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## TERMINAL EVALUATION REPORT

Project Number: AD/JAM/01/F87

Project Title : Drug Abuse Prevention Programme for Youth at  
Risk in Jamaica

Thematic area

Jamaica

Report of the Evaluation team

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## **LIST OF ACRONYMS**

CF	Children First
CODACS	Community Action Development Committees
HEART	Human Employment and Resource Training
LEAP	Leaning for Earning Activity Programme
PCAJ	Peer Counselling Association of Jamaica
PC	Project Co-ordinator
NCDA	National Council on Drug Abuse
UNCT	United Nations Country Team
UNDCP	United Nations Drug and Crime Programme
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNODC	United Nations Office on Drugs and Crime

# DRUG ABUSE PREVENTION PROGRAMME FOR YOUTH AT RISK IN JAMAICA

## EXECUTIVE SUMMARY

### 1. Summary Table of Findings, Supporting Evidence and Recommendations

<b>Findings</b>	<b>Supporting Evidence</b>	<b>Recommendations</b>
<b>Lengthy delay in project start up</b>	<b>Project signed in 2001 and implemented in 2003</b>	<b>Reduce delays as this can affect context and cost</b>
<b>Changes in project context affected by closure of Youth VIP Project and changes in service provider and site</b>	<b>UNFPA VIP Project closed. Service provider changed to Peer Counselling Association of Jamaica and site changed to Rivoli</b>	<b>Changes in project context require strategic review to determine the necessary changes to realize the project goals</b>
<b>Number and type of target groups reached with interventions incomplete</b>	<b>No data collection system in place to record numbers reached by target group and intervention</b>	<b>Appropriate data collection system needs to be designed and staff trained in its use to collect the relevant data</b>
<b>Weak budgetary administration which negatively affected project implementation</b>	<b>Several months delay in disbursements to service providers</b>	<b>Clear and transparent arrangements must be in place for efficient administration of the budget</b>
<b>Indicators lacking for the specific project activities</b>	<b>Indicators developed from the Situational research unsuitable for the specific project activities.</b>	<b>Indicators specific to the project activities should be developed for the purposes of monitoring and evaluation</b>
<b>An extensive project management system that was beyond the scope of the project.</b>	<b>Management consisted of UNODC, UN Resident Co-ordinator System in Jamaica, UN Theme Group, UN Country Team, Project Co-ordinator and Project Management Team</b>	<b>Management system should be tailored to fit the scope, project life and service providers</b>
<b>Edu-tainment is an effective tool for community mobilization, awareness raising and participation</b>	<b>Edu-tainment was used to successfully mobilize 2 communities which are in difficult circumstances</b>	<b>Edutainment and youth involvement in its development should be promoted as an effective tool for community mobilization</b>
<b>Protective factors against</b>	<b>Skill training and</b>	<b>Greater emphasis needs to</b>

<b>drug use such as skill training and employment were minimal in the project</b>	<b>employment were limited in both communities which have high levels of unskilled and unemployed youths as per the situational analysis</b>	<b>be placed on providing skill training and employment to reduce drug demand among youths</b>
<b>Project life of 2 years is limited for full implementation of the activities identified in the project document.</b>	<b>Immediate objective 2 was not implemented which included the establishment of the UN Youth at Risk Theme Group, advocacy initiatives to influence amendments to the National Youth Policy, and development of a public awareness campaign re youth substance abusers and youth at risk.</b>	<b>A longer period of implementation with more resources are needed to increase the capacity of the service providers</b>
<b>The capacity of service providers was significantly improved in their knowledge of drugs, the use of edu-tainment, planning and execution of community mobilization activities.</b>	<b>Service providers developed and presented on drugs in some 12 communities</b>	<b>The use of organizations experienced in community mobilization and addressing issues related drug provides an efficient vehicle to through which to intensify and focus drug demand interventions.</b>

## **2. Evaluation Summary**

### **a. Description of Project**

The Project entitled “Drug Abuse Prevention Programme for Youth at Risk in Jamaica” was a two year project to be implemented in November 2001 to October 2002. The total project budget was US \$194,500.00. This sum was to be made up of a contribution of US\$169,000.00 from UNDCP now UNODC and US\$25,000.00 from UNDP.

The Project sought to provide services to reduce drug use and demand among youths 14-24 years old in two urban inner city communities, Spanish Town and Maxfield Park using Children First (CF) and Peer Counsellors Association of Jamaica (PCAJ) respectively, as service providers in collaboration with UN organizations (UNODC, UNDP, UNESCO, UNICEF and UNFPA). Each project provider had a team of trained young persons who undertook the community mobilization activities.

The project had 2 implementation phases and 4 immediate objectives in relation to research, UN oversight, promotion and policy advocacy; community mobilization and support for service agencies. Phase 1 consisted of Immediate Objectives I and II which included a situational analysis of the target areas and the establishment of a UN Youth at Risk/Drug Abuse Theme group to promote awareness of the drug problem among youths respectively. Immediate Objectives 3 and 4 comprised Phase 2 which focused on service providers and

community support. In this second phase the service providers were engaged in capacity building to mobilize youths, parents, community leaders and professionals through training and awareness building activities about drugs and also to support community social services targeting youths. Community interventions included workshops and presentations on drugs for the target groups utilizing the visual and performing arts, cultural events and items.

## **b. Major Findings of the Evaluation**

1. Delays in project implementation led to important changes in the project context which overshadowed its implementation in terms of its efficiency, effectiveness and cost.
2. The management system for the project was too extensive given the scope and life of the project. and can contribute to delays in project implementation.
3. The administration of the project budget was tedious resulting in lengthy delays in payments to service providers and increases in costs which hampered some activities
4. The number and variety of activities to be accomplished during the project life were in excess of what could have been reasonably accomplished without additional resources
5. The working relations and the distribution of responsibilities between the collaborating agencies, in particular, between the executing agency UNODC and the main oversight agency UNDP, were insufficiently defined and this resulted in gaps in project implementation.
6. The service providers PC and PCAJ despite the problems managed through their own creativity to keep the project going when there were gaps in the funding
7. PC and PCAJ were able to facilitate an appreciable measure of community mobilization utilizing creative and innovative measures which made extensive use of culture and the performing arts to highlight the issues of drug use and abuse
8. At least 12 communities were mobilized and 2,000 persons reached including all the target groups of youths 14-24 years, parents, professionals, community leaders and other community members.
9. The use of edu-tainment was an efficient and effective tool to motivate, teach and engage a wide cross section of community members about drug use and abuse
10. The project lacked adequate indices for proper evaluation and monitoring and an appropriate data collection system. These indices should be relevant to the project activities and supported by a suitable data collection and recoding procedures.
11. Baseline data such as the situational analysis of the communities provided valuable information which greatly informed the content and focus of the intervention activities in the communities
12. Young persons provided with adequate training, skills and support are powerful change agents not only among their peers but in the wider community

13. The project increased and expanded the capacities and portfolios of both PC and PCAJ and placed them in a position to continue the work in the communities at different levels of intensity even though the project has ended.

### **c. Lessons Learned and Best Practices**

1. Lengthy delays in project implementation usually indicative of a strategic review to ensure that appropriate modifications are made to address any shifts in the original context
2. An appropriately tailored management system to guide project implementation in keeping with its focus, lifespan and resources is critical for successful implementation.
3. All undertakings with collaborators /partners must be clear, agreed and documented
4. Budgetary arrangements must be clear and its administration transparent
5. Edu-tainment is a highly effective tool for community mobilization
6. The use of institutions such as CF and PCAJ who are experienced in community mobilization and are already legitimized in the target communities is an effective and efficient way to introduce community interventions which are part of their ongoing programme.
7. Empowering youths through training and skill building are the best mechanisms to engage them and promote their participation in drug prevention
8. Political representatives where required must be engaged from the initial project concept to gain their support and that of the community.

### **d. Conclusions and Recommendations**

The project focus and activities were in keeping with the national and community situational analysis to seek to reduce the demand for drugs among the most vulnerable, youths 14-24 years old. Project implementation was hampered by delays, site and service provider changes, weak budgetary administration and late payments, violence in the communities and hurricane Ivan. Despite these challenges efforts were made to implement the stated objectives. Of the 4 Immediate Project Objectives the first one, though late, was fully achieved that is the situational analysis of the project sites. The second, the establishment of the UN Theme Group on Drugs was not achieved. The third objective was the second most accomplished, though not fully as some components were either not done, for example, strengthening educational assessment, publication of educational materials or has been delayed beyond the project life such as the video production.

#### **The recommendations are as follows:**

1. An appropriate project data collection system should be designed to facilitate proper monitoring and evaluation.
2. Relevant indicators should be developed for the specific project activities.

3. Project activities should be tailored to achieve the major project focus, community mobilization.
4. All project resources, their type, source and quantity must be clearly identified, negotiated, confirmed and documented.
5. Inter-agency and inter-sectoral collaboration are strategic for drug prevention programmes but the commitment must be unequivocal.
6. The span of the project management system should reflect the scope, size and duration of the project as extensive systems can retard implementation.
7. A longer project life of 3-4 years with greater emphasis on skill training and employment is necessary to provide the opportunity for its impact to be realized and assessed in terms of reducing drug demand in areas in which it is a major problem.
8. To achieve greater effectiveness in the intervention measures for drug demand reduction the programme should include a gender perspective targeting girls and women and boys and men taking into consideration the distinct differences in their relationship to drugs and the outcomes in relation to their health.
9. Edutainment and the participation of young persons in its development and use should be promoted as an effective measure to mobilize communities for awareness building and education about drugs.

## **DRUG ABUSE PREVENTION PROGRAMME FOR YOUTH AT RISK IN JAMAICA**

### **I. INTRODUCTION**

## **1.1. Background and Context**

1. In 2001 the United Nations International Drug Control Programme and the Government of Jamaica signed an agreement to implement a two year project “Drug Abuse Prevention Programme for Youth at Risk in Jamaica”. The international project collaborating agencies were UNDP, UNFPA, UNESCO, PAHO/WHO and the World Bank. The Jamaican counterpart agencies were Ministry of Health/National Family Planning Board –VIP Youth Project and the National Council on Drug Abuse.

2. This project was developed against the background of the situational analysis of Jamaica’s political and socio-economic conditions and its impact on its youth population, 14-24 years old. Jamaica’s national data on economic growth, poverty, educational attainment and employment over several years have experienced decline and or stagnation. These events have negatively impacted the youth population. The less than favourable social and economic environment together with Jamaica’s geographic location on major drug trafficking route have made at risk youths vulnerable to drug trafficking, drug use and abuse and drug related crime and violence. Over the years there has been significant increase in the number of youths involved in these activities.

3. Youth under 25 years account for more than half of Jamaica’s the population and poor persons. In addition, they were also likely to be functionally illiterate as it was estimated in 1998/99 that 80% of the poor had an inferior standard of education. They also have high levels of unemployment. In 2004, the youth unemployment rate was 30.6%, four times that of adults, even though it has declined by 6.7% over the last ten years. The youth female unemployment rate (40.6%) is almost twice of males (23.4%), (Economic and Social Survey Jamaica 2004). Young persons are therefore very likely to unemployed. These features operate to make youths very susceptible to a range of anti-social behaviours as they are bereft of the required social skills, education and training to be effectively engaged in wholesome economic activities.

4. A negative outcome of the challenging economic situation is its contribution to the increase in drug related crime and violence. The problem is pervasive in that it affects all sectors of the population irrespective of age, status and geographical location. In 2004 of the 517 persons admitted to Adult Correctional Centres in Jamaica under the Dangerous Drugs Law 29% were persons 25 years and under. There are also significant numbers of Jamaicans, many of them women who are incarcerated in the United States, United Kingdom and the Caribbean islands for drug trafficking. Many of the incarcerated are household heads and this has severe implications for the welfare of dependent family members, particularly children.

5. Youths with limited social skills living in deprived conditions are at a high risk for illegal activities, which in the short run may yield substantial economic gains with serious consequences. Involvement in drug production, trafficking and abuse yields a web of related problems that go beyond the individual, to the family and the community and has the potential to undermine the political and economic viability of the state.

6. The Government of Jamaica in recognition of the insidious and negative impact of drugs on the nation’s well-being, in particular, its human capital and development potential represented by the youth is committed to addressing the drug problem. This is demonstrated by its participation with regional and international bodies on the issue. Several key measures have been undertaken to stem the drug trade. These include the amendment or adoption of

drug-related legislation, for example, the amendment of The Dangerous Drug Act 1948 and adoption of the Corruption Prevention Act 2000 among others. National drug control policies, priorities and plans have been approved and instituted, for example, the National/Master Drug Abuse Prevention Control Plan 1997-2002. These actions are directed towards drug control, demand reduction and reducing the exposure, risk and vulnerability of the population to drugs whose capacity and potential must be protected for engagement in the process of sustainable development.

### **1.2. Purpose and Objective of the Evaluation**

7. This final evaluation seeks to determine the appropriateness, efficiency and effectiveness of the project to impact youth at risk for drugs use and abuse in inner city communities with services to change their attitudes, behaviours and reduce their risk for drug involvement. The assessment will provide useful lessons based on the project experience that can inform the similar project activities or replication. These lessons learnt, best practices and constraints identified and the related recommendations can contribute to building available capacity and decision making on the allocation and use of resources to deliver services to youths at risk for drug use. The terms of reference for the evaluation (Annex 1) states that the consultant is required to undertake a thorough evaluation of the following aspects of the project, project concept and design; project implementation and outputs and impact of the project. The stipulated methodology was a desk review, interviews with key stakeholders and visits to the project sites.

### **1.3. Executing Modality/Management Arrangements**

8. The project utilized a model which incorporated a multidisciplinary and inter-sectoral collaborative approach to implement interventions to reduce the demand for drugs at the community level. Health, education and the visual and performing arts were the major disciplines applied in the development of project strategies and activities. The proposed financing of the project was also consistent with the multi-sectoral approach as funds were to be accessed from the UN agencies and the private sector and integrated with the expertise, skills and experience of organizations in the public and non-governmental sectors to provide a broad base of integrated resources to support implementation.

9. The project management system had several tiers. This system was comprised of UNDCP now UNODC located in Barbados, the UN Theme Group, the UN Country team (UNCT), the Resident Co-ordinator System in Jamaica, the Project Management Team (PMT) and the Project Co-ordinator (PC). UNODC was the executing agency responsible for resource mobilization, the provision of technical expertise for the development of substance abuse prevention material, liaising with the Jamaica Public service company regarding project financing and accounting to donor agencies on the funds directed through UNDCP. The UN Theme Group was designated to provide oversight, the United Nations Country Team (UNCT), Jamaica together with non-governmental organizations (NGOs) and the private sector to support and monitor project implementation to youths 14-24 years in two inner city communities of Maxfield Park in Kingston and Tawes Pen in Spanish Town, St. Catherine. Five United Nations agencies were represented on the UNCT, UNDCP as the executing agency and the collaborators were; UNDP, UNICEF, UNFPA, UNESCO. Each agency had specific responsibilities which included financial provision and participation in the implementation of specially identified activities related to their agency portfolio and expertise. The UNCT would ensure efficient and effective project implementation and also participate in resource mobilization.

10. The main responsibilities and activities identified for the UN agencies are as follows:

UNDCP : Mobilize resources and account to donors; preparation of a situation analysis; liaise with Jamaica Public Service Company, engage in advocacy initiatives; establish sports clinic in the targeted communities

UNDP : Establishment of network of stakeholders; organize theme groups

UNFPA : Through VIP Youth design training programmes re capacity building; strengthen counselling programme; provide referrals for skill training; implement health in collaboration with Ministry of Health

UNICEF : Give oversight to activities to be implemented by Children First; strengthen counselling programme of service providers

UNESCO: Focus on Children First to increase literacy level; provide referrals for skill training; advise on drama as a developmental tool

UNCT : Establish a UN Youth at Risk/Drug Abuse Theme Group to provide a permanent network for partners from international, government, private and NGO sectors and representatives of youth and community based organisations to impact youth substance abuse and also to engage in policy advocacy

11. UNFPA, UNESCO and UNCT were jointly responsible for written and audiovisual materials including radio, newspaper, booklet and video productions.

12. Project administration was effected through the Resident Co-ordinator System in Jamaica and this was agreed given that UNODC had no field presence in Jamaica. The Resident Coordinator had the principal responsibility for the management of the project. Project funds were received and disbursed by this office and it also ensured the maintenance of proper financial and programme records, periodic reporting to and consulting with UNDCP Caribbean Regional Office and the application of sound financial practices.

13. A Project Co-ordinator contracted by UNDP on behalf of UNDCP was responsible to manage, oversee and guide project implementation and reported to UNDCP and the Resident Co-ordinator of the UN system in Jamaica. The Co-ordinator would link all the managing organs namely the UNCT, the project implementers, the Project Management Committee and the UN Theme Group and facilitate their respective responsibilities.

14. The PMT with membership from the UN Agencies, the Directors of the service delivery agencies (PCAJ) and Children First), and the PC was responsible to meet every two months to assess the progress of the project and review the work plan of the PC.

#### **1.4. Scope of the Evaluation**

15. The evaluation of the project is focused on three main aspects, namely:

- a. Project concept and design;
- b. Project implementation; and
- c. Outputs, outcomes and impact of the project.

16. The appropriateness, efficiency and effectiveness of each of these aspects will be assessed in relation to the project focus on substance abuse prevention and the promotion of healthy lifestyle alternatives. An assessment will also be made of the achievement of the four immediate project objectives outlined in the project paper to:

i. Obtain a better understanding of the use of drugs among young people and establish an easily-accessible body of information, which will sensitise and inform stakeholders in the planning, monitoring and evaluation of anti-substance abuse initiatives.

ii. Establish a UN Youth at Risk/Drug Abuse Theme Group to build a broad-based youth-at-risk network of organizations that will increase awareness about the situation of vulnerable youth especially, substance abusers.

iii. Increase the capacity of individuals and programmes currently providing services or caring for youth in the project's targeted communities to address adequately their needs

iv. Provide support to social services that target youth and parents in the participating communities in order to heighten their awareness concerning the risk to which substance abusers are exposed and to provide the youth with skills needed for their economic independence.

17. The lessons learned, best practices and constraints will be identified and the related recommendations made (Appendix 1 United Nations International Drug Control Programme International Control Programme Project Evaluation Terms of Reference).

### **1.5. Evaluation Methodology**

18. Several approaches were utilized to collect data for the evaluation of the project. Initial and ongoing consultations were held with the UNDP officer overseeing the evaluation. The principal sources of data collection were as follows:

- Documentary review of UNDP'S project files
- Individual interviews on site with the:
  1. Directors and key officers of the two project implementing agencies, Children First in Spanish Town, St. Catherine and Peer Counselling Association of Jamaica at Halsey Avenue, Kingston.
  2. UNFPA officer responsible for the VIP Youth Programme, Kingston, Jamaica
  3. UNODC Project Coordinator, Kingston, Jamaica
  4. UNODC Officers in Barbados
  5. UNICEF officers, Kingston, Jamaica
- Focus group discussions with project beneficiaries at Children First and Peer Counselling Association of Jamaica.

19. The data collected were mainly qualitative. Using a theme approach the data were analysed in accordance with the project focus of providing services through selected organizations to urban youth in low income areas, parents and local leaders with awareness, education and skills to prevent and reduce drug abuse. The implementation plans of the two service providers together with project reports and information from the focus groups were used to assess the activities undertaken, their reach and impact.

## **2. MAJOR FINDINGS**

### **2.1. Overall performance assessment (Appropriateness, Relevance, Effectiveness, Efficiency)**

#### **The Project Concept and Design**

20. The project concept is appropriately focused on drug abuse prevention services to youth 14-24 years old in two urban low-income communities based on the situational analysis at both the national and community levels. The inclusion of a situational analysis of the target communities as an initial project activity was necessary to provide detailed profile of the communities to be used by the service delivery organizations for planning and targeting their activities. The Situational Analysis of both target areas clearly point to high levels of deprivation, violence (46% have witnessed and 22% have participated) and endorsement of drug use (43% it's ok to sell drugs for a living). There is clear evidence that a programme to address drug prevention is necessary.

21. In relation to design, the project strategy to use institutions already present in these communities to deliver the project was a wise one. This coupled with activities to strengthen their capacity for service delivery would contribute to efficient project implementation as valuable time would not be used to legitimize the organisation, access and gain the confidence and respect of the community. Extensive preliminary familiarization activities would not be required, thus allowing for maximum time to be spent on the designated interventions.

22. The multi-pronged project activities to address drug prevention through training, awareness, education and skill development among at risk youths, parents, local leaders and the general community reflect the recommended drug prevention principles indicated by current research. The principles in general should address three areas, the reduction of risk factors and enhancement of protective factors; prevention planning and prevention programme delivery. The project demonstrates the following principles:

1. Enhancement of the protective factors and reversal or reduction of the risk factors
2. Provision of education on all forms of drug abuse – illegal and illegal drugs
3. Focus on the type of drug abuse problem in the local community, for example, ganja and or cocaine
4. Tailor intervention activities to address the specific risks or audience characteristics, for example, age, educational level, sex etc.
5. Use of family based approach to include parents to improve their skills, education, promote discussion, and provide a basis for introducing/enforcing family policy re drugs
6. Integration of drug education in school programmes to reduce risk for drugs and other anti-social behaviours, for example, aggression and violence
7. Use of the interventions to increase social competence such as drug resistance skills, reinforcement of anti-drug attitudes and strengthening personal commitment against drug use, abuse and trafficking
8. Targeting the general community in multiple settings, for example, dance, faith-based organizations, sport festival, community meetings etc.

23. While all the major areas that should be targeted in drug prevention programme were included in the project design the factor of gender and the differential considerations that would be required to effectively target girls and women as against boys and men were not addressed directly. The project document, paragraph number 27, page 7 makes reference to “the fact that differences may exist in the types of at-risk situations affecting young males and females, which may result in different assistance needs for both genders”. This consciousness was not explicitly followed through in the methodologies that should have been developed to respond to the differential gender needs.

24. The principles were unequally emphasized in the implementation activities, mainly because of the constraints in the available resources either in terms of funding or institutional support. Enhancement of protective factors and reversal or reduction of risk factors for drug use is heavily influenced by available opportunities for skill training and job placement. These were very limited and proved to be very difficult areas for the service providers to address with appreciable success.

### **Project Management**

25. Several mechanisms were utilized to provide project oversight and management namely, UNODC, the executing agency, the UN Youth at Risk/Drug Abuse Theme Group, the UNCT, The PMT and the Project Co-ordinator. There was overlapping membership of the UN agencies on the Theme Group, UNCT and the PMT, but the theme group included other international agencies, Jamaican private sector companies, Government of Jamaica ministries and non-governmental agencies. An interagency approach was adopted and the objective was to pool and integrate resources to promote and increase awareness about youth vulnerability to and abuse of substances. Allocation of specific project activities to various UN agencies was intended to facilitate greater focus and efficiency on those areas in keeping with the skill and capacity of the assigned agency.

26. Information from several progress reports and Meetings of the UNCT suggest an appreciable lack of clarity on the management arrangements and neither were they clarified in the project document. UN Heads of Agencies were unclear about several matters including the roles stated in the project document as to how they had been determined and how they were to be executed. It appears that these issues were never fully resolved during the life of the project and that this affected both commitment and participation.

27. The Project Co-ordinator had a direct working relationship with the project service providers. A substantial proportion of the Co-ordinator’s time was spent in the field consulting with, advising and overseeing the implementation of the activities. Constraints relating to office accommodation and related facilities, in particular communication, were experienced by the Co-ordinator. On recruitment these facilities were not available and took some time to be addressed. This situation had negative effects on supervision, communication and the smooth conduct of the responsibilities of the PC’S work.

28. Delays in project implementation resulted in UNODC expressing its concern in writing to UNDP. Some of the delay was caused by lack of access to the communities due to violence. Project implementation in areas with strong political connections such those as those selected must first seek to engage and get the support of the political representatives. Some of the delay can be attributed to the lateness of the efforts to secure this support resulting in the

change of project site. The quality of the communication and reporting was less than optimal throughout the life of the project. There were issues of inadequate and or late reports, information and advice about personnel, finance, project collaborators and activities. UNODC indicates that their executing responsibilities were constrained as their input was for the most part ex post facto. Examples offered include the selection and appointment of the PC; UNODC's instructions to close the project and subsequent extension of the PC's contract; difficulties with sister agencies contracts; and late and or non-compliance with requests for financial information. Some of the delays in project implementation resulted from weaknesses in the communication and reporting between UNODC and UNDP.

29. Both UNODC and UNDP had gaps and challenges, some internal and others external and beyond their control, for example, personnel constraints and violence in the project areas. In addition, the project document seemed to have included more than could be reasonably accomplished in the given project life without the full commitment of the stakeholders and additional resources. UNDP had the challenge to recruit a suitable project co-ordinator and also to effectively co-ordinate and monitor all the inputs from UN and other agencies. The ongoing queries, limited participation and withdrawal of some stakeholders indicate that project "buy in" was not fully realized.

30. Inadequate communication between UNDP and UNODC was a barrier to smooth project implementation. Given the changes that were taking place speedy communication and decision making were required to ensure continuous project implementation. Most of the focus was placed on the financial issues but there were other implementation issues that were in need of equal attention, for example, the skill training component. Given the lengthy delay, changes in site and service delivery provider and limited resources, adjustments to the project should have been extended to a review of the activities to make them more realistic and achievable. As a result, over the life of the project those components that were not realistic were in some cases not even attempted, for example, the formation of the UN Theme Group, the development of low literacy materials, skill training or have taken an extremely long time to be completed, for example, the video production.

31. The project management system was too extensive requiring heads and senior officers of the respective agencies to invest significant amount of time in oversight, meetings, and specific and collaborative activities. Proper functioning of the system would require definitive attention by designated person(s) to co-ordinate both within and among the various groups, for example, the UN Theme Group, UNCT and the Project Management Committee (PMC) to maintain the project focus. The project sought to have implemented in a relatively short period of time 2 years a wide range of activities spanning research, policy advocacy, community mobilization, education and training, development of educational materials, drug demand reduction, skills training, etc. It is very doubtful that a pilot project of this scope could successfully implement all these activities in the given time. While the intent was to integrate all the relevant inputs there are limits to how they can be effectively harnessed and utilized within a given time period and also consideration has to be made for the capacity and rate at which the implementing agencies can absorb the inputs. The service providers are community based grass roots organizations with limited human resource, funding and management and their capacity could be considerably strained by multiple activities in a relatively short time period.

32. Effective control, direction and co-ordination of the project could have been achieved with a more streamlined and cohesive management structure provided by an empowered PMC together with the support and oversight of the Resident Co-ordinator System and UNODC. This would have reduced the diffusion and overlaps in the management system and the lack of a focal point. Elaborate management systems can retard decision making, accountability and implementation because of the need for wide consensus and greater opportunity for the non-acceptance of responsibility.

### **The Budget**

33. The budgetary allocation (UNDCP US\$169,500 and UNDP \$25,000) from the outset was recognized as limited and is reflected in the project document as “The programme is designed to achieve the widest possible impact with limited resources”. It was also stated that funds would be mobilized on a continuing basis and will be actively sought from donors within and outside the UN system. It was anticipated that the Jamaica Public Service Company and other private sector entities would contribute to Phase II of the Project. This did not materialize and there is no evidence to indicate that it was pursued during the project life. UNODC was the only contributor to the project budget.

34. Stakeholders and service delivery agencies indicate that the budget was the most challenging aspect of the project. Under budgeting was indicated and the following situations point to the difficulties experienced:

1. A recommendation was made to delay the recruitment of the Project Co-ordinator by four months due to inadequate allotment of US\$45,050.00 for 24 months at US\$1,877.08 per month (Progress Report March 26, 2003).
2. The research budget was inadequate. All 4 responses to the tender were significantly more than the allocated sum of US\$8,000.00. Assistance by the implementing agencies in the target areas greatly facilitated the conduct of the research.
3. The contract with the National Drug Abuse Council was not executed in May 2004 while services were being provided from December 2003 (Project Progress Report Dec 2003 – May 2004).
4. The video to be produced by Creative Productions and Training Centre Limited (CPTC) was not completed during the project life due to inadequate funds. CPTC in its correspondence on the matter in January 2005 indicated that “As it is now it seems that we are subsidising the project”. As a result of the inordinate delay the video production was not completed during the life of the project.
5. The summer camp hosted by Children First was co-funded by the Jamaica Social Investment Fund to the tune of J\$150,000.00

35. Budgetary provisions other than salary were not made for Project Co-ordinator. This position would require traditional office support in terms of office space, computer etc. Office support even if provided by the oversight agency UNDP should have been reflected in the budget as its contribution so that the need for its provision is clear.

36. Incentives for community participation were limited. Service providers reported that the nature of community work relies a lot on interpersonal interaction and voluntarism, it is therefore important to be able to reward outstanding participation and contribution. This creates interest, enthusiasm, ongoing support and willingness to be involved. PCAJ reported that they were unable to deliver approved prizes for the poster competition which led to some

amount of withdrawal and loss of interest. Incentives are a critical for the maintenance of community support.

37. The service providers used creative measures to supplement project funds to reach more persons and communities than were targeted. Children First provided financial data totaling J\$1,276,000.00 that they expended over the life of the project to integrate it with its other programme activities to fund transportation, refreshments, honorarium for performers, project co-ordinator/guidance counselor and prizes.

38. UNODC and UNDP indicate serious challenges in relation to the administration of the budget which is the most contentious aspect of the project. UNODC indicated that it has met in entirety its budgetary commitment. Both UNDP and UNODC report serious problems and lengthy delays regarding financial matters. Among the problems encountered were:

- f* Generally, the communication between UNODC and UNDP on the budget was problematic; issues included claims of inadequate information, non-adherence to guidelines and delayed responses which resulted in funding delays, revision of budget and loss of funds. The persistence of these issues throughout the project life is indicative of insufficient and weak administration and a lack of trust.
- f* UNODC reported late receipt of monthly reports and financial information which limited its monitoring of expenditure against the PC's work plans
- f* UNODC in 2005 placed a freeze on project funds because of inadequate reporting
- f* Request for revised budget to UNDP at short notice and delay in the receipt of funds resulted in non-payment to service providers including the PC's salary
- f* Contractual and payment arrangements with collaborating UN agencies could result in double PSC charges. This was eventually resolved by direct contracts
- f* Due to the ongoing problems with the budget implementation of project activities was delayed. At the start of the project PCAJ activities were delayed because of disagreement on the budget and during the project life both PCAJ and Children First reported lengthy delays in project reimbursement requests.

39. With a new PC who was unfamiliar with the UN budgetary regulations this could understandably cause some deficiencies in the management of the budget and would have been compounded with the PC working away from the UNDP office and without immediate supervision. Financial reporting by the service providers was at times tedious and difficulties were experienced with PCAJ. The problems were not beyond remedy but seemed to have reached intractable proportions. Financial management of the project created an appreciable amount of problems /issues among stakeholders which was most intense between the principals, UNODC and UNDP. In general, stakeholder information on budget and its administration was insufficient and so little advice was proffered to resolve the issues. Greater transparency was needed in this area.

40. Efficient budget management is critical in project implementation as it has a powerful influence on success or failure. Despite the breaches in reporting gaps it is to the credit of the service providers that they were able to maintain the project presence in the communities during the funding delays. It has to be recognized that they do not have reserve resources on which to draw to fill the project funding gaps. With close integration of this project into its ongoing programme Children First was able to manage the delays.

### **Constraints to Project Implementation**

41. This project, JAM/F87 had lengthy delays from conception to implementation. Originally signed in 2001, actual implementation began in 2004. Several important challenges and changes emerged between project conceptualization and implementation. Major constraints were the delay in start up, problems with budgetary allocation and disbursement delays, changes in project site and service delivery provider, strains in the collaboration among partners and also external and uncontrollable factors such as violence in project sites and natural disasters such as hurricane Ivan. These factors negatively impacted the efficiency and effectiveness with which the project was implemented.

## **Matters Constraining Project Implementation**

### **Project Risks**

42. Five project risks were identified, their likelihood and remedial measures. The risks spoke to failure on the part of service providers to perform; lack of co-operation by community targets and service institutions; inability of project co-ordinator to manage, violence in and around the communities and lack of co-operation from relevant government agencies. All but the one related to violence was rated as highly likely and this did indeed materialize and resulted in the substitution of Tawes Pen by Rivoli.

### **2.2. Attainment of Project Objectives**

43. There are four major objectives to be met by the project activities that are detailed in the logical framework. The two main service providers are Children First and PCAJ together with the UN collaborating agencies. The selected sites are Rivoli in Spanish Town and Maxfield Park in Kingston. Children First, located in the urban centre of Spanish Town is a community action organisation launched in 1997 that specializes in providing social, educational and training programmes for at risk young persons 3 - 18 years old. PCAJ is a voluntary grassroots organization which provides training in life skills, education and Peer Counselling Programmes in various schools and communities across Jamaica in sexual and reproductive health. PCAJ's contract was for the period July 31, 2004 – June 2005 in the sum of US\$33,000 and Children First was November 2003 to November 2004 in the sum of US\$ 40,000.00

44. The project was implemented in two phases, Immediate Objectives I and II in phase one and III and IV in phase two. Their respective achievements are outlined below.

### **Immediate Objective I**

**To obtain a better understanding of the use of drugs among young people and establish an easily-accessible body of information, which will sensitise and inform stakeholders in the planning, monitoring and evaluation of anti-substance abuse initiatives.**

45. This objective was for the most part achieved despite the considerable delay in its implementation. The research was scheduled for completion in August 2003 commenced in July 2003. Hope Enterprises conducted the research in the two project sites on the situation regarding drug use by persons 14 -24 years old. They were supported in the conduct by the service providers Children First and PCAJ. The final report and the indices for monitoring and evaluation were disseminated to the stakeholders. Content from the research was used in the script for the project's UNESCO led television one hour docu-drama on substance abuse, trafficking, crime and violence and HIV/AIDS.

46. Both service providers indicate that the report provided comprehensive information on the profile of the communities such as where to locate at risk youths, the drugs used, school

attendance and their behaviours and attitudes to drugs etc. This information was used to develop relevant and sensitive interventions for the communities. For example, Children First indicated that they knew which drug to emphasize in the various communities and this was taken into consideration when preparing their presentations. The research was very instructive for the service providers and was well utilized.

47. The monitoring and evaluation indicators developed from the situational research were for crime and violence; drug trafficking as a means of survival; positive attitudes to marijuana and the use of inhalants among females. Other indicators were for school attendance and academic achievement; self esteem; early sexual initiation and teenage pregnancy. These indicators while useful and relevant were too global for use by the service providers and so were not used for monitoring.

48. A data system would have been required to collect and process the data. for the purposes of monitoring and evaluation. The service providers with limited human resources and without training and a specially designed information system would find it challenging to routinely collect such data. Indicators specific to the activities undertaken by each service provider would have been easier to collect and more useful for monitoring their progress. The lack of a simple data collecting system for the service providers has made it difficult to fully assess the numbers and classification/types of targets reached with the various interventions.

49. With the relatively short project life it is unlikely that many of the indicators developed from the research would show significant changes as a longer time period would be required for real and sustainable changes to be manifested. Some numerical data were collected in relation to the various interventions by the service providers.

## **Immediate Objective II**

**To establish a UN Youth at Risk/Drug Abuse Theme Group to build a broad-based youth-art-risk network of organizations that will increase awareness about the situation of vulnerable youth especially, substance abusers.**

50. This objective was to be implemented through the UNDP'S Resident Co-ordinator's office to integrate stakeholders from all sectors, international development partners, NGOs, government of Jamaica and the business sector to be involved in advocacy to influence national policy, in particular the national youth policy, create awareness of youth and drugs and to pool their resources to address issues of common concern.

51. This objective while important to give strong advocacy support to youth drug prevention at the policy and societal levels would have required dedicated resource without which it seems unlikely that it would have been accomplished under this project. Its achievement was doubtful given the scope and life of the project. Also, without prior commitment by the agencies considerable mobilization and planning would have been required to get the team established and functioning. Given all the constraints it is not surprising that this objective was not achieved. A discussion about the Theme Group in a Project Management Committee Meeting of July 2003 indicated that given the existence of other UN Theme Groups dealing with cross-cutting issues the formation of such a group on drug abuse was unnecessary. There were no identifiable benefits from the other UN Theme Groups during to this project during its life.

### **Immediate Objective III:**

**To increase the capacity of individuals and programmes currently providing services or caring for youth in the project's targeted communities to address adequately the needs of youth.**

#### **Capacity Strengthening of Service Providers**

52. There were several activities to strengthen the capacity of the service providers which included capacity strengthening workshops, peer counseling camps and poster competitions, :Capacity strengthening workshops were held for the staff members of Children First and PCAJ to sensitise them about the project, drug abuse and to review materials and prepare for the outreach activities. The workshops were conducted by the National Council on Drug Abuse (NCDA). The curriculum included information on NCDA; definition and types of drugs; substances commonly abused; reasons for drug abuse and the signs and symptoms thereof, understanding drug addiction and how to plan, monitor and evaluate substance abuse prevention programmes. Twenty three members of the Environmental Protectors, the project facilitators of Children First were trained in January 2004 and 20 members of PCAJ in July 2004. Interviews held with Children First and PCAJ beneficiaries indicated that the training was well received and their knowledge and skills were expanded and reinforced.

53. A one week peer education training camp was held by Children First in July 2004 with 82 young persons and 18 facilitators. Two members of the Area 3 Narcotics Police Division conducted a one day session on drug use and abuse prevention, drug smuggling risks and consequences as well as exploring alternatives to drug smuggling. During the camp young persons developed action plans to be implemented in their communities with technical assistance from the Environmental Protectors. Seven action plans were developed for the communities of Central Village, Rivoli, Old Harbour Road, De La Vega City, Ellerslie Gardens and communities in Central Spanish Town. Community interventions in the form of workshops and meetings on substance abuse and reproductive health were implemented during the months of July to October 2004. A total of 71 young persons and adults were reached.

54. Camp participants interviewed reported that it was one of the best experiences they have ever had. The camp provided the opportunity for open discussion about the issues faced by young persons with caring and sensitive resource persons in a stress free setting. For them camp was one of the major highlights of the project and they would like it to be continued. The camp was on all accounts very successful.

55. Beneficiaries of the Children First and PCAJ capacity training and intervention activities in the focus group discussion stated their appreciation for the information and education provided about drugs and healthy lifestyle. Many unofficially gave advice and information to other young persons and adults with whom they were in contact and also made referrals to the project. All felt that they were better able to make right choices to achieve their potential educationally and professionally. Many were unaware that they had any aptitude for many of the skills to which they were introduced in the performing arts. Opportunities were provided for the development and use of the skills in drama, dance, art, singing, writing, and public speaking among others.

56. Self esteem and confidence it was reported by the beneficiaries to have improved significantly and they were better able and comfortable to address issues of drugs and reproductive health publicly, in small groups and in one to one encounters. One participant in relating what she had learnt said “I learnt many things about drugs and reproductive health but I also learnt a new meaning for abstinence that it is not only to abstain from drugs and sex as young person but to abstain from everything that is negative for a young person”. That was a powerful testimonial to the impact of the interventions on the individual.

57. Public speaking skills were also honed and some members have the responsibility to speak in public forum and in the media. The young persons were unanimous that they felt empowered to address the issue of drug abuse with a wide range of persons and had done so with persons known to them who were drug users and abusers. Their involvement with project is generally known and accepted by their families and communities and requests were often made of them for information or to counsel someone.

### **Community Mobilisation**

58. A variety of activities were implemented by both service providers to mobilize the communities to give support to the project activities. Some creative measures were adopted to attract community attention and participation which included extensive use of the performing arts and Jamaican culture to educate and inform.

59. Children First had a target of six communities but conducted outreach activities, publicized and canvassed support in 7 areas, namely Rivoli, Homestead, Central Village, Eilerslie Pen, Tawes Pen, De La Vega City and Railway Lane. Although 6 half day outreach activities were scheduled funds were creatively utilized to cover the seven communities. A group of young persons male and females, the Environmental Protectors, develop and perform songs, drama pieces and dances relevant to drug prevention and depicting real life situations. They are very enthusiastic about their role and see themselves as agents to create positive changes among their peers and in the communities by promoting healthy lifestyles. In a community intervention session music and dance are used initially to attract attention followed by dramatic presentations and songs about various aspects of the drug problem.

60. Children First has pioneered an innovative intervention tool called Bashment, which is a type of edu-tainment using cultural forms and was first executed in May 2005. The Environmental Protectors cultural presentation was centred on the theme “Beware, Drugs nuh Care, a Fi Yuh Future so tek Care”, depicting the negative aspects of drug abuse among young people. Artwork on the theme done by Children First clients was also displayed. Community members, parents and children from the targeted communities participated. Parents also showcased their talents and exhorted children to “abstain” from using drugs. A total of 327 persons were in attendance.

61. Schools and parent teachers associations in the target area were also recipients of the cultural presentation package on drug prevention by Children First.

62. PCAJ’s team of Peer Counsellors conducted motivational work in the Maxfield Park community using approaches similar to those of Children First. Maxfield Park like Spanish Town has several communities. Those reached by PCAJ included Ricketts Crescent, Rome, James, Town Half Way Tree and Spanish Town Road. Visits were made by PCAJ Peer Counsellors to the communities to solicit support from the youths, parents, community

leaders and business persons. Twice weekly outdoor community meetings were held including dramatic presentations. Six presentations on drugs were made on a monthly basis in Maxfield Park and two per month in the other communities. Testimonials from recovering drug addicts were included to give real experiences and their negative effects.

63. Saturday night dances are very popular social events in inner city communities. PCAJ used it to reach its patrons with information by setting up a booth and delivering dramatic presentations by its group the Abba Abba girls on drug prevention including questions and answers and rewards for correct answers. Part of the promotion included the advice that one should go to dance with Abba Drug Free persons.

64. Movie nights were used by PCAJ to mobilize community participation. A movie relevant to drugs and violence is selected and shown followed by discussion on what it could mean for the community. Reports are that the discussions were lively and in general, participants concluded that drug involvement has serious negative effects not only for individuals but also for their families and the community and should be avoided. The showing of the movie "Rude Boy" had over 200 persons in attendance.

65. The only reported sport initiative was a one day sports festival organized and held by PCAJ in Port Maria, St. Mary.

66. PCAJ also linked with organizations working in the project area such as the Social Development Commission, National Housing Trust. Presentations on drugs and parenting were done at the community meetings held by the organizations. Collaborative activities were also done with Youth Crime Watch of Jamaica and the NCDA Squeaky Project, Police and community clubs. Educational sessions were also held in churches in the target area.

67. Successful poster competitions were organized and held by both service providers. Over forty entries were received, (Children First 32, PCAJ 12). The prize winning logos were placed on T-shirts of which 1000 were produced, 500 for each service provider. PCAJ was very disturbed that prizes approved by the PMC were not provided and which caused this much disappointment. Other promotional materials included cups and pens.

### **Community Educational Workshops**

68. Efforts to increase the level of awareness and education in the community on drug prevention and healthy lifestyle were primarily through workshops targeted at parents, community leaders, professionals and youths. The general community was reached through a health fair held by PCAJ. Children First conducted 4 full day workshops for parents and community leaders to raise their awareness about substance abuse and to conduct informal assessments of youth at risk. Three half day workshops were scheduled but Children First consistently sought to maximize these interventions to reach more persons than targeted. In December 2004 thirty parents were involved in a two day capacity building training to enhance their parenting skills with a focus on substance abuse prevention among young persons. PCAJ reached a total of 208 parents and community leaders in the 6 half day workshops held.

69. On three occasions Children First organized a professional workshop for teachers from 15 schools in St. Catherine but they were all cancelled due to the lengthy delay in the receipt of project funds. This caused a lot of embarrassment and loss of credibility on the part of

Children First. To alleviate the situation Children First obtained information from the National Council on Drug Abuse which they packaged and disseminated to the schools. PCAJ also experienced difficulties in the implementation of professional workshops in Maxfield Park. They reported that the professionals were not very interested in participating as they saw it as taking them away from their various economic endeavours. The workshop was held with general community participation including 10 professionals.

70. The formation and strengthening of community based organizations through monthly meetings to address substance abuse and related issues was carried out by PCAJ. The Kencot Community Based Organisation the New Eagles benefited from the intervention.

71. In the promotion of a healthy lifestyle PCAJ held a series of healthy lifestyle workshops with young persons some of whom were recruited as Peer Educators. A health fair was also held in collaboration with the Maxfield Park Health Centre. This was heavily promoted by PCAJ in the community and there was a high turn-out of over 400 persons. PCAJ reported that the health services that were confirmed with the health centre and promoted were unavailable at the fair and this caused considerable dissatisfaction among the clients. PCAJ indicated that the Maxfield Park Health Centre did not fulfill the service obligations they had undertaken for the health fair.

72. Project activities to strengthen educational assessment and guidance and counselling of the two service providers while included in the project paper were not reflected in their implementation plans. Training consultants together with UNICEF and UNFPA were to provide oversight of these activities. These activities though not formally addressed the service providers reported that their skills in these areas have been sharpened and their competencies and confidence increased through capacity building training, exposure, experience and interaction with agency personnel to whom they make referrals. Children First reported that they counseled 43 persons including children and adults and the main issues were parent/child conflict due to drug abuse, communication problems, family conflict and child abuse.

### **Educational Support Materials and Equipment**

73. The production of written and audio-visual materials such as newspapers, video productions and radio programmes etc. to facilitate discussion with the target groups on drug abuse and crime and violence were not fully realized due to the challenges in the funds allocated as against the actual cost.

74. The production of the docu-drama in reality was severely under funded. The sum of US\$10,000.00 was allocated and paid from the project. Excluding the cost for script writing there were subsequent additional amounts of US\$28,000 made up as follows; US\$20,000.00 from other UNODC funds and US\$8,000.00 from UNESCO making a total of US\$38, 000.00 The budget from the Creative Production and Training Centre Limited (CPTC) in January 2005 to produce the video was US\$40,099.00.

75. Service providers are concerned that the video production was not realized during the project life for two main reasons. One, it would have been a very effective teaching tool and two that they had mobilized community members to participate in the production and in the absence of payment for their talent the reward was to be in the video which would be promoted in the communities and national television. Service providers and their

beneficiaries are very disappointed that the most popular medium of information and the high visibility that would have been afforded by the docu-drama were not achieved. It is however still anticipated that it will become available in the future.

76. There were delays in the receipt of equipment and supplies essential for community outreach by both service providers. Children First and PCAJ responded to the situation by utilizing equipment from other programme areas. PCAJ reported that changes in the specifications requested for the digital camera placed limitations on its use at night when most of the community mobilization work was done. Changes were due to budgetary constraints in meeting all the specifications for the equipment requested.

77. The programmes of Children First and PCAJ have been endorsed in national media, the Daily Gleaner and on radio stations.

78. The use of edu-tainment as a vehicle to reach sections of the population not reached by easily by traditional educational measures was a strength of the community component of the project. The service providers indicated that these activities required substantial effort and time for their planning, development and execution and involved their entire staff. A lot of detailed work is required both in the organisation and the community to stage an event.

79. It is of note that there was minimal collaboration between the two service providers in the conduct of their activities despite the similarities in their activities and target group. The project paper did not include any collaborative activities for the providers and none was forged during the execution of the project. The service providers acknowledge that this was a gap. Children First report that their efforts to promote collaboration were not successful. It is felt that collaboration could have strengthened project implementation with the sharing of resources and information on best practices and also in the conduct of joint activities.

#### **Immediate Objective IV**

**To provide support to social services that target youth and parents in the participating communities in order to heighten their awareness concerning the risk to which substance abusers are exposed and to provide the youth with skills needed for their economic independence.**

80. The provision of direct social support to social service agencies targeting youth and parents in the participating communities to heighten their awareness about the risks associated with substance abuse was not extensive. PCAJ had interventions with churches in the Maxfield Park area and teachers and guidance counselors were also reached by both service providers but the contact was not as intensive as was envisaged.

81. The service providers provided counseling services to their target group including referrals made to them from the community. They in turn made referrals to external social services and training institutions to assist persons with a range of needs including treatment for drug use and abuse, provision of basic needs, behavioural problems, skill training and employment. These referrals were often done at a cost to the service provider in relation to transportation to access the service.

82. Referrals for problems with drugs were made to the Detox Unit at the University Hospital of the West Indies; Patricia House, a drug rehabilitation centre for adults and CODAC.

Children First referred a total of 14 persons, 12 of whom were adults to these services. For basic services of housing and food they referred 13 adults to Food for the Poor and 25 children were referred to the Child Guidance Clinic for behavioral problems. PCAJ made referrals to Addiction Alert, J-Flag, National Family Planning Board, and Ministry of Health Youth.now Project.

83. Within the project, skills for economic independence were not provided as was intended and budgetary provisions were not in place. Both communities have a tremendous need for skill training and employment among the youth. Even when opportunities are available the youths require support to access them as many are unable to afford the related travel and other costs. Service providers have on many occasions unofficially provided the necessary funds to economically strapped youths.

84. PCAJ made over 30 referrals for skill training to HEART, National Youth Service and LEAP. They also made the training application forms available to interested persons. Obtaining employment in and outside of the target areas is a major challenge for youths with limited education and skills. The project was unable to make any significant contribution in this area but PCAJ secured employment for five young persons.

### **2.3. Achievement of Programme/Project Results and outputs**

85. The major project results and outputs linked to the objectives are as follows:

1. The research to inform on the situation in the project target areas of Rivoli and Maxfield Park was completed and the June 2004 report “ Situation Analysis –Drug Abuse Prevention Project for Youth at Risk in Jamaica” together with the monitoring and evaluation indices were disseminated to all stakeholders.
2. Project intervention reached more persons and communities than were targeted. Due to incomplete data the numbers cannot be ascertained for each category but all target groups were reached, the primary beneficiaries of persons 14-24 years old; secondary beneficiaries of parents, local leaders, guidance counselors and teachers and indirect beneficiaries in the wider community.
3. From the data provided which are incomplete, it is estimated that at least 2,000 persons were affected by the project activities.
4. The project was targeted to reach directly 600 youths 14-24 years from each target community. The activities and numbers reached strongly suggest that more young persons than targeted were reached. However, what cannot be determined is the classification as per the project paper as to whether these youths were clients or non-clients of selected service providers.
5. Training of 25 parents as referral agents to meet the secondary direct beneficiaries’ target of the project paper was not specifically done. However, it is estimated that at least 300 parents were reached. Reports from the service providers indicate their receipt of significant increase in referrals from the communities following their interventions which strained their counseling resources.
6. A wide and diverse range of indirect beneficiaries were reached by the project interventions which spanned the life cycle and varied interests. The focus was more on community members rather professionals, organizations and corporate sector agencies as identified in the project paper. A specific strategy would have been

needed to reach and interact with the organizations identified in the project paper, such as the Jamaica Defense Force, public sector etc. which was not done. Those identified provided resource to the project, for example, NCDA and the Police.

7. Workshops were held for capacity training, community education and professionals
8. A small number of youths at risk were referred for various services

#### **2.4. Implementation (Operational Plan, Monitoring and Backstopping)**

86. The operational plan for the project was executed by the UN Resident System in Jamaica on behalf of UNODC Barbados. The UN Resident system was supported by the UNODC Project Co-ordinator and the Project Management team in providing advice and support to the service providers. Backstopping was provided at two levels by UNODC Barbados and its head office and through monitoring missions. Co-ordination, communication and problem solving among these offices were reported to be challenging and persisted throughout the life of project, particularly in respect of the budget.

#### **2.5. Institutional and Management Arrangements**

87. UNDP Jamaica had the responsibility to oversee the onsite institutional and management arrangements on behalf of the executing agency UNODC. Project implementation was affected by delays around issues pertaining to the budget, recruitment of project personnel and extension of the project life.

### **3. OUTCOMES, IMPACTS and SUSTAINABILITY**

88. The outcomes, impacts and sustainability of the project are identified below.

#### **3.1. Outcomes**

1. The project mobilized at least 12 communities in Maxfield Park and Spanish Town with interventions which made them more aware and sensitive to issues of drug use and abuse among young persons, parents and community leaders.
2. A cadre of about 50 young persons, which is a significant core of resource has been trained and is active in drug abuse prevention in communities using the performing arts, culture and popular community events to sensitise and educate their peers and adults in situations that are friendly and non-threatening.
3. Young persons have been empowered with skills and knowledge to counsel and address directly the negative effects of drugs and HIV in their communities, the media and at the personal level
4. Communities are more aware of the problems of drugs and this is reflected in continued referrals to the service providers for assistance
5. The profile and portfolio of the service providers have been increased and expanded in the communities and there is greater recognition of their work as development agencies
6. The knowledge and skills of the service providers in the area of drug abuse have increased significantly as also their skills in community mobilization, planning, budgeting and

innovating. They are now more experienced and have learnt a lot about how to enter, engage and respond to community needs.

7. Innovative community intervention such as Bashment has been developed and tested and now has been expanded under a project with UNICEF as the Bashy Bus islandwide as a mobile service in reproductive health to youths.

### **3.2. Impact**

89. The ultimate changes cannot be comprehensively determined without follow-up to the situational analysis research to identify any changes in the baseline community situations. However, from focus discussions with the service providers and primary beneficiaries there have been significant increases in their awareness and knowledge of drug prevention and education skills. There is also a high level of commitment to address drug prevention among peers and in communities. This is demonstrated by their continued efforts beyond the project life to educate, inform, counsel and making of referrals in relation to drugs. Youths have gained resources and they are being used to continue the development of themselves and their communities.

### **3.3. Sustainability**

90. Children First has demonstrated that the project activities have been integrated into its ongoing programme. Although the project has ended similar activities have continued and on an even larger scale with the implementation of the Bashy Bus – Children First Mobile Reproductive Health Information Service which is using material developed under the UNDP project and other materials in its drama presentation to educate children and communities on a wide range of issues including drugs. To date they have reached 845 persons in inner city areas of Kingston and in the parishes of Manchester, St. Ann and Clarendon.

91. PCAJ continues to do community mobilization in the Maxfield Park area but their efforts have been constrained by violence in the area.

## **4. LESSONS LEARNED**

### **4.1 Lessons**

1. Lengthy delays between project concept and implementation should be avoided as important changes may occur to change the initial premise of the project. When this happens revision is required.

2. The management of the project should be tailored to fit the scope of the project as a too extensive management system can hamper co-ordination, communication and decision-making.

3. The terms of engagement of potential partners should be discussed, agreed upon and clearly documented

4. Where there are important political considerations for project implementation it is very important to engage that interest from the project concept to achieve buy-in and ownership

5. Ensure that the budgetary mechanisms and reporting measures are clearly understood and that they can be implemented without excessive delay and increased costs. Transparency in the administration of the budget is of utmost importance.
6. Budgetary allocations should be comprehensive and as far as possible realistic to avoid delays in implementation and or non-performance due to inadequate funds
7. The performing arts as edu-tainment is a very effective and powerful tool to engage youths for education and empowerment
8. Youths empowered with knowledge and skills and are secure in their self esteem and confidence can create important changes among their peers and in their communities
9. Community work needs to be bolstered by reasonable incentives to gather and sustain the member's ongoing interest and support
10. Community mobilization is very intensive and requires the integration of several disciplines, for example, health, education, culture, performing arts to achieve the most efficient mix to engage the community
11. An appropriate data collection system is necessary to capture critical quantitative data for monitoring and evaluation purposes

#### **4.2. Best Practices**

1. Edutainment as a tool incorporating local culture to create awareness, sensitivity and promote learning in communities on drug abuse and related issues.
2. The use of young persons whose capacities and potentials have been expanded to be change agents in community development to improve their well-being and that of their peers and communities through structured interventions.
3. The use of cultural community events such as dances to engage community members on important issues such as drugs and who it is unlikely would be otherwise reached.
4. Delivery of Peer Education training in a camp setting away from the community is a useful vehicle that allows for intense interaction among participants assisted by experienced and competent facilitators, counselors and other experts to learn, discuss, seek and develop resolutions to pressing youth issues.
5. The best results are obtained when project activities are integrated into organisations with similar programme and target group to whom it is readily accessible and with strong linkages in the physical target area.

#### **4.3. Constraints**

92. Project implementation was impacted by several factors but those which had the most impact are identified below. These were the events that affected the efficiency and effectiveness of the project in significant ways.

- i. Significant delay in the start of the project after approval and signing by the Ministry of Foreign Affairs in November 2001 and documented Planning Institute of Jamaica support in April 2002. In February 2003 UNODC expressed in a letter to UNDP its concerns about the lack of progress. With delay came significant changes in the context and cost. Some changes were predictable and others unpredictable but all had the potential to alter the quantitative and qualitative aspects of the project.
- ii. Difficulties in identifying and recruiting a Project Co-ordinator (PC). Recruitment was done in June 2003.
- iii. A new project site had to be identified in the Spanish Town as the selected site Tawes Pen was inaccessible due to political unrest. Efforts to engage the incumbent political representative were unsuccessful. This further delayed the project resulting in a 5 month delay in the start of the Situational Analysis research.
- iv. The original proposal by UNFPA for this project to strengthen the drug component of its VIP-Youth Project in Maxfield Park by integrating the activities was no longer possible as the project had ended. The drug component of the VIP project was being done in conjunction with the CODACS, Ministry of Health and the National Drug Abuse Council (NCDA). Under the VIP Project a minimum package of services were offered to youths which included adolescent sexual and reproductive health services, information, education and communication and social service referrals. Institutional support costs for these activities would have been absorbed by the VIP- Youth Project.
- v. With the delay and completion of the VIP Project other arrangements had to be made for project implementation in Maxfield Park. PCAJ who had participated in the VIP Project was contracted to deliver the services.
- vi. Difficulties were experienced in agreeing the budget for PCAJ and so the start was delayed.
- vii. The collaboration and co-ordination among the participating UN agencies was not seamless and this caused delays in the disbursement of funds and the implementation of project activities.
- viii. International agencies external to UN system were not active collaborators
- ix. The disbursement system for transferring funds among the UN agencies was problematic and this resulted in lengthy delays in disbursements to Children First, Peer Counselling Association of Jamaica and other service providers to the project. These delays meant that activities and the related budget had to be revised in order for it to be carried over to the next budget period.
- x. Delays in funding inevitably led to increased costs in an already limited budget resulting in budgetary allocations being insufficient for some activities, for example, the production of television docu-drama.

- xi. With the passage of hurricane Ivan in September 2004 the project sites were severely affected as the communities suffered damage to their houses and disruption of their lives and livelihood. Project implementation was significantly reduced during this period as attention had to be placed on disaster relief.

## **5. RECOMMENDATIONS**

### **5.1. Issues resolved during evaluation**

There were no issues resolved during the evaluation as the project was closed.

### **5.2. Actions/decisions recommended**

1. An appropriate data collection system for clients related to the project activities should be developed and training provided in its use by the implementers so that the relevant data can be available for monitoring and evaluation
2. Indicators should be determined for the specific the project activities to allow for proper monitoring by the implementers and subsequent evaluation
3. Project activities should be realistically tailored to maintain the project focus and to avoid overwhelming implementers and collaborators with related activities which while important are not critical to achieving the principal objectives.
4. All project resources, their type, source and quantity must be clearly identified, negotiated, confirmed and documented so that they can be made available by the responsible parties. The principle of transparency must be stringently applied.
5. Inter-agency and inter-sectoral collaboration are both strategic and vital for drug prevention programmes and should be used in future projects. However, there must be unequivocal commitment prior to its inclusion in the project document.
6. The span of the project management system should be in keeping with the scope, size and duration of the project as extensive systems can retard implementation.
7. A longer project life of 3-4 years with greater emphasis on skill training and employment is necessary to provide a greater opportunity for its impact to be assessed in terms of reducing drug demand in areas in which it is a major problem
8. To achieve greater effectiveness in the intervention measures for drug demand reduction the programme needs to include a gender perspective to target girls and women and boys and men taking into consideration the distinct differences in their relationship to drugs and the outcomes in relation to their health.

## **6. OVERALL CONCLUSIONS**

93. The project focus on drugs targeting young persons 14-24 years old based on the national and community situational analysis was valid and requiring of intervention in the selected communities. The use a multi-disciplinary and multi-sectoral approach was also appropriate given the complexity of the drug problem. However, the project was overburdened by its

management system and the variety of activities to be done in a relatively short time with main the implementers, two community based organizations whose resources and capacity were not sufficient to carry the range and variety of activities required.

94. The capacity of the implementers was significantly improved and they focused on community mobilization which is their strength and were zealous in their efforts to reach more communities and persons than targeted. Primary beneficiaries were positively impacted with awareness, knowledge, skills and the motivation to promote drug awareness in their communities to reduce the problem. The absence of a data system and incomplete recording of the numbers have placed limitations on the determination of the total reach. Over the life of the project, delays, problems with the budget, violence and hurricane affected its implementation. In the face of all these constraints, some of which were repetitive, it is to the credit of the implementers that they managed to achieve most of the project activities even though all were not complete. The facilitation of the project by the management system was fragmented and if the implementers were new to the communities and less experienced in community mobilization it is possible that much less would have been achieved.

95. Replication of the project with adjustments based on the lessons learned and best practices have the potential to yield significantly more impact in reaching a wide cross section of community persons with information, education and social services to reduce drug use, abuse and its demand. A longer period of implementation would be required of 3-4 years and more emphasis on skill training and employment to enhance the protection factors against drugs.

## **ANNEX 1**

### **PROJECT EVALUATION**

#### **TERMS OF REFERENCE**

Project Title: **Drug Abuse Prevention Programme for Youth at Risk in Jamaica**

Project Number: AD/JAM/01/F87

## BACKGROUND

1. Long a traditional producer of marijuana for local consumption and export, Jamaica has become a major transshipment point for cocaine from Columbia. Using the island as a warehousing point of distribution, Jamaican and international criminal organisations are operating what is now recognised as a multi-million dollar trade.

High levels of unemployment, functional illiteracy and weakened social structures have contributed to an increase in the number of people who have become involved in the drug trade and who engage in the use of illicit substances. Undoubtedly, the harsh economic situation has been having a negative impact on the quality of life of many Jamaicans and is a contributing factor to the spread of drug-related crime and violence. It has been recognised that youth are particularly vulnerable,<sup>1</sup> as this segment of the population is being increasingly targeted by criminal elements.

In recognition of the problem the Government of Jamaica has committed itself to the fight against drugs and in 1997 the National/Master Drug Abuse Prevention Control Plan, 1997-2002 was approved both at Parliament and Cabinet levels. Within this context the United Nations System in Jamaica has spearheaded a pilot project that brings together the issues of illicit drug use, abuse and trafficking among young people. This is seen as important when addressing the development of youth specifically in inner-city communities.

The overall objective of the project is to reduce the vulnerability of youth in the 14-24 age cohort to substance abuse, trafficking and related high-risk behaviour. Two inner city communities located in the Kingston Metropolitan Area and Spanish Town have been targeted to benefit from this programme of activities focusing on research, preventive education, life-skills training, information, policy support and capacity building of youth programmes operated by NGOs and the Government in the prevention of substance abuse and high-risk behaviour.

Recognising that expertise on substance abuse issues and their relationship to youth development is limited, this project aims to raise awareness about substance abuse and prevention at the community level, and consequently to build local capacity to respond to these and related challenges.

## Project Design

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<sup>1</sup> Recent statistics show that increasing numbers of disaffected youth are dropping out of school and becoming involved in substance abuse, violence and criminal activities. See, Annex 2 - The Situation Analysis Report on Drug Abuse Prevention Project for Youth at Risk in Jamaica. (Prepared by Hope Enterprises, June 2004).

The project was designed to achieve the widest possible impact with limited resources. At the outset it was foreseen that the project would be implemented over 24 months and would focus on four areas of action: social service programme enhancement/capacity building; educational/survival skills, research and data collection and stakeholder networking and advocacy.<sup>2</sup> However, given the limited resources available and the late start of the project,<sup>3</sup> the project was condensed into 12 months and substantial changes were made to the project design. The educational/ survival skills component became the primary focus, whereas other aspects of the project were tailored to support this central activity.

Given the cross-linkages between drug abuse and other social problems, such as HIV/AIDS, crime and violence, during the early stages of project implementation it was recognised that the project could benefit from collaboration with other initiatives (both within the UN System and at the governmental and civil society level) to explore and address the complex challenges which affect youth at risk.

### *Project Implementation*

Phase 1 of the project was a situation analysis on youth at risk reflecting the status of youth in the target communities of Maxfield Park and Spanish Town. The objective of this exercise was to obtain a better understanding of the use of drugs among young people and establish an easily accessible body of information, which will sensitise and inform stakeholders in the planning, monitoring and evaluation of anti-substance abuse initiatives.

While the situation analysis began in July 2003, with the collection of data in Maxfield Park, a similar activity could not be carried out in Tawes Pen,<sup>4</sup> as the project was unable to gain access to this community. Numerous efforts to negotiate

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- <sup>2</sup>(a) Social service programme enhancement/capacity-building – to strengthen the programme management capacity of agencies serving youth.  
(b) Educational/ Survival Skills – a community based multi-disciplinary programme of activities for youth with an emphasis on skills-training, literacy, sports, recreation, personal development and a prevention education for youth.  
(c) Research and data collection – a comprehensive situation analysis on the challenges and needs of youth at risk in the selected communities  
(d) Stakeholder networking and advocacy – a stakeholder network of providers of services, funds and technical assistance, as well as project beneficiaries. (see, Annex 1 Project Document)

<sup>3</sup> The project was originally to have been implemented from November 2001 to October 2003, however due to various setbacks, it only began in July 2003. See, Annex 1 - Project Document.

<sup>4</sup> At the first Project Management Committee (PMC) meeting, it was pointed out that Tawes Pen is a closed community, in that it is completely controlled by the Member of Parliament for that constituency and a 'don'. In light of the volatility of the area, serious concerns were expressed about the safety of the research team and project staff should they venture in without clearance.

with the Member of Parliament were futile, and as a last resort the project was relocated to another community within Spanish Town - Rivoli/ Waterloo Lane. The situation analysis was done in this area in November-December, 2003.

Phase 2 has aimed to provide direct services to youth 14-24 years old through two local NGOs - Children First and the Peer Counselling Association of Jamaica (PCAJ), in Spanish Town and Maxfield Park respectively. These implementing agencies have been receiving technical assistance from UNICEF, UNFPA, UNESCO and the National Council on Drug Abuse (NCDA). Project activities are focused on youth at risk, with a special emphasis on high-risk males with a view to changing attitudes and behaviour. Recognising that differences might exist in the types of at-risk situations affecting young females and males, a gender sensitive approach was required in project implementation.

The main outputs of this phase are a capacity-building programme to enhance the skills of professionals and parents to adequately address the needs of youth at risk, and an "education-for-change" demand reduction programme, implemented for 1,200 youth in the selected communities.

#### *Spanish Town*

Despite the late completion of the situation analysis, activities began in Spanish Town in November 2003 and have maintained a steady pace. Children First has executed a range of interventions which include street drama, workshops, a summer camp for youth and seminars for parents and persons in the wider community.

However, project implementation has slowed significantly since the passage of Hurricane Ivan on September 10-11, 2004 as Spanish Town were severely affected by the hurricane. Given the poor quality of housing in these inner-city areas, many residents have suffered significant losses and their lives and livelihoods have been severely interrupted. Children First has also reported damage/ loss to their infrastructure, and this has severely hampered their operations. However, the organisation has resumed activities in November 2004, and the UN Youth at Risk project could continue as well.

#### **Maxfield Park**

Activities did not begin in Maxfield Park until June 2004, as there were concerns about the PCAJ's capacity to implement the project and protracted negotiations about the budget. The central project management unit has had some difficulties in determining how well project implementation is progressing in Maxfield Park. The first progress report reflects that a capacity building workshop for PCAJ peer educators has taken place, as has regular community outreach activities. However the more in depth interventions have been postponed because of the hurricane. It has been recognised that these activities

are vital to the project, and therefore attempts are being made to reschedule them to fit within the limited period which remains before the project ends.

Given these factors, remaining project activities in both areas will have to be strategically re-planned or modified, with a view to maximizing the project's impact on the target communities, where possible.

### *Supporting Activities*

UNESCO has taken the lead in planning a docu-drama which aims to highlight issues that are being addressed within the scope of the project. While it was originally foreseen that this film would have been used as a support tool for implementation of the project, numerous factors (such as the difficulty in determining the format of the production given the limited funds available), have resulted in inordinate production delays. Owing to a late production timetable, it is unlikely that it will be completed until end of 2005. However, despite the delay, it is hoped that the film will be one of the most visible and broad ranging outcomes of the project as it will be aired on both local public television and cable stations.

### EVALUATION PURPOSE

2. This evaluation is a terminal evaluation. It forms part of the closing exercises.

The evaluation should assess the project from its commencement through to the end of December 2005 when final activities would have been implemented.

The consultant evaluator is required to undertake a thorough evaluation of the following aspects of the project:

- (a) project concept and design;
- (b) project implementation; and
- (c) outputs, outcomes and impact of the project

The evaluation seeks to ensure that lessons learned from the project will be recorded and recommendations made that speak to future courses of action and any follow-up activities for sustainability

In general the overall purpose of the evaluation is to learn from the project implementation so that lessons can be drawn that can be the basis for instituting improvements to future project planning, design and management.

### **Project concept and design**

3. In assessing the project concept and design, the evaluator should ensure that s/he focuses on project elements

which are directly related to drug control, specifically on substance abuse prevention, and the promotion of healthy lifestyle alternatives.

In making this assessment, the evaluator is to be guided by the Guiding Principles for UNODC evaluations (see Annex I). The evaluation should review the problem addressed by the project and the project strategy. This should encompass an assessment of the appropriateness and obtainability of the project objectives - in the light of activities outside the project - and of planned outputs, activities and inputs as compared to cost effective alternatives. An evaluation of the executing modality and managerial arrangements is integral to this process.

The evaluator is also required to determine the appropriateness, quality and cost effectiveness of the Situation Analysis and the Outcome Indicators, and to review the project work plans, the project timetable and the budget. An analysis of the clarity, logic and coherence of the project document should be provided for.

## **Implementation**

4. The evaluation should assess the implementation of the project in terms of quality and timeliness of inputs, with a view to determining the efficiency and effectiveness of activities carried out. The evaluator is also required to assess the effectiveness of coordination and management as well as the quality and timeliness of monitoring by all parties to the project.

## **Project Outputs, Outcomes and Impact**

5. The evaluation should assess the outputs, outcomes and impact achieved or expected to be achieved by the project, as well as the likely sustainability of project results, where applicable. This should encompass an assessment of the achievement of the immediate objectives and the contribution made to attaining the drug control objective, i.e. demand reduction among the target group. If the project has had significant unexpected effects, whether of a positive or negative nature, these are also to be assessed.

## **Recommendations**

6. Recommendations may be made by the consultant, as appropriate. Proposals should outline concrete action, which could be taken in the future to improve or rectify undesired outcomes. Given that this is a pilot project, such proposals should take into account that the project may be considered for replication, and/ or a continuing phase. Recommendations may include issues pertaining to the management and/or implementation of the project.

## Lessons Learned/Best Practices

7. The consultant is required to document lessons learned from the project, especially those that have a context for application beyond the project as well as any good practices.

### DOCUMENTATION

8. The main documentation related to the project is to be found in the Annex. These include the project document, situation analysis report and indicators, the project progress reports and minutes of the Project Management Committee.

In addition, the project file will be made available to the consultant for review.

### EVALUATION METHODOLOGY

9. The evaluator is required to undertake a desk review of the main project documentation contained in the annexes, as well as other relevant documents issuing from the project.

The evaluator is also required to hold interviews with key stakeholders, and to visit the target communities of Maxfield Park and Spanish Town in order to conduct focus group discussions with project beneficiaries.

### RESPONSIBILITY FOR EVALUATION

10. The consultant evaluator will possess post-graduate experience in sociology/ social work, public health or a related discipline. S/He will have at least 10 years experience in social sector project management, particularly on projects serving a cohort of youth. S/He will have conducted previous evaluations of social projects, particularly those which encompass social marketing/ behavioural change. Previous experience/familiarity with the UN System is an advantage.

In conducting this evaluation the evaluation consultant will not act as a representative of any party, but is required to use his/her independent judgment in determining the findings. The evaluator will follow the "Guiding principles for evaluations at UNODC" (Annex 1).

### **BRIEFINGS, CONSULTATIONS AND ADMINISTRATIVE SUPPORT**

11. Upon commencement of the evaluation, the UNODC Caribbean Regional Office and UNDP Jamaica will brief the evaluator and furnish him/her with the project document and any background documentation that is available. Administrative matters will

be spelled out and a detailed programme set out for a smooth process. The evaluator is not authorized to make any commitments on behalf of UNODC with any parties concerned.

12. The project coordinator, under the guidance of the PMC is responsible for liaising with the evaluator, and for providing a briefing and the documentation at the outset of the evaluation. The project coordinator will assist the evaluator in arranging stakeholder interviews, etc.

The project coordinator will furnish the evaluator with an up-to-date status of the project in terms of outputs to be produced, activities to be implemented and inputs to be procured. A recent project progress report may be substituted for this status.

#### DELIVERABLES

12. In undertaking the evaluation, the consultant evaluator will be required to provide the UNODC project management unit with:

(1) A detailed work plan, showing a schedule of (a) interviews with key stakeholders and (b) focus group discussions with project beneficiaries.

(30% payable within 14 working days from submission and approval of the work plan and an invoice)

(2). A draft report which thoroughly documents the evaluation exercise, highlighting in particular the key lessons learned, issues for sustainability, identifies the gaps or opportunities which impacted on the achievement of the desired objectives of the project, and makes recommendations for corrective measures and continued work in this area.

The evaluator will follow the UNODC standard format and guidelines for evaluation reports (Annex II) and also complete the summary assessment questionnaire (Annex III) provided. The evaluator undertakes to discuss the draft evaluation report with the project management unit, the Government of Jamaica and UNODC, and to make subsequent adjustments, if required.

(3) A final report which takes into account the required adjustments. The evaluator will also fill in the UNODC evaluation questionnaire (see Annex III).

When the final draft is submitted, UNODC will distribute copies to the other stakeholders of the project for discussion and review during the Tripartite Review meeting where conclusions and recommendations on the outcome of the evaluation will be made

(70% payable within 14 working days from submission and approval of the final report and an invoice)

When the final draft is submitted, UNODC will distribute copies to the other stakeholders of the project for discussion and review during the Tripartite Review meeting where conclusions and recommendations on the outcome of the evaluation will be ma

## TIMETABLE

13. The consultancy is to start on December 7, 2005, and the Final Report is to be submitted by January 13, 2006, upon completion of the overall review.

## PAYMENT

14. The consultant will be remunerated for the provision of these services with a lump sum not exceeding 3,000 USD for the duration of the assignment.

## ANNEXES

- I Guiding principles for evaluations at UNODC.
- II UNODC standard format and guidelines for evaluation reports
- III Summary Assessment Questionnaire.
- IV Project Document
- V Initial Situation Assessment Report
- VI Project Progress Reports
- VII Project periodic reports
- VIII Work Plans
- IX Terms of Reference for Subcontracts

## Annex 2

### Organizations and places visited and persons met

1. UNFPA	Mr. Derven Patrick Programme Management Advisor
2. Children First	Mrs. Claudette Richardson -Pious Executive Director
	Ms. Stacey Ann Lacy
3. Peer Counselling Association of Jamaica	Mr. Ricardo Bennett Executive Director
	Mr. Alfred Palmer Co-ordinator Drama and Arts
4. UNODC Project Co-ordinator (during project)	Ms. Ava Gail Gardener
5. UNDP	Ms Leonie Senior
6. UNDP	Ms. Dianne McIntosh Governance and Poverty Portfolio Manager a.i.
7. UNICEF	Ms. Monica Dias
8. UNODC	Mrs. Simonetta Grassi Deputy Representative/Programme Management Officer

### Annex 3

## ***United Nations Office on Drugs and Crime*** **Project evaluation** **Summary assessment questionnaire**

This questionnaire is to be filled out by the evaluator or evaluation team and to be submitted to backstopping office. A copy should be provided to the Senior Evaluation Officer, Division for Operations and Analysis. A separate questionnaire should be filled out for each project encompassed by the evaluation. The information provided must be fully congruent with the contents of the evaluation report.

The purpose of the questionnaire is to provide information for UNDCP's evaluation database. The information will be used to establish evaluation profiles which should give a quick and correct overview of the evaluation of individual projects and programmes. It will also be used for the purpose of analyzing results across project evaluations to obtain a systematic picture of the overall performance of the Programme.

#### I. NUMBER AND TITLE OF PROJECT:

AD/JAM/01/F87"

#### II. SUMMARY ASSESSMENT:

1. Please provide an assessment for all categories listed (including categories constituting headings) by ticking one of the boxes ranging from 0 to 5. The ratings from 0 to 5 are based on the following standard favor-to-disfavor scale:

- 5 - Outstanding, highly appropriate, much more than planned/expected, certain to materialize
- 4 - Very good, very appropriate, more than planned/expected, highly likely to materialize
- 3 - Good, appropriate, as planned/expected, likely to materialize
- 2 - Fair, less appropriate, less than planned/expected, less likely to materialize
- 1 - Unsatisfactory, not appropriate, far below plans/expectations, unlikely to materialize
- 0 - Cannot determine, not applicable

2

2. If a category has been significant (as a cause or effect) in relation to the overall quality and/or performance of the project please tick the "S" column (if significant) or the "H" column (if highly significant).

	H	S	0	1	2	3	4	5
OVERALL QUALITY AND PERFORMANCE OF PROJECT:								
I. PROJECT CONCEPT AND DESIGN:								
1. Project document (overall clarity, logic and coherence).					X			
2. Identification/analysis of problem addressed by project:						X		
3. Project strategy (overall assessment):						X		
4. Drug control objective (s) (Appropriateness, obtainability):						X		
5. Immediate objective(s) (appropriateness, Obtainability):						X		
6. Achievement indicators:								
7. Base-line study/arrangements for base-line study:					X			
8. Outputs (compared to cost effective alternatives):						X		
9. Activities (compare to cost effective alternatives):						X		
10. Inputs (compared to cost effective alternatives):						X		
11. Executing modality and managerial arrangements:					X			
12. Identification and assessment of risks						X		
13. Prior obligations and prerequisites:								
14. Workplan/planned project duration:					X			
15. Budget:					X			

	H	S	0	1	2	3	4	5
II. PROJECT IMPLEMENTATION:								
1. Quality and timeliness of UNDCP inputs:					X			
2. Quality and timelines of Government inputs:								
3. Quality and timeliness of inputs by third parties:			X					
4. Equipment: *inappropriate in the sense of being premature and generous					X			
5. Advisory/training services:								
6. Project personnel:					X			
7. Sub-contracting:					X			
8. Management of project:					X			
9. Project workplans:								
10. Implementation of activities:								
11. Monitoring and backstopping by UNDCP HQ:					X			
12. Monitoring and backstopping by UNDCP field Office:					X			
13. Monitoring and backstopping by Executing Agency:					X			
14. Monitoring and backstopping by Government:								
15. Government fulfilment of prerequisites:								
III. PROJECT RESULTS:								
1. Timeliness of produced outputs;					X			
2. Quantity of produced outputs:								
3. Quality of produced outputs:					X			
4. Outcomes: achievement/likely achievement of immediate objective(s):					X			
5. Drug control impact achieved:					X			

	H	S	0	1	2	3	4	5
6. Drug control impact to be expected					X			
7. Likely sustainability of project results:					X			

3. If external factors had an impact on project performance please tick the appropriate boxes: external factors impeded:\_\_\_\_\_/ promoted:\_\_\_\_\_ project performance. The effect on project performance of this influence was significant:\_\_\_\_\_/ highly significant:\_\_\_\_\_. Please provide a short description of the nature of the external factor(s):

4. Did the evaluation recommend to:

- a) \_\_\_\_\_ abandon the project
- b) \_\_\_\_\_ continue/extend the project without modifications
- c) \_\_\_\_\_ continue/extend the project with minor modifications
- d) \_\_\_\_\_ continue/extend the project with some modifications
- e)   X   continue/extend the project with extensive modification
- f) \_\_\_\_\_ terminate the projects, as planned

(please tick the relevant category).

5. If a modification of the project was recommended did the evaluation recommend a revision of: the drug control objective(s): \_\_\_\_\_, the immediate objective(s):   X  , the outputs: \_\_\_\_\_, the activities:   X   or the inputs: \_\_\_\_\_. Please tick as appropriate.

It is recommended that the project be redesigned into a new project.

6. If the evaluation recommended that the project or significant elements of it be replicate please tick as appropriate: yes:   X   / no: \_\_\_\_\_

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