist).

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## Explanatory Notes

The following abbreviations appear in the report:

NGO = Non Government Organisation

CBO = Community Based Organisation

DDR = Drug Demand Reduction

IEC = Information Education Communications

IMDCC = Inter-Ministerial Drug Control Committee (or Council)

E15 = Name of this project, 'Enhancing the capacity of Governments and NGOs to address drug demand reduction in Eastern Africa. Full number is Project AD/RAF/01/E15

## Introduction

This project aims at consolidating the success achieved under a recently completed regional project on NGOs mobilization, AD/RAF/95/967, by significantly improving the capacity of NGOs and Governmental institutions in thirteen selected countries in East Africa to undertake drug demand reduction.

It further builds on project AD/RAF/95/967, “Development of Capacity of NGOs in Eastern and Southern Africa in Drug Demand Reduction” which evaluated very positively in its Tripartite (TPR) review in November 1998. The TPR meeting of project AD/RAF/95/967 found that the effectiveness of the NGO DDR sector would be greatly improved if it was able to work in more closely with Government efforts. The TPR had thus recommended that a follow-up project be formulated. The present project therefore aims at building on the achievements of project AD/RAF/95/967. (pg.8, Project Document, E15)

The project has improved the drug demand reduction capacity of a number of NGOs and Governmental institutions by providing a combination of training, resourcing and access to technical support where necessary. This has led in most places to a strengthening of ties between agencies and an increase in collaborative work which has led to an increase in local demand reduction capacity.

The evaluation design has been largely determined by the UNODC ROEA office and is based on a process evaluation methodology, using three methods of data collection and analysis, thus providing the means to triangulate key findings. These were;

- Interviews with key participants in the E15 project as well as government officials from Kenya, Uganda and The Seychelles
- Analysis of the Project Document which outlines the project objectives, outputs and activities to meet those outputs.
- Analysis of sub project reports supplied by participants.

Findings made in this report are based on the triangulation of these sources unless otherwise stated.

The Mid Term Evaluation (MTE) was conducted over a 2 week period in three East African countries, Kenya, Uganda and The Seychelles and involved visits to 6 sites and interviews with 50 people who had participated in the project. See Annex 3 for a list of people and their organizations interviewed for this MTE.

Schoeni (2003)<sup>i</sup> states that there are 5 types of evaluation in public policy program evaluation; needs assessment, assessment of program theory, process or implementation analysis, impact analysis and cost benefit/cost effectiveness analysis.

Given the mid term nature of this evaluation, the main type of evaluation documented in this report will be that of process and/or implementation analysis. Process (or Implementation Evaluation) is a form of evaluation that assesses the extent to which a

program is operating as it was intended. It typically assesses program activities' conformance to statutory and regulatory requirements, program design, and professional standards or customer expectations<sup>ii</sup>.

The interviews were conducted using a structured 17 point interview guide, (Annex 11), which was adapted to suit the interviewee and time restrictions. The aim of the interviews was to give respondents an opportunity to reflect on their work in DDR and how useful and effective the training workshop, funding and resource allocation was in enhancing their capacity to conduct DDR activities with their chosen client group. The interviews also gave respondents an opportunity to provide constructive criticisms of the project and specifically how it could be improved in the future.

Success therefore, as discussed in this report, refers primarily to the process and implementation of the project to date as indicated via its outputs and activities in the Project Document and the satisfaction of project participants with the progress of the project.

This report assesses the degree to which this project is 'on track' to meet its stated objectives, at this mid way point, by discussing the degree of success it has had thus far in implementing its planned outputs and activities.

In keeping with the format of report supplied by UNODC, this evaluation systematically analyses the project concept and design and implementation before evaluating the results of the project to date.

# I Project Concept and Design

In this chapter, the concept and design of the project alone is evaluated in terms of its structure and logic.

## A. Overall assessment

As a training and resourcing strategy to address DDR the overall project concept and design is based on a coherent and logical structure.

The aim of the project which is about “Enhancing the capacity of NGOs and Government to do drug demand reduction” is clearly articulated in its title.

The project began with a needs analysis, which then informed a series of training workshops which brought together key people and agencies in the drug demand reduction field. To maintain momentum small grants were allocated to selected agencies after the workshop, as well as demand reduction resources like brochures and a drug counsellor’s handbook. The grants allowed participants to implement ideas developed at the workshop and thus facilitate their own capacity building.

One critique of such an approach is that it assumes that all the current DDR workforce requires to do its job more effectively is to get more training and some resources and funds for projects. The question as to whether or not the current situation around drug demand in the region can only be significantly addressed by a better trained and resourced workforce is never really asked.

In order for the question as to “What is the most effective strategy to address the demand for drugs in this region?” to be adequately answered an accurate picture of national and regional drug use needs to be provided. As yet no such baseline studies exist, so the answer to that question is difficult to provide.

There is no doubt however that a better trained, resourced and networked workforce can have a significant impact on reducing demand for drugs, but perhaps this impact would be greater if other factors were present like political and government support for DDR, a functioning drug control master plan, a strategic oversight council or committee to coordinate national DDR efforts and maintain the flow of funds to address the issues. These factors provide the conditions in which a well trained and resourced workforce can flourish as they ensure that the workforce, resources and infrastructure are working together in a coherent and coordinated manner. However in their absence it can lead to a situation where workers get frustrated and early gains, such as what are currently being witnessed now, will be dissipated in the face of indifferent support from regional Governments.

The point then about the project concept and design is that as a training and resourcing strategy it appears to be very well designed, the question here is whether

or not the timing of this strategy is appropriate given that there are a number of system level issues that need to be addressed and resolved in order for the gains made in this project to be fully realized in a sustainable manner.

## B. Problem analysis, objectives and achievement indicators

The general drug control situation, as described in the context section of the Project Document, describes the East African region as one where there is growing concern about the level of drug use and drug trafficking, compounded by such factors as political instability and economic hardship. The increase availability of drugs has resulted in the attendant problem of increased substance use. Project E15, is particularly concerned about the latter. It aims to address this increase in drug abuse by three main strategies;

- Strengthening the capacities and involvement of governmental structures in drug demand reduction activities
- Improvement of competencies, human and financial resources of NGOs and community based organizations in planning and implementing drug demand reduction activities;
- Linking drug demand reduction activities with efforts to prevent the spread of HIV/AIDS in the sub region. (pg.5 E15 Project Document)

Surprising the Project Document does not specifically define the term ‘Capacity Building’ rather it is referred to or implied in a few sections of the document, as the above three dot points in the context section of the Project Document outlines. A clear definition of the term at the beginning of the document would have assisted in strengthening the focus of this project as well as making it easier to evaluate the successful achievement or otherwise of the project objectives.

It would appear from these references then that Capacity Building, for the purposes of this project, is regarded as a process of strengthening and improving the knowledge and skills of organizations involved in drug demand reduction activities across the spectrum of prevention, treatment and rehabilitation.

Unfortunately the use of the terms strengthening and improving makes it very difficult to evaluate in terms of success, as in the absence of a baseline study, there is no benchmark to measure any improvement or strengthening against. Perhaps other measures that describe levels of participation by a certain percentage of registered NGOs in DDR training programmes or an output measure that states that a certain percentage of NGOs will be implementing a certain number of DDR projects within a specified time period might be a better method of describing the enhancement of capacity building within the DDR sector as they do not rely on a baseline study to measure success.

In the absence of a formal definition of 'Capacity Building' in the document, references to 'Capacity Building' have to be found. In the 'Expected End Of Project Situation' section this is written;

'By the end of the project, Governments and NGOs in Eastern Africa will have been better equipped in terms of know-how and appropriate skills to succeed in their prevention, treatment, rehabilitation and relapse prevention activities. They will also have benefited from advisory services to address demand reduction in general and advocacy, prevention, treatment, rehabilitation, training and research in particular. They will have received training relevant to their needs and will be skilled to modify their existing programmes or develop new ones attuned to the economic and socio-cultural realities of their communities and societies. The capacities of UNDCP ROEA to provide up-dated drug demand reduction information will have been improved. Counselling, prevention, training and advocacy materials will have been developed.' (pg.11)

Analysis of the above passage seems to indicate the capacity building in the context of this project will be focused around know-how (knowledge) and skills to better succeed in drug prevention, treatment, rehabilitation and relapse prevention. This evaluation has used these factors to shape the interview questions with project participants, essentially asking them about whether the training workshop was able to advance their knowledge and skills in their chosen area of drug demand reduction and their subsequent use of the micro grants and information resources.

## 1. Problem Analysis

Project E15 is predicated on the concept that demand for drugs can be reduced by improving the capacity of those agencies involved in drug demand reduction to do their business more effectively.

The project has done this by being focused primarily on providing training to the key selected members of the existing drug demand reduction workforce in East Africa. As an initial foray into capacity building this is quite acceptable as it provides UNODC with a means of identifying crucial capacity building issues and addressing them later in a timely and strategic manner.

Although the concept for the project is logical, there is no documented evidence, such as a baseline study or even a comprehensive needs assessment to recommend such an approach. In fact the only needs assessment that has been conducted has been done around designing and developing the training programme. This could be seen as being a little preemptive, a broader needs assessment or baseline study should have preceded this and if a skills/knowledge deficit was identified as the critical obstacle to reducing demand for drugs then this project would logically be the correct one to develop.

For example the baseline study might have identified government inaction as the major stumbling block to drug demand reduction or a lack of sustainable funding for drug demand reduction as another. In these two hypothetical examples, a different strategy might have suggested itself rather than the training/funding/resource allocation model provided in E15.

However, given the lack of available baseline measures, due to a number of confounding factors such as pockets of political instability in the region and bureaucratic intransigence in others, the current approach of building on previous gains made in Project AD/RAF/95/967 is sound.

## 2. Objectives

The overall drug control objective of the project is to significantly reduce the demand for illicit drugs at the community and national levels in the selected countries within a period of three years by further improving the capacity of Government's institutions and NGOs in planning and effectively implementing better targeted demand reduction activities in view of achieving the goals set by the United Nations General Assembly Special Session on Drugs held in June 1998.

There are 2 immediate objectives in this project;

3. To enhance the capacity of Governmental institutions and NGOs in 13 selected countries located in the East African sub-region to address primary prevention, treatment and rehabilitation.
4. To increase the availability of accurate and appropriate information on drug control issues in the sub-region, and to foster the exchange of experiences within the identified countries of Eastern Africa.

There are two major concerns with both the overall drug control and immediate objectives. Firstly, they are too intangible to be measured easily and secondly the wording of the objectives suggest that a baseline measure needs to be present before the project begins, so that measures of reduction, enhancement and increase can legitimately be made. In the absence of a baseline measure these objectives cannot be validly measured.

For instance the term 'significantly reduce' drug demand requires an empirical measure of current levels of drug demand in the region followed by another survey or data collection method to ascertain if there had been any changes to the levels of drug demand and whether those changes were statistically significant. As well the post project evaluation will need to show if any of the changes in drug demand were attributable to the interventions from the project.

The problem with the immediate objectives is the ambiguity in the terms used. In the first objective the term enhanced is used. What does it actually mean and how does one measure it? Terms like enhance are multi component terms that possibly cover a

range of functions. It is imperative that terms like these are defined in the Project Document so that it becomes easier to identify and therefore to measure. The same goes for the term capacity which probably covers a range of factors. Again a definition of the term would have identified specifically the forms of capacity that were to be enhanced and thus to devise valid methods of measuring this objective.

The problem with the terminology of the second objective is that it refers to increased availability of accurate and appropriate information. How does one measure availability? Is it about number of resources produced or distributed or loaned? Or something else altogether? How about determining the level of accurate and appropriate information as opposed to information that may not be accurate and/or appropriate? What standard of accuracy and appropriateness will this be measured against and how will the level of such resources be measured before and after the project? There appears to be no document that states what type and quantities of DDR resources were available prior to the commencement of Project E15.

Like the overall drug control objective, the two immediate objectives depend on a baseline measure in order to be validly measured.

It might also have been prudent to include another objective which could have concentrated wholly on determining the level and extent of drug use in the region and the current capacity to address it as this would align the project more significantly with the primary drug control objective. As capacity building involves both assessment and development components, such a baseline study would have identified issues which would have had direct implications in ascertaining whether or not countries have the relative capacity to tackle the particular problem. This could then have informed which type of training strategies would have been the most appropriate.

It is important in undertaking any capacity building exercise to fully understand the nature and size of the problem in which you are attempting to address. It is strategic for 2 reasons;

- i) It provides an evidence base to monitor and track the effectiveness of a suite of programs designed to reduce the problem;
- ii) It can provide compelling evidence as to why further resources need to be allocated in order to address various aspects of the problem.

At the time of writing none of the countries under review had undertaken any comprehensive baseline studies of the nature and extent of drug use in their countries, although I understand that Kenya might have such a study in progress. In any case, a baseline study should have preceded and informed the capacity building project.

However, under objective 1 there is an output that is about undertaking a needs assessment, although this Needs Assessment is selective and geared towards informing the development of the Training Program. As discussed previously this is subtly different from undertaking a proper baseline study to determine the larger extent of alcohol and

drug abuse and what suite of interventions (including training) would need to be implemented and in what sequence to achieve maximum impact.

At this point, in the absence of a proper regional baseline study, there is no way to validly determine whether the overall drug control objective to significantly reduce the demand for illicit drugs at the community and national level can ever be properly assessed.

Some options like conducting a survey with key governmental and community agencies after the project, to determine if drug demand has been reduced, may provide some indication about the effectiveness or otherwise of the project but are not rigorous and would be considered unacceptable on internal validity grounds. That is in the absence of any statistical measures to determine if changes in demand reduction, post project are statistically significant, one cannot attribute any significance to any changes as being causally linked to the strategies in the project.

Given the fundamental difficulty in which this project faces in being able to validly measure its objectives, it will be difficult to determine the impact of the project; that is changes at the objective level. The immediate objectives, should be reworded so that a proper impact evaluation may be undertaken at the completion of this project.

### 3. Achievement Indicators

The Achievement Indicators in the original Project Document (AD/RAF/00/E15) have not been updated in the Project Document Revision so this assessment is made on what is provided in the first document.

The current achievement indicators will therefore need to be updated to reflect the change in scope of this project.

The achievement indicators appear to be logical and verifiable and apart from the comments in the above paragraphs appear to be quite valid indicators of the activities presented.

The only output which should have an additional indicator is Output 5, dealing with the 'Drug control issues incorporated in the UN System-Wide project "Heart and Soul", and aired in the countries of East Africa by the end of 2000'.

Apart from the achievement indicator which reads 'Appropriate drug prevention messages developed' which is an appropriate indicator for 5.1, an additional achievement indicator should also be included. This could read as; 'Appropriate drug prevention messages broadcast or portrayed', as an achievement indicator for 5.2

As Output 5 is essentially about a multimedia project, a valid achievement indicator would be about whether the appropriate messages have been broadcast or portrayed in one of the media used in this project.

### C. Outputs, activities and inputs

In this section, the internal validity of the outputs, activities and inputs is evaluated. In other words, the logical setup of whether the activities match the output and input which in turn link to the objectives will be examined. The actual achievement or otherwise of these outputs will be discussed in Chapter 2 under Project Implementation.

There are 6 major outputs, 25 distinct activities and inputs in personnel, sub-contracts, training and miscellaneous totaling US\$1,166,100.

#### Output 1

A report prepared by the end of the first quarter 2001 summarizing the strengths, weaknesses, potentialities and training needs of governmental structures and NGOs involved in drug demand reduction in 10 countries. (13 countries in the new revision)

In the revised project document there is no mention of a revised Output 1, which should have been included as the number of countries involved have changed.

The stated activities for Output 1 are;

- 1.1. Identification of NGOs and government structures involved in demand reduction in Eastern Africa namely in prevention, treatment and rehabilitation activities.
- 1.2. Identification of the strengths and weaknesses of these structures, as well as constraints hampering their activities.
- 1.3. Assessment of the training needs of these governmental and non-governmental entities by means of questionnaires and field visits where required.

Conceptually this is a logical and appropriate first output. In the absence of a proper baseline study, this is a reasonable replacement as it at least should determine the opportunities to assist the current demand reduction workforce to better fulfill its role in drug demand reduction.

The activities and inputs, as identified in the Project Document, attached to this output are valid and appropriate.

#### Output 2

At least 700 government officials and NGO personnel from the 13 countries in Eastern Africa trained by mid-2004 in drug/substance abuse prevention, early identification, treatment, rehabilitation and aftercare, with modules on alcohol abuse prevention and HIV/AIDS prevention incorporated in each training course.

The bold items represent the changes made from the original project.

The stated activities for this output are;

- 2.1 Identification and selection of 40 government and NGO personnel in each country for training;

- 2.2 Identification and selection of 300 government and NGO personnel in Ethiopia and Uganda, 150 in each country, for training;
- 2.3 Development of country-specific training programmes, based on existing material within UNDCP, to suit training needs identified under Output 1;
- 2.4 Selection of one structure (governmental or NGO) to serve as counterpart for the implementation of the national training;
- 2.5 Selection, where required, of national or international short-term consultants to deliver training in collaboration with the international expert;
- 2.6 Organization of 1 national training workshops in each country;
- 2.7 Organization of 4 additional training workshops, 2 in Ethiopia and 2 in Uganda.

The activities attached to this output are sound and appear to be quite targeted. Participants are carefully chosen and a training program is developed with the needs of the particular country in mind. This is important as it avoids the common mistake of believing that a one size fits all model is the best approach.

The Training Program does however contain common elements across all countries, specifically those modules dealing with the fundamentals of drugs, treatment and prevention. This is a sound approach as well as it ensures a standardized approach to the understanding of key drug demand reduction concepts and enables workers to more easily network and share knowledge across the region.

#### Revised Output 3

At least 20 grants awarded to governmental entities and NGOs to undertake specific demand reduction activities, and 3 African Youth Awards granted by end-2004.

#### Activities for Output 3

- 3.1 Invitation addressed to governmental entities and NGOs to submit project proposals in the drug demand reduction field. As far as possible, these proposals will be linked to the theme of the International Day against Drug Abuse and Illicit Trafficking for each year covering the project duration;
- 3.2 Follow-up of the implementation of the selected proposals, and provision of advisory assistance to governments and NGOs where required to ensure successful implementation;
- 3.3 Selection of one youth per year in Eastern Africa having made an outstanding contribution to prevention or treatment of drug abuse;
- 3.4 Granting of award (1 per year for 3 years) for a youth to attend a selected international demand reduction event.

Again there is no issue with this output and its attached activities.

#### Output 4

At least 30 journalists trained in drug related issues pertaining to information, prevention and advocacy by mid 2003.

This is one of the outputs under objective 2, which is directed at increasing the availability of DDR resources and information to key stakeholders.

The stated activities for this output are;

- 4.1. Identification and selection for training of at least 30 journalists covering social, health and developmental issues in countries of Eastern Africa.
- 4.2. Selection of a civil society or inter-governmental organization/association to act as counterpart for the organization of the workshop.
- 4.3. Development of the training programme based on existing materials within UNDCP in collaboration with a national or international short-term consultant.
- 4.4. Holding of the training workshop.

This output does not specify if the journalists referred to here are print based or newspaper only journalists. It would have been better to specify journalists working across all media, as this would have been a good opportunity to provide a standard set of information and media reporting guidelines to journalists working in both the print and electronic media. This is important as the public would have been able to receive a consistent set of messages from the media.

The electronic media should also have been specifically included as it is the medium of choice for young people, one of the primary target groups of this project.

#### Output 5

Drug control issues incorporated in the UN System-Wide project “Heart and Soul” and aired in the countries of East Africa by the end of 2000.

The stated objectives for this output are;

- 5.1. Design of appropriate drug abuse prevention messages and portrayal of drug trafficking.
- 5.2. Provision of a grant to the “Heart and Soul” project in view of the incorporation of these messages in multimedia packages in collaboration with other UN Agencies

This output appears to be opportunistic and responsive to an existing UN project. This is quite appropriate as it appears that the project was able to leverage its funds wisely to tap into a much larger and more expensive project than what the project budget would ordinarily be able to afford.

#### Revised Output 6

Printed and/or visual general and technical information on drugs and drug-related matters produced and provided on a large scale within the subregion by mid 2003.

#### Revised Activities for Output 6

- 6.1 Printing of 2000 copies of the Swahili version of the Drug Counsellor's Handbook. Distribution to take place during the last quarter of year 2002;

- 6.2 Translation, printing and distribution of 2000 copies of the French version of the Drug Counsellor's Handbook;
- 6.3 Printing and distribution of 2000 copies of the English version of the Drug Counsellor's Handbook in Uganda;
- 6.4 Translation, printing and distribution of 3000 copies of the Amharic version of the Drug Counsellor's Handbook in Ethiopia;
- 6.5 Production of a musical video/audio tape depicting drug issues in the African setting;
- 6.6 Designing, printing and distribution of posters, information leaflets on drugs, stickers and pins;
- 6.7 Procurement of 100 books and subscribing to 3 specialized journals for 3 years;
- 6.8 Publication of 6 issues of the regional Newsletter

This output should also include audio materials as they are cheaper to produce than videos and depending on the target group probably more effective as a medium for communicating demand reduction messages.

A word of caution though about the use of Information Education Communications (IECs), a term generally applied to encompass educational resources. The current evidence from research suggests that IECs, as a single strategy, are not the most cost effective method of facilitating behaviour change around such issues as using drugs or alcohol, as the behaviour results from a complex interplay of factors, such as the person, situation and type and amount of drug use, and where information alone is not a strong enough barrier to drug use. These materials however are more effectively deployed against specific target groups like people who work with young people or parents, teachers, peer educators, police etc.

Therefore it might help if this output was to specifically mention the development and dissemination of resource material to specific target groups.

#### D. Executing modality and managerial arrangements

The project was implemented in three significant stages;

- a) A training needs survey was sent out to selected agencies on the advice of the National Focal Points in each of the participating country.
- b) A 5 day training program was developed and implemented in eight countries, with a module in the last day addressing local issues.
- c) A small grants program for selected micro projects was allocated after the workshop in consultation with the local National Focal Point.

The development and dissemination of targeted drug information resources subsequently followed, with a range of resources being made available in several languages across the region.

This three step approach has resulted in a number of networks being formed, many informally, following the workshop, to undertake joint projects together. For example workers involved in slum based work with ‘at risk’ youth have reported collaborating with each other after the training workshop (Kenya). In two of the countries where the training workshops have been conducted, there is also evidence of workers from NGOs collaborating with local universities to help design new curricula on drug demand reduction for students in health care, community work and nursing to list a few. (Kenya and The Seychelles).

In countries where the Needs Assessment questionnaire was not completed, an Assessment Mission (AM) was conducted by the Project Leader from UNODC ROEA office. This AM provides an overall sense of the drug control situation in a particular country and the place and significance of DDR within the overall drug control picture. See Annex 12 for an example of an AM report.

In Annex 10, a model is proposed as to how a network of DDR groups and networks can be supported by their appropriate national bodies which in turn are supported by a regional centre of excellence in DDR. Such a model can also be used to by the International Expert to support and mentor the national coordinators who in turn would report to their respective national drug control oversight committees.

## II. PROJECT IMPLEMENTATION

In this chapter the overall context of the project implementation is considered. As indicated earlier in the report, the nature of this evaluation is essentially around the process and implementation of the project to date, so the measure of success will be considered at the process level. The evaluation question posed here is “Is the project on track to deliver its outputs via its stated activities?” A measure of success then is whether the stated activities have been implemented and what have been the immediate outcomes of these activities.

### A. Overall assessment

Based on interviews with DDR training workshop participants and grant recipients as well as analysis of workshop assessments and funded project reports there appears to be tangible and credible evidence to suggest that E15 has been successful in enhancing the capacity of NGOs and Governmental entities to develop and implement drug demand reduction programs.

Specifically, project participants have been asked if, in their opinion, their skills and knowledge in drug demand reduction have been improved since attending the workshop and whether the capacity of their organization has been enhanced or improved since being a part of Project E15.

Participants have indicated in interviews that their organizational capacity to address DDR with their nominated client group had improved since attending the workshop and receiving the small grants. They have attributed such improvements through being better informed, resourced (financially and also through information items like brochures, posters, manuals) and networked.

A case in point was the Anti Drugs Poster Competition for schools in the Mombassa district. Following the training workshop, four local NGOs collaborated to run an anti-drugs poster competition in the local schools. Workers from these NGOs visited schools to promote the anti drug message, using information and materials that they had received from the Project E15 Training Workshop. The local museum, which also doubles up as the local cultural centre, hosted the event which had a very high participation rate (over 100 entrants). Since that competition, the US Embassy has contributed some funds (54,000 Kshs) for a follow up project, which the local drug awareness network is currently planning. The participation of the NGOs in this project has further strengthened their links with each other and this has resulted in the development of the local drug awareness network and more collaborative work like joint outreach work.

In The Seychelles, linkages between a local treatment and rehabilitation centre (Mont Royale) and the National Institute for Health and Social Studies were forged at their E15 Training Workshop which led to the development of a local curriculum on drug demand reduction and treatment.

In Nairobi, one of the workshop participants who heads up an NGO that offers counseling and psychological support services teamed up with 3 local universities to develop a 3 month Certificate in Chemical Dependency, which expected 200 students to graduate at the end of 2003.

Another participant who manages an NGO that works with other NGOs working in the slums of Nairobi has developed a close link with a medical practitioner who also attended the workshop and has used his expertise in an ongoing way to provide in service training for herself and her staff. Many of the people interviewed for this evaluation reported of exchanging learnings with other participants and tapping into each other's resources. For example two slum based NGOs were able to connect up with another youth organization that mainly accessed middle class youth to utilize some of its infrastructure and information resources for their workers and clients.

Critical to the success of this project has been the networking afforded through the training workshops and the grants allocated for micro projects. There is evidence to suggest that training workshop participants have continued to maintain, in varying degrees across the region, these networks and in some cases to do collaborative work together.

At a process evaluation level then, it has been observed that the three strategies of training, funding and resource allocation and dissemination have resulted in increased DDR activity and networking. The positive factor to note is to see the increase in informal networking and project collaboration. This unintended (though not unexpected) benefit is a measure of the success of the project to date, at the process/implementation level of this project.

This shows that, at a subjective level at least, the project is 'on track'. Participants in the project perceive that their participation in the training workshops, funding program and DDR resource allocation has resulted in improving their skills and knowledge which in turn has resulted in an improved capacity of their organization to deliver DDR.

It must be noted however that as there is no clear definition of 'enhancing capacity building' at the objective level, there is no standard against which this increased activity or these perceptions can be measured against across the region. In the absence of this standard measure, the next best available evidence is at the 'subjective' level which is what has been made available to this evaluator through interviews with project participants and access to funded project reports.

## **B. Delivery of inputs**

According to the Project Document, the inputs are listed as personnel costs for project staff, training, travel and sub contracts for items like print costs associated with developing the drug demand reduction resources.

One major input that should be considered is for some kind of benchmarking or baseline study to be conducted before the project commenced. This could have been done as a survey or, given the poor response rate to the needs assessment survey sent at the beginning of the project, perhaps a series of rapid assessments could have been conducted by the project leader instead.

One of the major activities under output 1 was the dissemination of a needs assessment questionnaire to the 13 countries participating in this project. Unfortunately the completion rate for this has been comparatively poor with five countries completing the assessment fully ( Djibouti, Mauritius, Uganda, Seychelles and Somalia) and five countries partially (Comoros, Ethiopia, Kenya, Madagascar and Tanzania ).

The training needs assessment, where and when it was completed, provided some useful insights into the training needs of the selected participants and helped to shape the national training workshop. The questionnaire though could also have included one or two questions asking respondents not only if there was a drug problem in their community/country but also what they thought contributed to the problem.

It is quite valid in drug prevention to seek answers about predisposing or contributing factors to the problem, in keeping with the PRECEDE model of health promotion as developed by Green et al. Their answers would have provided those developing the training with a better understanding of the DDR issues facing workshop participants in any of the particular regions where the training has been held.

The training program itself was also very well received with respondents rating it highly in their post workshop evaluation. In interviews however a number of respondents felt a little ambivalent about whether the training had met their expressed need, in terms of the needs assessment questionnaire. A significant number of respondents felt that the workshop had not met their expressed need but that it had still been very useful both in providing them with new information about alcohol and drugs and methods of addressing these problems either from a prevention context or a treatment context (depending on which group they were in), as well having the opportunity to network and meet other key people in their particular field. In fact almost every person interviewed for this evaluation has rated the networking aspect of the workshop as the most significant thing that had experienced from attending the workshops.

It should also be noted that respondents felt that a lot of their needs were a bit unrealistic for a general first off workshop, such as advanced counseling skills (Seychelles respondent), or how to write and defend a grant proposal (Nairobi respondent) which on reflection they felt would best be delivered to a more targeted group in the next phase of the project, if such were to be planned.

A number of respondents, especially those working in primary prevention thought that the training workshop was a bit too clinically focused including it must be noted one respondent who worked in a treatment setting. This might have been due to the fact that a number of the workshops were conducted by two doctors, except in Uganda where they were joined by a social worker. In the future it might be a good idea to have one medical

or clinical person present with one social/primary prevention specialist like a social worker or sociologist so as to present a broader perspective.

The training workshop too does not appear to have a dedicated session on protective factors even though there is a session on risk factors. The conventional practice in drug prevention training is to address both these issues together. For primary prevention practitioners in particular, knowledge about both risk and protective factors enables them to better plan a prevention campaign which not only warns people about the risk factors but also promotes the protective factors and where possible builds them into the program planning and implementation. See Annex 9 for a list of protective factors against drug abuse.

So although workshop participants felt that the workshop was useful, it could probably be more useful if there was a broader focus on DDR including sessions on protective factors and designing and developing community based grassroots responses to the issue of preventing drug abuse.

The information materials were (and continue to be) a resounding success with the Drug Counselor's handbook now available in several regional languages as well as English and French. Respondents have also asked for more resources and it appears that resources that target the worker/agency level (as opposed to the general public) might be well received as well as contributing to enhancing the capacity of the agencies. Resources and tools that would assist in project planning and evaluation have been suggested by a number of respondents, as well as more dedicated counseling and assessment/treatment tools. In short workers are seeking tools that will enable them to do their work more effectively and efficiently.

### C. Management, implementation, monitoring and backstopping of activities

The Project Manager uses a hands on approach towards the management and implementation of this project.

He has personally been involved in conducting all the training workshops (with either another national or international co-facilitator) and vets the grant applications. He therefore has a thorough knowledge of the complexities around the issues pertaining to demand reduction in the region.

The monitoring of this project is significantly reliant on reports completed by grant recipients, workshop facilitators and feedback from members of the local expert network (LEN). This has yielded a good flow of qualitative data.

A data management and reporting system where LEN and other key informants could report on a standardized set of data items pertaining to DDR activities in their locality would significantly improve this monitoring function. A cost effective method of doing this would be to set up secure web based system that LEN and other selected key

informants could access to upload their reports and thus have their information available to others in the region instantly. The positive aspect of this is that it enables a network of key stakeholders in the regional DDR sector to share their knowledge and information about resources in a timely manner. As the Project Manager is the lynchpin for this project, a knowledge management system such as this, around the more technical aspects of drug demand reduction ought to be considered as a complementary system that could more easily fill in the gap when he is unavailable.

Backstopping for the project is offered by two other staff, one for administrative matters and the other on basic program and technical matters.

#### D. Circumstances affecting the project (Prerequisites)

The project document outlines the following as prerequisites for the successful implementation of the project.

“All beneficiary structures, governmental and non governmental will be required to sign a letter of agreement with, and commitment to the objectives of the project. In particular, they will accept to keep at their posts for at least 3 years the personnel trained at the project, and to use the grants awarded to them to target high risk groups, drug addicts and their families. Governments will take the necessary steps to remove obstacles to the viability and sustainability of the project. Governments should also establish the necessary mechanism, which would promote inter-ministerial cooperation as well as government and NGO collaboration.” (pg. 19, E15 Project Document)

Support by Governments in the region will be measured against how well they have adhered to the conditions outlined in the above paragraph.

At the end of 2003, five countries had responded fully ( Djibouti, Mauritius, Uganda, Seychelles and Somalia) and five countries partially (Comoros, Ethiopia, Kenya, Madagascar and Tanzania ) to the Needs Assessment Questionnaire. Out of the three remaining countries, an assessment mission was conducted to Rwanda in early 2003, and another one in Eritrea in February 2004. An Assessment Mission (AM) is planned for Burundi in March 2004. Governments support has been very strong in all countries, except for Burundi where an AM is yet to be conducted and Somalia where, there has been no central government to work with for the last twelve to thirteen years. Except for Burundi and Somalia, at this stage, all regional Governments have signed or have indicated that they will sign an agreement form whereby governments commit themselves to conduct DR activities with the funding provided to them under the project.

The existence and functionality of a high level national body that coordinates and determines strategic direction for a country’s response to its alcohol and drug issues is also varied across the region. Such a body, often referred to as an Inter-Ministerial Drug Control Committee (IMDCC) exists in varying forms in six countries; Kenya, Tanzania, Seychelles, Djibouti, Madagascar and Comoros. Four of them are working well. Kenya and Comoros are not although Kenya’s has just been reviewed with significant

recommendations for its restructure and focus made in the review report. At the time of writing, the results of the review have not yet been made public.

Mauritius and Ethiopia have a national institution looking at drug control, particularly demand reduction, but not an IMDC as such. Uganda has an informal group of key stakeholders that meet, called its National Alcohol & Drug Awareness Committee (NADAC). This group is seeking to be formally legitimized by the Government at the moment. It is chaired by the two LEN members Dr David Basangwa and Mr Rogers Karsirye

In other countries in the region where no such formal or informal body exists, the function of drug control, including demand reduction is conducted by either the Ministry for Health or the Ministry of Interior.

The existence of a National Drug Control Master Plan is another key condition that could enable the success of this project. Such a plan would provide a coordinating mechanism for countries to ensure that their DDR efforts are being coordinated at both a strategic and operational level. It should also ensure that programs are based on both locally obtained evidence, as well as international best practices in DDR. Ideally such a plan would be informed by a national drug use baseline study and be guided by its findings.

A few countries in the region have taken the first steps in getting such a plan organized. Such a plan exists in; Kenya, Tanzania, Madagascar, The Seychelles and Djibouti. None have yet been translated into action as such, although UNODC Nairobi is planning a project around this with some key countries in the region.

### III. PROJECT RESULTS

In this section, 5 items will be evaluated.

- A. The Outputs and their associated activities;
- B. Immediate Objectives and Outcomes;
- C. Drug Control Objective;
- D. Other Results and
- E. Sustainability.

#### A. Outputs

The project document has detailed six outputs from this project listed below. Outputs will be evaluated according to the achievement or otherwise of the activities listed, as detailed in the Project Document. This type of process evaluation will provide some feedback on whether the project is on track.

As no regional baseline study exists, there is no valid way to determine, the level of impact at the objective level of this project.

1. A report prepared by the end of the first quarter of 2001 summarizing the strengths, weaknesses, potentialities and training needs of governmental structures and NGOs, involved in demand reduction in the 13 countries
2. At least 700 government officials and NGO personnel from the 13 countries in Eastern Africa trained by mid-2004 in drug/substance abuse prevention, early identification, treatment, rehabilitation and aftercare, with modules on alcohol abuse prevention and HIV/AIDS prevention incorporated in each training course.
3. At least 20 grants awarded to governmental entities and NGOs to undertake specific demand reduction activities, and 3 African Youth Awards granted by end-2004.
4. At least 30 journalists trained in drug related issues pertaining to information, prevention and advocacy by mid 2003
5. Drug control issues incorporated in the UN System-Wide project “Heart and Soul”, and aired in East African countries by end 2000.
6. Printed and/or visual general and technical information on drugs and drug-related matters produced and provided on a large scale within the subregion by mid 2003.

Output 1: A report prepared by the end of the first quarter of 2001 summarizing the strengths, weaknesses, potentialities and training needs of governmental structures and NGOs, involved in demand reduction in the 13 countries.

Outcome to date:

This output has yet to be achieved due to a number of compounding factors. According to the Project Manager, countries have been very slow to respond with only five countries responding fully ( Djibouti, Mauritius, Uganda, Seychelles and Somalia) and five countries partially (Comoros, Ethiopia, Kenya, Madagascar and Tanzania ), at the end of 2003. Out of the three remaining countries, an assessment mission was conducted to Rwanda in early 2003, and another one in Eritrea in February 2004. An Assessment Mission in Burundi by the Project Leader is planned for March/April 2004.

Output 2: At least 700 government officials and NGO personnel from the 13 countries in Eastern Africa trained by mid-2004 in drug/substance abuse prevention, early identification, treatment, rehabilitation and aftercare, with modules on alcohol abuse prevention and HIV/AIDS prevention incorporated in each training course.

Outcome to date:

As of October 2003, 443 (63.3%) of the 700 government officials and NGO personnel to be trained, have so far received training. 8 (61.5%) of the 13 national training workshops have now been held.

See the table below for participant numbers per country.

According to the Project Document, 40 participants in each country are expected to receive training in demand reduction. Trainees are selected from key institutions which are dealing with drug problems and/or HIV/AIDS problems in their daily work or are likely to encounter them or are working with youth and at risk populations. This achievements in this output thus far have exceeded expectations, using the expected figures of 40 participants per workshop.

Number of participants trained in the National Training Workshops  
(up to Oct 2003)

Name of country	Number Trained;
Djibouti (first ever demand reduction workshop)	50
Kenya	57
Madagascar	60
Rwanda	61
Seychelles	50
Uganda	55
Comoros(first ever demand reduction workshop)	55
Ethiopia	55
Total	443

This leaves five countries where primary training still needs to take place namely; Burundi, Somalia, Mauritius, Tanzania and Eritrea. In Mauritius and Tanzania, training has already occurred previously under different but complementary projects to E15.

Apart from the training that has been offered to Government and NGO representatives some additional training has also occurred since the national training workshops.

Due to conditional funding Uganda and Ethiopia have had or will have additional people trained. In Uganda apart from the National Training workshop conducted by the UNODC, three further workshops targeting the two remand centres and journalists in both the newspaper and radio have also been conducted.

Additional training workshops with young people in a peer education context have also taken place in Seychelles, Kenya (Nairobi, Mombassa) and Uganda by participants in the national training workshops.

The Seychelles is in the process of establishing an 'Edutainment Group', using young peer educators. Youth workers in Nairobi, Nakuru and Mombassa are training peer educators in the slums or ghetto areas in a range of topic areas covering both HIV/AIDS and Drug Demand Reduction (DDR) issues. In Uganda, the peer education work has now been occurring for some time and the national training workshops have been successful in updating and reinforcing the skills and knowledge base of the workers who attended.

Output 3: At least 20 grants awarded to governmental entities and NGOs to undertake specific demand reduction activities, and 3 African Youth Awards granted by end-2004.

Outcome to date:

This output has been very successfully met. A list of the grants awarded to date, can be found in Annex 8. Grants have been allocated for micro projects, International Day Against Drug Abuse (26 June), DAPAR and some resource development.

The African Youth Awards scheme has already seen 8 young Kenyans sponsored to attend the International Conference on AIDS and Sexually Transmitted Diseases held in Nairobi in September 2003. Two and possibly a third young person may also be sponsored to attend the UN-HABITAT Safer Cities meeting in Durban, South Africa at the end of November 2003.

More details about the grants can be read in the UNODC Project Progress Report for January to September 2003 and Annual Progress Report 2002 located in Annex 8.

The table below provides a look at the type of micro projects that have been funded in the four of the thirteen countries; Djibouti, The Seychelles, Uganda and Kenya

## 1. Djibouti.

Title of micro-project.	Activities.	Beneficiaries.	Budget/Status.
1. Involving the Religious Leaders in drug prevention activities during the Friday Sermon	<ul style="list-style-type: none"> <li>• Training of 30 Imams</li> <li>• Sermons in 33 mosques</li> <li>• Distribution of Leaflets in mosques</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Wakf/30 Imams</li> <li>• Population attending 30 mosques</li> </ul>	2,700 /Ongoing
2. Drug Abuse Sensitization through Audio cassettes in collaboration with buses and mini-buses.	<ul style="list-style-type: none"> <li>• 4 songs in four languages registered on Drug Abuse and HIV/AIDS Prevention.</li> <li>• 200 cassettes registered and distributed.</li> </ul>	<ul style="list-style-type: none"> <li>• 200 bus drivers</li> <li>• All their passengers</li> </ul>	2,500/Ongoing
3. Vast Prevention campaign on drug abuse and HIV/AIDS in schools	<ul style="list-style-type: none"> <li>• Talks in several schools</li> <li>• Pamphlets distributed</li> </ul>	<ul style="list-style-type: none"> <li>• 3,000 students and their teachers</li> </ul>	3,500/Ongoing
4. Drug Abuse sensitization in communities in collaboration with Women Association	<ul style="list-style-type: none"> <li>• Sensitization Campaign in communities</li> </ul>	<ul style="list-style-type: none"> <li>• Communities in Djibouti</li> </ul>	2,400/Planned

## 2. Uganda.

Title of micro-project.	Activity.	Beneficiaries.	Budget/Status.
1. Alcohol and Drug Information and Education through the Media, MOH	<ul style="list-style-type: none"> <li>• Radio talks on local FM stations in 5 regions</li> </ul>	<ul style="list-style-type: none"> <li>• Media Practitioners</li> <li>• Population at large</li> </ul>	1,300/Completed
2. Prevention of Drug Abuse among children in schools, MOE	<ul style="list-style-type: none"> <li>• 70,000 Newspaper inserts produced and distributed.</li> </ul>	<ul style="list-style-type: none"> <li>• School children of 10,000 schools</li> </ul>	3,500/Ongoing
3. Helping Juveniles with Drug Abuse Problems, UYDEL NGO.	<ul style="list-style-type: none"> <li>• Training of staff of Naguru and Kampirigisa remand homes</li> <li>• Sensitization of 240 juveniles</li> </ul>	<ul style="list-style-type: none"> <li>• The staff of 2 remand homes</li> <li>• 240 juveniles</li> <li>• Future residents in the 2 remand homes.</li> </ul>	3,500/Completed

## 2. The Seychelles.

Title of micro-project.	Activities.	Beneficiaries.	Budget/Status.
1. Prevention and Treatment Project, CARE NGO	<ul style="list-style-type: none"> <li>• Lecturers, exhibitions and drama in two communities</li> <li>• Better counselling for clients</li> </ul>	<ul style="list-style-type: none"> <li>• La Digue and Praslin communities</li> <li>• Clients at CARE</li> </ul>	10,000 Ongoing
2. Public Campaign and Occupational Therapy Project, Centre Mont Royal	<ul style="list-style-type: none"> <li>• Talks to communities</li> <li>• Production of pamphlets and posters</li> <li>• Purchase of agricultural</li> </ul>	<ul style="list-style-type: none"> <li>• Victoria Island Community</li> <li>• Clients at Centre Mont Royal</li> </ul>	Ongoing

	and carpentry tools		
3. Youth Health Centre Project	Not started	-	
4. Training of Probation Officers, Probation Service Project	<ul style="list-style-type: none"> <li>• Training of probation officers</li> </ul>	<ul style="list-style-type: none"> <li>• Probation officers</li> <li>• Prison inmates and Juveniles.</li> </ul>	Ongoing
5. Introduction of Substance Abuse as a subject in the National Institute for Health and Social Studies Curriculum, Min. of Health	<ul style="list-style-type: none"> <li>• Training of NIHSS staff on Drug Abuse and HIV/AIDs</li> <li>• Provision of IT equipment</li> <li>• Infusion of relevant topics in curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• NIHSS staff</li> <li>• All NIHSS students</li> </ul>	Ongoing

#### 4. Kenya

Title of micro-project.	Activities	Beneficiaries.	Budget/Status.
1 Improvement of Accommodation Facilities, Asumbi Treatment Centre , Kisii	<ul style="list-style-type: none"> <li>• Purchase of Beds, Linen and Mosquito Nets</li> </ul>	<ul style="list-style-type: none"> <li>• Asumbi Centre</li> <li>• 30 patients monthly</li> </ul>	3,125/Ongoing
2. 2 <sup>nd</sup> Level Training in Drug Abuse Counselling, Drug Abuse Prevention and Rehab Programme (DAPAR), Nairobi	<ul style="list-style-type: none"> <li>• Training of 20 Drug Counsellors.</li> </ul>	<ul style="list-style-type: none"> <li>• 20 Drug Counsellors</li> <li>• Their clients</li> </ul>	2,500/Completed
3. Training of Prison Staff, Prisons Department, Ministry of Home Affairs, Nairobi	<ul style="list-style-type: none"> <li>• Training of 45 Prison staff</li> </ul>	<ul style="list-style-type: none"> <li>• 45 Prison staff</li> <li>• Prison inmates</li> </ul>	3,830/Completed
4. Training of Social Workers, Psychological Conflict Awareness and Control Agency, Nakuru	<ul style="list-style-type: none"> <li>• Training of 50 Social Workers/Counsellors</li> </ul>	<ul style="list-style-type: none"> <li>• 50 Social Workers</li> <li>• Their clients</li> </ul>	3,175/Completed
5. Setting up of Drug Rehabilitation Centre, Reach Out/Muslim Education Welfare Association, Mombasa	<ul style="list-style-type: none"> <li>• Provision of equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Reach Out Centre</li> <li>• Their clients</li> </ul>	3,125/Completed
6. Peer Training Workshop in Nairobi Slum, Youth Against Immorality, Nairobi	<ul style="list-style-type: none"> <li>• Training of Peer Counsellors</li> </ul>	<ul style="list-style-type: none"> <li>• 176 Church Youth, Scouts and Sportsmen</li> </ul>	576/Completed

Output 4: At least 30 journalists trained in drug related issues pertaining to information, prevention and advocacy by mid 2003

Outcome to date:

18 journalists from 9 countries in Eastern Africa have been trained in drug abuse and trafficking related issues. An unanticipated outcome of the training is for the journalists to set up an informal Media Practitioners' Network in Drug Information in Eastern Africa. Collaboration is envisaged with project RAF/B66 (Local Expert Networks for Demand Reduction Programme in Africa) to set up a Web-site based at the premises of the Kenya Union of Journalists in Nairobi, Kenya. This web-site will allow journalists in Eastern Africa to share information and will provide other interested parties in Africa and world-wide with an opportunity to be posted on events and developments regarding drug abuse, drug trafficking and HIV/AIDS related matters in the region. The journalists played an active role in the 26 June International Day activities in a few countries.

According to the information provided in the log frame, it appears that the journalists referred to here are print based journalists. The MOV for this output states the "Journalists submit reports as well as articles written by them". It would also be appropriate to include journalists working in other media like television and radio, as well as these are media which are quite popular amongst the target audience and can play a significant role in sensitizing the public to alcohol and drug demand reduction issues.

It should be noted that a separate workshop for the local media industry was held in January 2003 in Kampala, Uganda. This workshop did involve 40 representatives from newspaper and radio but no television.

Output 5: Drug control issues incorporated in the UN System-Wide project "Heart and Soul", and aired in East African countries by end 2000.

Outcome to date:

According to a report by the Project Manager, UNODC had a limited contribution to this project and that although useful its impact on drug demand reduction as such was limited.

Output 6: Printed and/or visual general and technical information on drugs, drug related matters and HIV/AIDS have been produced and provided on a large scale in the sub-region.

Outcome to date:

- Printing of 2,000 copies of English Drug Counsellor's Guide distributed to all countries so far touched by the project.
- Printing of 2,000 copies of the Swahili-version of the Drug Counsellor's Guide distributed to countries in East Africa.

- Printing of 24,000 information leaflets on types of drugs abused in Eastern Africa. All were distributed to all countries touched under the project. Reprint of 24,000 additional ones this year to respond to the increasing demand for this type of info.
- Printing of 3,000 bookmarks on 26 June 2002 International Day “Drug abuse and HIV/AIDS”. All distributed.
- Printing of 3,000 bookmarks with 26 June 2003 theme: "Let's talk about drugs". Distribution ongoing.
- Printing of 2 types (1,000 x 2) of stickers in 2002
- Printing of 2,000 stickers on drug prevention on an African theme in 2003.
- Printing of 3,000 copies of the French Drug Counsellor's Guide completed.

## B. Immediate objectives / outcomes

The two immediate objectives of this project are;

- a. To enhance the capacity of Governmental institutions and NGOs in 13 selected countries located in the East African sub-region to address primary prevention, treatment and rehabilitation.
- b. To increase the availability of accurate and appropriate information on drug control issues in the sub-region, and to foster the exchange of experiences within the identified countries of Eastern Africa.

Given the problematic nature of the wording of these objectives, both rely on knowing what the situation was prior to the commencement of the project, thus relying on a set of baseline data in order to measure success, this evaluation has to rely on the subjective perceptions of project participants through interviews and reports.

At the process level, the outcomes so far from this project are quite encouraging in terms of numbers of people trained, resources produced and exchange of knowledge and information around drug demand reduction.

Apart from the 443 people trained so far through the national training workshops, additional training have been conducted by workshop participants with a diverse group of people including Imams, Prison officers, Youth workers, Journalists, Peer Educators, Politicians, Police and Health workers to name a few.

At the subjective level, it would appear that the primary aim of this project, which is about enhancing capacity, is one track to being achieved. The available evidence from documented reports, project documents and interviews indicate that capacity has been enhanced when compared to before the project.

In this sense, enhanced as indirectly defined in the ‘Expected end of Project Situation’ (pg.11 of Project Document) refers to a state of improvement in terms of know how and skills to succeed in prevention, treatment, rehabilitation.

The Funded project reports and interviews with project participants provide documented evidence of

- Drug Demand Reduction Training curriculum for health and community workers in two countries (Kenya and Seychelles),
- several training workshops conducted by project participants for a range of those working with drug addicts and their families including; workshops for drug counselors, youth workers, police, social workers, teachers, detention centre staff, religious leaders (Imams)
- Public awareness projects like a street parade with a theme linking HIV/AIDS and Drug Abuse (Seychelles) on International Drug Awareness Day (26 June)
- Peer clubs for 420 slum children (Nairobi)
- Increased visits to schools by NGOs participating in the training workshop to sensitize school children about the dangers of drug abuse
- Outreach programs by detoxification and rehabilitation services to known places where young people use illicit drugs to encourage them to use detoxification services (Mombassa)
- Development of an Employee Assistance Program for those workers who are dealing with a drug issue (Seychelles)
- Development of a referral protocol between local DDR services to facilitate more effective use of existing services (Seychelles)

The above represent a quick sample of the type of outcomes that have come from this project to date. In a sense these disparate outcomes could be categorized as evidence of enhanced capacity of the DDR sector, since the commencement of Project E15. Whether this enhanced capacity is sufficient or will lead to significant reduction in drug demand can only be validly ascertained in the longer term.

Certainly for countries like Djibouti and Comoros, the E15 project has been the first time that DDR training and support have been offered in those countries, so change may take some time as the knowledge and skill base there might be quite low.

The national training programs and the subsequent micro projects have also, in all probability, been able to reach a far larger group of people with the drug demand reduction message than what the reports state, due to the multiplier effect of engaging with and sensitizing key stakeholders. For example the training of 30 Imams in Djibouti can in turn lead to hundreds of people being made aware of the message or the 70,000 newspaper inserts in Uganda reaching students in 10,000 schools. These are just two examples of how a well targeted demand reduction strategy can multiply its effect many times over to become a very cost effective intervention.

### C. Drug control objective

Project E15 has one drug control objective and two immediate objectives; overall drug control objective is to;

- Significantly reduce the demand for illicit drugs at the community and national levels in the selected countries within three years by further improving the

capacity of Government; institutions and NGOs in planning and effectively implementing better targeted demand reduction activities in view of achieving the goals set by the goals set by the United Nations General Assembly Special Sessions on Drugs held in June 1998

In order to achieve this, the project proposes two immediate objectives;

- To enhance the capacity of Governmental institutions and NGOs in 13 countries in Eastern Africa to address primary prevention, treatment and rehabilitation.
- To increase the availability of accurate and appropriate information on drug control issues in the subregion, and to foster the exchange of experiences within the identified countries of Eastern Africa.

The concerns expressed about the measurability of the drug control objectives have already been discussed earlier in this report, however at a process level the available evidence suggests that Project E15 is exceeding expectations at this mid point in its implementation. More than half the selected countries for this project have already received a national training workshop and with more workshops already planned. There has also been a popular demand for the information resources produced, with the original print run of several resources being exhausted and re-prints having to be organized.

The exchange of experiences yet to be fully realized at a regional level although the experiences at a national level has been very positive with almost all the people interviewed for this evaluation nominating the networking afforded them at the national training workshops as being one of the most useful aspects of being involved in this project.

#### D. Other results

Apart from the documented results in the reports, this project has been very successful in getting key stakeholders to network with each other. In fact the sustained effectiveness of this project will depend on how well these people can continue to network around DDR issues.

The national training workshops were also responsible for putting DDR on the Government and public agenda as many politicians across the region have been demonstrably supportive of the project with attendant media reporting.

This level of political support is crucial to the long term viability of DDR in the region and more work will need to be done to shore up their support in the coming months and years.

The project has also increased capacity in other ways apart from direct training. For example, one of the participating countries lacked sufficient funds to even have its drug control master plan disseminated among the key agencies until funds were made available under this project to assist the Government of that country to print more copies

and deliver them to its key stakeholders, thus enhancing the capacity of everyone concerned to be working collaboratively with each other across a common agenda.

## E. Sustainability

Project E15 has been designed as a short term 3 year project, to put DDR on the national agenda of the participating countries with the intended outcomes of the project being an enhanced and sustainable DDR system in the 13 selected countries in East Africa.

The brief description on the cover page of the Project Document states that;

“It is expected that, by the end of the project, both Government and NGO sectors, will have gained sufficient knowledge base in the field of drug abuse and HIV/AIDS prevention as well as counselling, treatment and social reintegration of drug abusers, so as to be able to better improve existing programmes and/or develop new sustainable demand reduction action for Eastern Africa.” (pg.1, Project Document).

Will the benefits experienced thus far in the project be sustainable? There are mixed signs for the long term sustainability DDR in this region. One has to question how much of current level of DDR is sustainable beyond the life of this project. Some difficult strategic questions will need to be posed shortly and structures put in place to ensure that the DDR system is able to be self sustaining (that is with local national Government support).

One of these questions is “How much of the current DDR activity, post national training workshop, is dependant on UNODC inputs either in terms of funds or technical expertise”?

The observation is that although the level of activity post workshops is still high, this is mainly due to the provision of grants to the micro projects that were identified after the workshops. A majority of project participants interviewed advised that their level of DDR activity was strongly dependent on UNODC input either through the provision of micro grants, information resources, technical expertise or all of these.

There are some activities happening however, especially among the primary prevention agencies in the Seychelles, Kenya and Uganda that are not wholly reliant on E15 funds, which is a positive sign. An example of this is the joint collaboration of several slum based NGOs in Nairobi to undertake peer education work. It appears that a few of these NGOs are funded by other external bodies from outside the country.

Although the allocation of the grants for micro projects is critical to nurturing an as yet, fledgling DDR system, care must be taken so that a dependent relationship does not develop between those who provide DDR project and services and the UNODC as the funding body.

The other question around sustainability is “What national structures are currently in place to support DDR work in this country”? Earlier in this report, reference was made to

the presence or otherwise of a national Inter-Ministerial Drug Control Committee or Council. It is the function of such a body to have strategic oversight of the national drug control plan, ensure that systems are in place and working to implement both supply control and demand reduction programs and of course monitor and develop the capacity of the country through both Government and NGOs to do this.

Unfortunately the existence of such an entity is not uniform across the region and of the six countries where one does exist, only four of them appear to be functioning effectively; that is in Tanzania, The Seychelles, Djibouti and Madagascar. The relevant bodies in Kenya and Comoros are not working as well, although a major review has been done on the Kenyan body, with significant recommendations made about its restructure and focus. As a harbinger of long term sustainability in the region this is not encouraging, thus UNODC needs to be open to opportunities where Governments can be encouraged, if not assisted to form such high level strategic bodies.

Has the project been successful in creating the institutional, technical and managerial capacity to ensure the benefits of this project are sustainable beyond the life of Project E15. (Project is due for completion in December 2004)? The evidence is not there to answer this affirmatively, with any confidence. One of the reasons why this may be so could be the lack of specificity in the wording of the objectives. As discussed earlier in this report, terms like enhancement and capacity building should have been clearly defined. This does not only make the project more 'evaluation friendly' in that the objectives are more easily measured but also provides focus, so that specific factors like the institutional, managerial and technical aspects of capacity building could be considered and strategies put into place.

There are some signs, such as the formation of networks of workshop participants and their colleagues which with the right level of support, through knowledge sharing, access to resources and funds for projects be translated into enhanced capacity at the institutional, technical and managerial levels.

For example in some countries like Uganda, this network, referred to as NADAC (National Alcohol and Drug Advisory Council) a semi formal entity, is still considered to be quite influential. For example, the chair of this group, Dr David Basangwa, the local representative of the UNODC Local Experts Network (LENS) has had a significant role in advising the government in the establishment of a National Commission on Drugs, which is timetabled for launching in June 2004.

At a more grassroots level, the participation of NGOs that work in the slums of Nairobi has seen a multiplier effect take place. Evidently there are a number of NGOs working in the same slums. For instance in Kibari, one worker informed me that there were 11 NGOs working there. The current level of networking is adequate and tends to happen on a more ad hoc basis. This worker did indicate in his interview that his organization was more resolved to network more frequently with the others, especially as they became aware of and were able to access new information resources, such as those developed under the aegis of Project E15.

These are just two examples of how the leadership in DDR is being shown by participants in the project. This leadership will need to be nurtured and supported for the rest of this project if adequate capacity to deliver on DDR outcomes is to be expected. This nurturing can be in the form of knowledge sharing, access to training on specific issues to do with DDR, such as project management, detoxification counseling or even micro financing were some of the issues mentioned by project participants interviewed for this evaluation. Another obvious source of support is access to funding for DDR projects and activities.

One specific type of support that has been identified from a group discussion with four slum based NGOs (Nairobi), is for different NGOs to share a small office space that is resourced with an internet accessible computer, some word processing computers and a printer/copier as well as a telephone answering machine and fax. Such a space should be located in proximity to the slums so that NGO workers could conveniently access this space when they need to write reports or funding submissions, print out resources as well as access online information and resources and answer and send emails. Most of the workers in this discussion group stated that such a facility would have a significant role in improving their capacity to take care of the administration aspect of their work in a more convenient manner than is what is currently available to them. For many workers the lack of access to computers and time to think and write submissions meant that they were unable to pursue funding opportunities which in turn compromised the sustainability of their projects. (Project interview with BenFra, Angaza, Youth Against Immorality and SCAD)

Another positive development in improving the DDR system in the region is the development of specific DDR curricula in the training institutes responsible for training health and community workers, in at least two countries in the region, The Seychelles and Kenya. In these two countries, at least, future generations of workers in the DDR sector will be able to receive a quality education and practical training in developing and implementing DDR programs across the prevention, treatment and rehabilitation sectors.

In summary then, a number of critical issues need to be addressed by national governments in the region, in partnership with the ROEA UNODC, to create a viable and sustainable DDR system across East Africa.

## IV. OVERALL CONCLUSIONS

In this chapter, a summary of what worked well in the project, what did not and what needs to be changed will be considered.

At the process level, this evaluation has found that what is working, after analysis of the project progress reports, participant feedback and interviews is that the actual project inputs and outputs itself appears to be well developed and executed and have indeed been well received by the intended target audience. Participants in the training workshops that were interviewed for this evaluation have all indicated that they have found it to be beneficial to their work in doing DDR. They have also provided feedback on how the workshops could be improved and these have also been duly recorded in this report.

For example workshop respondents have indicated that they would have liked more information on primary prevention and protective factors including a session on designing and developing and evaluating an effective community based drug demand reduction program.

There have also been suggestions for follow up training for various workers in drug demand reduction like a workshop on advanced counseling techniques (Seychelles), developing a micro enterprise project for addicts in the rehabilitation phase of their recovery (Malindi and Nakuru respondents) to list just two of the suggestions provided to this evaluator.

Unfortunately the long term success of this project is not only dependent on UNODC's contribution but also on that of the relevant Governments in the region who have a counterpart function to fulfill.

As evidenced by the failure of output 1 to be fully achieved, what has not worked is the completion of the needs assessment questionnaire by participating countries. Only five of the 13 countries selected for this project have returned fully completed questionnaires. The completion of the surveys and analysis of the results is a crucial condition to the success of this project across the region, it provides an objective base from which the training programs can be implemented and evaluated. The reasons for this low completion rate have been documented earlier in the report and appear to be a combination of political instability and poor organizational capacity at governmental level.

Given the importance of having the needs analysis completed and the failure of the survey methodology used here to adequately acquire this information, it is recommended that an alternative method of assessing the needs of the participating countries be undertaken. One suggestion that has already been discussed with the Project Leader is to utilize the 'Rapid Assessment' method that he currently manages from the UNODC ROEA office.

What needs to be changed or modified?

At the start of this report, concerns were raised about the internal validity issues associated with the wording of the objectives. That is could any changes in the program be attributed to the program, given the wording of the two immediate objectives.

The further problem with the wording of the objectives was that they appear to be dependent on a baseline measure that would have had to be done prior to the commencement of the project.

Firstly the wording of immediate objective 1 states  
“ To enhance the capacity of Governmental institutions and NGOs in 13 selected countries located in the East African sub-region to address primary prevention, treatment and rehabilitation”

In a tangible sense what do the words ‘enhance’ and ‘capacity’ mean? Are there multiple components attached to each term, if so what are they?. It is critical that objectives are not written in vague terms as it makes it very difficult to measure them. In the absence of any objective baseline measure, it also makes it very difficult to measure the impact of the program at the objective level. That is what has changed compared to a baseline measure and can it be attributed to the interventions emanating from this project?

Therefore in the absence of these baseline measures and the ambiguity of the objectives, this evaluation has been conducted as a ‘Process Evaluation’ relying on the subjective interpretation of the project participants as to whether or not the capacity of their organizations have been enhanced. It is at this subjective level that this project appears to be working well and ‘on track’.

A similar issue also concerns immediate objective 2, as it refers to; To increase the availability of accurate and appropriate information on drug control issues in the sub-region, and to foster the exchange of experiences within the identified countries of Eastern Africa.

In order to measure the successful achievement of this objective, one needs to know what the previously availability of accurate and appropriate information on drug control issues in the subregion. What does the term availability mean? And how can it be measured? This term should also have been defined in the Project Document. As with the immediate objective 1 with its reliance on a baseline measure, this objective relies on a baseline measure of availability, in order to determine if the objective has been successfully met.

The UNODC ROEA office has provided data about the number of various new resources that have been produced, however does the term availability refer to number of resources produced or distributed or loaned? Clarification of the terms used in the objective is crucial, so that they can be properly evaluated.

At the process level of the project however, where this evaluation examined the activities conducted under the project and the results of those activities, three themes seem to be emerging;

Firstly, the combination of training, micro project grants and development and allocation of resources has had a galvanizing effect in most of the countries where the project has been introduced. The training workshops have been followed by a host of activity.

Secondly the networking amongst NGOs and Governmental agencies has been quite remarkable and one of the key successes of this project to date. This networking has led to collaborations in as wide ranging a topic area as curriculum development and outreach to street children to name a few.

Thirdly there has been a need identified by people interviewed for this evaluation as well as documented in the evaluation reports for workers across the region to share in each other's expertise, essentially tapping into a knowledge based network across the region. There has been strong support therefore for a regionally based centre of excellence that would be able to foster this knowledge sharing as well as providing more advanced training and placements for drug demand reduction workers in the region.

In summary then, it would appear the project is 'on track' at a process level but would need to tighten its objectives so that a proper impact assessment may be done at the completion of the project in late 2004.

## V. RECOMMENDATIONS

### A. Issues resolved during evaluation

NA

### B. Actions / decisions recommended

1. That serious efforts be made to undertake a series of baseline studies on alcohol and drug use at a national and regional level so that the drug control objective of significantly reducing demand for drugs can be validly measured and monitored and that any reduction in demand be validly attributed to outputs associated with Project E15.
2. That the objectives be rewritten so that they are more specific and able to be measured.
3. That an East African Centre for Drug Demand Reduction be established to foster excellence in the field of DDR. This Centre would have 3 main functions;
  - a) Develop and maintain a knowledge base of DDR across the spectrum from primary prevention to treatment, rehabilitation and aftercare. As well as a resource centre it would have a web based component which could be used by workers to share resources, information and case studies of best practice in a timely manner
  - b) Deliver more advanced training for all aspects of DDR, as well as regional and international internships or placements with other agencies who are acknowledged leaders in their specific field of DDR
  - c) Attract and fund research projects around various aspects of DDR that are of particular interest to the region.
  - d) Coordinate evaluation and monitoring of DDR activities and projects in the region.

A diagram explaining how such a Centre could work can be found in Annex 10.

4. Training workshops be less clinically focused and more thought given towards creating opportunities for participants to network.
5. Agencies be encouraged to form coalitions, especially if they have a common interest in a particular target group. One method of doing this is to have a specific funding category, under the micro projects to fund coalitions. This might stop some of the duplication that is currently going on (eg. In Mombassa/Malindi a number of treatment agencies are doing outreach work in the same area).
6. Local and sub regional DDR networks be encouraged to form. This idea has already been well received during the consultation phase of this project. See Annex 10 for a diagrammatic explanation.
7. Countries in the region should be encouraged and supported to develop systematic and comprehensive national DDR plans
8. Skills based workshops be run for special interest groups of workers in the region. Suggestions from the consultation are;
  - Advanced counseling skills

- Primary prevention program planning and evaluation
- Vocational training for rehabilitation centre clients
- Micro enterprise as a poverty alleviation intervention (this particular one was suggested by both treatment/rehabilitation workers as well as primary prevention workers working in the slums)

There were other suggestions as well, which might be identified in a future survey. Certainly the common theme was that the first series of workshops were important in raising awareness and providing a basic introduction to drug demand reduction issues but what the workshop participants now want are targeted workshops around skills building.

### C. Project revision

A decision needs to be made shortly to ascertain if any baseline measures of drug use and the Government and NGO/CBO's capacity to respond can be undertaken in the countries where the Project E15 is yet to be implemented.

As the current drug control and immediate objectives are dependent on baseline measure, prior to the implementation of the project it is imperative that this baseline data is acquired. The objectives should also be revised, or at least defined so that it is clear about what exactly is being measured. Perhaps a rapid assessment methodology may be deployed in the remaining countries where Project E15 is yet to start, so that the key baseline measures of capacity and resource availability can be ascertained prior to the project commencement.

If the needs assessment process is to be maintained then consider including a question in the needs assessment about the context of drug abuse in a particular country. What are the reasons why people are using a particular drug(s) and what has been done to address it, what has worked well previously or not worked well? For the respondents who were treatment based, the question could be "what are factors locally that help people to detox/rehab successfully and what is impeding their successful recovery?"

The training program should be less clinically focused and include more material on primary prevention or campaigns targeting the universal or selective group. Consideration should be given towards having a dedicated session on Protective Factors (perhaps linked to the existing session on African proverbs), alongside the current session on Risk Factors. Due consideration should also be given towards having a multi disciplinary team to conduct the training so that a broader approach to DDR can take place.

The information and resource materials have been very well received, especially the drug counselor's manual. Similar resources that enable workers to do their job more effectively would also be well received. Perhaps a "How to design and manage a local prevention program" written and made available in the local language might be well received.

That where possible and appropriate, the allocation of grants be used to foster collaborative work in local areas so as to encourage networking, resource sharing and avoid duplication of services and competition for already scant resources.

## VI. LESSONS LEARNED

There have been a number of lessons learnt from this project. Lessons normally highlight strengths or weaknesses in the preparation, design, or implementation that affect performance, outcomes or impact.

What has been learned from implementation and management of this project can be applicable to other situations. Lessons learned is defined as “knowledge derived from experience that is sufficiently well founded and can be generalised so that it has potential to improve action”( Sibanda, 2004).

1. The importance of rigorous screening procedures to select capable NGOs that are driven by the desire to work at grass-root level ensures success in implementing activities that improve the well being of local people”.
2. Networking among NGOs and increased information sharing increases chances for practical collaborative work.
3. The importance of writing clear objectives that can be tangibly measured will enable a project to be better evaluated
4. When choosing to implement a national project it is important to pick the right time, as political instability (due to such issues as war) or governmental reorganization can create significant barriers to the smooth implementation of the project.
5. The chances of a needs assessment being completed is relative to the number of people who bear responsibility for its completion. There is a higher chance of completion when less people are involved, therefore a needs assessment survey that depends on at least 13 people completing it (not counting the number of people that they need to contact) has less of a chance than say a ‘Rapid Assessment’ conducted by a small team of people.
6. It is crucial to have baseline measures in place before the start of a project. These measures must be linked to the objectives so that the impact of the project can be validly measured after the end of the project by noting any changes to the baseline measures.
7. The most effective resources are those, like the Drug Counselor’s Manual, that enable workers to do their jobs more effectively by combining skill development and information.

## Annex 1

Analysis of the problems to be addressed by the project and the relevance of the project to the problems. <sup>1</sup>

### Design and concept.

Topic	Evaluators comments
1. Involvement of the beneficiaries in project design.	There was some involvement of project beneficiaries via the needs assessment, although by and large the workshop was designed by the Project Manager himself. Perhaps a one day workshop with a select group of potential participants could have been held prior to the workshop to assist the Project Manager to fine tune the content and process of the workshop.
2. Project strategy in terms of whether the drug control and immediate objectives, planned outputs and the level of activities and inputs were appropriate and achievable.	Yes the project strategy, outputs and inputs are logically and coherently linked to the drug control objective.
3. The clarity, logic and coherence of the project document.	Yes the Project Document clearly articulates the issue and the exposition of the strategies used to address it is logical and coherent.
4. The execution modalities and managerial arrangements, including project monitoring, reporting and evaluation.	The management of this project is highly reliant on the dynamism and skill of the project manager. This might not be able to be replicated in other contexts, thus a management model in which the project manager has management and oversight of a cadre of national consultants or contacts who are the key drivers at the national level might be more sustainable.
5. The adequacy of the identification and assessment of project risks.	3 major risks were identified in the risk management strategy and two of them are dependent on national government support either directly or through political support. The project has done the best that it can with this issue, but some things are difficult to risk manage like unstable governments or conflict.
6. The adequacy of prior obligations and prerequisites to be met by Governments and NGOs.	This is probably the major weakness in the project. The counterpart support has been good from some countries but most of them could do better in terms of ensuring that due process is carried out in a timely and diligent manner. Perhaps one method to achieve this is to make them partners in joint funding selected projects, as nominated by

Topic	Evaluators comments
	them.

## Project implementation

The project is on track to deliver its all its stated outputs except for output 1, A report prepared by the end of the first quarter 2001 summarizing the strengths, weaknesses, potentialities and training needs of governmental structures and NGOs involved in drug demand reduction in 10 countries. To date, 10 countries of the 13 have replied although the quality of the responses vary with five of the countries only partially responding to the questionnaire.

All other outputs are on track and in some cases have exceeded expectations.

## Project outputs and impact

This is detailed in Section C. In summary, the major impacts of the 6 outputs has been to significantly increase the number of people, across a diverse range of occupations, trained in drug demand reduction as well as raise the number of DDR activities as a result of the funding made available for micro projects.

Another significant impact has been the level of networking that has taken place since the national training workshops.

## Evaluation of the training provided under the project.

The National Training Workshops have been well received and evaluated. Participants have acknowledged that the workshops have raised their level of awareness and knowledge about drugs, treatment and prevention.

There has been some consensus from those interviewed during this evaluation that the focus of the workshop was a little too clinical for them. Participants have suggested more content around primary prevention, as well as more resources for workers working in the primary prevention area of DDR.

The overall consensus of the training though is that it has been a useful introduction for participants into the field of drug abuse and drug demand reduction. In many ways it has raised their consciousness about the topic and many want to do further training focusing on specific areas of interest and skill development.

## ANNEX 2



### UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

#### MID-TERM PROJECT EVALUATION

#### TERMS OF REFERENCE

Project Title: UNODC Project Enhancing the capacity of Governments and NGOs to address drug demand reduction in Eastern Africa.

Project Number: AD/RAF/01/E15.

#### BACKGROUND.

1. This project aims at strengthening the capacities and involvement of government structures and NGOs in Eastern Africa in planning and implementing drug demand reduction activities, linking them with the prevention of HIV/AIDS, provide resources for these activities, and increase access to general and technical information in this field. The project addresses the limited knowledge and skills of governmental entities and NGOs in Drug Demand Reduction activities, including counseling and HIV/AIDS, in Eastern Africa. It also addresses insufficient resources available to Governments and NGOs to carry out Demand Reduction activities targeting, in particular, identified risk groups, and the limited access to general and technical information on drug demand reduction. The project has been developed in line with the UNODC Programme and Project Document Standard Format and Guidelines. The following features prominently:

- i). Optimal national and local involvement in identifying training needs, and in design and execution of demand reduction micro-projects, including evaluation.
- ii). Meet short-term training needs in all the countries by the delivery of training to an average of 50 individuals comprising of professionals, NGOs, youth and community organizations from different sectors, while being gender-sensitive.
- iii). Meet mid-term training needs in Ethiopia and Uganda, through implementation of additional national training courses delivered by national resource persons trained under the project.
- iv). Monitoring and evaluation of training impact as well as the impact of micro-projects to further reduce the demand for drugs and reduce drug-related HIV/AIDS through regular feedback and reports from each country.

These are done by providing training, the award of grants for the implementation of micro-projects and by producing and disseminating specialized print and audiovisual materials. The overall drug control objective of the project is to significantly reduce the demand for illicit drugs at the community and national levels. A project revision was approved in October 2002 to extend the services of the Demand Reduction Expert for a period of 18 months, to extend the coverage of this project to all 13 countries in the region and increase the value of the grants for added impact. The project mid-term evaluation is undertaken within the framework of the execution of project activities, which started in December 2001 for a planned period of three years.

The objective of the mid-term evaluation is to assess the project's achievements in the 6 countries already covered out of the 13 participating countries (Djibouti, Kenya, Madagascar, Rwanda, Seychelles and Uganda) and to review the effectiveness of the project components and outputs. It is also expected to make recommendations on the feasibility of the project activities as planned and/or to propose a possible redesign/revision of the project if necessary.

#### EVALUATION PURPOSE.

2. The Evaluation will analyse : a) project concept and design; b) project implementation; and c) the outputs, outcomes and impact of the project. It should also ensure that lessons learnt from the project will be recorded and recommendations for the future course of the project or other follow-up activities, will be made, as appropriate.

#### Project concept and design.

- (i) 3. The project mid-term evaluation will undertake to establish whether the project design and concept is in line with UNODC Programme and Project Document Standard Format and Guidelines and is in line with countries priorities and expectations. It will review the clarity, logic and coherence of the project document, the problem addressed by the project and the strategy adopted to address it in terms of whether the drug control and immediate objectives, planned outputs and the level of activities and inputs were appropriate and achievable. This will encompass an assessment of the appropriateness of objectives, as compared to cost-effective alternatives. An evaluation of the executing modality and managerial arrangements will be included. The execution modality and managerial arrangements including project monitoring. The evaluation is designed to allow for any changes to ensure successful implementation and to increase the impact of the project activities in the beneficiary countries.

#### Implementation

4. The implementation of the three-year project started in December 2001 and has a total budget of US\$ 1,166,000 including support costs. An International Expert, also

designated Project Manager, manages the project from Nairobi, under the supervision of the Representative, and in consultation with Operations Branch, Africa and Demand Reduction Section, Vienna.

A National Needs Assessment Questionnaire (NAQ) was circulated to all 13 countries under the Regional Office in Eastern Africa, to make an audit of their respective capacities to address drug demand reduction, and to assess their priority training needs and other needs. A needs assessment mission was undertaken in one country which was not in a position to respond to this NAQ to collect pertinent information. Similar missions to a few more countries are planned.

Training is conducted by the International Expert recruited under the project, with the assistance of national consultants and international consultants, most of whom belong to the Local Expert Network in Eastern Africa, established under UNODC project B66. The Expert has developed a training curriculum, with core modules for all countries, and specific modules to respond to specific countries expressed training needs. This training curriculum is constantly updated. The consultants are required to submit a report on the training to the Project Manager.

National Focal Points (NPFs) of Governments of beneficiary countries are required to select participants for the training, in line with the profiles provided by the Project Manager. Together with UNDP offices in the different countries, they assist with the invitation of participants and other logistics required for the organization of the training. They also assist in the identification of viable micro-projects which are funded and implemented by Government and NGOs after the training.

Training started in the Republic of Djibouti in April 2002, and was followed by training workshops in Uganda, the Seychelles, Kenya, Rwanda and Madagascar. They were delivered by the project staff, with the collaboration of LEN experts in Eastern Africa. The duration of the training is 5 working days. A remarkable feature of this training is that workshops of this kind were the first ever conducted in several countries, like Djibouti, Madagascar, Seychelles, Rwanda and Uganda. The training raised a lot of interest in drug control in all countries, including in political circles, and received extensive media coverage. The training has also facilitated dialogue among Governments and NGOs, among NGOs themselves and has allowed a cross-fertilization of ideas with the HIV/AIDS sector in each country.

The funding of micro-projects sustained the interest raised during the training and is creating a good impact for demand reduction activities in all the countries. The following will be assessed:

- (i) Level of implementation, quality and timeliness of inputs;
- (ii) Quality and timeliness of technical advice provided by the project manager.
- (iii) Quality and timeliness of administrative and financial backstopping by the UNODC Regional Office for Eastern Africa, Nairobi.

- (iv) The extent to which external factors beyond the control of the project management significantly affected implementation in a negative or positive way, i.e., elections, other country activities;
- (v) The adequacy and timeliness of the project's response to external factors;
- (vi) Problems that project counterparts may have experienced that prevented them from fulfilling their obligations under the project.

Project Outputs, outcomes and impact.

5. The status of training as at June 2003 is as follows:

According to the project document, 40 participants are expected to receive training in demand reduction. Trainees are selected from key institutions which are dealing with drug problems and HIV/AIDS problems in their daily work or are likely to encounter them or are working with youth and at-risk populations.. Measures are taken to ensure maximum participation by women, youth, NGOs and the HIV/AIDS sector. The actual number of persons trained is as follows:

Name of Country	No. of Trained
Djibouti.	50
Kenya	57
Madagascar	60
Rwanda.	61
Seychelles	50
Uganda	55
Sub Total	333

At the end of the training in each country, a number of Demand Reduction micro-projects are selected for funding. Four countries have benefited from these grants so far. Kindly refer to Annex 1 for the status of these on-going activities.

The project mid-term evaluation will determine the degree to which the project objectives have been achieved including:

- (i). Quality and quantity of project outputs to date;
- (II) Level of achievement of or likelihood of achieving the projects immediate objectives in the 13 countries.
- (iii). The likely contribution of this project to strengthening and improving demand reduction activities, including HIV/AIDS prevention in the participating countries.
- (ii) The sustainability of the results directly produced by this project;
- (iii) The extent to which the project has had significant unforeseen impact, either negative or positive.

The mid-term evaluation will determine the complementarity of the project with other drug control activities in the region and with bilateral assistance provided to the 13 countries participating in the project. In particular, the mid-term evaluation will assess the suitability of replicating best practices and lessons learned from the project execution in the 6 countries so far participating in the project.

The purpose of the mid-term evaluation is therefore to assess the following:

- (a) Achievements made in 6 of the 13 countries so far participating in the project and problems encountered since project implementation started;
- (b) Appropriateness and effectiveness of all project components;
- (c) Impact of training in the 3 of countries having already received training;
- (d) Impact of the demand reduction micro-projects in these 3 countries.
- (e) Feasibility and sustainability of adapting and replicating training materials developed under the project to national training in the participating countries. (This has partly been achieved in Kenya and Uganda and is expected to be done in a few other countries).

To achieve this, the mid-term evaluation will include:

- (i) Visiting a representative sample of the 6 countries the project has so far covered and participating in the project; namely Kenya, Seychelles and Uganda;
- (ii) Assess whether selected participants trained under the project have sharpened their skills and are putting them in practice in their work.
- (iii) Assessing whether there has been an improvement in interest and in the conduct of demand reduction activities in these countries, as a result of the training provided to them and of the provision of funds micro-projects.
- (iv) Assessing the feasibility of adapting and replicating the training activities at country-level.

#### RECOMMENDATIONS.

6. The specific findings and conclusions of the project's mid-term evaluation are to be recorded and, based on these, recommendations made to enable UNODC to determine whether to continue the project activities as initially planned in their current form or whether to revise/redesign the project outputs so as to respond effectively to the countries' needs.

In this context, the recommendations made should be specific, and concrete action should be proposed that could be taken in the future to improve or rectify undesired project outcomes. They may also refer to the implementation or management of the project.

### LESSONS LEARNED

7. Lessons learned from this project mid-term evaluation will be utilized during the remaining period of the project, and if they are beyond the project's scope itself, they should be recorded and taken into account in the redesign/revision of the project activities and/or the design of any future programmes of similar nature.

### DOCUMENTATION

8. Prior to undertaking the mid-term evaluation mission and for ease of reference, the project management at ROEA will provide the Evaluator with relevant documentation pertaining to the project. These include the project document, semi-annual and annual project progress reports, project revision document, project-related mission reports, project meeting reports, samples of evaluation questionnaires, and other relevant correspondence deemed necessary for the overall assessment of the current project status.

### EVALUATION METHODOLOGY.

9. The mid-term evaluation will be conducted by means of:

- (a) Examination of documents and reports associated with the project.

The documents will include the following:

- i. Project document
  - ii. Training curriculum
  - iii. Training Programmes for the training sessions
  - iv. Reports of the International/ National consultants and analysis thereof
  - v. Semi-annual and annual project progress reports
  - vi. Budgets for RAF/E15 and statements of expenditure detailing how funds have been utilized
  - vii. Any documents and materials related to the project which the Evaluator may request
- (b) Interviews with National Focal Points, Government relevant officials and NGOs in three of the 6 countries so far covered by the project. These will include meeting and interviews with a few trainees and some beneficiaries of grants for micro-projects in each of the countries visited. The Evaluator will have to do a

brainstorming each day in order to write up his/her notes for the report, and sufficient time will be provided for that.

#### RESPONSIBILITY FOR EVALUATION.

10. The evaluation calls for one independent expert who has wide experience in drug demand reduction, with expertise in DR training, DR project management and evaluation. The expert should not have been involved in the design, appraisal and implementation of this project, and will not act as representative of any party

The project evaluator will be appointed by UNODC ROEA following consultations with the Operations Branch, Africa, Demand Reduction Section, and the Division of Operations and Analysis, all based in Vienna, and subject to the agreement by parties to the project.

The project mid-term evaluation will be conducted in conformity with these terms of reference.

#### BRIEFINGS, CONSULTATIONS AND ADMINISTRATIVE SUPPORT

11. Prior to the start of the mission, the Evaluator will visit UNODC ROEA in Nairobi (20 October 2003) for a briefing by the International Expert/Project Manager on the project management and the status of the project execution. The Evaluator will visit three of the six countries having received assistance under the project so far. While in Nairobi, the evaluator may also, at his/her discretion, visit the donors, namely the Swedish Embassy and the Canadian Embassy.

The evaluator will establish contacts in the respective countries, as deemed necessary, for the smooth progress of the mission.

The project management will provide all required documentation to the Evaluator, and any assistance as required, including travel arrangements for country visits. It is understood that whilst taking any views/suggestions expressed by the project management or any parties involved in the implementation of the project, the Evaluator will not act as the representative of any party throughout the evaluation.

The Evaluator does not have the authority to make any commitment on behalf of the project parties, i.e. UNODC, recipient countries and donors.

#### EVALUATION REPORT AND FOLLOW-UP

12. There will be a debriefing meeting which will be held at UNODC ROEA , on 01 November 2003, during which the Evaluator will present a summary of the mission's findings and recommendations. Any observations and comments received from UNODC and the national counterparts during the mission may be taken into account by the Evaluator and reflected in the final report as appropriate. The Evaluator will keep his/her

independence and freedom of judgment in finalizing the report and in their conclusions and recommendations.

Within one week after the end of the mission ( 09 November 2003) the Evaluator will then produce a draft report in English not exceeding 25 pages, excluding annexes. This will be circulated for comments to UNODC ROEA, the Africa Programme and Operations Branch. The Evaluator will then incorporate any comments in the final evaluation report that should follow UNODC format and guidelines for evaluation reports. The evaluator will adhere to the UNODC format and guidelines for the evaluation report, the summary and the summary assessment questionnaire, a copy of which will be provided during the introductory briefing which will be held at UNODC ROEA, prior to the commencement of the mission. The Evaluator will submit the final report to UNODC ROEA 3 weeks after the end of the mission (23 November 2003). An electronic copy of the mid-term evaluation report, the evaluation summary and the summary assessment questionnaire will be made available and forwarded to [silvia.levisianos@unodc.org](mailto:silvia.levisianos@unodc.org)

At the Tripartite Review (TPR) Meeting scheduled for December 2003, UNODC ROEA will make a presentation of the findings and recommendations of the evaluation mission to the participants. The Evaluator's report will be the basis of the discussions.

The evaluation will be conducted within a contracted period of fourteen (14) days including weekends starting on 20 October 2003. The Project Manager, in consultation the National Focal Points in the selected countries to be visited for purposes of the evaluation, and the Evaluator will develop and finalize the evaluation agenda. The final agenda could be revised by the Evaluator following prior consultations with UNODC ROEA.

#### PROPOSED TIME TABLE

Day 1	20 Oct. 2003	Arrival in Nairobi. Briefing at ROEA.
D 2,3,4,5,	21-24 Oct.	In Kenya (Nairobi, Mombassa, Nakuru).
Day 6	25 Oct	Travel to Uganda
D 7,8,	26-27 Oct	In Uganda.
Day 9	28 Oct	Travel to Seychelles via Nairobi
Day 10	29 Oct	In Seychelles
Day 11,	30 Oct	In Seychelles/Travel to Nairobi.
Day 12	31 Oct	Last meetings in Nairobi (eg. Embassies)
Day 13	1 Nov	Debriefing at ROEA in Nairobi
Day 14	2 Nov	Leaves Nairobi

## Sub Annex 1.

### 3. Djibouti.

Title of micro-project.	Activities.	Beneficiaries.	Budget/Status.
1. Involving the Religious Leaders in drug prevention activities during the Friday Sermon	<ul style="list-style-type: none"> <li>• Training of 30 Imams</li> <li>• Sermons in 33 mosques</li> <li>• Distribution of Leaflets in mosques</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Waf/30 Imams</li> <li>• Population attending 30 mosques</li> </ul>	2,700 /Ongoing
2. Drug Abuse Sensitization through Audio cassettes in collaboration with buses and mini-buses.	<ul style="list-style-type: none"> <li>• 4 songs in four languages registered on Drug Abuse and HIV/AIDS Prevention.</li> <li>• 200 cassettes registered and distributed.</li> </ul>	<ul style="list-style-type: none"> <li>• 200 bus drivers</li> <li>• All their passengers</li> </ul>	2,500/Ongoing
3. Vast Prevention campaign on drug abuse and HIV/AIDS in schools	<ul style="list-style-type: none"> <li>• Talks in several schools</li> <li>• Pamphlets distributed</li> </ul>	<ul style="list-style-type: none"> <li>• 3,000 students and their teachers</li> </ul>	3,500/Ongoing
4. Drug Abuse sensitization in communities in collaboration with Women Association	<ul style="list-style-type: none"> <li>• Sensitization Campaign in communities</li> </ul>	<ul style="list-style-type: none"> <li>• Communities in Djibouti</li> </ul>	2,400/Planned

### 2. Uganda.

Title of micro-project.	Activity.	Beneficiaries.	Budget/Status.
1. Alcohol and Drug Information and Education through the Media, MOH	<ul style="list-style-type: none"> <li>• Radio talks on local FM stations in 5 regions</li> </ul>	<ul style="list-style-type: none"> <li>• Media Practitioners</li> <li>• Population at large</li> </ul>	1,300/Completed
2. Prevention of Drug Abuse among children in schools, MOE	<ul style="list-style-type: none"> <li>• 70,000 Newspaper inserts produced and distributed.</li> </ul>	<ul style="list-style-type: none"> <li>• School children of 10,000 schools</li> </ul>	3,500/Ongoing
3. Helping Juveniles with Drug Abuse Problems, UYDEL NGO.	<ul style="list-style-type: none"> <li>• Training of staff of Naguru and Kampirigisa remand homes</li> <li>• Sensitization of 240 juveniles</li> </ul>	<ul style="list-style-type: none"> <li>• The staff of 2 remand homes</li> <li>• 240 juveniles</li> <li>• Future residents in the 2 remand homes.</li> </ul>	3,500/Completed

### 4. The Seychelles.

Title of micro-project.	Activities.	Beneficiaries.	Budget/Status. 10,000
1. Prevention and Treatment Project, CARE NGO	<ul style="list-style-type: none"> <li>• Lecturers, exhibitions and drama in two communities</li> <li>• Better counselling for clients</li> </ul>	<ul style="list-style-type: none"> <li>• La Digue and Praslin communities</li> <li>• Clients at CARE</li> </ul>	Ongoing

2. Public Campaign and Occupational Therapy Project, Centre Mont Royal	<ul style="list-style-type: none"> <li>• Talks to communities</li> <li>• Production of pamphlets and posters</li> <li>• Purchase of agricultural and carpentry tools</li> </ul>	<ul style="list-style-type: none"> <li>• Victoria Island Community</li> <li>• Clients at Centre Mont Royal</li> </ul>	Ongoing
3. Youth Health Centre Project	Not started	-	
4. Training of Probation Officers, Probation Service Project	<ul style="list-style-type: none"> <li>• Training of probation officers</li> </ul>	<ul style="list-style-type: none"> <li>• Probation officers</li> <li>• Prison inmates and Juveniles.</li> </ul>	Ongoing
5. Introduction of Substance Abuse as a subject in the National Institute for Health and Social Studies Curriculum, Min. of Health	<ul style="list-style-type: none"> <li>• Training of NIHSS staff on Drug Abuse and HIV/AIDs</li> <li>• Provision of IT equipment</li> <li>• Infusion of relevant topics in curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• NIHSS staff</li> <li>• All NIHSS students</li> </ul>	Ongoing

#### 4. Kenya

Title of micro-project.	Activities	Beneficiaries.	Budget/Status.
1 Improvement of Accommodation Facilities, Asumbi Treatment Centre , Kisii	<ul style="list-style-type: none"> <li>• Purchase of Beds, Linen and Mosquito Nets</li> </ul>	<ul style="list-style-type: none"> <li>• Asumbi Centre</li> <li>• 30 patients monthly</li> </ul>	3,125/Ongoing
2. 2 <sup>nd</sup> Level Training in Drug Abuse Counselling, Drug Abuse Prevention and Rehab Programme (DAPAR), Nairobi	<ul style="list-style-type: none"> <li>• Training of 20 Drug Counsellors.</li> </ul>	<ul style="list-style-type: none"> <li>• 20 Drug Counsellors</li> <li>• Their clients</li> </ul>	2,500/Completed
3. Training of Prison Staff, Prisons Department, Ministry of Home Affairs, Nairobi	<ul style="list-style-type: none"> <li>• Training of 45 Prison staff</li> </ul>	<ul style="list-style-type: none"> <li>• 45 Prison staff</li> <li>• Prison inmates</li> </ul>	3,830/Completed
4. Training of Social Workers, Psychological Conflict Awareness	<ul style="list-style-type: none"> <li>• Training of 50 Social Workers/Counselors</li> </ul>	<ul style="list-style-type: none"> <li>• 50 Social Workers</li> <li>• Their clients</li> </ul>	3,175/Completed

and Control Agency, Nakuru			
5. Setting up of Drug Rehabilitation Centre, Reach Out/Muslim Education Welfare Association, Mombasa	<ul style="list-style-type: none"> <li>• Provision of equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Reach Out Centre</li> <li>• Their clients</li> </ul>	3,125/Completed
6. Peer Training Workshop in Nairobi Slum, Youth Against Immorality, Nairobi	<ul style="list-style-type: none"> <li>• Training of Peer Counsellors</li> </ul>	<ul style="list-style-type: none"> <li>• 176 Church Youth, Scouts and Sportsmen</li> </ul>	576/Completed

The following materials have also been produced under the project:

- 2000 copies of the Swahili Drug Counsellor's Handbook.
- 18,000 Information Leaflets.
- 2000 copies of the Drug Beat Newsletter.
- 6000 Stickers/bookmarks.

A Demand Reduction Workshop for Media Practitioners in Eastern Africa was held in June 2002. This led to increased media interest in drug control in several countries.

Journalists trained under this project are assisting in the training of other media colleagues in Uganda, Ethiopia and Madagascar. In Nairobi, the Kenya Union of Journalists will be setting up a specialized website on drug control in the region with the assistance of UNODC project B66.

Four elements which were not envisaged in the project document have emerged and are showing strong potential for future activities. Firstly, the International and /or National Consultants assist the Project Manager to identify star-performers during the training, who show the promise to act as future trainers primarily in their own countries. A list of such individuals is being compiled. Secondly, the trainees are taken through an exercise whereby, in each country, they come with a list of local African proverbs and sayings which may have an impact in drug prevention activities. This list also is being compiled.

Thirdly, a strong symbiosis has been created with project B66, The creation of Local Expert Network in Eastern Africa. And finally, the interaction between the Project Manager, International Consultants and National Consultants is enhancing the strength of the latter.

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### Annex 3.

People interviewed for the mid-term evaluation of E15

A. Name of Person	B. Organisation
<b>Seychelles Interviewees</b>	
1. Mr Benjamin Vel Secretary	Drug Awareness Council
2. Antoine Dupres	Mont Royale, Treatment and Rehabilitation Centre,
3. Vivienne Pienaau	
4. Robert Moumou	
5. Marie Helene Niole	Nutrition Unit Ministry of Health
6. Judy Brioche	Youth Health Centre Ministry of Health
7. Beryl Young	
8. Derek Sampson	
9. 4 people in C.A.R.E.	C.A.R.E.
10. CARE	
11. CARE	
12. CARE	
13. Ivana Theresine	National Institute for Health and Social Studies (NIHSS)
14. Senarath de Zoysa	
<b>Kenya Interviewees</b>	
15. Mr Joseph Kaguthi	National Agency for the Campaign Against Drugs Abuse (NACADA)
16. Dr Frank Djenga	LEN Member and Students Campaign Against Drugs (SCAD) and Chiromo Centre founder
17. Achieng Owako	Sports Connection
18. Dr Tabitha Ndung'u	Drug Abuse Prevention And Rehabilitation (DAPAR) Counselling Centre
19. Murad Saad	MEWA & ReachOut Rehabilitation Centres (Mombassa)
20. Abdul Qadir Mubarak	National Museum Fort Jesus (Mombassa)
21. Churchill Okach	JANAMA (Mombassa)

22. Bilhama Abdul Karim	MEWA (Mombassa)
23. Charles Khllmbull	JANAMA (Mombassa)
24. Pauline Katisyn	JANAMA (Mombasa)
25. Jama Mwasina	LYCODEP (Mombasa)
26. Abdi Kibwana	OMARI Project (Malindi)
27. Alphonse Maina	
28. Dilmua Mohamed	
29. Teresa Ngigi	Red Hill Rehabilitation Centre
30. Mr Saaidi	Kampiringisa Rehabilitation Centre
31. Ms Janet Iyeset	
32. Frances Ndegwa	BENFRA
33. John Churchill	Youth Against Immorality
34. Adrian Kamau	Student Campaign Against Drugs (SCAD)
35. Raymond Kiruki	ANGAZA
36. Mr Joseph Mwai	Psychological Conflict Awareness Control Agency (PYCACA)
37. Mr Caleb Angira	Asumbi Rehailitation & Treatment Centre
<b>Uganda Interviewees</b>	
38. Mrs Elizabeth Kuteesa	Uganda Police
39. Rashid Mukasa	Sober Uganda

40.Fred Kakewoo	Uganda Children Centre
41. John Vianney Amanyanya	Serenity Centre
42.Michael Were	Anti Narcotics Unit, Uganda Police
43. Fabian Amadia	
44. Lydia Magoola	Ministry of Information
45. Dr Fred Kigozi (Head )	Butabika Mental Hospital
46.Rogers Karsirye	Uganda Youth Development Link (UYDEL)
47.Jackie Nassaka	
48.Benjamin Byarugaba	
49. Dr David Basangwa	LEN Uganda

## Annex 4

### United Nations International Drug Control Programme

#### EVALUATION SUMMARY

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Enhancing the capacity of Governments and NGOs to address drug demand reduction in Eastern Africa.

AD/RAF/01/E15

Thematic area: Prevention and Reduction of drug abuse  
Region: Eastern Africa  
Project budget: US\$ 698,400  
Project duration: 3 years  
Executing agency: United Nations International Office on Drugs and Crime.(UNODC)  
Type of evaluation: Mid-Term  
Date of evaluation: 20<sup>th</sup> October 2003 to 2<sup>nd</sup> November 2003

#### Project description

This project aims at consolidating the success achieved under a recently completed regional project on NGOs mobilization, by significantly improving the capacity of NGOs and Governmental institutions in thirteen selected countries in East Africa to undertake drug demand reduction.

The project has improved the drug demand reduction capacity of a number of NGOs and Governmental institutions by providing a combination of training, resourcing and access to technical support where necessary. This has led in most places to a strengthening of ties between agencies and an increase in collaborative work which has led to an increase in local demand reduction capacity

#### Information on the evaluation

The evaluation was conducted by an independent expert in drug demand reduction and was based on a process evaluation methodology which involved the analysis of the project document along with reports produced as part of the project and interviews with a diverse group of 50 people involved with the project in six sites in East Africa (Nairobi, Mombassa, Malindi, Nakuru, Seychelles and Uganda)

#### Findings and conclusions

At a process/implementation level the analysis of the project reports and interviews with various project beneficiaries and participants suggest that the project to date is on track in improving the knowledge and skills of drug demand workers in the prevention, treatment and rehabilitation of drug problems. However

in order for this project to be sustainable, regional Governments must assume greater responsibility in putting in place systems like an IMDC Committee, a National Drug Control Plan and information and monitoring systems which can assist those working in the field to do so in a more structured and coordinated way. Governments in partnership with UNODC should also establish baseline measures of drug use so that the impact of drug control programs can be validly assessed

### Concept and design

The concept of the project is sound, essentially enhancing the capacity of the current workforce involved in drug demand reduction through a combination of training and funding for micro projects.

The absence of a baseline study however is a major impediment to the long term success of the project, as the key objectives of this project rely on a set of baseline measures to determine their achievement and ultimately the success or otherwise of this project.

The objectives of this project need to be more clearly stated, because in their present form are difficult to measure. The Project Document should have defined the key terms of 'significantly reduce the demand for drugs', 'enhance capacity' and 'increase the availability' in order to make them more measurable.

Apart from the concerns about the measurability of this project, one question about the project concept and design is whether or not the timing of a capacity enhancement project such as this is the most strategic intervention at this time, given that there are several system level issues which could impact on the long term viability of DDR and the gains made through this project, which still need to be addressed and resolved.

A properly established regional baseline study on drug use would have provided a more accurate picture of the overall drug control situation and when a training/funding and resource dissemination based project would have been best deployed to address the situation.

### Implementation

The implementation of the project so far has been on schedule and on budget, apart from the tardiness of certain countries in responding to the Needs Assessment Questionnaire, which was meant to contribute to Output 1. The rest of the outputs and activities are well on track with some outputs even exceeding their targets at this point (For example the allocation of funds for micro projects and the African Youth Award scheme).

### Results

At this point in the project the following key results have been achieved;

- 443 people, from eight countries in the region, involved in various aspects of DDR have been through a 5 day training workshop covering such topics as Drugs and their effects, principles of prevention and counseling as well as learning how to design a DDR project and analyzing local DDR issues. This number does not include those involved in secondary workshops following the national training workshops, run by the participants and targeting other groups involved in DDR activities like health workers, youth peer educators, police, prison officers and media.
- A suite of resources including drug information pamphlets, stickers, bookmarks and a drug counselor's handbook available in several languages spoken in the region.
- A host of activity at last year's International Drug Awareness Day on the 26<sup>th</sup> June, across the region which garnered a significant amount of media coverage.
- Drug Demand Reduction Training curriculum for health and community workers in two countries (Kenya and Seychelles),
- several training workshops conducted by project participants for a range of those working with drug addicts and their families including; workshops for drug counselors, youth workers, police, social workers, teachers, detention centre staff, religious leaders (Imams)
- Public awareness projects like a street parade with a theme linking HIV/AIDS and Drug Abuse (Seychelles) on International Drug Awareness Day (26 June)
- Peer clubs for 420 slum children (Nairobi)
- Funds totaling \$86733 to about 30 different organizations to assist in developing DDR projects and activities.

#### Recommendations and lessons learned

The major recommendations are geared towards building on the lessons learnt in this project as well as introducing some initiatives so as to facilitate the sustainability of gains made in this project.

The most significant finding from this evaluation in terms of project reports and interviewee responses has been the level of successful networking that has taken place and continues to after the workshop.

In order to sustain this networking at both a sub regional and regional level it is recommended that a regional DDR Centre of Excellence be established to resource a network of sub regional networks, as diagrammatically shown in Annex 10. The Centre would have its core functions designed to facilitate the building and sharing of knowledge and skills around DDR issues.

Another set of recommendations deal with the need to address system level issues around the long term viability of DDR work in the region. These look at the need for national oversight councils to be established so that strategic coordination of

national DDR efforts can be managed. Other issues like the need for baseline studies around alcohol and drug use and a national drug control masterplan to address these issues also need to be addressed before the gains made in this capacity enhancement project can be honestly and fully realized.

Lessons learnt have been;

1. The importance of rigorous screening procedures to select capable NGOs that are driven by the desire to work at grass-root level ensures success in implementing activities that improve the well being of local people”.
2. The lesson is to recognise the importance of networking among NGOs and increased information sharing increases chances for practical collaborative work.
3. The importance of writing clear objectives that can be tangibly measured will enable a project to be better evaluated
4. When choosing to implement a national project it is important to pick the right time, as political instability (due to such issues as war) or governmental reorganization can create significant barriers to the smooth implementation of the project.
5. The chances of a needs assessment being completed is relative to the number of people who bear responsibility for its completion. There is a higher chance of completion when less people are involved, therefore a needs assessment survey that depends on at least 13 people completing it (not counting the number of people that they need to contact) has less of a chance than say a ‘Rapid Assessment’ conducted by a small team of people.

#### Follow-up

It might be timely with the completion of this review to approach the various Governments in the region to advocate putting in place systems that will ensure that the existing DDR workforce in each of the participating countries will be adequately resourced and supported once E15 is finished at the end of 2004.

A number of recommendations have already been outlined previously as to how this could be done although this is by no means an exhaustive list.

In the next 12 months at least, governments should be encouraged to form a strategic oversight council or committee like an Inter-Ministerial Drug Control Committee and begin work on developing a drug control masterplan (where one does not exist) or develop a timetable for actioning it (where one does exist).



UNITED NATIONS OFFICE ON DRUGS AND CRIME  
ANNUAL PROJECT PROGRESS REPORT January –  
December 2002

Project Title:	Enhancing the capacity of Governments and NGOs in Drug Demand Reduction in Eastern Africa.
Project Number:	AD/RAF/00/E15.
Duration:	3 years (Dec 2001 - Dec 2004)
Executing Agency:	UNODC
Associated Agency:	N/a
Total UNDCP Budget:	US\$ 1,166,100
Donors:	Canada and Sweden

I. IMMEDIATE OBJECTIVE(S):

(i) to enhance the capacity of governmental institutions and NGOs in 13 countries in Eastern Africa to address primary prevention, treatment and rehabilitation; and (ii) to increase the availability of accurate and appropriate information on drug control issues in the sub-region, and to foster the exchange of experiences within the identified countries in Eastern Africa.

II. MAIN ACTIVITIES AND ACHIEVEMENTS FOR YEAR UNDER REVIEW

Overall assessment of project progress:

During 2002, the project carried out the planned activities and contributed to the production of outputs as foreseen in its 2002 annual work plan, and it is overall on track.

C. Under Output 1:

As part of a comprehensive needs assessment exercise in Eastern Africa, government entities and NGOs involved in demand reduction in 5 countries were identified, i.e. in the areas of prevention, treatment and rehabilitation. The strengths and weaknesses of these entities and organizations were identified along with other constraints hampering their activities. Moreover, an assessment of their training needs was undertaken.

The sub regional needs assessment is being carried out by means of a questionnaire followed up by country visits by the project's demand reduction expert. The questionnaire was sent to all 13 countries in Eastern Africa with so far 5 countries (i.e. Djibouti, Mauritius, Seychelles, Somalia and Uganda) having replied comprehensively to the questionnaire, while two countries (i.e. Kenya and Tanzania) have returned partial data.

#### Under Output 2:

4 workshops (one each in Djibouti, Kenya, Uganda and Seychelles) brought together a total of 180 government officials and NGO personnel who were trained on drug and substance abuse prevention, early identification, treatment, rehabilitation and aftercare, with training modules on alcohol abuse prevention and HIV/AIDS prevention incorporated in the curriculum of each workshop.

The training materials, identified, adapted and developed in consultation with the beneficiaries, were based on: (i) existing UNDCP training materials, (ii) WHO and National Institute on Alcohol Abuse and Alcoholism (NIAAA) training materials duly adapted, and (iii) additional training materials developed by the project to suit project-specific training requirements and to respond to the country-specific needs.

One of the significant (but unplanned) outcomes of the training courses was the generation of a renewed interest in drug demand reduction activities in the countries where they have been held. The formulation of well-targeted demand reduction activities at the end of the training, and the provision of grants to implement them have ensured sustainability of the interest generated and greater impact.

#### Under Output 3:

4 grants were awarded to government entities and NGOs in Kenya to undertake specific demand reduction activities to commemorate the 26 June in 2002, the international day against drug abuse and illicit trafficking. The activities included a hockey tournament for secondary schools during which anti-drug messages were conveyed, a football tournament for young people and literary competitions on drug prevention theme in the largest slum in Nairobi, and a mass public rally against drug abuse and a community sensitization campaign in Mombasa. Copies of the Drug Counselor's Handbook, information pamphlets and T-shirts were provided to eight NGOs to support their 26 June activities.

In order to capitalize on the training provided and not to lose the momentum created, another 4 grants were awarded to government entities and NGOs in Djibouti, Kenya, the Seychelles and Uganda to carry out demand reduction activities. The distribution of grants including the selection of activity proposals was done in close collaboration with national counterparts, such as inter-ministerial drug control committees. The activities included the following:

In Djibouti:

- (a) A community-based drug and prevention programme implemented by a women's association.
- (b) Drug abuse and HIV/AIDS prevention in secondary schools.
- (c) Public sensitization on drug abuse and HIV/AIDS through videocassettes played in mini-buses.
- (d) Infusion of drug abuse and HIV/AIDS messages in the Friday prayer sermons implemented by the religious leaders.

In Kenya:

- (a) Training of 50 social workers and counselors on drug abuse and HIV/AIDS prevention in Nakuru.
- (b) Training of 176 youth living in the Kibera slum in Nairobi on drug abuse and HIV/AIDS prevention.
- (c) Training of 20 counselors in Nairobi on drug abuse counseling.
- (d) Provision of basic equipment to two drug rehabilitation centres in Kisii and Mombasa to improve their overall functioning.

In the Seychelles:

- (a) Introduction of substance abuse as a subject in the National Institute for Health and Social Service curriculum.
- (b) Enhancement of the knowledge base of the population of two island communities on alcohol and drug abuse and sexual behavior regarding HIV/AIDS.
- (c) Enhancement of the provision of treatment and rehabilitation services delivery to alcohol and drug dependent persons.
- (d) Training of probation officers on drug abuse/HIV/AIDS prevention and counseling.

In Uganda:

- (a) Education of the public about the dangers of alcohol, drugs and HIV/AIDS through a media campaign by the Ministry of Health.
- (b) Printing of 70,000 newsletters to disseminate drug and HIV/AIDS prevention messages to secondary schools all over the country.
- (c) Helping juveniles with drug abuse problems in two remand homes through improved counseling.

The implementation of the selected proposals will be followed up, and provision of advisory assistance to governments and NGOs is on-going and will be continued when and where required to ensure the successful implementation of the above activities.

A Creative Arts Day was organized with 25 young people from 5 schools in Nairobi to conceive and design “ideas” for promotional materials targeting youth. Moreover, two information sessions on drug abuse and HIV/AIDS were held in Nairobi with a total of 800 young students from 7 countries of the sub region.

#### Under Output 4:

18 journalists from 9 countries in Eastern Africa, i.e. Burundi, Djibouti, Ethiopia, Kenya, Madagascar, Seychelles, Tanzania and Uganda, attended a project workshop where they were familiarized with drug trafficking and drug abuse related issues, such as the linkage between drug abuse and HIV/AIDS. The workshop gave the journalists, who are covering developmental issues such as social and health issues, a better understanding of drug control and the important role of the media in this connection. It further enabled them to provide the public with more correct information and to support drug control promotion and drug abuse prevention efforts.

An additional positive and unanticipated outcome of the workshop was an agreement among the journalists to set up an informal Media Practitioners’ Network in Drug Information in Eastern Africa. This will involve the establishment of a web site to be based at the Kenya Union of Journalists premises in Nairobi, Kenya. The web-site will allow journalists in Eastern Africa (and elsewhere) to share information and to be kept posted on events and developments regarding drug trafficking, drug abuse and HIV/AIDS related matters in the region. Collaboration is envisaged between this new initiative and UNODC’s regional project, Local demand reduction expert networks in Africa (LENs) (RAF/B66).

The journalists played an active role in activities carried out in Eastern Africa to commemorate the 26 June in 2002, the International Day against Drug Abuse and Drug Trafficking, and were able to make use of and demonstrate their newly acquired skills.

#### Under Outputs 5 and 6.

The project made significant progress in terms of production and large-scale dissemination within the sub-region of general and technical information materials on drugs, drug-related matters and HIV/AIDS.

Drug trafficking issues and appropriate drug abuse and HIV/AIDS prevention messages were incorporated in the design of a soap opera called “Heart & Soul”. The soap opera, a UN system-wide project, so far with eight sequences, has been aired in Kenya, Uganda and Tanzania. Subsequent episodes will incorporate drug-related issues.

The Drug Counselor’s Handbook originally produced in English under the project, was translated into Swahili and printed in 2000 copies. The distribution of the Swahili version has commenced. The handbook was also translated into French. The French version will be ready for distribution in January 2003. The Drug Counselor’s Handbook

is a user-friendly guide for people who encounter drug abusers in their daily work, such as teachers, nurses, probation officers and counselors.

24,000 information leaflets on cannabis, heroin, khat, cocaine, ATS, solvents, CNS depressants and drug abuse and HIV/AIDS were produced and are being distributed.  
3,000 bookmarks on drug abuse and HIV/AIDS were produced and are being distributed.  
200 T-shirts with the 26 June drug prevention message were produced and distributed.

The UNODC Resource Centre in Nairobi underwent a comprehensive reorganization resulting in a considerable improvement of its overall user-friendly environment. A reference and periodicals section was established. Shelves marking, spine marking, cataloguing and categorization of 700 printed items and of videos were completed and all materials were entered into a database (CD-ISIS System). Moreover, the development of guidelines for prospective users was completed.

Visitors to the resource centre are now able to locate information and books using the database search machine. In addition, they have access to the Internet and to a photocopier. In 2002, 140 NGOs, students, community workers and researchers visited the resource centre.

The first issue of the Drug Beat Newsletter was published by the project. The newsletter provides information on drug-related events in Eastern Africa, gives factual and scientific information on drug-related issues, and provides a platform where readers in the region may inter-face with each other.

### III. MAJOR PROBLEMS ENCOUNTERED AND STEPS TAKEN TO SOLVE THEM

While not yet a major problem, some delay has been encountered due to the fact that six countries have not yet responded to the needs assessment questionnaire sent out in January 2002. No field visits have been undertaken to countries that either have not responded to the questionnaire or only provided scanty data. Follow-up contacts have been made with the respective national authorities in the concerned countries to encourage them to provide the required information. It is anticipated that missions may be required to some of these countries to obtain the necessary data.

### IV. FINDINGS/RECOMMENDATIONS OF EVALUATIONS, TPR OR MISSIONS

N/a.

ANNEX 5 (b)



UN INTERNATIONAL DRUG CONTROL PROGRAMME  
SEMI-ANNUAL PROJECT PROGRESS REPORT  
JANUARY – JUNE 2003

Project Title:	Enhancing the capacity of Governments and NGOs in Drug Demand Reduction in Eastern Africa.
Project Number:	AD/RAF/00/E15.
Duration:	36 months – Operational since December 2001.
Executing Agency:	UNDCP
Government Counterpart Agency:	
Total UNDCP Budget:	US\$ 1,166,100 (including support costs)
Donor:	Canada, Sweden UNAIDS.

II. IMMEDIATE OBJECTIVE(S):

- i. To enhance the capacity of Governmental institutions and NGOs in thirteen (13) countries in Eastern Africa to address primary prevention, treatment and rehabilitation.
- ii. To increase the availability of accurate and appropriate information on drug control issues in the sub-region, and to foster the exchange of experiences within the identified countries in Eastern Africa.

II. MAIN ACTIVITIES AND ACHIEVEMENTS FOR YEAR UNDER REVIEW

During the period under review, the following have been achieved.

D.

E. Under Output 1.

A Needs Assessment Mission was conducted in Rwanda to collect information on demand reduction activities in the country, institutions involved, and their training needs. Madagascar and Mauritius have filled in and returned the National Assessment Questionnaire.

Activities for Output 1.

- a. Government structures and NGOs involved in demand reduction in Rwanda, Madagascar and Mauritius have been identified, namely in prevention, treatment and rehabilitation activities.

- b. The strengths and weaknesses of these structures, as well as constraints hampering their activities have been identified.
- c. Assessment of the training needs of these governmental and non-governmental has been undertaken.

#### Under Output 2.

120 government officials and NGO personnel in Rwanda and Madagascar have been trained in drug/substance abuse prevention, early identification, treatment, rehabilitation and aftercare, with modules on alcohol abuse prevention and HIV/AIDS prevention, and project planning using the OOPP methodology incorporated in each training course.

#### Activities for Output 2.

- 2.1 120 government and NGO personnel in the 2 countries identified, selected and trained.
- 2.2 Demand Reduction Training Modules already developed have been updated and adapted to suit specific training requirements identified under Output 1, and to respond to the countries-specific needs.
- 2.3 One government structure has been identified in each country to serve as counterpart for the implementation of the national training.
- 2.4 Selection, where required, of short-term National Consultants, or International Consultants, has been done to assist the International Expert to deliver the training.
- 2.5 2 National training workshops have been organized in Rwanda and Madagascar.

#### Under Output 3.

Grants have been awarded to governmental entities and NGOs to undertake specific demand reduction activities.

#### Activities for Output 3.

- 3.1 7 grants were awarded to Djibouti, Kenya, Mauritius and Madagascar to mark the International Day against Drug Abuse and Illicit Trafficking in 2002, in line with this year's theme: Let's talk about drugs.
- 3.2 A major media campaign on the same theme took place in Kenya, with radio and television talk shows running for a week. Radio spots developed by UNODC HQ were broadcasted for 5 days by a major FM station.
- 3.3 The Drug Counsellor's Handbook (in English and Swahili) and information pamphlets were distributed.
- 3.4 Country-grants were awarded as immediate follow-up activities in Madagascar to carry out specific demand reduction activities. This exercise was done in close collaboration with national counterparts, such as Inter-Ministerial Drug Control Committee.
- 3.5 In Kenya, 8 grants were awarded to finance micro-projects. These included the upgrading of 3 treatment centres, training of 40 prison officers, 25 psychologists,

- 50 community workers, youth and a painting competition in schools on drug prevention.
- 3.6 In Uganda, 6 follow-up micro-projects have been identified, and implementation has just started. These include 5 regional workshops, 2 community prevention outreach projects, one using the Local Expert Network Peer-to Peer Prevention protocol recently developed, upgrading a treatment centre and a Ministry of Education prevention project.
  - 3.7 Two major achievements of the project are: a). In Uganda, all the major beneficiaries have established a Project Coordination Committee, made up of Ministry of Health and 5 NGOs, who are now working in close partnership, under the chairmanship of Ministry of Health.; b). In Mombassa, Kenya, one ministry and three NGOs involved in drug and HIV/AIDS prevention activities have formed a joint Forum and are now working together. They held a joint activity to mark the International Day last 26 June. Similarly, four treatment centres have joined hands to create a treatment network in the Coast Province, and organized a joint activity on the International Day.
  - 3.8 Follow-up of the implementation of the selected proposals will be performed, as well as provision of advisory assistance to governments and NGOs is on-going and will be continued when and where required to ensure successful implementation.

Under Output 6.

Additional printed and/or visual general and technical information on drugs, drug-related matters and HIV/AIDS have been produced and provided on a large scale within the sub-region..

Activities for Output 6.

- 6.1. Printing of 2000 copies of the Swahili version of the Drug Counsellor's Handbook is completed and distribution has started.
- 6.2. Translation of the Drug Counsellor's Handbook into French has been completed, and printing will start soon.
- 6.2. 12,000 additional information leaflets on cannabis, heroin, khat and drug abuse and HIV/AIDS have been printed and are being distributed.
- 6.3 The UNDCP ROEA Resource Centre has been is now fully operational and is well used.

### III. MAJOR PROBLEMS ENCOUNTERED AND STEPS TAKEN TO SOLVE THEM

The unstable political situation in Somalia prevents activities to be carried out in this country.

Micro-projects implementation in Rwanda following the DR training workshop has been delayed by legislative elections in the country and by the leaving of the project Focal Point, Ministry, for higher studies abroad. Elections have taken place smoothly and a new Focal Point at Ministry of Health has been named. This will contribute to put DR activities back on track.

In Djibouti, the inability of the IMDCC to open a special bank account to credit funds released through UNDP in that country has delayed micro-projects implementation.

Burundi and Eritrea have not responded favourably to requests for a DR Needs Assessment Mission in these two countries. No reason was given by Burundi, while Eritrea explained a major reorganization was under way. This has now been completed. Renewed contacts are being made with both countries to get the process on.

The printing of materials in French in Nairobi is problematic, and requires a lot of supervision. This is delaying printing work to a certain extent.

### IV. FINDINGS/RECOMMENDATIONS OF EVALUATIONS, TPR OR MISSIONS

No evaluation or TPR has been conducted during this period. Missions have been undertaken to 2 countries for the conduct of training courses in demand reduction.

One major outcome is that the training courses have triggered a renewed interest in drug demand reduction activities in countries so far visited by the project. The formulation of well-targeted demand reduction activities at the end of the training in Madagascar has been done, and the provision of financial grants to implement them is ensuring sustainability of the interest generated and greater impact.

A Mid-Term Evaluation by an independent consultant is planned for the second half of the year, to be followed by TPR.

### V. ANNEX: FINANCIAL REPORT FOR YEAR UNDER REVIEW (to be done by UNDCP HQ)

The project status report covering the reporting period will be provided by the Budget and Finance Unit/PSS.

ANNEX 6

PROJECT NUMBER: AD/RAF/O1/E-15.

PROJECT TITLE: ENHANCING THE CAPACITY OF GOVERNMENTS AND NGOS IN DRUG DEMAND REDUCTION IN EASTERN AFRICA.

ASSESSMENT QUESTIONNAIRE.

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PART I. (This part is to be filled by the person to whom the cover letter is addressed).

A. GENERAL

1. Do you have a drug problem in your country?  
(Please tick ./)  Yes  No.

2. What are the types of drugs abused in your country? (Please note that alcohol may be considered as a drug for the purpose of this survey).

	NAME OF DRUG	MODE OF USE/ABUSE
i)		
ii)		
iii)		
iv)		
v)		

B. PREVENTION.

1. Are Government institutions and / or Non-Governmental organizations involved in drug prevention programmes in your country?

(Please tick ./)  Yes  No.

2. If yes, name them:

I. GOVERNMENTAL INSTITUTIONS.

i). Name of institution:.....  
.....

Name of Contact person:  
.....

Title / Position:  
.....

Full address:  
.....  
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Tel. no. .... Fax.no:  
.....

Email address:.  
:.....

ii). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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iii). Name of  
institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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iv). Name of  
institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:

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Email address:.

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v). Name of institution:.....  
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Name of Contact person:  
.....

Title / Position:  
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Full address:  
.....

.....  
.....

Tel. no. .... Fax.no:  
.....

Email address:..  
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vi) Name of institution:.....  
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Name of Contact person:  
.....

Title / Position:  
.....

Full address:  
.....

.....  
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Tel. no. .... Fax.no:  
.....

Email address:..  
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II. NON-GOVERNMENTAL ORGANISATIONS.

i). Name of institution:.....  
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Name of Contact person:  
.....

Title / Position:  
.....

Full address:  
.....

.....  
.....

Tel. no. .... Fax.no:  
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Email address:..  
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ii). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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iii). Name of  
institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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iv). Name of  
institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:

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Email address:..

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v). Name of institution:.....

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Name of Contact person:

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Title / Position:

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Full address:

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Tel. no. .... Fax.no:

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Email address:..

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vi). Name of institution:.....

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Name of Contact person:

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Title / Position:

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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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C. TREATMENT AND REHABILITATION.

1. Are Governmental Institutions and / or Non-Governmental Organisations involved in drug treatment and rehabilitation programmes in your country?

(Please tick ./)  Yes  No.

2. If yes, name them:

I. GOVERNMENTAL INSTITUTIONS.

i). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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ii). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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iii). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email

address:.

iv). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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v). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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vi) Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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III. NON-GOVERNMENTAL ORGANISATIONS.

i). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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ii). Name of  
institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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iii). Name of  
institution:.....  
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Name of Contact person:  
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Title / Position:  
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Full address:  
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Tel. no. .... Fax.no:

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Email address:..

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iv). Name of institution:.....

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Name of Contact person:

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Title / Position:

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Full address:

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Tel. no. .... Fax.no:

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Email address:..

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v). Name of institution:.....

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Name of Contact person:

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Title / Position:

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Full address:  
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Tel. no. .... Fax.no:  
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Email address:..  
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vi). Name of institution:.....  
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Name of Contact person:  
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Title / Position:  
.....

Full address:  
.....  
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Tel. no. .... Fax.no:  
.....

Email address:..  
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D. SPECIAL CONSIDERATIONS.

1. PREVENTION.

1.1 Are drug prevention programmes presently incorporating an HIV/AIDS component?  
(Please tick ./)  Yes  No.

1.2 If not, do you think this is needed?

(Please tick ./)  Yes  No.

2. TREATMENT AND REHABILITATION.

2.1. Are Treatment and Rehabilitation available to women and youth?  
(Please tick ./)  Yes  No.

2.2. If yes, are they user-friendly to either group? Give reasons why you say so?

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3. PRISONS.

3.1. Do you believe that drug abusers account for an important percentage of the prison population in your country?  
(Please tick ./)  Yes  No.

3.2. Are prevention and /or treatment programmes available to drug abusers in prisons?  
(Please tick ./)  Yes  No.

3.3. Are HIV/AIDS prevention programmes available in prisons?  
(Please tick ./)  Yes  No.

4. Do You Have Street Children In Your Country?  
(Please tick ./)  Yes  No.







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vi). Funding level/ Yearly budget (in USD) (NGOs to state the source(s) of funding).

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vii). Activities performed during last 12 months:

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viii). Number of people touched / Area of country covered:

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ix). Methods used:

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x). Materials developed:

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xi). Equipment available:

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xii). Evaluation performed:

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xiii). Strengths:

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xiv). Weaknesses:

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xv). Constraints:

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xvi). What are your main training needs? (Identify specific areas where training is required, eg. Design and planning of prevention programmes, communication skills, working with the media, developing materials etc).

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PART II (B).

Please provide the following information on your Treatment and Rehabilitation institution.

i). Type of treatment and /or rehabilitation programme:

*f* inpatient, outpatient, day-care:

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*f* therapeutic community, medical detoxification, substitution therapy, maintenance therapy, non-medical therapy, individual counseling, family counseling, group therapy, relapse prevention, rehabilitation:

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iv). Its specific objectives: full abstinence, full rehabilitation, harm reduction or other:

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v). Staffing: number, profile, fully professional/ non-professional or both, experience, level of training, full-time, part-time, volunteers:

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vi). Funding level/ yearly budget. (NGOs to state source(s) of funding).

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vii). Activities performed during last 12 months:

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viii). Number of patients seen during the last 12 months:

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ix). Any trend observed during the past 5 years (increase or decrease in number of patients, more women, more youth):

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x). Infrastructural facilities (Please describe):

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xi). Equipment available:

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xii). Cost of treatment: fully paid, partly sponsored, free:

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xiii). Cost of treatment per month: (in local currency and in US\$ equivalent):\_\_\_\_\_

xiv). Treatment variables: average duration of treatment, average frequency of attendance:

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xv). Evaluation performed / Success rate. (Please define success) / Relapse rate:

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xvi). Strengths:

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xvii). Weaknesses:

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xviii). Constraints:

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## Annex 7

### Outline of the National Training Workshop

#### AGENDA

Day 1		
Session	Time	Activity
1	09.30 -10.30 a.m.	1. Registration of participants 2. Opening ceremony
	10.30 - 11.00 a.m.	TEA BREAK
2	11.00 - 12.30 p.m.	1. Introducing Participants 2. Introducing UNODC (RA)
		3. The 3 UN Conventions (RA) 4. The UNGASS Political Declaration (RA)
3	13.30 - 15.00 P.M.	DRUGS OF ABUSE IN EASTERN AFRICA i) Drug dependence ii). Heroin (RA) iii). Psychotropic substances / Solvents.(RA)
	15.00 - 15.15 p.m.	TEA BREAK
4	15.15 – 16.30 p.m.	iii). DRUG ABUSE AND HIV/AIDS iv). Drugs/ HIV/AIDS in Africa, with a focus on Eastern Africa. (RA) v). IDU and HIV/AIDS in Mauritius.(Dr.Faysal Sulliman).
DAY 2		
5	09.00 - 10.30 a.m.	vi). Alcohol (SR) vii). Cannabis.(SR) viii). Khat (RA)
	10.30 - 11.00 a.m.	TEA BREAK
6	11.00 - 12.30 p.m.	ix). Cocaine (SR) x). ATS/ Designer drugs(SR)
	12.30 – 13.30 p.m.	LUNCH
7	13.30 - 15.00 P.M.	1. Understanding Risk Factors regarding Drug Abuse and HIV/AIDS.(RA) 2. Youth and Gender Issues.(RA) 3. Special populations/Prison populations(RA)
	15.00 - 15.15 p.m.	TEA BREAK

8	15.15 – 16.30 p.m.	Practicum (2 groups)
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DAY 3		
9	09.00 - 10.30 a.m.	Principles of Treatment I (SR)
	10.30 - 11.00 a.m.	TEA BREAK
10	11.00 - 12.30 p.m.	Principles of Treatment II (including medical detoxification, treatment goals, dual diagnosis). (SR)
	12.30 – 13.30 p.m.	LUNCH
11	13.30 - 15.00 P.M.	1. Rehabilitation. (RA) 2. Aftercare (RA) 3. Relapse prevention (RA)
	15.00 - 15.15 p.m.	TEA BREAK
12	15.15 – 16.30 p.m	Practicums.

DAY 4		
13	09.00- 10.30 a.m.	Principles of Prevention (RA)
	10.30 - 11.00 a.m.	TEA BREAK
14	11.00 - 12.30 p.m.	Principles of Counselling (SR) .
	12.30 – 13.30 p.m.	LUNCH
15	13.30 - 15.00 P.M.	Group 1: Outreach Work, focusing on prevention of HIV/AIDS among out-of-treatment IDUs. (RA)  Group 2: Medical Detoxification/Aftercare (SR)
	15.00 - 15.15 p.m.	TEA BREAK
16	15.15 – 16.30 p.m	Group 1: Designing and Implementing an outreach programme.(RA)

Group 2:  
Rehabilitation.(SR)

DAY 5		
17	09.00 - 10.30 a.m.	Groups report back to plenary.
	10.30 - 11.00 a.m.	TEA BREAK
18	11.00 - 12.30 p.m.	Objective Oriented Project Planning (OOPP) (RA) .
	12.30 – 13.30 p.m.	LUNCH
19	13.30 - 15.00 P.M.	Group I and II. Strategic Planning for future activities at Country-Level in :  I). Prevention/Outreach (Group I) II). Treatment and Rehabilitation (Group II).
	15.00 - 15.15 p.m	TEA BREAK
20	15.15 – 16.30 p.m	1. Formulation of Recommendations by each group. 2. Formulation of a common (Country-Specific) position paper.  3. CLOSING

## Annex 8

### RAF E15 - GRANTS SUMMARY

2002

#### 26<sup>th</sup> June Grants

COUNTRY	NGO	AMOUNT IN US\$	REPORT SUBMITTED
Kenya	National Agency for the Campaign Against Drug Abuse (NACADA)	2,949	YES
Kenya	Youth Against Immorality (YAI)	1,660	YES
Kenya	Jamii Na Maendeleo (JANAMA)	405	YES
*Kenya	Sports Connection	<u>2,600</u>	YES

\*Sports Connection Grant - US\$2,600

1. 12 June - 1<sup>st</sup> Instalment - US\$1,000
2. 19 July - 2<sup>nd</sup> Instalment - US\$1,200
3. December 2002 - Final instalment - US\$ 400

#### DAPC Grants

COUNTRY	NGO	AMOUNT IN US\$	REPORT GIVEN
Kenya	Presbyterian Church of East Africa (PCEA)	3,230	YES
Kenya	Muslim Education Welfare Association (MEWA)	3,000	YES
Seychelles	Campaign for Awareness, Resilience & Education Against Substance Abuse (CARE)	3,600	YES

Mini-Projects

COUNTRY	Project	AMOUNT IN US\$	REPORT GIVEN
Seychelles	1. CARE Project 2. Centre Mont Royal Project 3. Youth Health Centre Project 4. Probation Service Project 5. Ministry of Health Project	5,000	YES
Uganda	1. Alcohol and Drug Information and Education Project 2. Prevention of Drug Abuse among children in schools Project 3. Helping Juveniles with Drug Abuse Problems Project	6,500	YES
DJIBOUTI	4 -mini-projects:	6,200	NO
<u>December 2002</u>	Youth Against Immorality (YAI)	567.09	YES
KENYA	Psychological Conflict Awareness and Control Agency	3,175	YES

GRANTS SUMMARY 2003

Year 2003

26<sup>th</sup> June Grants

COUNTRY	NGO	AMOUNT IN KSH	REPORT GIVEN	AMOUNT IN US\$
Kenya	Jamii Na Maendeleo		YES	529
Kenya	Reachout Rehab. Centre		YES	1,175
Kenya	Brightside DART		YES	351
Kenya	Psychological Conflict Awareness		YES	1,139
Kenya	Sports Connection		YES	1,000
Djibouti	Association Porte Ouverte		YES	2,144
Madagascar	Centre de desintoxication et de Rehabilitation des Toxicomans Ambohibao		YES	2,202
Mauritius	Dr. Idrice Goomany Treatment Centre		YES	1,926
TOTAL				

Micro-Projects Grants

COUNTRY	NGO	AMOUNT IN US\$	REPORT SUBMITTED
Kenya	Awale Youth for Action and Advocacy	1,454	YES
Kenya	Centre for adolescent and Geriatric Outreach Services	1,553	YES
Kenya	The Africa Project Development Facility	2,000	YES
Kenya	The Omari Project Malindi	964	NO
Kenya	Jamii Na Maendeleo (JANAMA)	1,065	YES
Kenya	Mothers United Against Drug Abuse Caucus (MUADAC)	1,122	YES
Kenya	Prisons Service	3,830	YES

Kenya	Asumbi Treatment Centre	3,000	YES
Kenya	Reachout Treatment Centre	3,125	YES
Kenya	Drug Abuse Prevention and Rehab Programme (DAPAR)	2,500	YES
Kenya	Nairobi Psychotherapy	1,006	NO
Kenya	Say Yes to Life No to Drugs	466.67	Ongoing
Uganda	Serenity Centre	2,325	Ongoing
Uganda	Intersoft Business Services (Printing of Counsellor's Guide)	8,056	YES
Uganda	Sober Uganda	4,000	YES
Uganda	Uydel, Uganda	6,000	Ongoing
Uganda	Transcultural Psychosocial Organization (TPO)	3,072	Ongoing
Mauritius	Dr. Idrice Goomany Centre	3,600	Ongoing
Mauritius	Help De-Addiction Centre	2,091	Ongoing
Mauritius	Centre de Solidarite pour une Nouvelle Vie	3,498	Ongoing
<b>TOTAL</b>		<b>40,722</b>	

DAPC Grants  
2003

COUNTRY	NGO	AMOUNT IN US\$	REPORT GIVEN
Kenya	BENFRA Mass Communication	1,945	Ongoing
Kenya	Reachout Rehab. Centre	2,912	Ongoing
Madagascar	ONG NY SAHY	2,643	Ongoing

## Annex 9:

### Risk and Protective Factors in Drug Abuse Prevention

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In more than 20 years of drug abuse research, NIDA has identified important principles for prevention programs in the family, school, and community. Prevention programs often are designed to enhance "protective factors" and to reduce "risk factors." Protective factors are those associated with reduced potential for drug use. Risk factors are those that make drug use more likely. Research has shown that many of the same factors apply to other behaviors such as youth violence, delinquency, school dropout, risky sexual behaviors, and teen pregnancy.

#### Protective factors:

- strong and positive family bonds;
- parental monitoring of children's activities and peers;
- clear rules of conduct that are consistently enforced within the family;
- involvement of parents in the lives of their children;
- success in school performance; strong bonds with institutions, such as school and religious organizations; and
- adoption of conventional norms about drug use.

#### Risk factors:

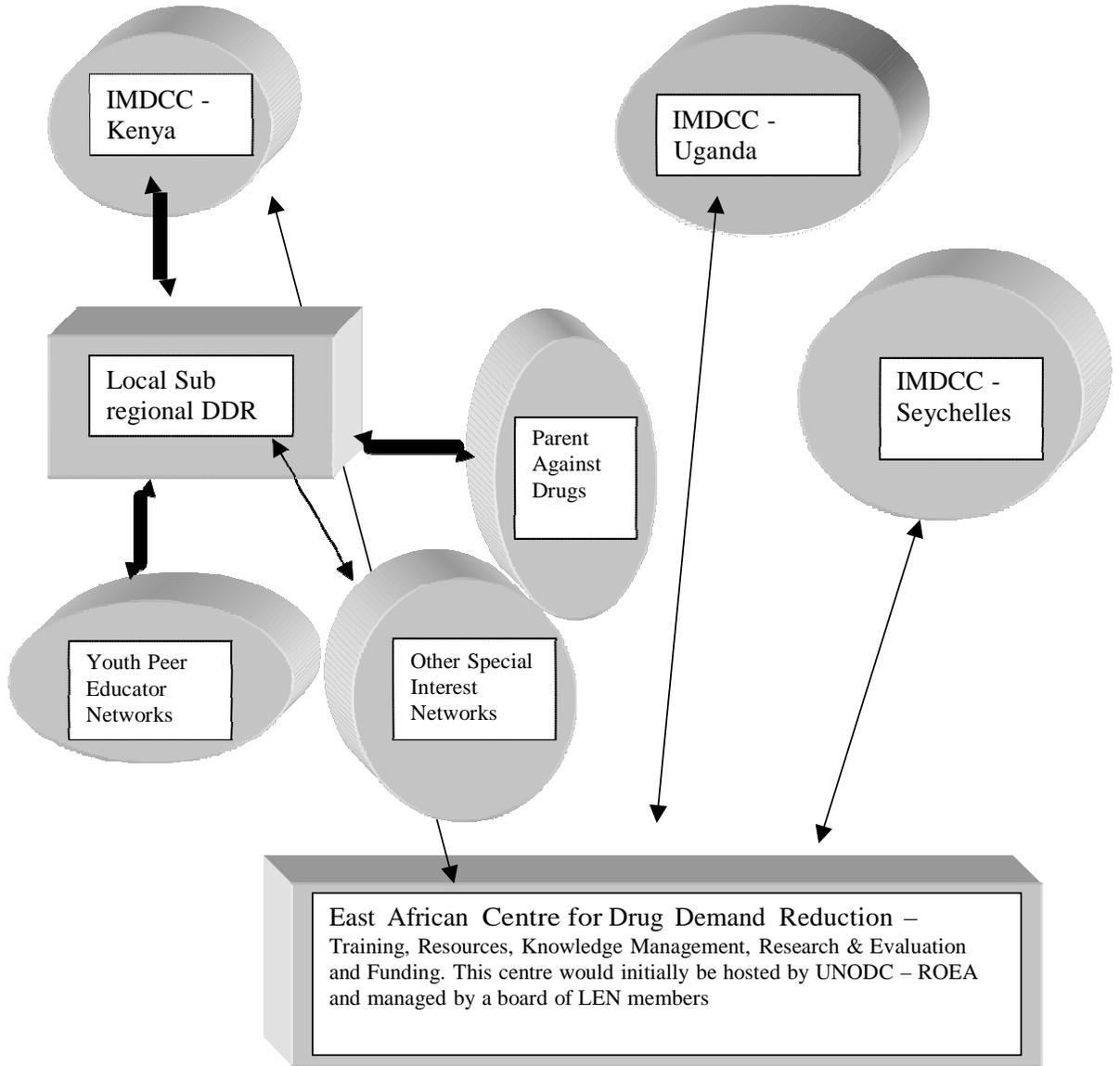
- chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses;
- ineffective parenting, especially with children with difficult temperaments or conduct disorders;
- lack of parent-child attachments and nurturing;
- inappropriately shy or aggressive behavior in the classroom;
- failure in school performance;
- poor social coping skills;
- affiliations with peers displaying deviant behaviors; and

- perceptions of approval of drug-using behaviors in family, work, school, peer, and **community environments.**

National Institute on Drugs and Alcohol (NIDA), Drug Prevention Research Update, Vol 16, No. 6, Feb. 2002

### Annex 10 :

A possible DDR Systems model utilising DDR networks supported by The East African Centre for Drug Demand Reduction showing a sample of countries involved only due to space restrictions. The communications system shown for Kenya can be replicated where appropriate in the other countries.



## Annex 11:

### Interview Guide

Please note that this guide was used flexibly depending on the time permitting and interview subject.

1. Brief description of your program/project
2. Why did you develop this project?
3. How was your needs assessment conducted?
4. What did you identify?
5. Did the training program (E15 National Training Program) assist you to meet those needs?
6. How did it do that?
7. If you could do the Training Program again, what would you have liked to receive training in?
8. Why?
9. Since returning to your community how has the training assisted you?
10. This project is about 'enhancing' your capacity to address DDR in your community. How do you think the training program assisted you to do this?
11. What other issues could the training program cover to enable you to enhance your capacity?
12. Since the training program, what have you done to address DDR in your community?
13. To what extent have you been effective in doing this?
14. How do you know this? What evidence have you got?

### Supplementary Questions (used only with key informants)

15. What type of data/information management system do you have in place to monitor the effectiveness of your project.
16. What type of monitoring do you have (if none to the above question)
17. What changes to your activities have you made as a result of your monitoring

## Annex 12

### Outline of an Assessment Mission

#### Understanding of the drug problem in the country,

- with types of drugs abused,
- modes and patterns of use,
- presence of IDU or not,
- AIDS- related cases, special sites/cities where the problem is more acute,
- number and amounts of seizures,
- number of arrests , underlying reasons, etc.

#### - Whether the following strategic mechanisms exist;

- National Drug Control Strategy,
- a National Coordinating Body, or an Inter-ministerial Coordinating Body,
- policies, regarding drug control,
- ratification of the three UN drug Control Conventions etc

#### - Prevention.

- Any Govt institutions or NGOs providing prevention services,
- level of personnel, trained staff, types of prevention programmes,
- populations touched,
- strengths/constraints,
- materials available,
- budget,
- training needs,
- any evaluation done, s
- self/independent,
- results ..., special populations,
- school or out of school programmes, community-based,

#### Treatment.

- Any Govt or NGOs T&R services,
- level of personnel, trained staff,
- T&R modalities,
- gender sensitivity,
- infrastructures,
- number of clients annually,
- success rate, drop-out rate,
- reasons for each,
- strengths/constraints, budget, training needs,

- Prisons.

- % of drug related inmates,
- disaggregate by gender and juveniles,
- special provision for juveniles.
- T&R in jail, modality of treatment,
- education,
- pre-release scheme,
- preparation for re-entry in society,
- follow up after release, and
- psychosocial support.

- Depending on the realities of the country,

- war issues,
- refugees,
- young soldiers
- Internally Displaced People,
- child soldiers,
- rehabilitation of demobilized young soldiers,
- post-traumatic stress syndrome induced by war exactions (Rwanda).

- Their plans for the future.

- Interviews with a wide spectrum of government officials from several key ministries, NGOs, UN Agencies present in the country, HIV/AIDS sector, their perspectives, insights, etc. Health professionals, education specialists, youth workers, social services, probation service, prison service, etc are contacted.

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<sup>i</sup> Schoeni B; (2003), Public Policy 636: Program Evaluation, University of Michigan, USA

<sup>ii</sup> S.Westin (1998), PERFORMANCE MEASUREMENT AND EVALUATION; Definitions and Relationships; Advanced Studies and Evaluation Methodology Unit, General Accounting Office, USA