

## **INTRODUCTION**

This report contains the results of the evaluation of the Drug Demand Reduction program in Ethiopia (DDR-E) that has been running since 2001. Although the terms of reference did not dictate thus, the evaluation also included assessment of various factors that had to be appreciated in order to clarify the process, outcome and impacts of the DDR-E.

The evaluation took quite a longer period than expected because of unforeseen circumstances, and also because of the inclusion in the survey of issues which were not included in the terms of reference but which were necessary supplements to the appraisal of the perception of the school community which is the population studied for this evaluation.

## **Acknowledgments**

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- The Drug Administration and Control Authority of Ethiopia
- The School managements and coordinators of the DDRP school projects in the selected schools
- All the teachers and students who participated in filling the self report questionnaires and who volunteered for interviews.

## **Acronyms**

DACA = Drug Administration and Control Authority

DDR-E = Drug Demand Reduction Program for Ethiopia

DFC = Drug- Free Club

## **Disclaimer**

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## EXECUTIVE SUMMARY

An evaluation of the school-programs of the Drug Demand Reduction Program in Ethiopia (DDRP-E) was carried out in March-April 2006. The school projects have been part of a nation-wide drug demand reduction intervention that has been implemented in Ethiopia since 2001 by the Drug Administration and Control Authority (DACA) of Ethiopia. DACA implemented the project with the following main objectives:

- a) To develop and implement a preventive educational program which will increase awareness in in-school and out-of-school youth in 4 Ethiopian cities on the ill effects of drug and substances of abuse.
  
- b) To upgrade the knowledge of at least 520 professionals and promote the awareness of religious/community leaders and other members of the society in order to contribute to drug abuse prevention efforts in the country.

The project was launched to run from 2001-2004 and outcomes expected at the end of the project were pre determined. These outcomes were: 1) A better awareness among in-school and out-of-school youth. 2) Training of at least 520 professionals from different sectors. 3) Establishment of 24 Drug-free clubs in schools. 4) Production of training and educational materials. A coordinator who is supported and monitored by the DACA has run each school project.

The evaluation was done by obtaining information from samples of students and teachers from the seven schools, as well as the directors and the DDRP project-coordinators of the seven schools. Self-reporting questionnaires were used to collect information. The enquiries made through the questionnaires were- demographic characteristics of participants and the subject's awareness of:- school extra- curricular activities, community - based activities, the teacher's input towards promoting drug-free behavior in students, school preventive processes, availability of substances, risk of using substances of abuse, prevalence of use of locally known substances, project processes, project outcome and impact, and also subject's awareness of own communication skills.

326 10+1 and 10+2 students, 28 teachers, 7 school directors and 7 coordinators of the substance abuse prevention programs in 7 schools in 4 large cities in Ethiopia

participated in the evaluation process by filling self-report questionnaires. 34% of subjects participate in extra curricular activities in their respective schools. The Majority of students, teachers and school directors are aware of the school's regulations regarding the use of harmful substances around the school. All teachers and more than 90% of students believe that there is risk to health if some one uses cigarettes, hashish, heroin, alcohol and chaat (also known as khat). 35.3% of students and 29.6% of teachers don't believe that the school staff are good models in their behavior. 69.4 % of students come from families where there is an abuse of at least one type of harmful substance. 43.8% of students live in families where family members abuse two or more substances . Nearly one in ten students (8.2%) come from families where more than 4 of the following are abused- cigarette, hashish, chaat, alcohol, and any other substance of abuse. Chaat and alcohol are the most frequently observed substances of abuse, being used in families of 50.9% and 43.3% of students respectively.

The vast majority of the school community knows about the ongoing project to prevent substance abuse, know about the aims of the project and also about the activities of the project within their schools. Most of the students, teachers and directors also reckon that adequate information has been passed to the school community. To the majority of the school project coordinators, the time used for the project activities was not adequate. The project was well monitored and there have been good support from the sponsoring body.

The project has brought significant change in the knowledge of many students and also significant change in the attitudes of school managements. School managements have not yet translated their positive attitudes into practice by providing students with alternative activities to help the youth avoid situations predisposing to substance abuse. All indicators set for the project have been achieved. The number of schools involved in the project and the number of drug free clubs established are much more than the target. Trainings have been given to members of the Drug Free club members in schools using standard training manuals and modules produced for the purpose by DACA. Most members of school communities testify that there has been a reduction in the usage of substances of abuse since the prevention project started

This evaluation has brought the following issues to light regarding substance abuse in general and the drug demand reduction program in the schools in particular:

- f* Some students and teachers are not aware of their school's regulations regarding substance abuse
- f* Most of the in-school youth is aware of the harm caused by substances of abuse
- f* Some school staffs are not discharging their role as models to the students in their behavior.
- f* Most students come from families where some substance is abused
- f* The school projects have produced good outcome and some observed impact.

The Drug Demand Reduction Program was conducted without base line data regarding the prevalence of substance abuse in the schools and other related variables. This has denied the evaluation a background with which to compare and contrast current findings. It is therefore necessary to do a similar study like the present one covering a broader population base in order to know the national status and to compare future evaluations of similar interventions.

In order to assure sustainability of the preventive activities after the sponsored projects phase out, future projects need to involve all stakeholders starting at the planning phase with the aim to create common understanding of goals, to secure commitment and to assign accountability.

## I. INTRODUCTION

### 1.1. Background and Context.

The Drug Administration and Control Authority (DACA) of Ethiopia has been running an educational program in the country to reduce the drug demand amongst the youth. This intervention has been carried out through implementing a project entitled 'Drug Demand Reduction Program for Ethiopia' (DDR-E) since 2001.

The project was initiated with the following two main objectives:

- c) To develop and implement a preventive educational program which will increase awareness in in-school and out-of-school youth in 4 Ethiopian cities on the ill effects of drug and substances of abuse.
- d) To upgrade the knowledge of at least 520 professionals and promote the awareness of religious/community leaders and other members of the society in order to contribute to drug abuse prevention efforts in the country.

When the program was launched, it was anticipated that the capacities of non-governmental and community-based organizations to contribute to the reducing of demand of habit forming substances in the four selected cities. This goal was assumed to be reached via the realization of the following major outcomes:

- f* A better awareness among in-school and out-of-school youth
- f* Training of at least 520 professionals from different sectors
- f* Establishment of 24 Drug-free clubs in schools
- f* Production of training and educational materials

As part of the program, a drug abuse prevention education program has been running in high schools in Ethiopia since 2001. At the outset, the program was planned to target 6000 in-school youth in 4 large cities.

### 1.2. Purpose and Objective of the Evaluation

The overall purpose of the evaluation was to enable the implementers to learn from the Drug Demand Reduction Program/ project implementation in order to draw lessons for

future use in increasing the efficiency of future planning. As the DDRP-E is the first of its kind in Ethiopia, the importance of this evaluation will be for all stake holders who are concerned about the growing problem of habit forming substances in Ethiopia, especially for policy makers, health/ education planners and other bodies working on problems the youth. The evaluation compared the notion of the same population with those of coordinators of DDRP-E school projects and the implementing authority regarding the nature, outcome and impact of the DDRP-E. The evaluation also highlighted the awareness and attitude of children, teachers and principals of selected high schools regarding the different aspects of habit-forming substances that are locally commonly abused by the youth and adults alike.

### **1.3. Executing Modality.**

The DACA has been responsible for the overall planning, follow-up and supervision of the DDRP-E. DACA selected and trained school-project coordinators and other groups from different sectors, prepared training manuals and other necessary training documents, made periodic evaluations of individual programs and collected reports. All coordinators established a Drug- Free Club (DFC) in their respective schools, advertised the club amongst the two senior classes of the school (9<sup>th</sup> and 10<sup>th</sup> grades), recruited student and teachers and gave trainings to members of the drug free club of their respective schools. The members of the drug-free clubs used available means in their schools to take information from the club to the rest of their schoolmates.

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

The evaluation primarily covered selected schools in four cities and DACA. After discussions with DACA authorities, 4 schools from Addis Ababa, and one school each from Adama, Shashamane and Diredawa cities were selected. The focus of evaluation was on the awareness of students, teachers, directors and DDRP-E coordinators in the selected schools and regarding the process, outcome and impact of the drug demand reduction project within and around the target school. The evaluation also looked into the inputs made by project implementers (DACA) and the school-project coordinators and into their awareness regarding the planning, process, monitoring and outcomes of the

DDRP. In order to be able to assess the impact of the DDRP school program, it was necessary to have background information on the prevalence of substance abuse in schools, on the knowledge and attitude of the different groups of subjects regarding substances of abuse and also on institutional interventions to prevent the spread of substance abuse among students. However, the evaluator was unable to find such data from any source. Therefore, the investigator was forced to do assessment of the awareness of the various school groups regarding the awareness of students about the extent of use of substances of abuse in their schools and in their families, about the knowledge of students and teachers concerning the harmful natures of these substances, about the school attitude and stance as regards use of harmful substances, about the availability of substances of abuse around the school, about the awareness of students and teachers in relation to the school staffs' behavior and attitude if and when they encounter substance abusing youth, and about the students' awareness of the existence of and involvement in any school-based or community-based activities that may have the advantage of keeping the youth away from unhelpful / dangerous habits. Without having done these assessments, it would have been impractical to estimate the impact of the DDRP-E.

## **1.5. Evaluation Methodology**

A cross sectional survey was conducted in schools in order to investigate the level of perception and attitude of the school communities regarding the DDRP school projects and also regarding their awareness about the different aspects of substance abuse.

### **1.5.1. Characteristics of the study population.**

The study was conducted on 6 categories of subjects. The categories entailed students, teachers, school-directors school-program-coordinators and the implementing team in DACA.

#### *Schools*

A total of 7 schools in 4 cities were chosen for the evaluation study. The choices were decided on after discussion with the DACA authorities and the chosen institutions were

actively running the DDRP activities at the time of the evaluation. Four of these schools (St Joseph, Lycee Guebremariam, Menelik II and Addis Ketema) are high schools from Addis Ababa with additional preparatory classes while the remaining three are from the cities of Adama/Nazreth (Hawas preparatory school), Shashamane (Shashamane vocational and technical school) and Diredawa (Diredawa preparatory school). St Joseph and Lycee Guebremariam are nongovernmental schools while the other schools are all public.

### *Students*

A total of 326 students were randomly selected from the seven schools. All of the student subjects had completed high school and were doing pre university preparatory or vocational technical training. Up to last year, The Drug free Clubs (DFCs) in all the schools exclusively involved students from 9<sup>th</sup> and 10<sup>th</sup> grades, the only high school grades. Despite going to the same school as the high schoolers, the clubs have so far not been accommodating the students of preparatory or vocational/technical classes. Although this latter group is mostly currently not participating in the DFCs of their respective schools, they were the ones chosen for this evaluation. This was because it was believed that as this evaluation is about process and outcome, the students who have already been through the 9<sup>th</sup> and 10<sup>th</sup> grades, but not the ones who have yet joined these grades, were regarded as the best source of information about the various aspects of the projects in those schools.

### *Teachers*

4 teachers were randomly selected from each of the 7 schools for the evaluation.

### *Directors*

The principal directors of all 7 schools were included in the survey.

All directors but one have been in their current post for over three years. The director of Addis Ketema school had made 4 months in that capacity at the time of the survey. However, he had been working as a senior teacher in the same school for 27 years before then.

### *Coordinators*

DACA had assigned one coordinator in each school where it has been running the project. The seven coordinators in the selected schools, all males, were also selected for

the survey. The coordinators of the project did their regular teaching duties and the coordination was an additional task. Except for the subject from Diredawa preparatory school who has been involved for 1 year, all others have been involved in the project for over 3 years.

### *Implementer*

The head of the implementing team in DACA was included in the evaluation survey. This person has been playing a leading role in all aspects of the DDRP-E, starting from the design

### **1.5.2. Instruments;**

Self-reporting questionnaires were used for all groups of subjects. Interviews were used with some students, directors, coordinators and the implementer. 5 types of similar but not identical questionnaires were prepared to be filled by the five categories of subjects. The questionnaires, designed for the two most important target populations, students and teachers, consisted of items enquiring about cases' awareness in areas related to the locally common substances of abuse (See annex-1).

The questionnaire for directors included items from areas similar to the questionnaire for students except that directors were not asked about community activity, teachers' health behavior and about the usage of substances by family of students. The coordinators and the leader in the implementing authority were mainly asked about the various aspects of the DDRP-E.

All questionnaires asked for suggestions and comments. Table-1 (Annex-1) shows the themes of enquiry of the various questionnaires and the number of items for each team for the particular category.

Data were entered into SPSS software and analyzed quantitatively by using the same program. Raw data were computed to create a model of the extent or quality of the theme in order to give a more tangible meaning of the findings. Frequencies are described in proportions

## **2. Analysis and Major findings.**

### **2.1. Overall performance assessment.**

#### **2.1.1. Data collection**

In order to get a picture of the overall performance assessment, information was gathered from the different groups of the school community. All selected subjects of a school filled their respective questionnaires at the same time. In order to facilitate the survey process, a meeting was held with the respective coordinator and the director of each school one day before the survey. During these meetings, purpose of the evaluation was described, explanations given about the survey and expected outcomes and benefits discussed. Consent for the evaluation was thus obtained in all schools

On the day of the data collection, the investigator and the school-coordinator went into every class of 10+1 and 10+2 grades and explained the purpose of the survey and asked for the willingness of the class to participate. After their queries were answered and students expressed their willing to participate, 10% of students in each 10+1 and 10+2 classes were systematically picked from the class attendance lists. Absent students were systematically replaced by others. The selected students were taken to a hall in the school where they filled the questionnaire. The school coordinator approached teachers and all those asked were willing to participate. It was also prearranged that the teachers should have been in the school for more than 2 years. Teachers, directors and coordinators filled the questionnaire specially prepared for the category, in their offices.

The questionnaires on *awareness of school and community activities* asked if cases knew the existence of extra curricular activities in the school and in the community, whether such activities involved the subject of substance abuse and whether the case participated in any of these. For the theme "*school preventive measures*", Directors, teachers and students responded to questions regarding the active role of their respective schools in taking measures to promote drug-free behavior in the youth. The items in this category enquired about whether the school has any regulation regarding the use of drugs by the school community, about whether students were given information during regular classes regarding drugs, whether the school randomly checks for any use of harmful substances by the students and staff, and whether the school provides any support for those with

habit problems. For “*risk perception*, the questionnaires mainly for the major target groups, that is, students and teachers, were asked if there would be any risks, physical or mental, in using the locally known substances of abuse cigarette, hashish, chat (Alias khat), and the less common heroin. In order to understand the *teacher’s health behavior/ attitude*, teachers and students were asked about their awareness of whether teachers would take measures if they see a student using the above substances of abuse. For assessing the subjects' awareness of the *extent of usage of substances of abuse* in the school youth, the students and teachers responded to the question whether they have seen any student using the above or any other substances of abuse in the previous 12 months’ period. Students were also asked whether they have seen any member of their families using the above mentioned or any other substance in the past 12 months. To understand about *communication habits*, subjects were asked whether they had any discussions in the previous one-year with their class mates/ friends, with their teachers/ students, with their work colleagues or with their family members, regarding substance abuse problems. With regard to the *process of school project* on drug demand reduction, students teachers directors and school project coordinators were asked if they knew about the *existence of the project*, if they knew about the *aims* and plans of the project, if they think that the project performed its activities with adequate *manpower, material* and *time* resources. The above groups and school project coordinators were also asked if they believe that the project was *relevant* to the problem of Ethiopian youth and if the teaching methods were *appropriate* to the problem. They were asked if *adequate information* was passed onto the school community regarding the subject matter. To assess the *outcomes of the projects*, the main variables used were if the subjects believed there was a *change in the knowledge* of the school youth over the past two years and whether there had been a desirable change in the *attitude of the school management* towards the subject of substance abuse. These two items were selected because they are the most important indispensable antecedents of the desired long-term impact of reduced demand around schools. School coordinators were also asked to provide the *number of members of drug free clubs*. In addition, investigation of documents within DACA and interview with the leader of Implementing Team in DACA was made to check for the achievement of the outcome indicators as stipulated in the terms of reference of the sponsoring organization.

To measure *impact*, the variables used were whether there has been changes in the usage of substances by students and staff, whether there has been changes in the availability of substances of abuse around the school, whether the schools have instilled different mechanisms that help students keep away from harmful habits and whether the school can sustain the project's activities if the project phases out. In addition to these variables, the awareness of the students and the teachers regarding the various aspects of substance abuse and regarding the DDRP activities in their respective schools were also taken into account to assess the impact of the ongoing preventive education.

The quality of *planning* of the DDRP-E was evaluated by examining if there was planning if the activities of the program were run according to the plan, and whether the plan was made by the participation of those involved in the activities. The nature of *monitoring* was assessed through analyzing the information obtained from coordinators and the leader of the DDRP-E, who were asked whether the projects have a data collection mechanism, whether there was reporting and whether that is regular, whether there is monitoring and whether that is regular, and whether the monitoring body provides regular feedback.

## **2.2. Findings**

### **a). Demographic characteristics of participants**

The highest majority of student subjects (22.7%) came from Shashamane Vocational School while the least number (3.1%) was from Lycee Guebremariam school. 5 of the student responders didn't identify their sex. 128 (39.8%) of those students who indicated their sex were females. The ages of participating students ranged from 15 to 30 with a mean of 18 years. 61.7% of students were from grade 10+1 while the rest came from 10+2. 116(35.6%)of the student subjects were from schools in Addis Ababa and the others were from the three regional cities.

From the 28 teachers, one failed to return the form. Among the rest, 5 (18.5%) of the teacher subjects were females. The mean age of teachers was about 37 years with range 22 to 53. All the teacher subjects taught in the 10+1 and /or 10+2 grades. Over 81% of the teachers had a degree level qualification. The majority of teacher subjects (55.6%) came from Addis Ababa and all have been in the current school for at least 2 years.

All of the directors of the selected schools completed the questionnaire. They were all males with ages ranging from 32 to 70, the mean being about 49 years. The coordinators were also all males, with the mean and standard deviation of their ages being 46 and 8.5 respectively.

**b). Awareness of school and community activities assumed to be helpful backgrounds for interventions like the DDRP-E.**

Overall, 75.5% of the total of the school samples are aware of the presence of such activity in the schools. On the other hand, 50% of the school subjects said that none of such school activities target substance abuse. From the student subjects who reported awareness of the existence of extra curricular school activities, only 34% said they participate in any one of these activities.

The data regarding school extra-curricular activities were reconstructed in order to grade the level of awareness and participation of the school community comprising mainly students and teachers. The purpose of such grading is to enable stakeholders estimate the extent of the situation. The reconstruction produced 4 levels of awareness. These are as follows-

- Level 3 awareness: subject knows about the presence of such activity, knows that some such activity targets substance abuse and participates in some such activity
- Level-2 awareness: subject knows about the presence of such activities and also knows that some such activity targets substance abuse
- Level-1 awareness: Subject knows about the presence of some extra curricular activity
- Level 0 awareness: no awareness at all.

Accordingly, it was found out that 21.8% of students and 7.4% of teachers have level 0 awareness. On the other hand, 51.9% of teachers and 34% of students have level-3 awareness.

43.9% of students participate in some community-based activity like volunteer groups, sports, social clubs or other similar activities. The remaining 56.1% of students have no

participation in community activities. 76.4% of students said that they do not know any community-based activity that targets substance abuse while the rest know some such activity. On the other hand, the majority of students (58%) participate in some faith based community activity such as committees, youth groups, Saturday or Sunday school, prayer groups, youth trips, service or volunteer activities. When it comes to knowing whether faith based activities target substance abuse, 52.8 % of students are unaware of any faith-based activity targeting substance abuse. The remaining 47.2% said that they know such faith-based activities.

Data collected from students on the community/faith based awareness and participation of students was reconstructed to yield the following five levels of awareness:

*Level-4 (Very high) awareness:* student knows the presence of both community and faith based activities, participates in both community and faith based activities and also knows that some such activities in both groups target substance abuse.

*Level-3 (High) awareness:* student knows the presence of both community and faith based activities, participates in either community and faith based activities and also knows that some such activities in either groups target substance abuse.

*Level-2 (low) awareness:* The student is involved in any two of the above.

*Level 1: (Minimal) awareness:* The student is barely aware of the existence of some community/ faith-based activity.

*Level 0 (No) awareness:* The student is not aware of the presence of any community or faith- based community activity.

In line with this grading, 20.9% of students have level 0 awareness while 9.2% had level 4 awareness. The proportion of students who had level 1, 2 and 3 community awareness are 19%, 35.9% and 15% in that order.

### **c). School preventive measures**

The finding shows that 100% of director, 70.4% of teachers and 51.8% of students know that their school's regulation clearly says something about the use of substances of abuse in the school surrounding. Also, the majority of director (57.1%) and students (75.6%) alleged that the contents of their school's curriculum involve information on the harmful nature of drugs. On the contrary, the majority of teachers (51.9%) said that the school's

curriculum doesn't involve information related to substance abuse. 13.2% of students and 40.7% of teachers, said that they are aware of some provision by the school for those with problems of substance abuse. The response from directors showed that 71.4% of them believe that the school's curriculum has some information regarding substance abuse.

As to the schools' checking for substance abuse among students, 94.2% of students, 77.8% teachers, 57.1% of directors, and 100% of coordinators said that the school does not have check this.

The various responses of the school community to the items related to their respective school's preventive measures were also computed in such a way to give an estimate of the level of awareness of the school community. The awareness of the subjects was graded into five stages. Stage 0 is when the subject is not aware of any such school measures like regulation, regular education on substance abuse, checking by the school for substance abuse in students and provision of support by the school for those with habit problems. The highest stage (Stage 5) is when subject is aware of the presence of all of the above. This estimation showed that 85.7% of directors but only 23.3% of students and 41.8% of teachers had awareness of stage 2 or above. The majority of students (56.1%) and 43.4% of teachers said that the school has no or very little input in this regard.

#### **d). Risk perception**

All teachers said that there was some risk to the health, be it physical or otherwise, if some one uses any of the locally known substances of abuse (**Cigarette, hashish, chaat, alcohol and heroin**). Students were not as unanimous as their teachers in their attitudes towards these substances but the vast majority (>90%) said there are harms in using substances of abuse. See annex 2 for the frequency of the raw scores.

Here too, reconstruction of the data was done to grade the health perception/ attitude of the teachers and students. The risk perception of a subject was labeled as excellent, very good, good, little and none respectively when students/ teachers respond that there is health risk when using five out of five, 4/5, 3/5, 2/5, 1/5 and 0/5 of the substances. It was shown that 92.3 of students have very good or excellent health perception as opposed to 3.6% of students who have little, very little or no health perception at all regarding the locally known harmful substances.

**e). Health perception, Staff behavior**

77.8 % of teachers and 49.3% of students said that teachers would act if they see a student smoking cigarette. 22.2% of teachers and 50.7% of students believe that teachers don't take measures if they see a student use cigarette. As depicted in annex-3, the responses given by both groups regarding the other substances were similar.

Another query in this theme was whether or not the school staff are good models in their behavior. 35.3% of students and 29.6% of teachers don't believe that the school staff are good models in their behavior while 31.3% of students and 55.6% of teachers say that the school staff are good models in their behavior. 33.4% of students and 14.8% of the teachers reckon that some staff are good models in their behavior while others are not.

Using the responses from the subjects regarding the teachers' action and the teachers' behavior, a model was reconstructed to show an estimate of the level of teachers' and students' awareness of the teacher's contribution towards discouraging students from developing harmful habits. The teachers' contribution was thus categorized into:

*-No or negative contribution=* the teachers take no action if and when they see a student using any of the substances and is not a good model in their behavior

*-Very low contribution-*

*-Low contribution*

*-Medium contribution*

*-High contribution*

*-Very high contribution=* Teachers act whenever they see a student using any of the substances and are good model in their behavior.

31% of students and 18.5% of teachers believe that the teachers contribution is nil or negative. On the contrary, 55.5% of teachers and 23.9% of students recognize the teachers' contribution to be high or very high.

**f). Perceived prevalence of substance abuse**

Teachers and students responded to the question whether they had seen some student

using any of the locally known substances of abuse. 47.5%, of student and 11.1% of teachers said they have seen some student smoking cigarette. 20.9% of students and 3.7% of teachers have seen some student smoking hashish. 58.6% and 46.3% of students as well as 25.9% of teachers have seen some student using chat and drinking alcohol respectively. 27.3% of students and 3.7% of teachers have seen some student using some other substance of abuse.

Students also answered the same questions in relation to their respective family-members. 27.32% of student have seen some family member smoking cigarette, 8.6% have seen hashish use in the family, 50.9% saw chat use, 43.3% saw alcohol use, while 15.6% saw use of some other substance of abuse in their respective families

The model created to show prevalence of substance abuse as perceived by students revealed that 69.4 % of students come from families where there is an abuse of at least one type of harmful substance. 43.8% of students live in families where family members abuse two or more substances (See Annex-4 for details).

#### **g). Communication**

With respect to communicating with others regarding substance abuse, 55.7% of the students, teachers and directors have discussed the issue with their teachers or with their students in the past one year while 72.8% of the subjects have discussed the matter with their mates /friends or colleagues. The model created to understand the within-school communication skills of this group produced three levels of skills whereby subjects are classified as having *no communication skill at all*, *some communication skills* and *high communication skill* regarding substance abuse within the previous one year. It was found that 13.8% of students, 14.8% of teachers and none of school directors lack any communication skills at all within the school. On the other hand, 43.3% of students, 70.4% of teachers and 28.6% of directors have high within-school communication skills regarding the issue of substance abuse. The rest have some skills.

Students also gave information regarding their experiences of communicating the subject of substance abuse within their respective families. In line with this information, 47.9% of the student population has communicated with family members about the issue in the previous 12 months.

#### **h). The School Project on Drug Demand Reduction**

The finding shows that 84.4% of students and 92.6% of teachers, as well as 100% of directors know about the existence of the project. The rest of teachers and students said that they didn't know about the existence of the project.

Among the students who know about the existence of the project, 73.3% know about the aims of the project while the rest don't. From those who know about the existence of the project, 62.6%, 64.4%, and 73.6% of the students respectively believe that there has been adequate resource of manpower, material and time during the performance of the project. Most (55.2%) of the students who know about the project do believe that adequate information was passed on to the school community regarding the subject of substance abuse.

The teachers awareness regarding the project performance was such that 74.1% of the teachers know about the aims of the project, 59.3% believe that there were adequate manpower, 63% realize that there has been adequate material supply, and 66.7% observe that enough time is allocated by the project for educating the school community. Also, 59.3% teachers believe that adequate information was passed onto the school community.

66.7% of teachers and 62.6% of students concur with the view that the project is the right solution and relevant to an important problem of the youth of the nation. Similarly, 63% of teachers and 57.7% of students think that the teaching methods of the project are appropriate to for subject.

Among the directors, 57.1% know about the aims of the project, 100% believe there is adequate manpower, 71.4% do believe there has been adequate material, 57.1% do believe that the time allocation has been adequate. The majority of directors believe that the project is an appropriate solution and relevant to the problem of the country's youth, and also have the perception that the teaching methods appropriate (85.7%), believe that adequate time was used to disseminate information among the school community (57.1%), and that adequate information has been disseminated within the school (71.4%). When coming to the coordinators, 57.1% of them say that there is not enough manpower and that time allocation has been inadequate. On the other hand 57.1% of coordinators

are of the opinion that there is enough material for the running of the project. Similarly, 100% of the coordinators think that the project is an appropriate and relevant solution to the problem of the youth and that the teaching methods are appropriate. Unlike the other groups, the majority of coordinators (57.1%), do not believe that adequate information has been passed.

Information was obtained from Coordinators on the teaching methods used by the projects in the schools. All of the coordinators said that education on substance abuse is given mostly to the members of the DFC in the school. This training to the DFC members is scheduled and there are manuals and teaching modules for the purpose. Even though there are schedules for the training of the DFC members, overlapping activities have been causing difficulties for coordinators of all schools. As to educating the rest of the school community, there is no schedule for it and most coordinators (57.1%) have the notion that the information passed onto the school community is not adequate.

100% of school coordinators said except for the consultation and advice they got from the implementing authority, that they didn't get advisement from professional experts in the field of mental health or addiction. The leader of the Implementing Team said that the members of the implementing team have provided such advisement to all projects.

The teaching methods used to pass information to the school community varies from school to school and there is no consistency. Teaching methods used for this purpose are **film showing**, use of **mini media** by DFC member students, **group discussions**, **poster presentations**, **dramas**, **competitions** of questions and answers and **poems** presentations by interested individuals. It was learned during interviews with the coordinators that there are no special schedules to upgrade existing teaching methods or to generate new ones.

In order to estimate the quality of the process of the DDRP in the schools, adequacy of manpower, material and time, appropriateness of methods and the passing of adequate information to the school community were used to create a model. The model produced 4 grades of quality of the process. These were, very poor quality, poor quality, good quality and very good quality. The majority of the different school groups had the idea that the process was good or very good in quality (Annex-5).

### **2.3. Attainment of objectives**

The objective of increasing the awareness of in-school youth has been achieved above the initial target in terms of cities covered and also in terms of students targeted. The status of awareness in the out-of school youth couldn't be ascertained because of lack of data. The explanation given by the Implementer is that the task of reaching the out-of- school youth has been expected to be executed by the non-governmental organizations that were trained by DACA and that are working with out-of school youth.

#### **2.4. Implementation (Operational plan, Monitoring and backstopping)**

Coordinators and the implementer were asked whether the school projects had plans, whether the project was run according to the plan, and whether the plans were made by the participation of the target communities in each school. 100% of coordinators and the implementer said that there has been plan and that the project has been running according to the action plans. On the other hand, it was found out that except in two schools, the DACA and the specific coordinator alone made the plans of projects.

The items used to enquire about the monitoring pattern of the DDRP-E were: *whether there is data keeping mechanism in the projects; if there was regular reporting; if there was monitoring and if monitoring was regular; and if there was feed back given by the monitoring body.* All the coordinators and the implementer agree on the fact that the projects have data keeping mechanism, do regular reporting and that there is monitoring. There is not such consensus when it comes to regularity of supervision. Where as 28.6% of coordinators said that the monitoring is irregular, the rest of coordinators and the implementers claim that the monitoring has been regular. Getting feedback from the monitoring body is reported by 85.7% of coordinators while the implementer says that feedback is given to all projects.

The model created grades the quality of monitoring into 5 levels- no monitoring, very poor, poor, *fair*, *good* and *very good* quality of monitoring. For 14.3% of coordinators, the monitoring of the DDRP-E has been of fair quality. An equal proportion of coordinators said the monitoring has been of good quality. 71.4% of coordinators said that monitoring was of very good quality. The implementer concurs with the latter group. Results of interview with the head of the implementing team indicate that there has been close support both in terms of advice and finance from UNODC to the DACA. DACA has been involving institutions like Amanuel Mental Hospital, the Department of

Psychiatry of Addis Ababa university, Ministry of justice and the Police in its training programs.

### **3. PROJECT OUTCOME, IMPACTS AND SUSTAINABILITY**

#### **3.1. Outcomes**

The majority of the school communities (54.3% students, 63% of teachers, 57.1% of directors and 100% of coordinators) believe that the project has brought about significant change in the knowledge of the majority of students over the past couple of years. Coordinators and the implementer were asked if there has been changes in the attitude of the school management. 71% of coordinators and the implementer believe that there has been such a change. It was possible to see during the investigation that all school directors were very helpful and expressing commitment to a drug-free school.

Indicators of outcome for the DDRP-E were pre identified when the program was launched. These pre-identified outcomes were:

- f* A project office set up and equipped and a project technical committee set-up.
- f* 6 High schools identified in each of the 4 selected cities;
- f* 6000 in-school and 5000 out-of-school youth informed on the ill effects of drug abuse;
- f* 24 drug-free clubs in schools strengthened
- f* At least 520 teachers, social workers, mass media practitioners, law enforcement personnel, religious/community/youth leaders and other members of society trained
- f* Teaching and educational materials produced

Enquiry was made with the Implementation Team to find out about the achievement of those indicators. The results of the enquiry revealed that all of the indicators have been achieved. A project implementation team has been established within DACA. The members of the team are two pharmacists and one psychologist. The leader of the implementation team believes that the professional composition of the team is adequate for the purpose. The Implementing Team has managed to establish 130 DFC

in the country. 30 of these are in schools in Addis Ababa while others are throughout the regions. The leader of the implementation team believes that the projects have been well monitored over the years.

Although not supported by documents, information from the implementation leader has it that there are at least fifty DFC members per school. This makes the total number of member students 6500. According to the findings of the survey in the seven schools, there were a total of 415 DFC student members giving an average of 59 students per DFC. The highest number of student membership was in Shashamane Technical and vocational school (128 students) while the least was in Diredawa Preparatory School (25). The highest teacher membership of DFC is in MenelikII high school(9 ) while the least is in St Joseph and Diredawa Preparatory schools(1 member each).

Investigation of reported documents shows that trainings were organized by DACA and given to a total of 504 persons from various sectors. The trainings were given to mass media professionals (67), social workers (46), Lawyers and law enforcement professionals (88), educational professionals (210), religious leaders (43), and youth leaders (50). Trainings were given for 3-4 days to each group.

DACA has so far produced the following teaching end educational materials:

- 3.1. Handbook on Substances of abuse for trainers (English)
- 3.2. Training manual about harmful drugs and plants (Amharic)
- 3.3. Training modules about Harmful drugs and plants (Amharic)
- 3.4. Leaflets , 7 types (Amharic)

### **3.2. Impact**

Impact was assessed by investigating about the awareness and knowledge of students and teachers regarding changes over the last two years regarding: *the usage of harmful substances by students and staff; the availability of harmful substances around the school; and the provision of alternative activities to the youth by the schools* in order to help the students avoid exposure to situations that predispose to the use of harmful substances.

The outcome of increased knowledge in the students in particular, appears to have led to the most wanted impact of reduced demand. Most of the students (58.9%), teachers (59.3%) and school directors (71.4%) think that there has been reduced usage of substances of abuse by students over the past couple of years while the rest of the groups think that there has not been any reduction of usage of substances by students over the past couple of years. All coordinators and the implementer also said that the usage of substances by the students and the staff of the schools has been reduced after the implementation of the DDRP in the schools. When it came to the pattern of change in usage of substances by the school staff, the majority of respondents (62% students, 74.1% teachers, 71.4% directors and 100% coordinators) also said that the staffs' habit has shown reduction over the past couple of years. With respect to the availability of harmful substances around the schools, 77.3% of students and 74.1% of teachers, 100% of directors 85.7% of coordinators and the implementer, think that there has not been any reduction of the availability of harmful substances around schools.

According to the observations of 80.7% of students and 74.1% of the teachers, the schools have not introduced alternative activities recently. This opinion of students and teachers is shared by 28.6% of directors and coordinators. On the contrary, 71.4% of coordinators and directors said that such facilities are available. On further interview, it was found out that there are a variable number of clubs in schools but the clubs are running random without any accountability and monitoring. According to the information from the coordinators and school directors, lack of manpower and lack of time among the available staff are the reasons for this situation.

The data, obtained from the enquiries about impact of the project, were used to produce the following model that helps to understand the extent of positive impact of the DDRP-E:

*-Very high positive impact:* The project resulted in reduced usage of substances of abuse by students and staff, reduced availability of substances of abuse around the school, and made the school management to instill alternative activities that helped students keep away from harmful habits

*-High positive impact:* The project resulted in achievement of any three of the above

*-Moderate positive impact:* The project resulted in any one or two of the above

*-No positive impact:* None of the above achieved by the DDRP.

As shown in Annex-6, among all subjects, only 14.4% of students and 11.1% of teachers witnessed no positive impact. The rest of the school communities believe that there has been some positive impact following the implementation of the DDRP in the schools. Among those who believe that the project has positive impact, the majority of subjects (66%) believe that the impact of project is of moderate strength.

In addition to this model, the awareness of the students and the teachers regarding the various aspects of substance abuse and the DDRP activities in their respective schools were also taken into account to assess the impact of the ongoing preventive education. As described in ‘**2.2. b—2.2. h**’ above (pp14 – 18), the majority of the students and teachers were found to have a significant level of awareness regarding the extent of substance abuse around their school and in their families (the students). It was also possible to appreciate from these findings, that the students were able to judge the stance of the staff and the management of their respective schools regarding the latter’ contributions towards promoting the students’ habit of avoiding situations predisposing towards using harmful substances. The responses of the students to queries regarding the process and impact of the DDRP (2.2.h) was also quite revealing about the DDRP’s success in changing their knowledge levels. Although the information obtained by using the variables described in ‘**2.2b-2.2h**’ helped to discuss the impact of the project to some extent, it was not possible to use these findings for differentiating the change from the time of the start of the project. This was because of lack of pre existing data regarding the awareness/ knowledge of the school communities concerning these important variables.

### **3.3. Sustainability**

School directors, coordinators and the head of the implementing team reacted to the query whether the schools can sustain the anti-drug campaign once the DDRP phases out. The Implementer’s response showed that the status of schools was unknown and that the future depended on the commitment of the management of specific schools. 71.4% of

coordinators said that sustainability would be possible. 85.7% of directors and 28.6% of coordinators said that it would be impossible for their respective schools to sustain the program once the project stopped. The reasons given by this last group were lack of continuity of material and financial supply.

#### **4. LESSONS LEARNED, BEST PRACTICES AND CONSTRAINTS**

##### **4.1.Lessons Learned.**

The findings from this evaluation have brought to light different points that give clearer awareness of the level achieved from the effort made so far, and also point the direction of future interventions. These lessons will be dealt with under each sub title of the 'Findings' (2.2.)

##### **4.1.1. Awareness of school and community activities assumed to be helpful backgrounds for interventions like the DDRP-E.**

The cause of low- levels of awareness is not necessarily be poor knowledge of the school environment on the part of students. As observed in some of the evaluated areas, the fact was that there were no such activities in the schools or in the surrounding community. It can be seen from the findings that there has not been a remarkable involvement of the youth in school or community activities, which, if carefully used, could effectively help to prevent the development of harmful habits in the youth. Moreover, interview with students and school coordinators have revealed that, although some clubs are nominally present, they remain dysfunctional for lack of leaders in the schools.

The managements in all surveyed schools were found to be determined to support the DDRP-E. However, it appears that the school management is not yet ready to take the task into its own hands and continue the anti-harmful-substances as part of its regular educational schedule.

##### **4.1.2. School preventive measures**

Although the majority of teachers and students are aware of relevant regulations, there are some students and teachers who are not aware of the presence of any regulations regarding the use of harmful substances around the school their school. One would expect the school managements to orient the school community periodically regarding the school's rules and regulations. Unambiguous, open and regular periodic notification of

the presence of a regulation against the use of harmful substances around the school could be used (as has been used in some of the schools) as an important tool by the DDRP in the schools. The findings indicate that this is not what has been happening in some schools. This can be a very dangerous aggravating factor for the problem of abuse since a circle of careless staff or students indulging in harmful habits can inadvertently derail others from their straight paths

#### **4.1.3. Risk perception**

It was learnt that the perception about the harm of habit-forming substances of most students and teachers was very good. It was very encouraging to learn that except for a minority of students, all members of the school communities believe that the addictive substances cause harm. The relatively lower proportion of 'Yes' responses regarding the harm from heroin is most likely a result of lack of information about the substance. This was evident during the survey as many students were asking the investigator what heroin was. The findings indicate that the DDRP-E has been doing its educational activities well. The ground is well laid for the important preventive programs that should follow suit.

#### **4.1.4. Health perception, teachers behavior**

Another interesting lesson from the survey was that many students do not look up to the school staff as role models. Interestingly, some teachers also share this belief. Many students who stated their worry specifically on this issue alleged that there are teachers who rather encourage students to engage in risky behavior by explicit invitations or by asking students to buy substances for them. Many students also blamed their schools for not taking actions on teachers who are bad role models to students.

Next to parents, teachers are supposed to be the carvers of the children's future personalities. In addition to active instructions, education and disciplinary measures, modeling by teachers is known to be one way to influence students. According to the majority of students, this seems to be lacking in our schools.

#### **4.1.5. Perceived prevalence of substance abuse**

The survey revealed that the majority of schoolchildren (69.4%) grow in families where members abuse at least one type of substance. Chaat (khat) and alcohol consumption were witnessed more frequently by students in their respective families. The implication of this finding is that the family has also to be a target of intervention in the effort to reduce the demand by the youth for harmful substances. Lesson should be drawn to expand our understanding of the predisposing factors for youth substance abuse and also to appropriately design preventive interventions.

#### **4.1.6. Communication**

Another big lesson was the success of the DDRP in impacting the attitude of students and teachers regarding substances of abuse. About half of these groups have been discussing the issue of substance abuse with their respective students/ teachers and their friends. More over, about fifty percent of students have been talking with their family members about the subject. These groups with high interest and experiences with discussion about this major problem are going to be extremely important in future promotion of drug-free schools. It is important to identify these segments of the school community in order to make best use of them and propagate information amongst the rest of the school population.

#### **4.1.7. The process of the DDRP in schools**

Since the DFCs limit most of their trainings to the few club members, information is mostly disseminated via word-of mouth to the rest of the school community. From interviews with coordinators in different schools, it was evident that this was because the teachings given by the DFCs focus mainly on their members. The reason for that was because the coordinators lack time to involve as many students as they could. Most coordinators are in quandary as the project work is taken as a secondary task and that has been overlapping with the regular tasks expected of them by the school management. This situation indicates the prevailing lack of priority to the issue on the part of school authorities. This phenomenon has been a big drawback in the advancement of the preventive activities. There is an obvious discrepancy between the notions of the coordinators on the one hand and that of the others groups of the school community

regarding the adequacy of manpower for project activities. According to the coordinators, the other groups could only appreciate the problem of time shortage if and when the others joined the DFC.

In this light, although 50% of the school communities are aware of within-school activities that target substance abuse, although the majority of the school community believe that the DDRP is a relevant solution for the problem of the youth, active involvement, especially by the staff, has not yet reached a detectable level. A strategic brainstorming intervention is required in order to bring about a sense of ownership of the activities that are currently left to the DDRP coordinators.

Although the teaching methods are said to be appropriate by all groups of subjects, the investigator found the contents of the manual and the modules to be lacking in entertaining activities. For the age group targeted in the DDRP-E, providing dry facts alone may not attract as many participants as could be.

The other lesson learnt was that coordinators are getting advisement from the implementing team only. They do not have other professionals in behavior/medical science to seek support from in times of acute need for information or additional skill. Substance abuse prevention work is an extremely difficult activity. It affects the whole society and the preventive solution requires, among other things, the involvement of almost everyone in the community. In order to involve as many people as possible, it is essential to involve carefully selected professionals who have good knowledge and skills in behavior dynamics and in helping persons with deviant behavior, especially relevant to the youth and substance use, and in communication. Even if the implementing team members are adept at all of these skills, it is not physically possible for them to cover the different projects.

#### **4.1.8. Project outcome**

It was learnt that DACA has achieved, and in some cases, overachieved, the outcomes targeted for it before the launching of the project in the country. As stated by the study subjects, there has been a good level of change in the knowledge of students regarding substance abuse. From interviews with some coordinators who said that adequate information was not communicated, it was evident that had there been ample time and /

or more manpower, it would have been possible to achieve much better than what was achieved. Also, the positive change in the attitude of school managements towards such programs as DDRP is reassuring. However, this positive attitude of the school management has not yet been translated into action. The hammering needs to be heightened while the iron is hot and until the management takes the drug prevention activities as part of its regular duty.

#### **4.1.9. Impact**

The single most important indicator of positive impact, reduction in demand of harmful substances amongst the school communities, has been appreciated by the majority of subjects. The availability of substances around schools has not shown any reduction. Neither have schools created a conducive environment for the students to keep their minds on useful activities instead of looking for some harmful substance for a kick off when they are idle or when they are not busy doing their school works. Many students have stressed on the importance of helpful extra curricular activities. These students have given an additional opinion on the questionnaires in which they complained that the youth are always told “not do this or that” by adults. The students argued in their added remarks, that unless the schools come up with “Do this or that” alternatives, the commands and reprimands that youngsters are over-poured with will not bear fruit. It is also proven that such extra curricular activities have a lot of contribution in creating pro-social attitude in the growing child. Unfortunately, although there is a clear shift of attitude in the school directors, school managements seem to be not giving due priority to this important preventive measure.

There were no discernible unintended impacts observed during this evaluation.

#### **4.1.10. Planning and Monitoring**

The participation of target groups in the planning phase of school programs is not significant in the school projects. Involving the participants at this stage can have advantages of securing their sense of ownership, better understanding of own and others' roles, and common understanding of expected processes and goals.

The monitoring in the DDRP-E is a commendable one. There is a close link between the implementing authority and the front-line coordinators. However, it was learned that the feed back mechanism needed to be strengthened.

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

The most impressive best practice has been the tenacity of the implementing team in its endeavor to keep the projects going on where they started and also to bring aboard new schools. In a culture where the trend is that such social projects flare at a point and fade out after a short period, the implementing team has managed to keep the project going and growing.

The beginning of the discussions on the subject of substance abuse among the school communities is the other best practice. In fact, the major contribution of DACA with this eye-opener project for the nation is its building the capacity of the education institutions in understanding one of the youth's major problem and start towards solving the problem

#### **4.3. Constraints.**

The most noticeable constraint in most schools was the lack of active involvement of the staff to assist the coordinators run the project activities and the inability of the coordinators to spend adequate time on project activities.

### **5. RECOMMENDATIONS.**

The following actions are recommended;

1. The results of this evaluation indicate that there is lack of information regarding the extent of the problem of substance abuse in the country's school system. There is a need for a deeper survey of the schools throughout the country. The results of such a survey will give good baseline information, which will be used as a standard for future evaluation of interventions.
2. The DACA needs to make a conference of the stake holders with the objective of reviewing the outcomes and impact of the DDRP-E so far.
3. Before implementing recommendation 'no.2', it is necessary to make within-school workshops with carefully selected representatives of teachers and students from schools where the project has been running. This will help to determine the

strengths and weaknesses of process and outcomes of the school DDRPs and matters arising.

4. DACA could do better by dividing the country into zones and by assigning at zonal level, a consultant with advisement responsibilities to the school coordinators in that particular zone. Also, it will be best if the DDRP in the future entails behavioral science professionals as external evaluators to do annual performance audit. This will have tremendous advantage in straightening twists and in enhancing best practices.
5. The issue of sustainability needs to be aggressively addressed and dealt with without delay. To this end, DACA needs to create a forum where the issues relevant to sustainability are addressed and responsibilities are distributed by consent and a mechanism of accountability will be determined. Examples of bodies that need to be involved in such a forum are the zonal/ regional representatives of Ministries of Education, Labor and Social Affairs, Youth and Sports Affairs, UNICEF, and other NGOs working on the youth. The forum will be of best service to the country if started at the planning phase of the next DDRP-E. Without such preparation, sustainability will be difficult to achieve.

## **6. OVERALL CONCLUSIONS**

This survey has indicated that the awareness of the school communities is in a good state. The DACA did a great job in embarking on such a program as the DDRP-E, which is the first of its kind in the country. DACA, as the implementer of the DDRP-E, has achieved, and in some cases overachieved, the indicators set for it at the start of the nationwide project.

As is usually the case in most communities, societies are usually reluctant to accept and be part of new ideas, especially when the new ideas clash with established behavior. In Ethiopia, some of the substances of abuse assessed in this survey, like alcohol and chaat, are widely used in the communities and the use of chaat has particularly been growing over the years. Chaat and locally produced alcohol are big legal sources of income for many people. People involved in chaat business are much wealthier than people living on

farming other crops. In some areas, it is a known fact that farmers are replacing their other crops with chat plantation. Given the fact that the DDRP-E was set up in such an environment, it can be said that the past few years could only be used to initiate the society. Impacts in terms of reduction of demand for substances of abuse like chaat and alcohol, and the others, can only be expected with a continued work over several years. Such change can only be guaranteed to mature with complex socioeconomic changes. All the same, the results of the survey showed that the school community is already feeling reduction in the use of substances among students and school-staff.

The DDRP-E programs in the schools were started without a situational analysis of the schools in terms of awareness, prevalence and other variables which are reported on in this survey. This absence of a baseline data and the limited time of the current study have made it difficult to contrast and compare the differences between the now and then. The investigator was therefore obliged to spend additional time and energy to do obtain some information regarding these factors, which were indispensable for analyzing the impact of the project.

As mentioned above, because of the socio-cultural background in the Ethiopian context, it can be said that what has been done through the implementation of the DDRP-E is a sensitization intervention. To bring about significant positive changes, the DDRP-E has to build up on the grounds that it has already laid down, by embarking on planning a more intense, multi-sectoral intervention.

NO.	Theme of question	Number of items per theme for the various categories of subjects				
		<i>Student</i>	<i>Teachers</i>	<i>Directors</i>	<u>Coordinators</u>	<i>Implementer</i>
1	Demography	5	3	3	3	3
2	Awareness of school extra-curricular activities	3	3	2	2	
3	Awareness of community - based activities	4	4			
4	Health perception- teacher behavior	4	6	1		
5	Health perception-school preventive processes	4	4	4		
6	Health perception awareness of availability of substances	3	3	3		
6	Health perception- risk awareness	10	5			
7	Communication skills	6	2	2		
8	Use of substances by students /family	3	5	1	1	1
9	Project - planning			2	5	9
10	- Project process	12	12	11	18	16
11	-Monitoring	1	1	1	7	8
12	-Project outcome,	1	1	1	11	6
13	- Project impact	6	6	6	11	11
14	Sustainability of intervention			1	2	2
15	Miscellaneous		2	4	2	2
16	Total number of variables or enquiries	62	57.	42	62	58

**Annex-1. Variable themes and number of items per theme, in the questionnaires for the different categories of subjects.**

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Proportion of students with response:

	No harm	some harm	don't know	no response	Total
Cigarettes	1.2%	95.4%	2.8%	0.6%	100%
Hashish	1.5%	95.4%	2.1%	0.9%	100%
Heroin	1.2%	88.3	8.9%	1.5%	100%
Chaat (Khat)	5%	91.7%	2.1%	1.2%	100%
Alcohol	2.1%	95.1%	2.1%	0.6%	100%

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**Annex-2. Students' attitudes towards the locally used substances of abuse as revealed by their response regarding health risk of the substances.**

	<i>Teachers (%)</i>		<i>Students (%)</i>	
	0	1	0	1
<b>Will teachers act if they see a student using the following?:</b>				
Cigarettes	22.2	77.8	50.3	49.7
Hashish	22.2	77.8	57.7	42.3
Chaat (khat)	25.9	74.1	66.6	33.4
Alcohol	29.6	70.4	68.1	31.9

**Annex-3. Health perception/ attitude of teachers as judged by students and teachers**

Key: 0= Teachers will not act; 1= Teachers will act

<b>Perceived prevalence of Substances in the family</b>	<b>Percentage of students who have that perception</b>
<b>1. No substance abuse in the family</b>	31.6
<b>2. One type of substance abused in the family</b>	24.6
<b>3. Two types of substances are abused in the family</b>	20.9
<b>4. Three types of substances are abused in the family</b>	14.7
<b>5. 4 types of substances are abused in the family</b>	6.1
<b>6. More than 4 types of substances are abused in the family</b>	2.1

**Annex-4. Perceived prevalence of different substances of abuse in students' families**

<i>Perceived quality Of project process</i>	<i>Students (%)</i>	<i>Teachers (%)</i>	<i>Directors (%)</i>	<i>Coordinators (%)</i>
Very poor quality	15.6	7.4	14.3	0
Poor quality	4.9	18.5	14.3	0
Good quality	30.1	33.3	57.1	0
Very good quality	49.4	40.7	14.3	100

**Annex-5. Quality of DDRP process in schools as perceived by different groups.**

<b>Grade of positive impact of the School-project</b>	<b>Students (%)</b>	<b>Teachers (%)</b>	<b>Directors (%)</b>	<b>Coordinators (%)</b>	<b>Implementer (%)</b>
<b>No positive impact</b>	14.4	11.1	-	-	-
<b>Moderate positive impact</b>	67.5	62.9	57.2	28.6	-
<b>High positive impact</b>	16.9	18.5	42.9	57.1	100
<b>Very high positive impact</b>	1.2	7.4	-	14.3	-

**Annex-6. Level of positive impact of the school projects, as perceived by the different groups of school community.**

**Annex-7. Organizations and places visited and persons met**

## 1. Organizations visited and persons met in Addis Ababa

## 1.1. DACA

- Head of Authority
- Head of the Team leading the Implementation of the DDRP-E
- Sofanit Mengistu, Team leader

## 1.2. The following persons were met in St Joseph School, Lycee Guebremariam School, Addis Ketema School and Menelik II school :

- Director of school
- Coordinator of School-project
- All Students in 10+1 and 10+2 classes
- 4 Teachers

## 2. Outside Addis Ababa.

The following persons were met in Diredawa preparatory school (Diredawa City), Hawas School (in Adama city), Shashamane Vocational School (In Shashamane City)

- School Director
- Assistant Director
- Coordinator of school project
- All Students in 10+1 and 10+2 classes
- 4 Teachers