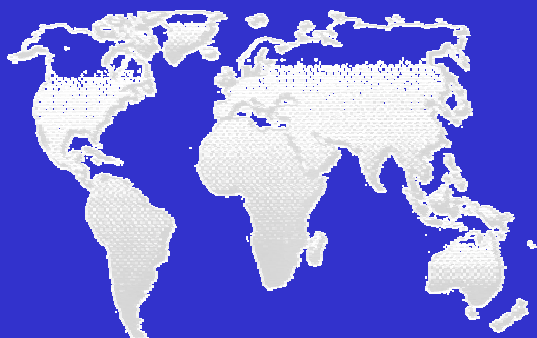
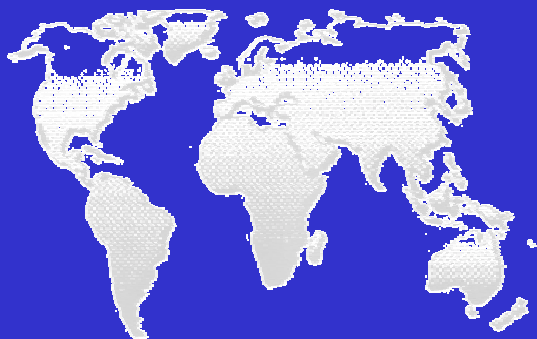


# UNDCP/WHO GLOBAL INITIATIVE ON PRIMARY PREVENTION OF SUBSTANCE ABUSE



## Overall Evaluation: Baseline Assessment Guidelines and Instruments

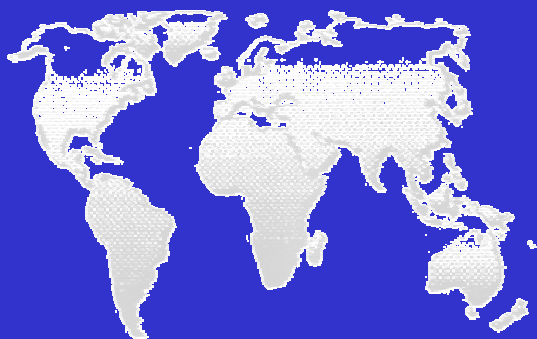


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## **1. BACKGROUND**

The UNDCP/WHO Global Initiative on Primary Prevention of Substance Abuse (Global Initiative) is a five-year project, jointly executed by the United Nations International Drug Control Programme (UNDCP) and the World Health Organization (WHO). Its implementation started in June 1997. The project was revised in 1998 and implementation of the revised project began in July 1999 and is expected to end in the year 2003.

The Global Initiative aims at preventing the use and abuse of all psychoactive substances (licit and illicit substances) by young people. The project will be implemented in 8 priority countries in three regions of the world undergoing particularly rapid or dramatic social change: Southern Africa, Southeast Asia (part of WPRO as per UNDCP regional classification) and Central and Eastern Europe. Prevention activities supported by the project will be based on the mobilisation of local communities. The local partners will be involved in mobilising their communities respond to substance use and abuse and in the long run activities could be evaluated to determine good practices.

In preparation for the implementation of the project, training materials have been developed and field-tested in regional training of trainers workshop in the three regions. Local partners will be supported through training in effective primary prevention approaches, local situation assessment, project design, self-monitoring and evaluation. Following the training they will be financially supported to implement primary prevention activities in selected communities.

## **2. PROJECT DESIGN**

### **2.1 Project activities**

The design of the intervention will be characterized by five sets of interrelated activities:

- a) Baseline assessment, comprised of two parts: community profile 1 and community profile 2, and KAP study among the youth.
- b) Training of local partners.
- c) Public health interventions lasting 24 months.
- d) Monitoring of activities.
- e) Post intervention assessment for impact evaluation.

## **2.2 Potential interventions**

The interventions to be implemented by the local partners could incorporate the following main areas:

- a) Provision of information to increase knowledge and awareness on consequences of substance use.
- b) Improving personal and social skills among the young people.
- c) Creation of a safe and supportive environment for prevention of substance abuse.
- d) Mobilization of communities for action to address problems of substance use in their communities.

*The focus of the intervention and the approaches will be influenced by the local situation assessments which will be done by the local partners.*

## **3. STUDY SITES FOR THE BASELINE ASSESSMENT**

The baseline assessment will be implemented in two selected communities in each priority country. Each community will be defined in such a way that they have formally demarcated geographical boundaries (e.g. a cluster of census enumerator districts). The target group for the intervention will be young people. Important features to consider should relate to; extent of substance use/abuse among young people, location (urban/rural), socio-economic status and feasibility of implementing primary prevention activities. In this way, it will be possible to make comparisons across project sites. However, activities will also take place in other sites where local partners will carry out activities.

## **4. EVALUATION OF THE INTERVENTION**

The design of the overall evaluation will be based on a pre- and post- intervention comparison. The baseline assessments will serve as the pre-intervention status description against which the follow-up assessments will be compared. As the intervention will take place over a 24 month period, it is recommended that the follow-up assessment data are collected on the basis of a second, independent sample, comparable to that of the pre-intervention survey. Key groups of variables that will be compared will include (a) community commitment to addressing substance abuse among youth, (b) level of networks supporting prevention, (c) attitudes, norms and behaviours of adults towards problem of substance abuse, (d) knowledge about substances, (e) availability of substances, (f) prevalence of use and, (g) attitudes to substance use. At the pre-intervention stage, this information will contribute to an understanding of the context in which the intervention will take place.

## 4.1 Design of evaluation

The design of the project evaluation is presented in table below:

Priority Country	Comm. Profile 1 Comm. Profile 2	Training of local partners	KAP Survey	Project Interventions	Post intervention Comm. Profile 1 Comm. profile 2	Post intervention KAP Survey
<i>Site 1</i>	X	X	X	XXXX	X	X
<i>Site 2</i>	X	X	X	XXXX	X	X

The three studies that will comprise the evaluation (Community profile 1 and 2 and the KAP surveys - Pre and Post intervention -) will be described below.

## 4.2 Evaluation components

Assessment of the impact of the intervention will require a comprehensive and multi-levelled approach, with assessment of the individual and the community.

### 4.2.1 Summary of baseline assessment

The baseline assessment comprises three main components related to the initial situation in the community:

- Community profile 1**, providing information on the organised and the cultural context in which the phenomenon exists; relevant community resources on an organisational level, existing prevention efforts; community understanding/beliefs, attitudes and customs with regard to substance use, including substance use among young people.
- Community profile 2**, providing information on community and the society with regard to structures and processes related to substance use among young people, including community resources on an organisational level.
- KAP youth study**, providing information on the “phenomenon”, i.e. related to substance use among young people at the community level.

In line with the public health perspective adopted the data will not be restricted to information directly related to substance use among young people. The variables and indicators will be determined, partly on the basis of the general understanding of substance use, the identified needs and choice of intervention.

## 4.3 Descriptions of the components of the baseline assessment

### 4.3.1 Community profile 1

- ***Purpose***

To provide information on community commitment to the issue of substance use and abuse with special emphasis among young people. This information will contribute to an understanding of the basis for community mobilisation.

- ***Variables***

The relevant variables are local understanding, attitudes, and norms with respect to substance use and abuse, community situation assessment, ongoing intervention projects, programmes, strategies, and networks.

- ***Justification***

The form and content of the networks may be taken as an indicator of level of community mobilisation. Of special importance is the understanding of attitudes towards substance use and abuse among young people in political and welfare organisations and agencies as a resource for or barrier to an envisaged intervention.

- ***Implementation***

A selected research institution will conduct the surveys

- ***Strategy***

- a) A sample of 100 adults randomly selected from the target population will be interviewed (see annex 4)<sup>1</sup>
- b) Focus Group discussions with key informants (4)
- c) Focus Group discussions with young people (2 male, 2 female)
- d) Interviews with government officials and community leaders

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<sup>1</sup> Ideally KAP adult should be done before training. However, operationally this is not possible. It will be done with KAP youth survey. The interpretation of some variables will be affected such as mobilisation would have occurred after training of local partners but the effect will be small.

### 4.3.2 Community Profile 2

- **Purpose**

To provide information on other aspects of the community and the wider societal context that are relevant to the intervention. These include socioeconomic conditions and structures in the community.

- **Variables**

Central variables are the legal, economic, political, and health, social, and demographic, especially as they relate to substance use and prevention.

- **Justification**

These factors influence the intervention. They include, among other things, locally organised life, both as part of civil society and the state, e.g. tradition and present situation with regard to mobilisation of (parts of) the community for various collective purposes.

- **Strategy**

- a) The information will partly be available in the form of statistics.
- b) New information will be required.
- c) Desk reviews should be conducted of available secondary data or databases on community and societal level issues (see Annex 2).

- **Implementation**

The selected research institution will conduct the surveys.

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