WHO/ MSD/ MDP/ 00.17

Original: English
Distribution: Limited

PRIMARY PREVENTION OF SUBSTANCE ABUSE

A WORKBOOK FOR PROJECT OPERATORS

Department of Mental Health and Substance Dependence Noncommunicable Diseases and Mental Health World Health Organization Geneva

Demand Reduction Section
Division for Operations and Analysis
United Nations International Drug Control Programme
Vienna

Text only version including minor formatting modifications

© World Health Organization, 2000

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other - without the prior written permission of WHO. The views expressed in documents by named authors are solely the responsibility of those authors.

Background

The United Nations International Drug Control Programme and the World Health Organization (UNDCP/WHO) Global Initiative Project on Primary Prevention of Substance Abuse endeavours to contribute to the prevention and reduction of psychoactive substance abuse among young people, through community mobilisation, development and dissemination of good practices. As used in this workbook, the term psychoactive substance refers to any substance that when taken by a person, can modify perception, mood, cognition, behaviour or motor functions. These substances have devastating consequences for the person using them, their family and the community as a whole. Many countries recognise that the use of substances by young people is a serious health and social problem. Use of substances robs young people of their childhood and leaves them little chance to have a healthy lifestyle in the future. Primary prevention is a universal priority for enhancing the health of young people and can be applied to prevention of psychoactive substance abuse.

Young people are particularly at risk for substance use, as they are in a period of life when patterns of behaviour are being formed and they are most likely to be influenced by peers and role models who may be involved in the use of substances. It is thus an important period in life when behaviours can be influenced for the benefit of long-term good health. Although the direct beneficiaries of this initiative are young people and those who play a significant role in their lives, primary prevention efforts can also have a positive wider impact on communities where the projects are implemented.

The role of the community in preventing substance abuse should be participatory and not merely that of responding to services planned and designed by external agencies or individuals. The community should actively participate in determining the problems and needs, developing solutions, and implementing and evaluating interventions. Primary prevention should be comprehensive and should draw on existing human, financial and material resources to strengthen self-help and community participation. This is the underlying principle behind the UNDCP/ WHO Global Initiative on Primary Prevention of Substance Abuse.

This workbook and the facilitator guide have been developed for project operators involved in the Global Initiative Project on Primary Prevention of

Substance Abuse (Global Initiative). However, others involved in similar prevention work can use these training materials.

Acknowledgements

We would like to express our gratitude to the Norwegian government for the financial support that made development of this workbook and the companion facilitator guide possible. In addition we would like to acknowledge the technical contribution of colleagues in UNDCP, WHO, South African Alliance on the Prevention of Substance Abuse (SAAPSA) and the regional offices of WHO and UNDCP in the three regions of implementation: Central and Eastern Europe, Southern Africa and South-east Asia. In particular we would like to thank participants in the three regional workshops for their contribution during field-testing of this workbook and facilitator guide. We would also like to thank Ms. Tecla Butau, WHO African Regional Office for her diligent contribution to the revision of these training materials.

Secretariat (HQ)

Shekhar Saxena WHO, Geneva Mwansa Nkowane WHO, Geneva Christina Oguz UNDCP, Vienna Giovanna Campello UNDCP, Vienna

Text

Mwansa Nkowane

Illustrations

Harry McConville

Layout and design

Jhilmil Bahl and Tim Martindale

Editing

Sarah B. Assamagan

Table of contents

Introduction
Operational definitions
Module 1 Psychoactive substances
Module 2 Psychoactive substance use among young people
Module 3 Ways of responding to psychoactive substance use
Module 4 A project development approach
Module 5 Local situation assessment
Module 6 Implementing the project
Module 7 Monitoring and impact evaluation
Further reading

Introduction

1. Addressing psychoactive substance use among young people

The reasons why young people use or experiment with psychoactive substances vary. One important set of reasons is closely tied to adolescent development itself. Adolescents are faced with the complex and emotionally charged task of developing a personal identity (a sense of who they are). Sometimes they may not have anyone with whom they can talk about their concerns. They are highly prone to peer pressure and often disregard parental guidance. Their larger social and environmental context is also an important factor. Studies have shown that involvement with psychoactive substances during this period is associated with other risk behaviours. Young people are not only vulnerable to the consequences of psychoactive substance use, but also to unprotected sex and other risk behaviours. Ways must be found to address substance use among young people that also help them develop attitudes and social practices that promote health and social progress.

2. The workbook

This. workbook is for project operators involved in the Global Initiative. A Project Operator is an individual designing or organising activities as part of the Global Initiative. They may be youths, parents, youth leaders, teachers, social workers or health workers. Most of the project work should take place in the community, bringing prevention measures home to individuals, families and the community as a whole. Others involved in prevention work can also use the workbook.

3. Importance of the workbook for project operators

Building capacity within the local community is an effective way of ensuring that limited resources are efficiently used. The ultimate aim of the workbook is to ensure that project operators are equipped with the necessary skills, knowledge, attitudes and training capabilities to be able to effectively impart relevant knowledge and skills to others. In this way communities can become responsive, develop and grow stronger and take effective collective action to reduce the vulnerability of young people to psychoactive substance use and its consequences. By using this workbook the project operator can gain or build on the following:

- An understanding of objectives and principles in primary prevention
- Basic knowledge about the needs of young people
- Basic skills in project development and implementation
- Awareness of networks and the importance of the role of volunteers
- A sense of when it is time to consult or refer young people for further support and care

While many ideas, models and examples of prevention exist; this workbook addresses only the basic issues in primary prevention, project development and community mobilisation. The intent is not to train experts; but simply to provide a reasonable foundation for effective work, to stimulate innovative and creative thinking and to equip people to train others. This workbook should not be considered a textbook.

4. How to use the workbook

Individual learners, who can read the text and go through the exercises that are provided or following a self-guided training course, can use this workbook. The workbook can also be used to structure a group training course. When the workbook is used in group training, exercises should be carried out in accordance with the trainer's preparation of the material. Active participation is encouraged, as it is known to enhance learning.

5. How this workbook is organised

The workbook is divided into 7 modules.

Module 1 Psychoactive substances

Provides basic information on common psychoactive substances.

Module 2 Psychoactive substance use among young people

Discusses reasons why young people use substances, and outlines risk factors and protective factors associated with substance use.

Module 3 Ways of responding to psychoactive substance use

Proposes a comprehensive way of addressing primary prevention of substance abuse among young people.

Module 4 A project development approach

Gives a step by step process for designing a project and explains the importance of each step.

Module 5 Local situation assessment

Emphasises the importance of initial assessment as a guide to effective project development and implementation. Common methods for collecting information are also outlined.

Module 6 Implementing a project

Offers specific ideas on how a project can be implemented and strengthened through human resource mobilisation.

Module 7 Monitoring and impact evaluation

Addresses the importance of conducting monitoring and impact evaluation, and gives some guidelines on how to conduct them.

6. The structure of the workbook modules

Each workbook module begins with a list of learning outcomes. The learning outcomes should be the basis for evaluating knowledge and skills learnt at the end of each module. Exercises are provided and are designed to give the workbook user(s) the opportunity to enhance learning and to actively interact with others, if the setting is group training, or to stimulate creative thinking, when working alone. Lastly, a brief summary of key learning points is provided at the end of each module. This provides an opportunity for quick review and for reflection on the key messages of each module.

Operational definitions

Abuse

Using a substance continuously, even with the knowledge that it causes serious problems.

Community

A group of people sharing ideas and having common problems, concerns, hopes and modes of behaviour; which give them a sense of belonging to each other, although they may not necessarily be bound by geographical boundaries. A community also has leaders, ways of communicating ideas, activities and rules and ways of dividing work and participating in its functions, that are all important to its members.

Community-based action

This occurs when the community takes the centre stage in deciding on priority problems and implementing chosen actions. Community-based action provides an opportunity to create a social environment in which young people's lifestyles and immediate living conditions can be positively modified, using means that are available and acceptable to the community.

Community development

A dynamic process in which individuals and communities grow stronger and are able to enjoy fuller and more productive lives. Community development efforts are devoted to empowering the community to take control of its affairs through decision making, self-education and information, resource sharing and improved relations among members. In the long run when community development takes place, the quality of life of the community as a whole improves. This contributes to the lessening of the vulnerability of young people to psychoactive substance use.

Community involvement

The process by which partnership is established in all phases of project development. This allows the community to benefit from all aspects of implementation, for example, information technology and infrastructure development. Community involvement is a broader concept than community

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 10

participation. Through community involvement the community and individual actors assume responsibility for their own health and welfare and develop the capacity to contribute to their own development and that of others.

Dependent use

This occurs when the individual taking a substance has a strong desire to take the substance, and cannot control the desire or the use. Dependence is often associated with tolerance.

Intoxication

The temporary state that results in changes in the person's alertness, perceptions, decision making, judgement, emotions and behaviour due to their use of a substance

Health

WHO defines health as, "a state of complete physical and social well-being, and not merely an absence of disease or infirmity". This definition goes beyond looking at health in terms of disease alone.

Health education

A way of communicating information concerning social, economic and other environmental conditions that have an impact on health, including risk factors and risk behaviours.

Health promotion

A process of enabling people to exercise control over and improve their health. Health promotion is concerned not only with individuals and what information they may require to lead a healthy lifestyle. It is also concerned with the ways governments, communities and others can make changes that make it easier for individuals to make healthy choices.

Polysubstance use

The use of more than one substance at the same time. The combined effects of the substance makes them even more dangerous.

Primary prevention of substance abuse

A way of preventing initiation of psychoactive substance use or delaying the age at which use begins.

Psychoactive substance

Any substance that when taken by a person, modifies perception, mood, cognition, and behaviour or motor functions.

Secondary prevention

Intervention aimed at individuals in the early stages of psychoactive substance use, in order to prevent substance use becoming a problem and thereby limit the degree of damage to the individual.

Self-reliance

This results from the recognition that people can identify and determine ways and means to solve their own problems. Self-reliance is an important aspect of community development and is aided by activities that build capacity (for health) within the community. Capacity building activities for project operators include providing guidance, meeting local people to discuss their efforts and progress and facilitating discussions that lead to action.

Tertiary prevention

This aims at ending dependence and minimising problems resulting from use/abuse. This type of prevention strives to enable the individual to achieve and maintain improved levels of functioning and health. Sometimes tertiary prevention is called rehabilitation and relapse prevention.

Tolerance

A state which develops in the individual using a substance that requires them to take progressively larger amounts of the substance in order to produce the same effect.

Withdrawal

When an individual has dependence problems, stopping substance use may lead to withdrawal reactions, which cause discomfort and pain. These reactions may include: restlessness, insomnia, depression, tremors and chills, muscle cramps and sometimes convulsions.

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 12

Module 1 Psychoactive substances

1. Introduction

This module provides basic knowledge about psychoactive substances, types, effects and consequences. Having adequate knowledge can help motivate you and others to respond in appropriate ways. Understanding what you will be dealing with will help you appreciate the complexity of the problem.

Learning outcomes

By the end of this module you should be able to:

- Define a psychoactive substance
- Identify types of psychoactive substances used in your community
- Describe methods used to take substances
- Explain the consequences of psychoactive substance use in your community

2. What are psychoactive substances?

A psychoactive substance is any substance that when taken by a person modifies perception, mood, cognition, behaviour or motor functions. This definition is broad; it includes licit and illicit substances, those that can lead to dependence (of the individual) as well as those that do not bring about dependence, and other substances that people may not consider harmful. To streamline the text in these modules the term "substance(s)" is frequently used in place of "psychoactive substance(s)".

What substances do people use?

The volume of information on substances is too large to include all of it in this Module. What may be a popular substance in one community, may not be used at all in another. In addition, substances are usually known by different names. It is common to find that a substance has a generic name, a trade and at least one street name. Each substance has a generic name. For example, the generic name for heroin is diacetlymorphine and diazepan is the generic name for valium (a trade name). Trade names are not necessarily the same everywhere. Most substances also have street names. "Brown sugar" and "Smack" are some of the common street names for heroin, while "V", "Vals" are some of the street names for valium. Table 1 shows popular substances, as they are commonly known. Sometimes substances are referred to or grouped by their effects. What is important is to be able to recognise the local substances.

Table 1 • Types of psychoactive substances

Name*	Examples
Alcohol	Wine, beer, spirits, home-brew, some medicinal tonics and syrups (e.g. cough syrups), some toiletries and industrial products (e.g. aftershave)
Nicotine	Cigarettes, cigars, pipe tobacco, chewed tobacco, snuff
Cannabis	Marijuana, ganja, hashish, bhang
Stimulants	Cocaine, crack, khat and "designer" substances such as amphetamines
Opioids	Codeine, heroin, morphine, opium, buprenorphine, methadone, pethidine
Depressants	Sleeping pills, benzodiazepine, methaqualone, barbiturates, chloral hydrate
Hallucinogens	LSD, mescaline, psilocybin, peyote, ayahuasca
Volatile inhalants	Aerosol sprays, butane gas, petrol/ gasoline, glue, paint thinners, solvents, nitrites

^{*}column includes effects

Remember!

Not all substances presented in the Table will be a problem in your community. Only by assessing the local situation can you know which substances to address in primary prevention activities.

3. Methods of use

Substances can be taken into the body by many different means. The methods by which substances are taken influence how quickly the substance can produce its effects and also the different health consequences that the individual may experience. It is important to note that the same type of substance may produce the effect faster or more slowly depending on where, specifically, the substance is introduced. For example, injecting the substance into the muscle will not produce the effect as quickly as injecting it into the vein. Absorption through the mucous membrane of the nose is faster than absorption through other mucous membranes. Below are common ways in which people can take substances, given in general order of how quickly the method allows effects to be felt (fastest methods first).

- Injected with a needle under the skin, into a vein or muscle
- Smoked or inhaled through the mouth or nose, or inhaled by placing a bag over the head ("bagging")
- Placed on a mucous membrane (such as inside the anus or vagina, the nose or under the eyelid)
- Chewed, swallowed or dissolved slowly in the mouth
- Rubbed into the skin.

Remember!

Common types of substances, effects and methods used can be determined by doing a local situation assessment!

Exercise 1

Page 15

- a) In your own words define the term "psychoactive substance" (substance)
- b) Substances used in your community

 Sometimes a small group of people or a community which uses substances will have a special name for a substance that only they use. It will be important Primary Prevention of Substance Abuse A Workbook for Project Operators

to know the names of specific substances in your community. List the commonly used substances in your community.

Substance	Commonly used name

c) Methods of use Describe the most common methods young people use to take substances in your community.

4. Effects of psychoactive substances

Psychoactive substances have many effects that are the result of direct exposure or use. The effects of psychoactive substances can be **short** or **long-term**.

Short-term effects occur shortly after the substance is taken. They are influenced by the dose, the way the substance is introduced into the body and whether or not the substance is used with another substance. Short-term effects may include a temporary feeling of confidence and loss of inhibitions. It is important to remember that among the short-term effects, there are also unpleasant and dangerous possible effects, such as loss of memory and overdose. The long-term effects are usually caused by progressive damage to body organs, such as the liver and lungs, that result from prolonged use.

The four examples given on the following pages further illustrate effects of substances.

Alcohol

Studies have shown that alcohol is the most widely used substance among young people. The effects of alcohol depend on the type of beverage; how much is drunk and how quickly it is drunk; and the body mass, age and drinking experience of the individual. After one or two drinks, alcohol increases talkativeness and general activity, as a result of lessening of anxiety and inhibitions. Alcohol slows down thought, judgement and reactions. It causes blurred vision, loss of balance and sleepiness. Large doses can result in death as Primary Prevention of Substance Abuse • A Workbook for Project Operators Page 16

they cause the brain's control over breathing to decrease. With long-term use, alcohol can cause liver and brain damage as well as dependence problems. Few young people show these long-term problems as they manifest themselves only after prolonged use.

Cannabis

The cannabis plant grows wild in almost all parts of the world and is widely available. Cannabis products include marijuana and hashish (see Table 1), which are usually smoked in cigarettes or pipes and are sometimes added to food. Smoking cannabis produces more rapid effects than when ingested. The main short-term effects are heightened sensations, increased pulse rate, impaired short-term memory, reddened eyes, problems with learning, thinking and problem-solving, impaired muscle coordination and balance. Regular use over a long time increases chances of dependence and may worsen existing mental problems.

Heroin

Heroin is produced by chemical modification of morphine. In its pure form it is a white powder which is injected. This form is sometimes known on the street as "H", "junk" or "white lady". There is a less pure form which looks like small chunks that are different shades of brown; it is commonly known on the street as "brown sugar", "dust", "smack", "black tar". This form is normally sniffed, smoked or swallowed. With short-term use this substance tends to produce a relaxing, peaceful, happy feeling. It can also produce drowsiness; hinder concentration and vision; and cause nausea, vomiting and sweating. In higher doses, heroin can produce deep sleep, or even loss of consciousness and death. With long-term use, heroin can produce dependence and consequently withdrawal symptoms.

Remember!

When an attempt is made to resolve dependence problems, withdrawal symptoms such as anxiety, depression, tremors, chills and muscle cramps result.

Volatile inhalants

There are a wide range of industrial products (as shown in Table 1) which have toxic effects when inhaled. These products are inhaled to produce desired short-term effects, which may include feelings of happiness or euphoria, stunning fantasies and other effects similar to those of alcohol. There is also the danger of a "sudden sniffing death". Long-term use may lead to nose bleeds, skin rashes around the mouth and nose, loss of appetite, lack of motivation, kidney, heart, lung and liver damage.

Methamphetamine

This substance is known by the names "black beauties", "crystal MTH" and "ice". The desired effects of methamphetamine are similar to those of cocaine. These are: a feeling of physical and mental well-being, increased alertness and energy, improved performance at manual and intellectual tasks, and loss of appetite. Methamphetamine can also cause an increase in breathing, blood pressure and heart rates. With excessive doses, convulsions, seizures and death can occur. Continued use can result in tolerance and mental health problems.

Remember!

Effects caused by substance use can be similar to signs and symptoms caused by some health conditions. It is always important to seek expert support when assisting young people in need.

5. Important factors that influence the effects

The effects of a substance differ for each individual and from occasion to occasion. They depend on a variety of factors involving **the individual**, **the substance and the environment**. Some effects are "desirable" to the individual using the substance. For example, the immediate feelings of exaggerated confidence and happiness, loss of inhibitions, desire to sleep and reduction of pain or fear. These desired effects are short-lived and are outweighed by the

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 18

enormous problems that result from the use of these substances. The desired effects can also lead to serious health and social consequences. For example, substance-induced loss of inhibitions could cause an individual to engage in risky behaviour that they would not normally have undertaken. Although some effects are desired, in the sense that they are sought after, they are not desirable in the more general sense. Below is an illustration on how these factors may interact.

The individual(s)

Factors that influence the effects of substances include the person's age, gender, physical condition and state of mental health; the person's expectations about the substance; the effect of the substance; and the person's past experiences with the substance.

The substance

The type of substance, the dose, how it is taken and whether it is used in conjunction with another substance (polysubstance use) all influence the effect. The combined effects of substances makes them even more dangerous.

The environment

The social and physical setting where the substance is taken also influences the effect. This includes the interpersonal atmosphere and group expectations. For example, if the setting is a group of young people at a disco, some of them may have the primary objective of being there to "enjoy" themselves which for them includes using substances. Others may be influenced to experiment. The social and physical setting will have an influence on how much is taken, by what means and in what combination, to produce the desired effect. The substance commonly known as ecstasy has been shown to have enhanced adverse effects when taken in confined hot environments such as discos. This is another more specific example of how the environment may influence the effects of substances.

Examples of other effects

Use of substances may cause other problems related to nutrition, pregnancy and mental status.

Malnutrition

In general, any person using substances frequently can easily overlook the importance of good nutrition. Some young people, especially street children, use substances to relieve hunger. This can lead to further malnutrition.

Mental problems

Some psychoactive substances are used in the treatment of mental health problems. However, if the same substances are used outside supervised health care, or in combination with other substances, this could result in a worsening of the mental condition. Substance use also limits the development of constructive coping strategies, making the individual more vulnerable to crime and other forms of abuse.

Pregnancy

All psychoactive substances taken by the mother during pregnancy can reach the unborn baby. These substances can have effects on the mother, the unborn baby and the newborn. A few of these problems are discussed in the following section.

Effects on the mother

No **safe** levels of alcohol intake during pregnancy have been established. Drinking alcohol during pregnancy can lead to miscarriage. LSD can increase the chance of miscarriage and complications during pregnancy. If the mother stops using opioids suddenly she could experience withdrawal problems.

Effects on the unborn baby and newborn

It is possible that the baby of a mother using psychoactive substances may be born with physical deformities. Drinking alcohol during pregnancy can cause slowed development in the unborn baby and mental disabilities in the newborn ("foetal alcohol syndrome"). Smoking during pregnancy can reduce the amount of oxygen available to the unborn baby and may affect growth and development before and after birth, resulting in low birth weight. If a mother who is pregnant or breastfeeding suddenly stops using an opioid, the baby may experience withdrawal. Withdrawal in a newborn is a serious problem.

Exercise 2

- a) What are some desired effects and problematic effects of substances among the individuals using them in your community?
- b) From your observations in the community, write down the effects of four commonly used substances.

Substance	Desired Effects	Problems

6. Consequences

In addition to the direct effects that substances have on the body, their use can have many other consequences. Some of these may be serious. Consequences can occur at the individual level, family and community level. Presented below are some examples.

Individual

- An intoxicated person can express aggressive behaviour and may injure himself or others
- A person intoxicated with alcohol and driving can cause harm to himself and others
- Injecting substances can cause infections at the injection sites
- Sharing contaminated injecting equipment can result in blood borne diseases such as hepatitis B and C and HIV
- Tobacco smoking can cause lung cancer

Remember!

The lives of individuals who continue to use substances frequently begin to revolve around substance use. They may spend most of their time involved in activities such as earning or trading sex for substances, buying substances, using them, thinking about them, and trying to get more and more of them.

At the family level

Families can be affected if someone in the family is using substances. For example:

- Conflict between family members can become emotionally or physically destructive
- The constant demand for money to spend on substances can cause family disagreements
- Spending money on substances can take essential resources away from other family needs. This can cause or worsen economic hardships
- Family money and human resources may be diverted into paying for treatment or providing care when individuals using substances develop adverse health effects

At the community level

Some of the consequences of substance use in the community are described below:

- Young people using or abusing substances may steal, use violence to get money or engage in other illegal activities in order to obtain the substance
- Members of drug syndicates may commit violent crimes
- Some drug syndicates actively recruit young people to participate in illegal activities
- The increased violence and illegal activity that may accompany increased substance use harms individuals and contributes to a climate of mistrust among community members

Exercise 3

- a) In small groups, discuss or write down health and social problems resulting from substance use that you have observed at the following levels:
 - Individual level
 - Family level
 - Community level

7. Summary

- ❖ The different types of substances that young people can use largely depend on what is available locally and the situations young people find themselves in.
- Substances affect the thinking, feelings, perceptions and physical functions of the individual using them.
- Substances can be taken in a variety of ways, such as by smoking, swallowing, injecting or bagging.
- ❖ There are desired effects that individuals using substances seek. These and other less pleasant effects are short-term. Substances also have long-term effects that damage body organs.
- Use of substances often leads to consequences in the individual, family and the community as a whole.

Module 2 Psychoactive substance use among young people

1. Introduction

In almost all cultures since the earliest times, people have used some kinds of substances. The use of substances has continued over generations. However, today, use of these substances has increased and has led to an increase in the consequences. As you will learn in this module, young people use substances for a variety of reasons. Use has increased not only in terms of the types and quantities of substances consumed, but also in the expansion of use to other population groups, including women and young people.

Learning outcomes

By the end of this module you should be able to:

- Explain the reasons why young people may use substances
- Identify factors that can increase the risk of substance use among young people in your community
- Describe factors that can protect young people from substance use in your community

2. Why young people use substances

There are many reasons why young people may use substances. In the first module it was shown that the effects psychoactive substances have on individuals depend on at least three things: the individual, the substance and the environment (the "context of use"). This is the Public Health Model, which also shows how the use of substances is a result of interactions between the individual, the substance and the environment.

The individual(s)

The knowledge and attitude the individual may have about substances and their effects can influence use. The individual's present coping skills with respect to the difficulties of life and peer pressure may also influence their decision to use substances. (Note that here the term "individual" can also be replaced with terms like "user", "peers" and "the group").

The substance(s)

The existence of a substance creates a fundamental risk factor. The composition and nature of the substance can influence use. The percentage of ethanol in alcoholic drinks and their cost, for example, can influence the decision as to whether or not to use the substances.

The environment (context)

Within the environment a variety of factors may influence use of substances. These include: existing cultural norms; general and peer-group attitudes about substance use, behaviours of parents, peers and role models, marketing strategies used for the promotion of the substances, laws, policies and regulations that limit the availability and accessibility of substances, possibilities (and perceived possibilities) for livelihood and personal development.

Remember!

The use of substances is a result of interactions between the individual, the substance and the environment.

Exercise 1

Why do young people use substances in your community?

3. Risk and protective factors

Factors that increase individual risk for substance use are known as **risk** factors and those that decrease the risk are called **protective factors**. Risk factors have a tendency to push an individual toward using substances while protective factors do the opposite. Identifying the risk and protective factors for substance use in a community is an important step in determining how one can respond to this problem. Although various studies have identified specific individual and environmental factors that usually have a risk and protective influence, these are not exhaustive or absolute. What may be a risk for one young person may not be a risk for another. A summary of likely risk and protective factors is presented in Table 2.

Table 2 • Risk and protective factors

rable 2 Rick and protective ractors			
Risk Factors	Protective Factors		
At the level of the individual			
Poor social skills, physical and mental problems, overly dependent child, low selfesteem, sensation seeking: willingness to take physical and social risks for the sake of experiencing new sensation	Good social skills e.g. life skills (decision making, problem solving, coping skills, interpersonal/ social skills), independence and ability to cope with stress, good temperament and personality (optimism, empathy, insight, intellectual competence, self-esteem, life direction or mission, determination and perseverance)		

Early exposure to substance use, being a
child of a substance abuser

Lack of religious beliefs

Dislike of school, poor school performance, school dropout

Having positive perceptions of substance use behaviour

Desire to be in school, good performance in school

Healthy expectations

At the level of the environment

Family

Family disruptions/ absenteeism caused by separation, divorce or death, poor parenting skills, parents and siblings who use substances, family violence and rejection, extreme economic deprivation leading to lack of basic resources such as shelter, opportunities for education, reduced access to health and social services

Attachments

Positive attachments that encourage caring and bonding (families, social and religious attachments), few stressful life events

Skills

Parental monitoring, structured and supportive family environments, effective parenting skills

Resources

Little material conflict, adequate income, shelter

Risk Factors	Protective Factors
Community	Community resources
Lack of recreational activities, lack of reinforcement of cultural and religious values, presence of substance use behaviours, peers using substances, lack of positive school values, lack of reinforcement of existing laws and norms, extreme economic deprivation (high unemployment, inadequate housing, high crime)	Availability of recreational activities, availability of adequate health and social services, availability of employment opportunities and of economic enhancement, existence of and access to health and social services, favourable neighbourhood Cultural and/ or religious norms Positive value reinforcing norms
Availability, accessibility of substance(s) and low cost (cheap), no age limit to the purchase of substances	Effective policies and law enforcement that limit availability of substances; control advertising; taxation and substance free spaces (e.g. non-smoking areas)

4. A special note on young people

Young people have particular characteristics that make them especially vulnerable to substance use. Physical and psychological development occurs during this period of life. The physical and social transitions that occur have a major influence on how behaviour patterns develop. Most of the risk-related characteristics have to do with **identity seeking**. As young people mature, they enter into new social roles. There is pressure to establish their new social identity, to seek new role models and to not miss out on opportunities. Shaping of the personality occurs, and young people are driven to seek a new self/ body image, as they strive to attain socially defined roles. Their identification with certain role models, in particular, may directly or indirectly lead to substance use problems. Other risk related characteristics include:

Experimentation

Young people are curious and are often influenced by peers. They are likely to end up with peers who may not necessarily be good role models. These peers may expose them to unhealthy behaviours. Young people tend to rely on peers as sources of information and in forming their behaviours, values, beliefs, attitudes, personal self-concept and general lifestyle. This information may not be correct or appropriate.

Independence and rebelliousness

Young people want to establish independence and separation from family, gain a sense of self-determination, choose an occupation and develop their own personal values. In the attempt to achieve all of these, they can become rebellious and experience low self-esteem. Turning to substance use may be a way of coping with these challenges.

Need to belong and to be accepted

Young people are constantly striving to be accepted by others. Use of substances may be a way of showing that they are **mature** (becoming a man or woman). For example, in some cultures, drinking and smoking is a way of showing that one is mature. Young people may also use substances to show that they are not afraid to be a member of a group.

They are energetic

Young people get **bored easily**, especially when they have nothing to do. Being out of school and bored can be a risk factor. For those in school, feelings of inadequacy or anticipation of failure in school performance may lead to use of substances as a way of coping.

5. A special note on substance use among girls

In the past not many young girls used substances. This trend is changing in almost all parts of the world. More and more young girls are using some type of substance. It is crucial that equal attention is paid to both girls and boys. By including girls in prevention activities, you can help reduce their vulnerability. Giving them assistance increases the chances of breaking the pattern of vulnerability. Young girls using substances are more vulnerable to nutritional deficiencies, prostitution and sexual abuse. This reality often leads to unwanted and high-risk pregnancies, sexually transmitted diseases including HIV/ AIDS. This has implications for future generations.

Remember!

It is important to never assume that girls and boys use substances for the same reasons or that they have the same needs. However, don't fall into the trap of calling for stricter controls for girls' way of life. Both girls and boys should be encouraged to take advantage of new opportunities to develop healthy lifestyles.

Exercise 2 • Risk and protective factors

- a) What special characteristics of young people contribute to substance use in your community?
- b) Describe what you know of the situation among young girls in your community.
- c) A Story

Joseph and John have just moved into your community. They come from a rural area, which is about 300 kilometres away from the main city. They believed that if they moved to a town community their living standards would improve. Upon arrival in your community their hopes quickly became distant dreams. They have nowhere to live but in the streets. They have no money to buy food, and you have often seen them begging for money at the city centre. You have also seen them spending time in the city areas where drug trafficking and other negative social activities take place. Describe Joseph and John's risk factors for substance use.

Based on the risks you have identified, describe factors that may protect Joseph and John **against** substance use.

- d) Explain the problem of substance use among young girls in your community.
- e) You are planning to implement primary prevention activities among young people in your community. Describe the various activities that would help influence the following:
 - The individual
 - The substance
 - The environment

6. Summary

- ❖ Different aspects of the individual and the broader environment can either make people more vulnerable to substance use or protect them. Depending on their effect, these aspects are called either risk or protective factors.
- Young people are in a period of life that naturally involves making choices among various lifestyle alternatives, and in which development involves the consolidation of health impacting behaviour.
- No single factor alone has been shown to cause the use of substances in an individual or in a community.
- Equal attention should be paid to the realities and risks for both boys and girls. This is especially necessary since there are indications that girls use different substances, and start using them for different reasons than boys.
- Girls are more vulnerable to social and health consequences, including malnutrition, Sexually Transmitted Diseases and early pregnancies.

Module 3 Ways of responding to psychoactive substance use

1. Introduction

The public health model demonstrates that substance use; its effects, risks and protective factors are a result of the interplay between the individual, the substance and the environment. Therefore, effective responses to psychoactive substance use must be comprehensive and take into account all of the factors at work. In determining ways of preventing or reducing substance use among young people, it is always important to understand the local context.

As the two preceding modules have shown, substance use among young people needs to be taken seriously. Although most young people may grow out of the "urge to experiment", some may not and could develop serious patterns of use. Young people are in a period of life when their basic attitudes and belief system are being shaped. This makes it an opportune time when behaviour can be influenced for the long-term benefit of health.

Learning outcomes

By the end of this module you should be able to:

- Name ways of preventing substance use among young people
- Give examples of feasible kinds of primary prevention approaches that can be used in your community
- Name settings where prevention activities can take place

2. Primary prevention

Although there are different levels of prevention, this module focuses on primary prevention. The main goals of primary prevention are to:

- Target young people before they start using substances
- Discourage or stop use in those young people who are already experimenting or using

In one of the Global Initiative regional training sessions, some participants gave the following responses as to why primary prevention was so important:

- "An ounce of prevention is worth a pound of cure"
- Primary prevention is less expensive than cure
- Primary prevention is the first line of defence
- Primary prevention can take place in the community
- The success rate of treatment is low

3. Why should primary prevention approaches be comprehensive?

The World Health Organization defines health as "a state of complete physical and social well-being, and not merely an absence of disease or infirmity". This definition goes beyond looking at substance use related illnesses; it includes all factors that can affect health. In responding to substance use, the health promotion concept is employed. This concept implies that people have the capacity to influence their own health and quality of life when empowered with the appropriate means, skills or information. They can make decisions and take action to improve their own health, and that of the community. The comprehensive approach is based on the concept of health promotion which is in line with the public health model. It entails making a contribution toward building healthy public policies, creating a safe and supportive environment, strengthening community action, developing personal skills and re-orienting services.

Chosen approaches should aim at reducing risk factors and strengthening protective factors at the individual and environmental levels.

For primary prevention to be effective, ways need to be sought and found for governments, communities and others to make changes so that individuals will find it easier to make healthy choices. This may sound too ambitious. However,

Primary Prevention of Substance Abuse \bullet A Workbook for Project Operators Page 33

as project operators you can contribute to making primary prevention work in your local areas within the limits of your resources and capabilities. In line with the public health model and health promotion concept, primary prevention interventions should always be complimented by referring young people needing it to appropriate support and care services.

Examples of primary prevention approaches

Individual Approaches

Young people should be given the necessary knowledge, skills, and resources; and be exposed to positive attachments.

Information

Providing information can increase knowledge and awareness of the consequences of substance use. It can also change values, attitudes and beliefs. Although information alone is not sufficient to prevent substance use, it is important as it provides the facts.

Peer education, in particular, has been shown to be useful. Providing information is especially beneficial if young people are involved in the process, both as receivers and providers of information.

Skills

Building social and personal/ cognitive skills improves young people's abilities to interact socially, clarifies values and improves self awareness. These skills can be developed through discussions of feelings, values and perception through role play, participation in group projects and leadership opportunities. Involvement in activities like these can help reduce social influence; motivate young people to resist external pressure; and teach them skills such as decision making, problem solving and goal setting.

Enhancing performance related vocational and livelihood skills can increase work opportunities for young people, and increase independence and the ability to resist harmful relationships. Young people can learn a craft or trade to earn a living through apprenticeships, group and individual instruction, formal and informal learning (including trial and error). These skills indirectly enhance positive attitudes towards coping when work is not readily available.

Environmental Approaches

The environment can increase or decrease the risks for substance use among young people. Promoting safe and supportive environments includes promoting positive social norms.

Alternative activities and youth groups

Providing interesting recreational activities can divert the attention of young people away from substance use toward more positive physical and social outlets. The participation of youth groups in community service projects and awareness campaigns should also be encouraged. Involving them strengthens protective factors and social bonding.

Attachments

Positive attachments can help reinforce protective factors. Encouraging presence of caring family members, friends and other adults interested in their well-being provides support and role models to young people. Child-parent relationships have been shown to improve when the entire family is involved. Positive peer relationships should also be encouraged. Other positive attachments that could be encouraged are through schools or religion (depending on the local context).

Resources

Young people in need should be directed toward appropriate available resources, such as social services, educational and health facilities.

The family

Strengthening parent-child communication can lead to better reinforcement of prevention work in the home, with parents serving as role models. Parental skills can be strengthened through family skills training, parent support groups, parent peer groups and family counselling.

Local community

Participation by key persons in various sectors such as the schools, families, workplaces, churches, government and the mass media is essential. Local communities can undertake activities that emphasise the prevention of substance use problems, health promotion and community development. Local community action includes setting priorities, making decisions, planning and implementing activities and projects; in order to achieve better health.

Orienting services towards young people

The community and professionals working within it have shared responsibility for health promotion. Health care workers need to be updated regularly, and Primary Prevention of Substance Abuse • A Workbook for Project Operators Page 35

health and other services should be re-oriented to better meet the needs of the young people. They must be made to feel welcome and accepted when they seek help. Although the focus here is on primary prevention, the importance of appropriate referral (for those needing further assistance) must also be stressed. This will ensure the comprehensiveness of the interventions.

Remember!

The most important resource is the individual who can promote his or her own health. Laws and regulations have been shown to shape behaviours but they do not eliminate them.

Exercise 1

a) Review the information given on possible primary prevention approaches. Then for each of the categories below enter your thoughts on what prevention measures might be undertaken in your community.

Individual	Environment
Information	Creating a safe and supportive environment
Skills	Alternative activities and youth groups
	Family based
	Attachments
	Resources

Individual Environment	
	Local community action
	Orienting services

b) Give the characteristics of effective community-based primary prevention projects.

4. Settings for primary prevention activities

From the information provided in the previous section, it is clear that primary prevention should take place in a variety of settings.

In the family

In the family, primary prevention measures may include: parent education, parent/family skills training, parent peer groups for dealing with problem young people, parent self-help groups and involvement of parents in primary prevention project initiatives.

In schools

Within schools information can be provided on the consequences of substance use. Interpersonal, personal/ cognitive and vocational/ performance skills can be taught. Substance use topics can be added to the curriculum and peer counselling can also be used. Games and interactive educational tools have also been shown to be effective in teaching young people both the harmful effects of substance use and coping mechanisms.

Remember!

School and educational social policies are important tools for primary prevention. Where feasible, re-designing educational curricula to incorporate substance use prevention and training young people in (inter-) personal/ cognitive skills (e.g. self-assurance, decision-making) can be useful.

In the community

Within the community, prevention measures can include: public awareness campaigns; creating alternatives for the youth such as music, dance, drama, sports, games and fun fetes; and re-orientation and vocational training for out-of-school youth.

In the workplace

The workplace and other social settings, can be important locations to address substance use problems.

Remember!

Because primary prevention of substance use takes place in a variety of settings, collaborative efforts by many key persons is essential.

Examples of interventions in different settings

(examples collected from various WHO reports and websites on young people and substance use).

In schools

In some schools in the USA, a policy to ensure that teachers receive training on substance use and how they can identify young people using substances has led to early identification of individuals using substances.

Mohammad Ibrahim Sobhan of Bangladesh introduced a series of reforms in the public schools, such as: more efficient use of class time and school-based

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 38

economic projects that educate children in small moneymaking ventures, giving them financial incentives to stay in school. These reforms have significantly increased the enrolment rate, decreased the drop-out rate and made education more accessible to many poor children. These changes decrease the chances of young people using substances.

In Brazil, through games and other alternative educational tools, Carlos Bezerra demonstrates to children the harmful effects of sniffing glue and abusing lighter fluid and cough medicine.

In Mt. Carmel schools in Wabash County Illinois, USA, two student groups sponsor various community projects and entertainment options for high school and younger students. Some students also work with the school faculty to provide prevention information and training for younger students. A "Big Buddy" project provides one-to-one relationships between individual students who are at risk and adults in the community who serve as older friends, mentors and advisors.

Remember!

Anything taught in schools or other places where young people receive instruction should be reinforced in the home and in the community by parents, social policies and the media.

In the community

In Thailand, Utis Buddhasud has created a model project that enables villagers to keep their families together and work towards a healthier future, by providing co-operative childcare, early childhood education and village-based career opportunities for the youth.

In South Africa, some organisations working on preventing substance use have created resource centres that are accessible to community members and young people in particular. However, these need to be further developed under the umbrella of a comprehensive approach.

In Bolivia, the Academia de Futbol "Tahuichi Aguilera" has used soccer as a viable alternative to substance use for almost 20 years. The Academia engages children and adolescents 6-19 years old in a variety of activities including training, seasonal soccer camps and competitions.

Primary Prevention of Substance Abuse \bullet A Workbook for Project Operators Page 39

Since 1984, the All Stars Talent Show Network has used performance to open the door to personal development for Black and Latino young people living in some of the most disadvantaged neighbourhoods of New York and other large US urban areas. Activities include personal development workshops, auditions and talent shows.

The Society for Theatre and Education Programme (STEP) has worked in the slums and underdeveloped neighbourhoods of New Delhi in India since 1993. STEP uses street theatre to promote substance free living and to create a favourable atmosphere for discussion of substance related problems. The project targets youth and adolescents 13-25 years old, and is run totally by young people from the local community themselves.

Vineet Khanna developed a job placement project that includes technical on-thejob training for unskilled and unemployed youth from rural and urban areas in India. It has been in operation since 1993.

Since 1992, the Kuleana Street Children Centre in Tanzania has worked to reintegrate street children (5-18 years olds) back into their communities. Kuleana offers a youth outreach and a residential assistance project for children in transition between the streets and home. Substance use prevention related activities focus on teaching life skills, with children divided by age and ability levels.

Other places in the community

In Sweden, two girls in 1996 established an organisation for girls called "United Sisters". The project has now expanded to four other locations in Sweden. The participants of each United Sisters group sign a contract to support and stand by each other, which is renewed each year. During the year they work on issues related to personal development and organise and undertake various activities such as camping, theatre, climbing, study travel. From the second year onwards, they start to act as "junior leaders" and can establish other groups.

Remember!

Promoting young people's rights at all societal levels will help gain support for them.

A family approach

In Slovakia, Marek Rohacek has developed a project to take abandoned children out of institutions and place them in loving family homes. The project also prepares prospective foster parents, supports families in crisis and transforms orphanages into family-based institutions.

Exercise 2

a) It has become apparent that in your community the number of people dealing in substances has increased. Children walking to and from school are frequently approached by dealers, trying to get them to sell substances on their behalf. The community is concerned about this problem and wants to make the environment safe. What options exist in your community that could be used to make the environment safe for young people?

List some vocational skills and recreational activities that young people in your community can learn and become involved in.

Existing services

b) What services exist in your community that can be used in the prevention of substance use?

Are these services accessible to young people? Explain.

How can these services be re-oriented to meet the needs of young people?

c) What other services do you think are needed in your community to help prevent or reduce substance use among young people?

5. Summary

- Primary prevention of substance use among young people can only be effective when a comprehensive approach encompassing a variety of activities is used.
- Primary prevention initiatives should be carried out in a variety of settings such as within families, within the schools and in other places that are accessible to young people.
- ❖ To be effective, collaboration between different sectors of society is crucial.

Module 4 A project development approach

1. Introduction

Project development follows a systematic process that involves first determining the needs and problems, then planning, implementing and evaluating the project activities. It entails ensuring that the resources needed for all project activities are available and in the right place at the right time. This module gives an overview of project development. You will learn the phases involved in project development, as well as the elements of a project proposal. You will begin to apply the project development approach to primary prevention.

Learning outcomes

By the end of this module you should be able to:

- Describe the project cycle
- Identify key elements of project development
- Develop an outline of a Project Plan

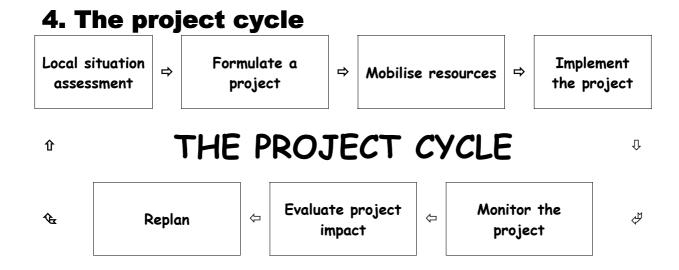
2. What is a project?

A project is a time-limited initiative that is undertaken to create a unique service. A combination of resources are pulled together and channelled into a temporally structure in order to achieve a specific goal. Although the term "time-limited" can imply "short in duration", here it is used to convey the fact that the project has a definite beginning and end. Some projects can be

continued or converted into other projects; you will learn more about this in Module 7.

3. A project development approach to primary prevention

Project development involves a series of phases, which are continuous. The main phases are illustrated on the next page. Although the illustration may suggest that the phases are separate, there is usually overlap. Together, phases can be seen as cyclical, and the whole process is called a **project cycle**.



Exercise 1

- a) What is a project?
- b) Identify at least 7 key phases of the project development approach

5. The phases of the project cycle

The phases of the project cycle involve a variety of activities. Although in reality these phases usually overlap somewhat, the chronological order of the phases should be maintained. Also note that before project development can begin, time needs to be devoted to establishing transparent and responsible agreements on the division of labour among professionals and different community members working on the project. Some mechanisms for doing this will be explained in Module 6.

Remember!

The problem of lack of coordination is a serious barrier to cooperative work among different service providers and organisations.

Phase 1 • Local situation assessment Local situation Formulate a **Implement** ⇨ ⇨ Mobilise resources the project assessment project THE PROJECT CYCLE Û 1 Evaluate project Monitor the \Diamond \Diamond ớ Æ Replan impact project

In the context of the Global Initiative, the baseline assessment or situation analysis is called the **local situation assessment**. Knowing what is happening in your community is a crucial starting point in identifying the type of intervention project to be developed. Conducting a local situation assessment helps to define the actual problems and needs of young people in your community in relation to substance use. The next module will discuss how to carry out the local situation assessment. This assessment is important for the following reasons:

- Situations (problems, resources, etc.) are not necessarily the same in every community
- Assessing the situation at the beginning will help you evaluate the
 effectiveness of the interventions at the end of the project

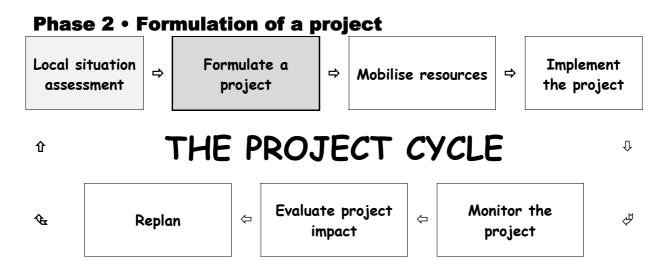
Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 45

Remember!

Interventions based on the realities of the local situation are more effective!

Exercise 2

- a) Explain why a local situation assessment is important before implementing a project
- b) What other experiences have you had in conducting local situation assessments?
- c) If you feel that you need more skills or need to be assisted in conducting a local situation assessment, who in the community can assist you?



The local situation assessment will have provided you with an understanding of the problems and needs of young people in your community. Through the situation assessment you will also have learnt about the existing resources. This information is vital in designing appropriate interventions, including their scope and focus. During this phase you and the community should decide what project you intend to achieve, by what means and with the help of whom. There are a wide range of primary prevention options, as outlined in Module 3, that should be considered. The chosen interventions should be feasible locally, given

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 46

available resources. Your plans will need to be documented; therefore, a project plan should be developed. The project plan will guide all project activities and should include statements of all the following items.

The objectives

What the project is intended to achieve.

The activities

What is to be done. These should be closely linked to the objectives and have indicators. Indicators are results that show the activity is taking place or an objective is achieved. For each objective and activity there should be an indicator to help you know what has been achieved. More on indicators on the next page.

A timeframe

When activities are to be carried out and objectives achieved.

The resources

Financial, material and human (including skilled people) and other resources such as "time".

A plan for monitoring

Checking how the planned objectives and activities are being undertaken and achieved, and how resources are being used, including when they are being used and any deviations from the original plan. Indicators will be of important use. Monitoring must be done from time to time, throughout the course of project implementation.

A plan for evaluation

Checking what has or has not been achieved based on the objectives, activities, resources, timeframe and monitoring records. Again, indicators are an important gauge.

Some clarifying points on objectives and indicators

The **objectives** will set the overall direction for the project. Each objective should be: Specific, Measurable, Achievable, Realistic and must give a Timeframe, within which to accomplish the activities (SMART). For example, the Global Initiative could set the following objective: "By December 2001 implement peer education activities in four schools in the local area."

Indicators give required evidence showing that the objectives are being achieved and that activities are successful. Indicators should be:

- Relevant (essential to the successful implementation of primary prevention activities)
- Reliable (yielding consistent responses to the same question, in determining whether set objectives have been achieved)
- Verifiable (they can be measured or observed at a reasonable cost)

You should have at least one indicator for each project objective. For the sample objective given above, examples of indicators could be:

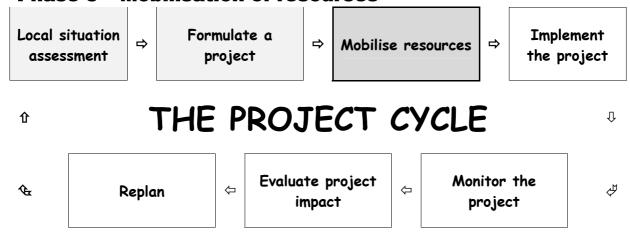
- Existence and use of a project plan in implementing activities
- Number of schools reached
- Age/gender of students reached
- Knowledge and skills attained, (e.g. percentage of students with knowledge about substance use and its consequences, % of students with peer education skills, % of students benefiting from peer education)

Exercise 3

- a) Explain the importance of setting objectives for a project on prevention of substance abuse
- b) You are the coordinator of a proposed primary prevention project on substance use among 11-13 year-old school children. Describe the steps you would follow in formulating specific objectives for the project.

Set specific **objectives** for the primary prevention cited above, and specify possible **indicator(s)** for each objective.

Phase 3 • Mobilisation of resources

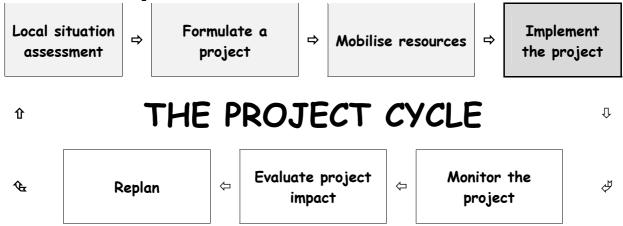


The local situation assessment will have given you an idea of the resources that exist in the community. However, you may need additional resources. Resources include people (Mobilisers), Moment (Time), Materials and Money. These are also called **the 4 Ms**. Some people may want to help with the project, but they may also need to fit their involvement into busy schedules. If time is not organised properly you could experience problems in the implementation of the project. It is essential that all resources be made available in the right amount and at the right time. Community support and commitment can be strengthened if plans that have been made are followed.

Exercise 4

- a) Preventive activities in your project will require many resources. The greatest resource that may be available to you is the time and effort of community members. Describe possible ways of tapping into this resource and identify potential sources of possible funding within your community.
- b) Your project can also raise funds by sponsoring events that bring attention to the project and that also raise money. Identify activities that would help you to get attention from the community and raise your own funds.

Phase 4 • Implementation

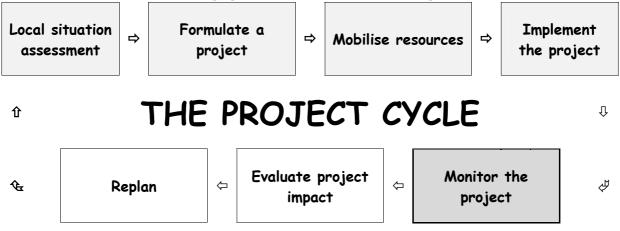


During this phase, project plans that have been developed are concretely interpreted and put into motion. The process aims at achieving what has been planned. This phase is made easier when a clear project plan has been prepared and can be followed. Having a team of people who can work together will also make your work easier. Members of the community are willing to assist if they are convinced of the benefits of the project to the community. This phase demands the most in terms of how well you organise and manage the whole process. Effective implementation will involve working **through** and **with** other **people** and **organisations** and establishing effective relationships among people. Effective **leadership** will be an integral part of moving the project forward. More information on how to implement the project and how to motivate the community is provided in Module 6.

Exercise 5

- a) To implement a project you need a clear plan. Why is making a project plan important in project development?
- b) What relevant information should go into the plan, and how can this information be used in the future of the project?
- c) Apart from other management skills that are needed to implement a project effectively, why is strong leadership important in this phase of the project?
- d) Explain why community participation in all phases of project development and implementation is important.

Phase 5 • Monitoring (process evaluation)



Monitoring will provide you with continuous feedback on the work being carried out. Monitoring enables you to determine whether the objectives are being met or if they need to be modified in order to stay on course. The plan for monitoring developed in the second phase of project development should now be followed. Specific instruments or forms will need to be developed in advance for use in collecting the relevant information. To have a workable monitoring system, you will need a well-formulated monitoring plan.

The monitoring plan must:

- Be developed through a consultative process
- Be understood by all those who will use it
- Be in accordance with the way the project is organised
- Be used in a timely manner to report deviations from the agreed on course
- Be flexible enough to remain useful over the lifecycle of the project
- Indicate the nature of action that can be taken when the project is not on course
- Include not only words but pictures or other symbols that are easy to interpret
- Not be expensive to implement (cost to implement the plan must be reasonable)

Monitoring methods are discussed in Module 7.

Exercise 6

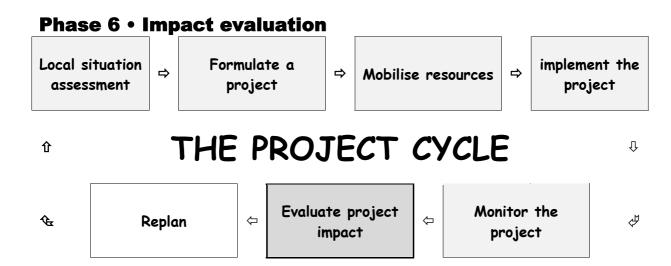
a) Using the information provided in phase 5 of the project development approach, explain how a monitoring plan helps keep the project on course.

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 51

b) In the following box list the people who should be involved, in order to make the monitoring process participatory.

Who should be involved	Why they should be involved	

- c) Discuss some of the key reports that could come out of project monitoring?
- d) List important questions that should be answered in monitoring a community preventive project.



Conducting impact evaluation provides an opportunity to look back at all the work that has been done over a fixed period of time, and determine the effectiveness of the project. The problems and successes of the project are identified. All the information gathered from monitoring and evaluation should provide an objective basis for making changes in the future, as necessary. It may be determined through evaluation that some objectives of the project in fact had little chance of success, or that others simply need to be improved upon (there is always room for improvement on any given project). It may also be determined that there was more impact than expected.

Lessons learnt through monitoring and evaluation could be used to rewrite the plan, to make it more relevant and feasible, or to review the situation and determine newly emerging needs and problems.

Exercise 7

- a) What is the relationship between local situation assessment and impact evaluation?
- b) Explain why information collected from the monitoring process should be included in impact evaluation.

6. Tips on writing a project proposal

A project proposal is closely linked to phase 2 of project development (Formulating a project). As explained in phase 2, the project plan provides necessary guidance for all participants developing the project, and forms the basis for all project operations. In addition, the plan can also be used for promoting the image of the project and as a tool for fundraising. Many styles of project proposal writing exist. For the sake of consistency, the style suggested in this module is one frequently used by organisations working at the grassroots level. It is regarded as adequate for small projects. The basics that the project proposal should include are:

A project summary

The summary should be brief (2-3 pages) but should include sufficient information to ensure understanding by the target audience: for example, the project team or funding agencies. It should specify:

- The main objectives of the project
- What the project will do and when
- Who it will reach
- The geographical area of work
- The total budget
- What financial and other resources are available, and the contributions expected from the community
- The amount being requested
- Project team/ structure (who will do what)

An introduction

The introduction should be based on the local situation assessment and include:

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 53

- The justification for the project (the need for it)
- A description of previous activities undertaken (if any)
- Information on how the project fits into the overall objectives of the global initiative project
- The beneficiaries of the project

Remember!

In the Global Initiative Project a local situation assessment is a prerequisite for the submission of a project proposal for funding.

The "project plan"

This is a **detailed plan of activities**. It should be organised such that the related activities follow each of the stated headings.

Objectives of the project

Included in this part should be a statement of the problems that the project will address, the timeframe and the indicators for achievement of these goals. A clear **aim** will help in prioritising activities, and should be based on the local situation assessment. The objectives give the direction to the project. Make sure that all objectives are "SMART".

Activities/ budget/ responsibilities

Make a list of activities for each objective. Place the activities in order of priority. For each activity indicate a timeframe (when it will be done), a budget (with which resources), and the responsible person (by whom).

Budget

Although a budget is specified for each project activity, it is important to also provide a summary of all the financial requirements for the project, in the form of a total budget.

Monitoring and evaluation

Specify a monitoring and evaluation scheme. The plan for evaluation should include the participation of people who are not involved in the implementation, (for example, external experts or other community members).

Project management

Although the responsible persons are specified under project activities, it is always a good idea to emphasise this aspect. Key players and potential donors will want to know how the project will be managed. Explain who will be responsible for the overall project, who is on the project team, how young people will be involved, what sort of collaboration is intended and other participatory means of involvement of community groups.

Future plans and project sustainability

It is important to indicate what will happen after the project ends, in terms of the project's results and impact. Ideally, activities should continue as long as the need exists. The more support a project has in the community and the more resources made available for the project, the more sustainable the project is likely to be. Projects have been found to be more sustainable if they are integrated within or associated with existing local organisational structures.

Remember!

Following the project cycle makes it easier to implement and keep track of activities, and to know what has worked and what has not worked. It also helps with writing a project proposal. A well structured proposal that provides the essential details has a better chance of being funded!

Exercise 8

In this exercise you will be given (if in a group training session) a project proposal that has been written for other purposes. Based on the knowledge you have acquired and with the help of the facilitator, review the proposal and make changes that would make it appropriate for a primary prevention project. If you already have a proposal that you have used in the past, or one in the making, you can practice revising it according to the given guidelines.

7. Summary

- Project development follows a systematic process which involves project identification through a local situation assessment, project formulation, resource mobilisation, implementation, monitoring and impact evaluation.
- Any worthwhile project should begin with a local situation assessment (baseline assessment) in order to identify the problems, needs and other important factors for the development of appropriate interventions.
- Processes for monitoring and evaluation should be outlined during the project formulation phase.
- ❖ A well-written project proposal can be a useful tool for monitoring and for fundraising.

Module 5 Local situation assessment

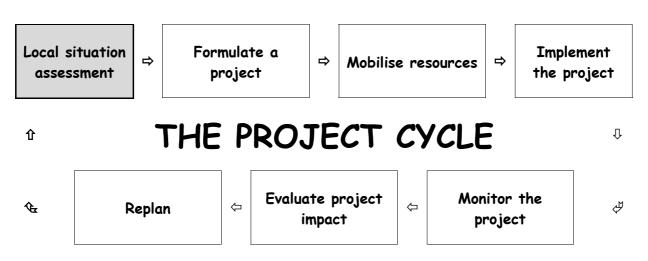
1. Introduction

A local situation assessment is a process by which information is obtained on a problem or need to be addressed by a project. The assessment includes studying all factors in the community that have a bearing on the problem and the needs of the target group.

Learning outcomes

By the end of this module you should be able to:

- Identify sources of information for a local situation assessment
- Describe ways of collecting information on substance use among young people
- Demonstrate at least two methods of conducting a situation assessment
- Experiment with analysing information
- Explain the importance of disseminating findings from the situation assessment



2. What is the purpose of the local situation assessment?

By carrying out a local situation assessment, insight is gained into the extent of the problem, the nature of existing and needed activities and the people or organisations with whom to develop partnerships. Specifically, for a project within the Global Initiative the situation assessment should enable you to:

- Determine the problem
- Mobilise the local community and young people by tapping into their knowledge and at the same time, raising awareness about the needs and problems and what can be done

Information gathering is a continuous process. When the situation among young people has changed or needs further understanding, more information should be collected.

3. Types of information that can be gathered

In trying to understand the local situation, you will need to gather information that will clarify issues such as the nature, extent, trends and patterns of use. You will also need information about existing structures and resources (social, economic and health, related to substance use, prior interventions including policies). There are two general types of information: quantitative and qualitative.

Quantitative information

This type of information provides concrete facts and numbers about the situation such as:

- Age of young people at risk
- Numbers of young people in school or out of school
- Substances used, where substances are taken
- Numbers taking substances
- Duration or extent of use

Qualitative information

This is descriptive information that helps in understanding the causes behind the facts, the perceptions and views surrounding a problem. For example:

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 58

- Reasons young people take substances
- Community views on substance use

Remember!

Quantitative information alone is not sufficient for you to develop an appropriate prevention project. A combination of quantitative and qualitative information will give you adequate information for project development. Quantitative information also makes it easier for donors and politicians to grasp the information, while qualitative information gives an indepth understanding about the experiences and feelings of those involved.

4. Steps in conducting the local situation assessment

A lot of effort must be devoted to ensuring that a useful situation assessment is conducted. You will need to go through following steps:

- Planning and deciding the purpose and scope of the situation assessment
- Collecting existing information
- Selecting the methods for collecting new information
- Collecting the new information
- Compiling and analysing the information
- Drawing conclusions
- Disseminating information and taking action

Step 1 • Planning and deciding the purpose and scope of the assessment

Planning is a crucial step in local situation assessment. The first step is clarifying what should be done. A good plan can contribute to a successful local situation assessment. You will need to involve people in the community such as those on the Community Advisory Committee (explained in Module 6). The process of getting the community involved is usually slow, but will make participants feel more involved and committed to the goals of the project. To help you get started with planning, consider these questions:

What will be the purpose of the situation assessment?

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 59

- What needs to be known?
- Where can the information be obtained?
- What resources are needed to conduct the assessment?
- Who will be involved in the assessment, e.g. clientele, project managers, key people in the community, others?
- Who will gather the information?
- How will it be gathered?
- What will be the responsibilities of the Project Team (see Module 6) in the situation assessment?
- What procedures or steps will be followed?
- What will be the timetable?
- What logistical support is needed and where will it come from? (This is very important, as it will determine the scope of the assessment, as well as the time factor)
- Who will analyse the information?
- How can this information best be used and shared?

Step 2 • Collecting existing information

You can gather information from existing studies, official statistics and previous field research. Information that may be useful to you, may have already been collected for other purposes (secondary data). For example, surveys may have been conducted in order to develop government policy statements and professional guidelines. You can get this information by reviewing documents like government registers, court proceedings related to substance use and clinic records. Information can also be obtained from unofficial sources such as, television and radio programmes, books, presentations at professional conferences, and notes taken at community forums or city meetings that are open to the public.

This information may not be sufficient to grasp the full scope of the situation. Make direct contact with people; talk to them and interview them (**primary data**).

Exercise 1

- a) From your understanding of the preceding text, define local situation assessment.
- b) What is the difference between quantitative and qualitative information?

 Primary Prevention of Substance Abuse A Workbook for Project Operators

 Page 60

- c) Describe the process of local situation assessment.
- d) With whom can you achieve step 1 "planning for the assessment", and why is this important?
- e) Where are you likely to get existing information about young people and substance use in your community?
- f) Describe how you would help a community assess the needs for a primary prevention project on substance use among the young people.
- g) Describe the key initial steps involved in developing questions that you will need to ask about the problem you are assessing.

Step 3 • Selecting the methods for collecting new information

Existing information may not provide you with sufficient information about the local situation. You will need to gather new information on the local context of substance use among young people. The methods you choose should give you information quickly, flexibly and cost-effectively. Keep in mind the goals of the project. Also keep in mind two basic questions:

- What specific information about the problems should the assessment determine?
- How will the information obtained be used?

The answer to the above questions should be closely linked to the conclusions reached by the working group developing the project.

Some common methods of collecting new information (primary data) data) Include Focus Group Discussions, Key Informant Interviews, Surveys, Observations, Case Studies and Narrative Method. These methods are explained in summary in the next two pages. Selected methods are also discussed in more detail in the Facilitator Guide.

Focus Group Discussions (FGD)

This is an organised discussion in which 6-12 individuals discuss a single topic in-depth, for a limited amount of time. FGDs are conducted with people who are similar with respect to age, interests and relevant experiences. Sometimes they Primary Prevention of Substance Abuse • A Workbook for Project Operators Page 61

are of the same sex. The participants can represent a target group. Using this method enables you to collect qualitative data (e.g. expressed feelings and perceptions of a group). The method permits active participation and encourages ordinary dialogue among members of the group. More information on this method is presented in the Facilitator Guide.

Remember!

FGDs will enable you to collect qualitative information, but they can be time consuming and can be rendered ineffective if not properly conducted.

Key Informant Interviews

A Key Informant Interview involves interviewing key individuals who have first hand information about young people and those who interact with them. These individuals can be parents, teachers, resource persons in the government (such as Ministers of Health or Education) or workers in health facilities and other service organisations in the community. Interviews may be self-administered or administered by the interviewer. They may only require a yes or no answer or be in-depth, with initial questions followed by more intensive probing.

Remember!

Some key informants may hold biased views about young people. It will be important to verify the information gathered through other methods.

Surveys

A survey is an interview given to a relatively large number of people. Surveys are useful when numerical information about a topic is needed, for example, the number of different substances young people use. Once you have prepared the instruments (questionnaires), you will need to field test or pilot them. This will ensure that the questions asked are culturally sensitive and the language used is appropriate and results in appropriate responses. You will need support from experts in the development of questionnaires for surveys and in the selection of the sample population.

Remember!

A useful survey requires the participation of a large number of people. It may require a lot of resources.

Observation

With this method, an observer watches a specific group of young people at some location without trying to attract any attention. The method is time consuming. However, it is a good technique for coming up with new ideas about the ways that young people obtain substances, and for understanding what happens when young people are under the influence of substances. As many observations as possible should be entered in a field diary or a notebook. The observations create a detailed picture of the behaviour of the group. This method offers an opportunity to observe, listen and learn. Some people refer to this as the LLL (Look, Listen and Learn) method. It is also a good way of making sure that information collected by interviews or questionnaires is correct (cross-checking). A lot of information can be obtained through simply observing how people interact.

Case studies

These are detailed descriptions of one person or one group's experience with an issue or problem. A description of how one young person began experimenting with substances and became a heavy user, for example, would be very useful for developing prevention activities. Case studies help to put pieces of information together into a complete picture. These studies are also a good way to describe and better understand individuals or subgroups who do not fit the typical pattern of behaviour. If it is unusual for girls to use substances you could develop case studies of some of the girls, rather than studying them together and in less detail as a group.

The narrative method

This method is designed to examine the sequence of events involved in behaviour. This method is a good way to study a topic that is a process, rather than a simple single behaviour; for example, learning to use substances. With narrative research, the person under study re-creates a true-to-life story that takes place in their normal environment. Role play is used to develop a detailed story line that reflects a typical pattern of events, for example events that led to a particular young person using substances for the first time. After the story is recorded, it can be used as the basis for a questionnaire that can be

administered to other young people so that general information can be collected about the process of starting and continuing to use substances. Just like all other instruments used in collecting information, questionnaires developed from the narrative method should be piloted before being administered to young people.

Step 4 • Collecting the new information

To determine the local situation, target conditions (the ones you would like to achieve) have to be compared with actual ones. Collecting new information creates an opportunity to get closer to the target group. Make contact with the people you are going to engage in the local situation assessment. People you can contact might include:

- Young people and their families
- People who provide services, such as health care workers

There are various ways of collecting the information. These are explained in previous pages of the module. Asking the right type of questions is crucial to getting the right kind of information. In the Facilitator Guide there are some sample questions. They offer a starting point that can be adapted or reformulated based on the type of information to be gathered. Asking questions well is an important skill in your work, especially when conducting a situation assessment. Learn to formulate questions in ways that will help you to get the correct information.

Asking questions

Carefully plan questions and how they should be asked. There are two basic types of questions, closed and open-ended.

Closed questions

These types of questions are designed to give you a simple yes or no answer, or a simple statement or short phrase in response. These questions can stop or block a conversation as they discourage the more active participation of the person being questioned. Although these types of questions are easier to answer and analyse (good for surveys), they do not provide in-depth information. Examples of closed questions:

•	Do you smoke marijuana?	Yes/No
•	How many packs of cigarettes do you smoke each day?	Number

Open ended questions

These questions encourage further conversation and the sharing of more information about a situation. Open-ended questions should be phrased in such a way that they sound as natural as possible. The process should be guided and kept focused on the topic being asked about. An example of an open-ended question could be:

How did you start to use cannabis?

To ensure that the questions for interviews are effective, you should:

- Categorise the questions by topic
- Keep the questions clear and simple
- Avoid asking offensive questions
- Make sure instructions are clear and concise
- Explain the purpose of the interview
- Avoid leading the individual
- Limit the number of questions
- Maintain the confidentiality of information collected, the identity of the person should not be revealed

In the sample questions in the Facilitator Guide both closed and open questions are provided.

Exercise 2

- a) Substance use among young people has become common in your community. Your initial plan is to conduct a local situation assessment. You have selected Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) as the appropriate methods for gathering information. Guided by a trainer, demonstrate how you would prepare and conduct a FGD or a KII. This exercise is only possible if done in a group or supported training context. Tips for carrying out FGDs and KIIs are in the Facilitator Guide.
 - Plan and conduct a FGD among a group of in-school young people
 - Plan and conduct KIIs among teachers at a local school (Participants in the training can play the role of in-school young people and teachers).
- b) Develop two open-ended and two closed questions on substance use.

Step 5 • Compiling and analysing the information

Collected information must be put together, organised and analysed. If need be, seek help from professionals, especially for interpreting the findings. The central aim is to get an understanding of the problems and needs of local young people as they relate to substance use. It is always important to cross check information obtained from one method with information obtained through others.

Step 6 • Drawing conclusions

Every community has special features. What may be a cause of substance use in one community may not play the same role in another community. The findings drawn from the analysis of the information will usually be formulated as problems, needs, risks, and protective factors. This analysis will provide the basis for developing the project. If there are no resources available, you should explain this in your findings. Involve the Community Advisory Committee in formulating the objectives. Tips on how to make decisions in a participatory manner can be found in the Facilitator Guide, Module 5.

Remember!

While all goals are important, they may not all be **equally** important. Goals should be prioritised or ranked during the group meeting.

Exercise 3

Review the information provided in the FGD example which was used in the Regional Global Initiative Training Workshop in Hanoi (See Facilitator Guide).

- a) Explain what conclusions can be drawn from the information provided in this FGD
- b) What type of project could you implement based on information given in the FGD results example from the Hanoi workshop?

c) Role play

If in a group training session proceed with the following role play exercise. The participants should play the roles of persons representing different segments of the community, such as parents, teachers, young people and health professionals, who together must decide on the project objective for a primary prevention initiative based on the Focus Group Discussion used in the Regional Global Initiative Training Workshop in Hanoi. This role play allows you to practise decision-making through a consultative (or consensus) process. There is more information on role-playing in section 6.7 of the Facilitator Guide.

Step 7 • Disseminate the information and take action

It is crucial at this point that you go back to the community and share the findings and analyses with them. This will enable them to have a clearer picture of the problems and needs of young people in the community and why the project should be implemented. This helps to promote both community involvement and a sense of project ownership.

Who can you share this information with?

Share the information with:

- Local community members
- Young people and local organisations
- Institutions working on issues affecting young people
- Politicians and relevant government ministries
- The international community

Key information in the assessment should include background information, identified problems and needs, protective factors and available resources.

Remember!

Information from the local situation assessment can be used to advocate for primary prevention activities and to mobilise communities.

5. Writing a report about the local situation assessment

A well-written report can be a powerful communication tool. Dividing the report into several smaller sections will enhance the presentation and facilitate reading. The report should include:

- The background
- The findings (problems and needs, risk and protective factors, and resources)
- The recommendations (proposed activities)

Background

The background information should describe the purpose of the assessment and the methods used to collect the information on young people.

Findings

Findings should include:

- The problems and needs: communities at risk for substance use, young people
 who are affected, those already using, the extent of use, problems being
 experienced, feelings people have regarding substance use.
- Risk and protective factors: factors that put young people at risk and
 protective factors such as values, norms and sanctions regarding substance
 abuse, quality of life considerations, resources, economic factors, healthy
 alternatives and attachments.
- Resources: available resources and how they can be used in prevention of substance abuse. Making an estimate of resources required can help you determine whether your project is feasible and sustainable. If not, you may need to re-think your planned interventions.

Recommendations

The recommendations state what needs to be done in response to the findings. The proposed activities (and how they will help meet the needs and solve the problems) should be clearly outlined here.

Exercise 4

a) Make a list of potential persons and organisations that you feel should learn about the findings of your local situation assessment.

6. Summary

- ❖ A local situation assessment provides a concrete understanding of the risks, needs and problems related to substance use among young people, within a given context.
- ❖ The methods chosen for the assessment should be appropriate with respect to the information needed and available resources.
- The community, young people, experts and other resource persons have a major role to play in planning and conducting the local situation assessment.
- The findings of the local situation assessment should be analysed and presented to the community and all key stakeholders. Their recommendations should then be translated into a project plan.

Module 6 Implementing the project

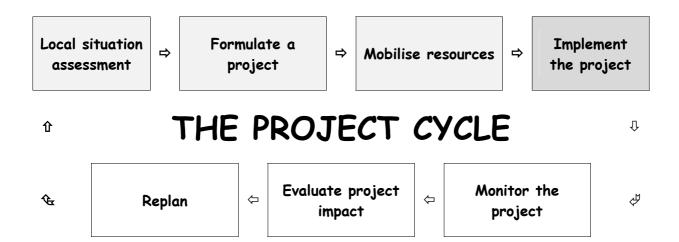
1. Introduction

During this phase, project plans that have been developed are interpreted and put into motion. All the resources (people, money, time and materials) are put into full use. The work is arranged so that the right **people** do the right **things**, and the right **resources** are in the right **place** at the right **time**. Although in community-based work, modification and innovation are frequent, a well written project plan with built-in monitoring and evaluation will help in implementing the project effectively and efficiently. This module presents a range of issues related to implementing a project. They include community participation, fundraising, networking and the securing of technical and financial resources.

Learning outcomes

By the end of this module you should be able to:

- Explain the importance of community-based action and participation
- Describe general guidelines for motivating the community
- Propose ways of involving young people in prevention work
- Identify existing community resources
- Describe feasible fundraising activities that can be done within the community
- Explain the process of identifying and managing volunteers
- Explain the importance of networking



2. Community-based action

The implementation of projects for primary prevention of substance abuse among young people takes place within the community. The community in which the targeted young people are found will take centre stage both in deciding the priority problems to be addressed (local situation assessment) and in implementing the chosen actions. Community-based action provides an opportunity to create a social environment in which lifestyles and problems associated with substance use can be modified, using means available and acceptable to the community. The participation and involvement of young people themselves is crucial in community-based action. Your activities will also include targeting local politicians, social and traditional leaders, and local government and non-government organisations; to encourage their participation in the activities of the project.

3. What is community participation and involvement?

Community participation implies **encouraging** the community to plan and manage primary prevention activities. Through community involvement you will **establish partnerships** in all phases of project development and implementation. This will ensure that community members, including young people, support the project, assume responsibility for prevention work and develop the capacity to contribute to their own development. Human resource capacity building is Primary Prevention of Substance Abuse • A Workbook for Project Operators Page 71

essential. Required knowledge and skills will have to be identified in order to build these skills and capabilities in individuals, so that they can make a useful contribution to prevention work.

4. Mobilising human resources for community work

It is unrealistic to expect that community members (including young people) will automatically come forward to provide support for the project. You will need to find ways to motivate them. For communities to be involved they must be mobilised and motivated. When communities are motivated they will support your project. This in turn will increase the capacity of your project. There are many ways to motivate the community. Whichever methods you use, it should be appropriate and acceptable within the given cultural setting. Observing the following guidelines will help you motivate the community.

Encourage participation at all levels

Everybody can play a role in preventing substance use.

Approach the community with great respect and humility

There is always something to learn from its members, and being open to learning will allow you to work more effectively.

Establish and maintain good relationships

This may be difficult in the beginning, but once you know how the community functions, you will find it easy and fulfilling.

Give community members responsibilities

Many community members like to take control of situations. Some of them hold responsible positions in the community. They can make useful contributions.

Avoid prejudice

Cultures and traditions bind communities together. Appreciating the norms and traditions of the community is a sign of respect. Community members will not appreciate attempts at intimidation or "talking down to them".

Remember!

A great deal of patience and persistence may be required to mobilise the community. Ensure that all key political and economic forces, as well as the broader community are involved.

5. Why is it important to involve young people?

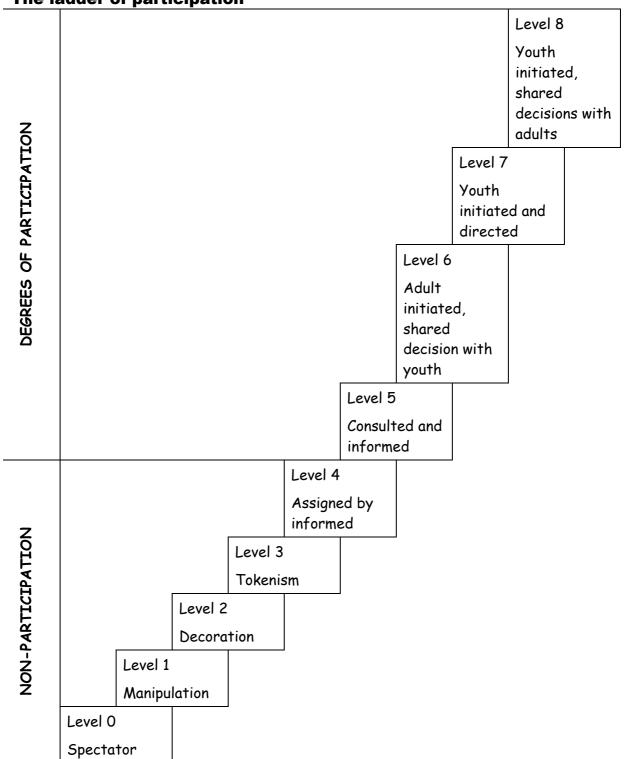
Young people have a **unique potential** to contribute to improved health and development. The involvement of young people offers them possibilities for realising some of their personal goals. This in turn can contribute to the long-term development of local capacities and future resources. The participation of young people promotes the relevancy and legitimacy of project efforts. Building partnership between adults and young people will ensure that the young people are properly guided. Adults and young people alike need to develop ways of sharing responsibilities and collective decision-making. Young people can participate in any of the project activities. In particular, young people often enjoy and perform well at tasks that are goal oriented and serve a specific purpose.

Remember!

Young people and all others involved should be trained and supervised when they implement project activities.

Ladder of participation The ladder illustrated in the next page shows that participation of young people in activities is a process which takes place at different levels and requires adult support!

The ladder of participation



Source of the illustration: The McCreary Centre Society (1996) British Columbia youth health action handbook. Burnaby, B. C., Canada. Adapted from Roger A. Hart. Children's participation: from tokenism to citizenship. Florence, Italy, UNICEF International Child Development Centre (Innocenti Essays NO. 4) as presented in WHO Coming Of Age: from Facts to Action for Adolescent Sexual and Reproductive Health, 1997.

6. Involving the community

By involving the community you will achieve shared results.

Shared Decisions

⇒⇔

Shared Results

 $\Phi\Phi$

Shared Accountability

Remember!

The process of implementing a community-based project should be as participatory as possible. However, the number of people involved must be kept manageable. A large group could pose difficulties for the project, especially for decision making.

Some ways to structure participation and involvement

The following groups can be established to encourage community participation and involvement.

The Community Advisory Committee

The Community Advisory Committee is a steering committee for the project. It should include 12-20 interested individuals from the community, including young people and influential members from different sectors. The purpose of the group is to enlist the support of the whole community for the project, and to give the project a base of "consensus" for it's overall direction.

The Project Team

The Project Team ensures that project activities are actually carried out. It should be composed of a few committed individuals including young people.

The Activity Team

In a larger project, one person in the Project Team might need to oversee a parallel smaller group tasked with carrying out a specific activity, an Activity Team. An Activity Team is comprised of a few committed individuals including young people. For a larger project, there may be more than one Activity Team.

Exercise 1

Using the information above and from the Focus Group Discussion process used in the Regional Global Initiative Training Workshop in Hanoi which is outlined in the Facilitator Guide, list the type of people that should be involved in a prevention project.

- As advisory group members
- As project team members
- As activity team members

Exercise 2 • Motivating the community

Jama is working on the Global Initiative Project on Primary Prevention of Substance Abuse Among Young People. He joins the project at the time when sponsoring international organisations are enthusiastic and committed to assisting by providing limited material and financial support. Jama draws up an activity plan for the first 6 months of work. Some of the key items in his activity plan are:

- Organising meetings to inform the community about substance use
- Visiting schools to talk about how to prevent substance use
- Developing a list of policies that have been proven to work for primary prevention and giving them to policy makers to implement
- Offering counselling services for young people abusing substances
- Disseminating materials developed by international organisations on the risk factors for substance use among young people

After implementing all these activities, Jama goes back to monitor progress in the community after three months. To his surprise, Jama finds that only a handful of teachers, students and other community members understand the

magnitude of substance use in their community and the need to intervene. Policy makers are not interested and have not moved an inch to review and reformulate policies. Reading materials have not been used and more and more young people are using substances.

- a) Give a possible explanation for why Jama has not succeeded in his work. If you were Jama, what would you do to become effective?
- b) Propose ways of raising awareness in the community to improve motivation.
- c) Involving young people
 Khadja and Mina are both 16 years of age. They belong to a young people's club that promotes art skills. When they are not in school they spend their time talking to young people in their neighbourhood, finding out what art skills children have and providing information on contact persons for this activity. On many occasions you have observed them in various locations such as the market, city centres and community town halls where they make presentations on what their young people's club stands for. Mina has been the one to select the venues for meetings and ensure that events take place. Khadja on the other hand, responds to questions and determines whether a particular artwork should be forwarded to the club for consideration.

Since you are planning to implement a project on primary prevention of psychoactive substance abuse, what potential contribution from these adolescents can you foresee? Explain how they could participate in your project.

Propose other ways of involving young people in your project.

7. Fundraising

Using locally available resources can help to sustain projects over a longer period of time. You will need to actively conduct fundraising activities. These activities are essential to your project. Their success relies on hard work and good preparation. Preparations should begin well in advance of your embarking on any fundraising activity. Proposed in the subsequent pages are 6 essential steps.

Step 1 • Set goals and timelines

Establish the project's financial needs. These should be closely linked to the objectives and be reflected in the budget. Before making a commitment to any budget or fundraising plan, involve key people in your project, especially the Community Advisory Committee. Have them review and agree on the fundraising goals. The goals should be realistic and achievable.

Step 2 • Identify potential funding sources

Create a list of potential sources of funding for your project. Possibilities include grant and non-grant fundraising. Collect information and learn as much as you can about the fundraising sources. The Table before Exercise 3 of this module shows potential grant and non-grant sources of funds.

Step 3 · Create a record-keeping system

You will need a system for managing the information you compile about funding resources. This information should be kept within easy reach at all times, be updated regularly and kept in a good filing system. This information is critical to the future of your project and will hold many clues to understanding problems related to securing funds from particular sources.

Step 4 • Develop a fundraising calendar

Fundraising requires advance planning. You will need to begin at least three months in advance. A calendar that spans over a 15-month time period is useful. Every aspect of fundraising should be included within the project activities and timetable, for example, writing proposals, letters, and newsletters; and committee/ individual meeting reports. Important dates and deadlines should be recorded in the calendar. Plans for fundraising activities should be integrated into the project plan.

Step 5 • Estimate income projections

Take precautions not to overestimate the potential funding from any particular source. It is also important to have current information on which to base your estimates of likely funding. Remember that you are developing a plan that should continually be monitored to determine progress.

Step 6 • Prepare the income cash flow projections

Prepare an accounting sheet with 12 columns for the 12 calendar months. List sources of income in the rows, and fill in the monthly projections for each potential source (consult with someone skilled in this area if you need help). While planning alone cannot guarantee funding success, it will better your chances and enhance the orderliness of your project.

8. Potential sources of funds

Examples:

Grant Sources	Non-Grant Sources
Foundations, corporations, government organisations, religious organisations, labour organisations, professional associations, local organisations, anonymous individuals	Individual solicitation Personal requests, telemarketing, mail appeals, mailgrams/ electronic mail, radio or TV appeals, workplace, special events Planned gifts Donations of real estate, art, etc. Earned income Sales of products, fees for services

Exercise 3 • Identifying local resources

a) Following a visit to the community, list below the existing resources in your community that could be useful for a project on primary prevention of psychoactive substance abuse.

Human/ people	Туре	Location	Address	Contact person

Material/ facilities	Туре	Location	Contact person

Financial	How much	Location	Accessibility	Contact person

Time

a) Indicate how much time community members are willing to devote to supporting your work.

Community member	Number of hours	Days of the week	Type of work

- b) Explain how you might motivate community members to volunteer time for substance abuse prevention activities in their community.
- c) What fundraising activities can you carry out in your community?

9. Human resources needed to implement a project

To implement a good project you will need a variety of people possessing different skills. Young people and adults should be encouraged to participate in the project activities. Most of the people you will work with will be volunteers who are interested in making a positive contribution to the community.

Working with volunteers for primary prevention activities in the community

In order to carry out the project, you will inevitably need the help of volunteers. They can help in the many areas, such as mobilization of the community and implementing activities. Managing volunteers is the same as managing other staff, however, they will need extra motivation to maintain them.

Who are volunteers?

Volunteers are individuals who are willing to offer time and skills to help prevent or reduce substance use among young people. Committed volunteers will make primary prevention activities work. Managing volunteers is a challenge. It includes the following aspects: recruiting and interviewing, selecting and giving appropriate tasks, orienting and training, supervising and evaluating.

Remember!

Volunteers have come forward on their own free will. They require your unfailing support. You will need to continually motivate them.

Although you may find other innovative ways of accessing volunteers, an example of a standard process is given below.

10. The process of identifying and managing volunteers

Recruitment

Make a recruitment plan. The plan should include the tasks; number of volunteers needed; skills and abilities, and training required; and the method of recruitment. The persons to be recruited should be decided on and the duration of their intended assignment specified.

Interviewing

The purpose of interviewing is to match the volunteer with the best-suited team and activities. The interview and subsequent selection must be based on clear selection criteria.

Selection criteria

The community must be involved in the selection of volunteers for community work. The criteria should be clear. It should include the desirable age and competencies, including literacy level, and states of physical and mental wellbeing. Young people and those who have a direct influence on their lives, such as parents, teachers, and religious leaders; should be given priority. Once selected, volunteers should be given information on the tasks and activities to be carried out. Where possible, they should be assigned tasks.

Registration form

It is always wise to develop a registration form. This will assist in keeping track of all volunteers and how they can be reached. Include all useful information about the volunteers. For example: name, address, date of birth, education, employer (if employed), special skills (communication, languages, leadership and research skills, etc), experience, areas of interest, availability and names of people who can give references.

Orientation and training

Those selected should be given a thorough briefing on the project goals, activities and expected outcomes. Whenever training is to be conducted, it should be based on an analysis of training needs.

Motivation

Volunteers who are supported and recognized are likely to continue assisting in prevention work. Here are some things that can be done to help them stay motivated: involve them in planning, and let them know why things are done differently at times; give them challenging work and increase their responsibilities gradually; give them incentives, such as solid training, certificates of recognition and invitations to special events whenever possible.

Evaluation

Evaluating volunteers' work will help to improve their performances, (and this improves the quality of the services delivered by the project). The main

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 83

questions to answer in the evaluation are: What are the volunteer's views about the project? What suggestions do they have? What are their views on their support and training, and on the general project communication processes? How can their work be made more effective?

Ending the services of a volunteer

There may come a time when a volunteer's services have to be terminated. This may be because the volunteer is not following the project procedures, or his/her behaviour is tarnishing the name and image of the project, or because the project has come to an end. Even under unfavourable circumstances, be sure to continue to show respect and sensitivity. Maintain confidentiality throughout the whole process, especially concerning their performance and what led to the termination of services. Avoid being judgmental and allow the volunteer to express and discuss their feelings. You may need to ask yourself some questions: Did I give this volunteer the right tasks? Did I provide the right support? Was the training provided sufficient for the work assigned? What suggestions can I offer as alternatives once the volunteer is no longer serving the project? Who can provide me support in the absence of the volunteer? What lessons have I learnt from this experience? If the termination is as a result of ending the project, acknowledge the volunteer's contribution and prepare a reference letter for him/her.

(adapted from the Harder M. Volunteer Service. Current Status Report. Volunteer Cycle. Geneva, Henry Dunant Institute, 1992)

11. Building skills and following-up

Training is part of human resources development. It involves structured learning for immediate application in the work or service areas. Development, on the other hand, refers to the gradual general improvement of overall decision-making and interpersonal skills of a relatively unstructured nature. Train people including young people on specific issues and tasks related to the project.

You will need to use interactive training methods, some of which are described in the Facilitator Guide. At the same time, support and encourage their development. Through training and development activities, you can build skills of people assisting in the project as well as the target group.

Following-up with all individuals in the community helping in prevention activities is important. It is a way of both supporting participants in the project and ensuring that the interventions are benefiting young people and the community. Training and follow up overlap with and are a part of monitoring. Activities that are a part of monitoring should be properly planned, and the information collected during follow up visits should be recorded. Make follow up through written reports, telephone calls, visits and/ or networking with other organizations or individuals working in the same area. Some activities that you would have achieved during follow up are presented below.

Preparation

- Objectives set
- Information materials available
- Community or individuals informed about the visit
- Transport arrangements for the visit made

Follow-up

- Performance observed
- Discussions held
- Questions answered
- Issues clarified
- Needs, expectations addressed
- Notes on the visit recorded

Feedback

- Information collected analysed
- Needs and problems prioritized
- Action to be taken together with the community or individuals, as project operators determined
- Action taken
- Records kept for later reference
- Relevant partners such and UNDCP/ WHO focal points at regional offices informed

Exercise 4

a) Why are training, supervision and follow up important in community work?

b) What type of information and skills would people supporting the project need?

12. Networking

Networking can improve the capacity of the project. Networks can be defined as people talking to each other, sharing ideas, information and resources; or working for a similar cause. Networks exist to foster self-help, change society and improve project performance. It is possible to establish links with many organizations and individuals through the process of networking. Different groups of people and organizations collectively can influence specific policies, attitudes and practices, in support of the health and well-being of young people.

Why is networking important?

Isolated efforts by individual organizations and people may not be effective in bringing about lasting change in the community. You might also need training, materials or funds. Other organizations might need the same. You can exchange information and resources or carry out joint planning that could be of benefit to all.

Networking Tips

Networking will require the use of all relevant channels of communication, both formal and informal. Below are useful tips on networking.

- Don't be afraid to take the first step. Become comfortable introducing yourself and taking the lead socially.
- After making an important contact, follow up with a call, letter or an invitation to lunch.
- Maintain your network. People connections need ongoing attention. Remain available for others in the network. Don't be active only when you need help.
- Join professional organizations and societies that provide opportunities, to meet others with similar needs and interests.
- Make your networking base as broad as possible. Don't rely on only a few contacts.

- Periodically evaluate your network. You can't keep in touch with everyone you meet. But are you keeping in touch with the key contacts?
- Remember that networking is like a barter system. You are trading information. Keep your end of the deal. Continue to put new and valuable information into your network.
- A strong network is built on trust, and at times confidentiality. Respect and honour those expectations.
- Use networks to implement agendas.
- Establish and maintain a file of business cards with personal notes on the back.
- Learn people's names and family information.
- Share information in a positive, constructive way. Gossiping and backbiting do not develop a strong network.
- Don't send hordes of people running to your network. Use discretion when sending someone to a friend for assistance. Don't overload members of your network.
- Review your system of keeping track of people in your network. Is the
 information required to make contact with all the people complete and easily
 accessible? If not, work on developing a better system, which need not be
 complex. In fact, the simpler, the better.
- Have fun. Enjoy each person. The joy of networking is learning and sharing new things with all kinds of people.

Exercise 5 • Building a network

Write your name in a circle in the centre of the page. Draw surrounding circles and, using either initials or last names (and an organization indicator, where desired), indicate individuals who could assist with some major activity for your project. As you progress with the exercise, you will be sketching your potential coordinating/ networking system.

Exercise 6

Nana is a new project operator. She needs to establish networks to facilitate her work in the area. As her first task, Nana wants to visit the local NGOs to inform them about her project and the need to work together. She wants to secure collaborations and commitment. Role play this situation. Players: Nana and NGOs-Officials.

13. Summary

- Motivating the community entails establishing a good relationship, communicating clear messages, encouraging participation and avoiding prejudice.
- Use of locally available resources is the key to sustainable community development.
- ❖ Community-based projects should strengthen the ability of people to solve their problems using their own resources. Using local resources gives the people a feeling of project ownership and helps to effectively mobilize the community for action.
- ❖ The participation of young people offers possibilities for them to make a contribution to issues that affect them. They can acquire important knowledge and skills for present and future application.
- ❖ Networking is an important aspect of community work as it can contribute to strengthening support from various community segments including NGOs and government institutions.
- Extra effort should be made to motivate volunteers, as they are a crucial human resource in community-based activities.

Module 7 Monitoring and impact evaluation

1. Introduction

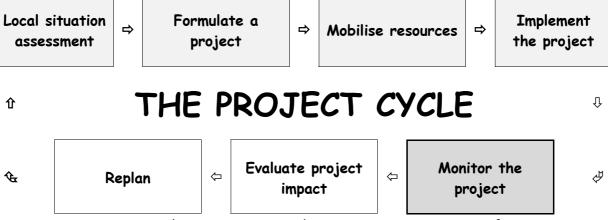
There are two levels of evaluation that are described in this module: process evaluation or monitoring, and "terminal" or impact evaluation. These activities are essential for understanding what is happening in the community as a result of the activities being implemented. Monitoring makes it possible to effectively revise plans when appropriate, while evaluation tells you if your project objectives have been achieved. Decisions concerning how activities will be monitored and evaluated, (how often, by whom and when), should be made during development of the project plans. This ensures that proper evaluation mechanisms and tools are designed, in accordance with the project objectives. A good situation assessment provides a basis for evaluating the impact of the project. Questions of focus vary at each level; so do indicators and methods for identifying these indicators. In this module the focus is on monitoring and impact evaluation.

Learning outcomes

By the end of this module you should be able to:

- Explain the importance of monitoring
- Outline key project areas to be monitored
- Give examples of methods of collecting information for monitoring
- Describe the importance of record keeping
- Define impact evaluation
- Outline key questions for impact evaluation

2. What is monitoring?



Project monitoring is the systematic and continuous assessment of progress over a given period of time. It takes place throughout the implementation phase. Monitoring is also known as process evaluation. When conducting process evaluation these questions should be asked, "Are the prevention activities being carried out in the manner that was initially intended in the project plan?/ Are they taking place as planned?"

The purpose of monitoring

Monitoring means checking to see whether activities are being implemented well and as planned. Through monitoring you will be able to:

- Spot problems early and take corrective action.
- Provide good feedback on progress. Feedback is crucial in motivating participants in the project.
- Gather information for writing reports about the project. The information also provides a link with impact evaluation, (determining what was done, how and the impact it had).

3. Types of information to be collected

Information that is collected during monitoring should be quantitative and qualitative (as defined in Module 4). All aspects of project development and management should be monitored.

What should be monitored and how?

Resources

Financial

Monitoring finances means determining whether project expenditures are in line with the project budget. You will need to do simple bookkeeping using specific tools such as invoices, cash receipts, cash books and financial statements. Keeping good track of how the funds are being spent is very important as this has implications for the progress of activities. In addition, donors are usually interested in knowing how funds are being spent in relation to the agreed on plan.

Remember!

To avoid confusion keep track of donated funds separately and always keep receipts.

Human resources

In community-based work it is inevitable that you will rely more and more on volunteers. Having an understanding of how they are conducting their tasks, their experiences and the community's responses to their work will assist you in determining how you can keep them motivated. It will also help them develop toward more effective prevention work. During monitoring observe their performance and pay attention to their requests.

Material resources

Monitor how materials designated for use in the project are being utilized. For example, if you produced materials for information sharing about substance use among young people, questions of interest will be, are these materials reaching the target group? and are they being utilized? You may also have acquired some basic equipment for the project. These can be monitored through log-books and inventory records.

Moment/ Time

Use the project plan to check whether activities are being undertaken as planned. Determine whether there are obstacles that may delay the completion of the project on time.

Activities

Monitor achievement of objectives, output and participation of young people and communities. Also monitor shortcomings and additional achievements. Collecting information for the purpose of monitoring can be done "on-the-spot". When doing so, determine the following:

- Whether planned activities are being carried out
- Who is involved at the organizational level, and their participation (age and gender)
- What they think about the activities (feedback)

Table 1 • An example of on-the-spot monitoring of an activity

Activity			
Street theatre play to	o motivate people to co	me to the youth centre.	
Information	How information will be obtained?	Who collects it?	What will he/ she need?
How many people are there? What is their age? sex?	Observation.	Somebody should try to observe how many people stopped to look, and record their apparent age and gender. The actors can take turns.	A very small fee for the observer(s).
How many people come to the youth centre?	By asking them when they come.	The workers at the youth centre should have a chat with the new comers and ask them where they heard about the centre.	

4. How to collect the information during monitoring

As noted in Module 4, monitoring plans should be made during project development. Monitoring is closely linked to the set objectives and indicators. Recall that indicators provide evidence that objectives are being achieved and activities implemented; refer back to Module 4, as needed. There should be at least one indicator for each objective and activity. The process of gathering information for monitoring purposes is similar to that of the local situation assessment. It will involve:

- Planning
- Gathering the information
- Analysing the information
- Disseminating (sharing) the information

On the following page is an example of a plan for monitoring and how the information obtained can be compiled.

Monitoring questions	Project variables	Method of gathering information	Method of analysing information
Activities	,	,	
What activities were planned as part of the project?	Activities that were included in the project plan	Review project plan	Make a list of the project activities that were planned
Are the activities taking place? If not, why not? What other activities are taking place?	Activities that have taken place during the last 3 months. Obstacles to holding activities.	Review activities records and minutes of any meetings held. Unstructured interviews with the people involved about activities.	At the end of 3 months, make a list of the activities that actually took place, and compare it to the list of planned activities. Explain why some planned activities were not conducted.
What do participants think about project activities?	Feelings of participants about activities. Appeal, value and convenience of each activity to participants.	Focus Group Discussions with participants. Structured interviews for as many participants as possible. Selfadministered questionnaires.	Summarize the discussion in writing. List all the important comments about the project that participants made during the discussions. Summarize ratings that participants give to each activity on the questionnaire.
Do participants appear to be changing as a result of the project? In what ways?	Opinions of participants about the changes taking place.	Focus Group Discussions with participants. Structured interviews for as many participants as possible. Unstructured interviews with people working in the project.	Summarize the discussions. List changes that young people believe they have undergone. Summarize the opinions and observations of people working with/supporting the project.

Monitoring questions	Project variables	Method of gathering information	Method of analysing information
Finances			
How much money has been allocated for the activities?	Funds that have been included in the project plan.	Review project budget. Review of expenditures.	Make a list of budget plans for each activity. Make a list of expenditures. Any short-falls, over-expenditure and other income.
Human Resources			
What types of students participate in the school activities?	Number of students in each activity. Age, gender, living situation, educational level and extracurricular activities of the students.	Review of activity records. Review individual school records for background.	Count the number of students for each activity. Prepare a table showing the age, gender, living situation, educational background and extracurricular activities of the students.
Why do many people supporting the project leave? What can be done to keep them supporting the project?	Opinions of people currently supporting the project concerning the difficulties of working for the project. Statements of people who have stopped supporting the project and their reasons why.	Unstructured interviews with people currently supporting the project. Self-administered questionnaire for those who have left.	Summarize in writing the problems that people working on the project identify, and the reasons why others discontinue their support. Make a list of the most frequently mentioned problems.
Time			
Are activities occuring on time as planned?	Time allocated to each activity and the timeframe.	Review activity records. Unstructured interviews with those supporting the	Record the number of activities. List the most frequently mentioned problems

Monitoring questions	Project variables	Method of gathering information	Method of analysing information
		implementation.	related to time.
Other material resources			
Are materials required for the project available?	Types of material resources required. Types available.	Conduct an inventory of existing materials. Unstructured interviews with those supporting the implementation, on how materials are being used.	List of materials available. List of materials not available. List of materials needed. Summarize problems related to material resources.

Questions for process evaluation/ monitoring

In summary, monitoring will help you answer these questions:

- Are activities taking place as planned?
- Are there enough resources to carry out the activities, (e.g. money, human, material and time)?
- Are specific segments of the community involved and participating in the activities, (e.g. teachers, health workers, law enforcement officers, young people, family members, politicians)?
- Are the activities reaching young people?
- Are there problems with the approach or materials being used?
- Are there difficulties in the management of the project?

Documentation and record keeping

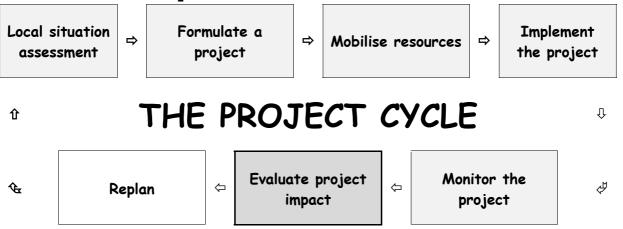
All activities undertaken and efforts made throughout project implementation should be properly documented. You will need to ensure that good records are kept and clear reports made. Whatever methods you use for record keeping, they should be of value to the project. The information should:

- Be clear and easily understood
- Be presented logically
- Not contain unnecessary details
- Highlight the important points
- Not be excessively long or repetitious
- Not have complicated terms

Exercise 1 • Monitoring/ process evaluation

- a) What is monitoring?
- b) Why is project monitoring essential?
- c) Using the project you identified in Module 5, develop an objective, activity and indicator for monitoring.
- Objective
- Activity
- Indicator
- d) Provide information on how you are going to monitor this project.

5. What is impact evaluation?



Impact evaluation is the overall assessment of whether the activities implemented in the project have made a difference in the lives of young people and for the local community as a whole. Often impact evaluation is also called terminal evaluation. Impact evaluation enables you to determine the effect the activities carried out had on the target group. A plan for impact evaluation should be specified in the project development phase, it is an integral part of the project plan.

The importance of impact evaluation

This evaluation takes into account both the process of project development and implementation. There are several reasons why impact evaluation is important. Some of these are:

- It will help you measure the effect of the project on the knowledge, attitudes
 and behaviour, and skills; that offer protection from substance use. This in
 turn allows you to assess whether the project has succeeded in achieving all its
 objectives.
- Sometimes impact evaluation may show that the project has not been successful. This information is still useful for developing new and more effective ways to work in the future.
- It provides essential information on what works and what does not work. This is useful for future direction and for others who may want to undertake similar projects.
- Evaluation can be a motivator to all involved in the project, young people, community members and those that provided services and support. They will want to know what worked and to be involved in finding solutions to the problems.
- It provides proof that efforts have been worthwhile.
- It proves credibility and helps secure future funding.

At the conclusion of the evaluation you need to know the effects the activities carried out had on the target group. You should be able to answer the following questions:

- Where you are in terms of what the project intended?
- What has been achieved?
- What has and has not been done?
- What should be done next?

Remember!

Impact evaluation is essential for determining whether your project has made a difference among young people and the community. It can also help convince others, such as policy makers, sceptical community members and funding agencies.

6. Types of information to collect and indicators

In trying to determine the impact of the project on the intended beneficiaries, one must look at the information gathered before the project began. Without the baseline information acquired through the local situation assessment, it is extremely difficult to assess the project's impact. To enhance the objectivity of the process, involve external experts, young people and selected community members. As suggested with monitoring, indicators are needed to gauge what change has taken place. Although behaviour is the easiest indicator, it is also the most resource intensive and difficult to verify, within the scope of small community-based initiatives. Below are some individual-based indicators:

- Knowledge
- Attitudes and beliefs
- Age of initiation into use

Since impact evaluation is closely linked to the initial situation assessment, the indicators will also be closely linked to the assessment findings and to the project objectives.

Remember!

Increased or improved knowledge about substance use is not an indicator of positive behavioural change or attitude change. These take a long time to be evident, and could also be a result of other cofactors. However, it is still worthwhile to know the contribution your project has made to preventing substance use.

7. Steps to follow when carrying out impact evaluation

These steps are similar to those followed when conducting the local situation assessment.

Step 1 • Decide what to evaluate

Plans should be closely linked to objectives and activities of the project.

Step 2 • Use indicators set down in the project plan

For example:

- Attitudes towards substance use
- Number of young people using/ not using substances
- Number of young people wanting to avoid use

Step 3 • Select method for collecting the information

The method selected will depend on the indicators being measured. The example on the next page is adapted from the WHO Street Children Manual on Monitoring and Evaluation of Street Children Projects.

Type of indicator	Example of indicator	Appropriate method of data collection
Indicators of behaviour.	Snorting of cocaine.	Observations. Questionnaires. Interviews.

Type of indicator	Example of indicator	Appropriate method of data collection
Indicators of beliefs or attitudes.	Expressed opinions about smoking and drinking alcohol.	Informal conversations. Unstructured interviews ¹ . Semi-structured interviews ² . Focus <i>G</i> roup Discussions.
Indicators of the number of people who hold a certain belief or behave in a certain way.	The percentage of young people (target group) participating in the project who inhale solvents.	Questionnaires or structured ³ interviews with a sample of participants who are representative of the entire group.
Indicators of the reasons for certain behaviours.	Reasons given for why young people targeted by the project do not participate in the project activities.	Interviews (unstructured, semi-structured or structured). Focus Group Discussions.

¹Unstructured interview: the interviewer may ask the respondent any question that seems important at the time, and the respondent is free to answer how he or she wishes.

Step 4 • Conduct the evaluation

- Prepare well in advance all what is essential for carrying out the impact evaluation
- Prepare the necessary forms, identify and train individuals to assist in the evaluation, plan for time when this should be done, and all other logistics. Once the plans and materials are in place, you can carry out the evaluation.

Below is an example of a plan for evaluation (adapted from the WHO Street Children Manual on Monitoring and Evaluation).

²Semi-structured interview: questions are written down in advance, but respondents can answer the questions in any manner they choose.

³Structured interviews: interviewers ask questions that have been written down in advance, and respondents must choose from a limited number of possible responses that have also been selected in advance.

Project objectives	Indicators	Data collection methods	Data analysis method
To achieve 30% increase in the number of young people satisfied with services offered for primary prevention of substance abuse.	The number of young people who have asked for help. Number of young people satisfied with the services.	Baseline review (the local situation assessment). Interviews at terminal evaluation.	Calculate the proportion of satisfied young people at initial assessment and terminal evaluation. Compare the two figures.
Specific objectives			
To achieve a 60% increase in the number of young people who are informed about the dangers of substance abuse practices.	Number of young people who can identify 5 dangers of substance use practices.	Individual interviews with young people.	Calculate the proportion of young people, and their knowledge base at initial assessment and terminal evaluation. Compare.

Step 5 • Analyse information

During this process, look for patterns among the responses to various questions. Remember to validate information from one source by cross-checking with another source or methodology, if you are uncertain of the conclusions. Once you are certain of the conclusions, decide on the most effective way to present the information, (e.g. using graphs, charts for numbers, or exact quotations from FGDs).

In brief, impact evaluation will help you answer the questions presented below:

- Has the project met its set objectives?
- What obstacles were encountered during implementation of the project?
- How can these obstacles be overcome in the future?
- Have the interventions been effective?
- How can the needs of young people be optimally met?
- How long did it take to implement the project?
- How many young people did the project reach?
- Did the project increase awareness of the consequences of substance use?
- Did the project reduce the risk of substance use?

Methods for gaining feedback from participants in the evaluation process

It will be useful to get feedback from participants in the evaluation process itself. Examples of some methods for doing so are given on this page and the next. They include for both formative and summative evaluation methods. Formative methods can provide information throughout the given process, and are associated with monitoring. Summative methods provide information on the "sum effect" and so are used mostly for overall or terminal evaluation. These methods can also be used to gain feedback in other contexts.

Before-and-after questionnaires

People directly involved in commissioning and managing the evaluation fill in a questionnaire both before and after the evaluation. They describe their views of the issues that the evaluation is seeking to address. The responses are collected and an analysis is made of the results. This is a summative evaluation method.

Intervention review sheets

With the help of a resource person, people fill in a form sheet at the end of an interview, discussion or event, describing how they felt about what had happened. The forms are collected and analysed. Interview review sheets are useful for both formative and summative evaluation.

Diary review sheets

People fill in a diary sheet, on a weekly or monthly basis, that describes their perceptions of change or development that has occurred during and after the evaluation process. Diary review sheets are useful for both formative and summative evaluation.

Talking wall

People fill in a "talking wall" about the evaluation. This means a number of incomplete statements are posted on flipcharts (or the like) and left for the participants to complete. The statements might, for example, begin as follows: "What I valued most about the evaluation was ...", "Something I would have liked done differently was ...", "The main thing I am taking away as a result of the evaluation is ...". The talking wall method is most often used for summative evaluation.

Sample interviews

A sample group of people is interviewed to find out their views on the experience and their perceptions of the changes that have taken place. This can be formative or summative depending on when it takes place.

Community feedback

The views of young people, youth leaders or agencies included in or affected by the evaluation can be collected using simple information gathering methods. These can include: a questionnaire mailed to agencies seeking their reactions to the new ways of doing things, a "tick-the-box" wall chart for young people at a centre, used to assess whether they have noticed any changes and to gather their opinions, a committee meeting that receives presentations from people about action they have taken and the effects these have had, an "opinion poll" survey of young people.

Reviewer's feedback

The people conducting the evaluation will have views on the finished product, the process and the effects of the evaluation. They will have had feedback on a regular basis during the evaluation. At the end, they can be asked to summarize their assessment of the work.

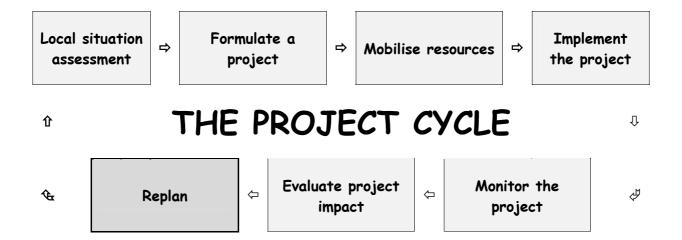
(adapted from Youth Health Analysis and Action, distributed by the Commonwealth Youth Programme)

Step 6 • Take action

Use the information collected for the improvement of the project. Decisions that can be made following impact evaluation might be:

- To change the project
- To include other activities (or)
- To use other approaches
- To end the project
- To disseminate lessons learnt

Based on the results of the evaluation and the interest the findings generate among key players, you can reformulate your plans and begin the project development cycle anew.



Remember!

Share the information gathered from the impact evaluation with the project beneficiaries and other interested partners, including donors.

Exercise 2 • Impact evaluation

- a) Explain the importance of impact evaluation.
- b) What methods can you use to conduct impact evaluation?
- c) Review Module 5 and identify appropriate indicators based on the type of project you have selected.
- d) List people you think would be interested or who can benefit from the findings of your evaluation.
- e) Make an outline of the headings you would include when reporting the findings of the impact evaluation.

7. Summary

- Project monitoring is a systematic and continuous assessment of the progress of a project over a given period of time.
- ❖ A project plan provides a basis for monitoring the project.
- ❖ Documentation of information about the project is an important communication tool. Whatever information is documented must be clear, accessible and easily understood; and must be shared.
- ❖ Impact evaluation is a comprehensive review of activities implemented in the project. It helps to determine whether the project has had an effect on the lives of young people and that of the community.
- ❖ Information obtained from the monitoring process forms a key component of impact evaluation.
- Involvement of experts can ensure that the process of evaluation is objective, thereby making the information obtained more meaningful.

Further reading

The materials used in the development of this document may assist you in learning more about working with young people. Some useful addresses are also given.

Children's Hospital Los Angeles, Division of Adolescent Medicine M/ S/ 2 1996, Facing The Challenge: A Workbook For Building Program For Street Youth. Los Angeles, Redwood Press.

Commonwealth Youth Programme (1995) Youth Health Analysis And Action. London, Commonwealth Secretariat.

Harder M. Volunteer Service (1992) *Current Status Report. Volunteer Cycle.* Geneva, Henry Dunant Institute.

International Federation of Red Cross and Red Crescent Societies (1995) A Manual For Trainers Of Red Cross And Red Crescent Volunteers In Africa. Geneva.

Kaseje M. (1990) Community Based Development. A Manual For Facilitators. HDI Studies On Development, No 6. Geneva, Henry Dunant Institute.

National Institute of Health (1997) *Drug Abuse Prevention: What Works*. Rockville, MD, Office of Science Policy and Communications.

Morojele N.K., Parry C. D.H. (1997) *Monitoring And Evaluation*. Tygerberg, South Africa, National Urbanisation and Health Research Programme, Medical Research Council.

UNICEF (1995) Working With Young People. A Guide To Preventing HIV/ AIDS And STDs. London, Commonwealth Secretariat.

WHO (in press) Working With Street Children: A Training Package On Substance Use, Sexual And Reproductive Health Including HIV/ AIDS And STDs. Geneva, World Health Organization.

WHO (1999) Programming for Adolescent Health and Development.

Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health. Geneva, World Health Organization.

WHO (1999) Young People And Substance Use. A Manual. Create, Use And Evaluate Educational Materials And Activities. Geneva, World Health Organization, Substance Abuse Department.

WHO (1997) Coming Of Age. From Facts To Action For Adolescent Sexual And Reproductive Health. Geneva, World Health Organization.

WHO (1995 draft) Street Children, Substance Use And Health: Monitoring And Evaluation Of Street Children Projects, 1995draft. Geneva, World Health Organization.

Useful addresses

World Health Organization
Department of Mental Health and Substance Dependence
Mental Health Determinants and Populations
Avenue Appia 20, Ch-1211 Geneva 27, Switzerland

United Nations International Drug Control Programme
Demand Reduction Section
Division for Operations and Analysis
P.O. Box 500
A-1400 Vienna
Austria

International Federation of the Red Cross and Red Crescent Societies 17, Chemin des Cretes, Petit-Saconnex P.O. Box 372, CH-1211, Geneva Switzerland

National Institute on Drug Abuse Office of Science Policy and Communications Public Information Branch 5600 Fishers Lane Rockville, MD 20857 USA

National Urbanisation and Health Research Programme Medical Research Council P. O. Box 19070 Tygerberg 7505 South Africa

Primary Prevention of Substance Abuse ◆ A Workbook for Project Operators Page 108

Commonwealth Secretariat Marlborough House Pall Mall, London SW 1Y 5HX United Kingdom