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**FORUT: ADD  
Mid-term evaluation**

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## **Preface**

FORUT is a Norwegian development organisation established in 1981 by three NGOs specialized in alcohol and drug prevention; IOGT, Juvente and IOGT Junior Association. FORUT's activities are financed through fund-raising campaigns and grants from the Norwegian and Swedish governments. "Alcohol, Drugs and Development" (ADD) is a global program in FORUT, in the sense that it involves all countries with FORUT activities and also FORUT action on the international level. The program has been granted NORAD funds for the period 2004-2008. In this respect, this report represents a mid-term evaluation of the ADD program.

The evaluation has been conducted by a mixed internal-external evaluation team, consisting of Dag Endal from the ADD program administration and Sverre Nesvåg from IRIS, with Preben H. Lindøe from IRIS as responsible for IRIS quality assurance. Dag Endal has contributed to the evaluation with fact-finding, documented in the report sections 1.1 – 1.5 and 2. He has also been an important discussion partner and has coordinated the internal FORUT quality assurance of the report. Sverre Nesvåg has been the manager of the evaluation and is responsible for all discussions, conclusions and recommendations presented in this report.

We want to thank all the representatives from FORUT Norway, FORUT branch organizations and partner organizations for taking part in this evaluation through interviews and by obtaining all kinds of documentation requested from the evaluation team. Without their contribution this evaluation would not have been possible.

We hope this evaluation can be used as support for learning within an Organizational Development framework in FORUT. By that, we hope that we have made a contribution in the continuous work of improving the ADD program and the more general work of FORUT, as the expert organization on alcohol, drugs and development.

Stavanger, May 2006

Sverre Nesvåg, project manager

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## Summary

“Alcohol, Drugs and Development” (ADD) is a global program in FORUT, in the sense that it involves all countries with FORUT activities and also FORUT action on the international level. As one of its main priorities, FORUT aims at integration of alcohol and drugs perspectives in its development programs, as well as in the field of development cooperation in general. This priority has been endorsed by the Norwegian Agency for Development Cooperation (NORAD), and the ADD program has received NORAD grants as part of the framework agreement between NORAD and FORUT. The ADD was launched in 2003 as a continuation of the project “Local Action against Alcohol and Drugs. Total expenditures to the ADD program in 2005 were approx. 2 million NOK.

“Alcohol, Drugs and Development” is a multi-component program with activities in several areas and on several levels:

- International, national and local level;
- Community action, awareness campaigns, policy making and lobbying, research and documentation;
- Specific alcohol and drug prevention projects, as well as projects where alcohol and drug prevention is integrated into more general activities of community development and promotion of health and welfare.

National partner organizations in six developing countries are involved in the ADD program; Nepal, India and Sri Lanka in South-East Asia and The Gambia, Sierra Leone and Senegal in West Africa. The partners have their specific ideological profiles and use a broad variety of strategies and working methods. Some of the partners are specialized agencies in alcohol and drug prevention, while a majority are broader community based development organizations.

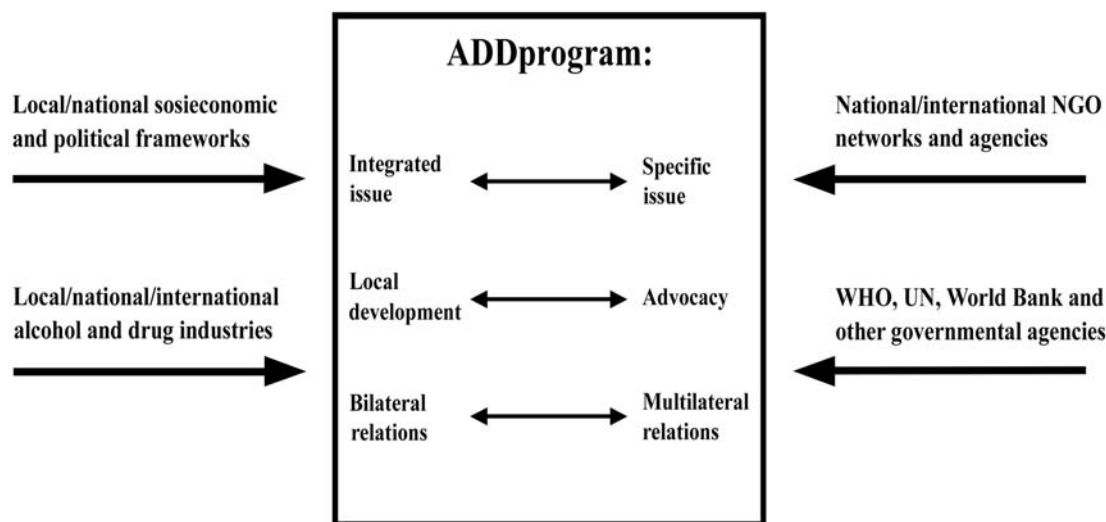
The responsibility for program management lies with the FORUT headquarters in Gjøvik, Norway, while the program office is located in Oslo. The program management conducts ADD activities towards Norwegian audiences, as well networking and alliance-building towards global networks and institutions

The development objectives of the ADD project have been defined as follows in the NORAD application for 2004-2008:

- contribute to building knowledge and designing activities in FORUT’s six partner countries so as to reduce the consumption of alcohol and drugs, and thereby reduce human, social and economic costs.
- contribute to strengthening the counter forces against the use of alcohol and drugs.
- contribute to mobilising resistance against an expanding alcohol capital.

The NORAD funds to the Alcohol, Drugs and Development program have been granted as part of the NORAD/FORUT Frame agreement. In this agreement, NORAD expects FORUT to integrate evaluation processes in the implementation of the various programs. The main objective of this evaluation is consequently to be a part of the organizational learning process of the program, where written documentation, verbally communicated experiences and points of view from organizational actors, are discussed and analysed by an internal/external evaluation team.

The evaluation design can be illustrated by this model, where the three main analytical dimensions of the ADD program are placed into an organizational, political, economic and cultural context:



In chapter 2 of this report we present the strategies and activity profiles of each of the national FORUT branches and partner organizations. The presentation is both in the form of tables, showing areas of action, activity levels and methods, and a more qualitative description of the work of each ADD partner organization.

The production and dissemination of knowledge about alcohol and drugs as an obstacle for development, is an important objective of the ADD program. The quality and utilisation of research reports and other documentation of knowledge and experience, is therefore an important outcome of the program. In chapter 3 we present a short assessment of some of these studies and reports, and the picture they paint of the alcohol and drug situation in each of the ADD countries. Then we relate the situation in each of the six countries to the global situation, as it is documented in reports published by WHO. Finally, we evaluate what role the reports and documentation have played in the ADD activities in each country, and for the ADD program at large.

In chapter 4 we discuss the information obtained, in relation to the defined analytical dimensions and within the different contexts characterizing the settings of each of the organizations.

The conclusions and recommendations following this analysis are then presented in the form of a SWOT analysis, in the last chapter of the report. These are as follows:

### **Strengths:**

The previous program, Local Action against Alcohol and Drugs, and to an even larger extent the current program, Alcohol, Drugs and Development, demonstrate how alcohol and drugs has been realized as an obstacle to development by NORAD and other bodies, financing development work. The multi-level strategy launched by FORUT in the ADD program, also seems to gain full support both from NORAD and by the FORUT branches and partner organizations. This gives FORUT a necessary legitimacy in a program so heavily opposing strong economic and political interests on both international and national levels.

The multi-level approach seems to be the only possible strategy to meet the objectives of the ADD program, and all the FORUT branches and partner organizations give full support to this approach, even if they have varied possibilities themselves for working on all the different levels. They feel that a multi-level approach is necessary in order to understand and react to the processes and interests affecting their work. This approach is also in full accordance with the model recommended by Fowler in his book about the role of NGOs in developing work.

For many of the FORUT branches and partner organizations the ADD program has stimulated their work by strengthening and developing their strategies, objectives and working methods. In no way have the FORUT branches and partners felt pushed to address the ADD topics. On the contrary, it seems like the ADD program have given support to areas of work, felt to be of great importance for many of the ADD partners. Here are some of the most pronounced examples:

- ADIC, as a specialized ADD organization, has broadened their strategy and developed their methods and cooperation with other organizations on all operating levels.
- The FORUT branches in Sri Lanka and Sierra Leone have been able to address, document and react to the additional burdens created by alcohol and drugs in conflict and natural disaster situations.
- The newly founded IAPA has quickly been able to address the big national challenges of alcohol in a fast developing country as India, also connecting to the local and international levels of work.
- APSA, as a high standard learning organization, has been able to address and react with evidence based methods to the consequences of alcohol and drugs in city slums, and has also contributed to the understanding of the economic and cultural relationships between the role of alcohol in modernity and poverty contexts.
- In Nepal, CWIN has demonstrated how high standard research, national advocacy and local action can be integrated in an impressive work under the most difficult circumstances.

Also for the other partners, the ADD program has stimulated their work. As the ADD activities are implemented in all FORUT branches and partner organizations, the program has also contributed in building an organizational network within FORUT with a great potential for mutual exchange of knowledge and experience.

The amount and quality of research and other forms of documentation, is an important outcome of the ADD program. First, it has produced new insight about alcohol and drugs as an obstacle to development, heavily needed if one wants to awake interest for this topic among other agencies engaged in development work and politics. Secondly, it has been important for both FORUT Norway and many of the partners in their development of strategies and working methods. A special credit should be given to the textbook written by Diyanath Samarasinghe; “Strategies to Address Alcohol Problems”.

### **Weaknesses:**

There are, of course, also some weaknesses so far in the accomplishment of the ADD program. On a paramount level, we find these weaknesses in two areas.

The first weak area is the integration of the different FORUT branches and partner organizations in the multi-level strategy. It also seems to be a lack of strategy on how to achieve a better integration. Some of the branches and partners may not have the strength or the interest to take active part in such a strategy. They may be better off by concentrating most on their primary focus areas on the local level. Others may have both the interest and the capacity to take a more active role, but at the moment there seems to be some obstacles in achieving this.

First, both FORUT Norway and the ADD partners have very limited resources for an engagement in activities on the national and international levels. Secondly, it seems that the current strategy from FORUT Norway has been to make priority in building up alliance organizations on the global, regional and to some degree, on the national levels. It seems hard to engage locally based partners in this work. And finally, we see it as a weakness when the locally based partners motivate their interest in the multi-level approach, only in their need of information and knowledge about how international and national interests and processes affect their work. It's a weakness when FORUT Norway until now, only to a limited extent, has utilized the high standard research, the analytical competence and the experiences and stories of their partners in their international work.

This brings us over to the second weak area in the ADD program so far; the utilization of the ADD program in building an organizational learning strategy. Most of the relationships in the program are bilateral between FORUT Norway and each of the ADD partners. There are some important direct relationships between ADD partners within countries as Sri Lanka and India, and between the IOGT organizations in Gambia and Senegal, but especially the potential of network relations within regions and the whole ADD “family” is poorly developed. The result of the dominating bilateral relations, is that FORUT Norway with its limited resources, becomes a bottleneck in building inter-organizational learning networks.

An arena as the Annual Consultation meetings could have been important for organizational learning, and to some degree it may already have contributed in



developing activities and methods for some of the partners. So far, it has however, been more of an arena for presentations of results and experiences, leaving the learning potential to be utilized by each of the partners in isolation.

The organizational learning potential of the ADD program is even greater if one considers two of the most important recourses of the ADD partners; the organizational learning capabilities among some of the partners and the amount and quality of the research conducted through the ADD program. We will return to this in the section on the opportunities of the program.

The last weakness we want to mention, is the rather diffuse objectives and low capabilities of some of the partners, especially the IOGT organizations in Africa. It has neither been possible for us in this evaluation to investigate closer what is meant by activities and methods only described as “sensitization” and “holistic approach”. Much good work may “hide” under such concepts, but we have not been able to observe or document what that might be. A closer evaluation should be conducted as a ground for making decisions about the further strategy regarding these organizations.

### **Threats:**

The work of FORUT, regarding alcohol and drugs as an obstacle to development, has been extended in perspective and objectives through at least three phases; the founding of ADIC in 1987, the launching of the Local Action program in 1997, and the launching of the current ADD program in 2004. Each of these extensions has been supported by NORAD and the FORUT branches and partner organizations.

On the other hand, each of the extensions represents an increase in the vulnerability of the program. First, the ADD program is now opposing strong economic and political interests, not only on the local level, but also on the national and international level. To face these interests demands internal competence, strong alliances to other governmental and non-governmental organizations, opposing the same interests, and a high degree of legitimacy from the financing agencies, such as NORAD. It seems like FORUT is well aware of this and has done a lot to build alliances and supporting relationships.

Second, the extension of objectives and activities within very scarce resources, make the ADD program vulnerable to even small changes in the financing situation. We think FORUT has to make a greater effort in strengthening the financial basis for the ADD program, for instance by finding new sources of financing such elements as research, information campaigns, seminars, international network activities and special national or local projects.

The last, but not the least important threat to the ADD program, is the very labile situation in several of the ADD countries. These situations may well block every possibility of working in some of the countries, but we have also seen how such situations can be utilized for learning how to address alcohol and drugs as an issue in situations of conflict and disasters.

## **Recommendations (opportunities):**

The strengths of the ADD program are the best foundation for developing the program even further, and the weaknesses and threats can easily be reformulated as opportunities for such a development. We finish this report by addressing these opportunities and formulate some recommendations for how to develop the ADD program:

- As the Norwegian (and also among the few international, we would think) expert organizations on alcohol and drugs as an obstacle to development, FORUT has a great obligation to guide other organizations and agencies which should or will engage in this issue. By a systematic collection and presentation of knowledge and experiences, FORUT has the possibility of developing handbooks of best practices of both integrated and specific strategies and methods in this area of development work.
- Until now the FORUT branches and partner organizations are motivated to take part in the multilevel strategy of the ADD program, for the purpose of strengthening their local level work. We strongly recommend that this motivation is extended by bringing these partners into the international work with the purpose of utilizing their knowledge, experiences and local stories in strengthening the work in the national, regional and global arenas and networks. Such a reciprocal motivation is an important strategy for strengthening the roles of each partner and the mutual relationships between actors and activities on all levels.
- In the national and international alcohol policy alliances and the international governmental organizations, such as the WHO, it is the public health arguments and concerns about alcohol use that are in focus. We recommend that FORUT also advocate the socioeconomic and cultural perspectives of alcohol and drug use in developing countries. Many of the ADD partners are very concerned and have much knowledge about these aspects. FORUT should utilize this knowledge even more, both in their local and in their international work.
- Alcohol and drug use represents very different challenges in different contexts. We recommend that FORUT, together with the partners, emphasizes this more in the future development of strategies and methods. Most has, until now, been done in the traditional and poverty contexts. Of special interest are also the experiences from conflict and post-war and -disaster contexts. This could be even further developed and we strongly recommend that the two cross-cutting issues in FORUTs work, conflict sensitivity and ADD, are seen in close relation to each other.

In addition there are some rather isolated newly industrialized areas in many of the ADD countries, with specific challenges to be met. The most interesting context in many of the countries is, however, the modernity context. FORUT should pay more attention to this context, both because this is where the use of alcohol increases most, and because the dominant economic and cultural position of the modernity context has great spill-over effects to other contexts.

- FORUT has defined some quite challenging objectives and strategies for its ADD program. The formulated objectives and strategies seem to be in full accordance

with the ideal model presented by Fowler (op.cit), depending on competent partners aiming at a continuous improvement of their knowledge base and practices. FORUT has a great potential in building up a strong organizational learning network, supporting this continuous improvement. This can be done by several means:

- By defining the potentials and role of each of the partners in such a learning support network.
  - By integrating all partners in some way or another, in the multi-level strategy (as already described).
  - By developing the Annual Consultation, other meetings and electronic channels, as arenas for systematic learning, integrated in the organizational learning strategy of each of the partners and FORUT Norway itself.
- One of the most impressive outcomes of the ADD program is the research activities. This has until now been formulated as an area of activity, mostly in the form of “country studies”. Such country studies may also be important in the future, especially in the planning of entering new land areas and countries. We recommend, however, that this area of activity is developed into a more comprehensive research strategy. In such a strategy, the following elements should be considered:
    - Stimulate and help researchers in the partner organizations to take more active part in international development, political and academic arenas where their past, current and future research will certainly be of great interest.
    - Stimulate and support the publication of research findings as textbooks and articles for publication in international journals. By that, the researchers can reach a wider audience and FORUT can better fulfill the objective of knowledge dissemination.
    - Take the initiative to more comparative research, both regarding parallel processes and contexts in several of the ADD countries. This can lift the knowledge production to a higher level and stimulate the inter-organizational learning processes in the ADD network. It can also produce new connections between researchers among the ADD partners and with external research institutes.
  - One last recommendation is to investigate new sources of funding for the ADD program. We have already mentioned program elements, such as research, information campaigns, seminars, international network activities and special national or local projects, that could be financed from new sources. The ADD program has the potential to grow both in quality and capacity, by such an effort.

# 1 Introduction

## 1.1 FORUT – Campaign for Development and Solidarity

FORUT is a Norwegian development organisation established in 1981 by three NGOs specialized in alcohol and drug prevention; IOGT, Juvente and IOGT Junior Association. FORUT's activities are financed through fund-raising campaigns and grants from the Norwegian and Swedish governments.

Development programs are implemented by local FORUT staffs or through local NGOs. This is to ensure local ownership and to develop local knowledge in finding joint solutions to common problems. FORUT sees capacity-building and the development of human resources as crucial in alleviating poverty and achieving sustainable development.

FORUT has projects in six countries in Asia and Africa: Sri Lanka, India, Nepal, Sierra Leone, The Gambia and Senegal.

The main office in Gjøvik, Norway and a branch office in Oslo employ 18 persons, while the refugee centres in Norway employ 20. FORUT staff in the six project countries numbers around 200, most of them in Sri Lanka. The respective national partners have staff of their own, but these are not being counted as FORUT staff members.

FORUT present their ideological foundation as follows:

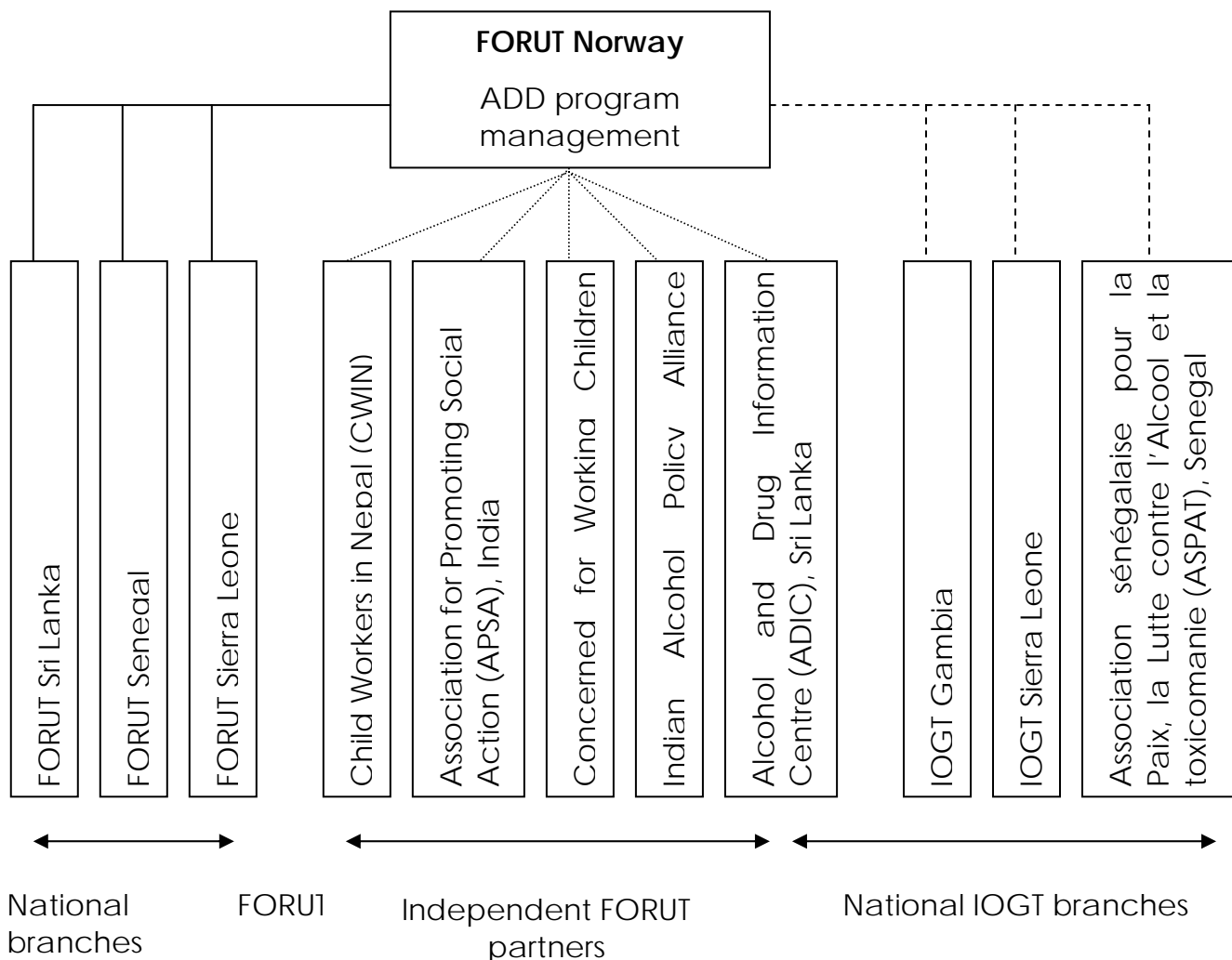
*“FORUT's vision is a world in peace and without poverty, where all are secured human rights and social justice, and where alcohol and drugs do not prevent people's well being and fulfilment of human potential.*

*FORUT's mission is to fight poverty and to mobilise for a world with more justice and solidarity. We want to enhance the quality of life of the people through their participation in development processes, advocacy and political awareness.*

*FORUT will contribute to social mobilisation of the poor and oppressed in their struggle for human rights, being instrumental in reforming society to be responsive to these rights and needs. Solidarity means putting respect above pity, struggling together with underprivileged groups. FORUT draws a clear line against gifts or alms, but wishes to participate in the mobilisation and activation of human resources. An important task is organising against unjust, repressive and exploitative structures. We are working for a higher economic standard for the poor, but also for securing their daily lives, increasing their freedom and integrity, strengthening their social rights and contributing to human development.”*

The FORUT organization chart is shown on the next page.

Figure 1.1 The ADD program organizations



## 1.2 ADD program background

“Alcohol, Drugs and Development” (ADD) is a global program in FORUT, in the sense that it involves all countries with FORUT activities and also FORUT action on the international level. As one of its main priorities, FORUT aims at integration of alcohol and drugs perspectives in its development programs, as well as in the field of development cooperation in general. This priority has been endorsed by the Norwegian Agency for Development Cooperation (NORAD).

The program “Alcohol, Drugs and Development” has been granted NORAD funds for the period 2004-2008. ADD is a continuation of GLO-01/416-13 “Local Action against Alcohol and Drugs” (name changed in 2004), and it includes project GLO-01/416-5 “Alcohol and Drug Information Centre”. Both these projects have received NORAD funding.

FORUTs approach to the topic is outlined in the document “Alcohol, Drugs and Development Strategy”.

### **1.3 Program history**

FORUT has its roots in the temperance movement, through the three owner organisations. Since its foundation in 1981, FORUT has therefore taken a special interest in alcohol and drug problems in a development perspective.

In the first FORUT years, the signals from the Norwegian government were that FORUT should focus on general development work, not engage in “propaganda work” for the temperance movement. This attitude from the government changed gradually in the eighties, towards the NORAD approach of today: FORUT should focus on the topics where FORUT has special competence and can give added value to the development community, in Norway and internationally.

Consequently, in the second part of the 1980s the first concrete steps were taken to integrate alcohol and drug prevention in FORUT’s more general development strategies. In 1990 a book on the topic was published in cooperation with IOGT in Sweden: “Stein til byrden”, the first book portraying alcohol as an additional burden for poor people and poor countries.

In the mid-80s a pre-study was carried out with the intention to establish an information centre in Sri Lanka. The Norwegian government, through NORAD, responded positively to such an idea, and the Alcohol and Drug Information Centre (ADIC) was opened in Colombo, Sri Lanka in 1987. The first grant from NORAD in 1991 was 3,6 million NOK, and ADIC has received annual NORAD funding since then.

The second step towards integrating alcohol and drugs as a development topic was taken in 1997 with the program “Local Actions against Alcohol and Drugs”. Several studies were carried out to describe alcohol and drugs problems in several of the FORUT partner countries. The studies were followed by local projects and campaigns, to test methods for alcohol and drug prevention at local and national level.

The next step was taken in 2003 with the launching of the ADD program – Alcohol, Drugs and Development. ADD is a continuation of Local Action against Alcohol and Drugs, but puts more emphasis on networking and advocacy on the international level.

ADD activities on the local level are addressing both alcohol and drugs as an obstacle to development. On the national and international level the ADD program concentrates on alcohol. This is justified by the fact that there are a lot of other agencies concentrating on the drug trafficking industry, while the alcohol industry, until now, has been given less attention.

The following areas of action have been selected for the ADD program in the application for NORAD funding:

1. Research, country studies
2. Project support, micro projects, and incentives for partners to get involved

3. Exchange of experience and network meetings
4. Documentation and dissemination of knowledge
5. Strengthening of counter-forces to the international alcohol industry
6. Sufficient administrative capacity with high competence on the topic

Since the name of the program was changed from Local Action to ADD as late as in 2004, and that the latter was a continuation of the former program, this evaluation also covers the last years of the Local Action program.

## **1.4 Aims of the evaluation**

The NORAD funds to the Alcohol, Drugs and Development program have been granted as part of the NORAD/FORUT Frame agreement. In this agreement, NORAD expects FORUT to integrate evaluation processes in the implementation of the various programs.

Since NORAD has endorsed FORUT's focus on alcohol and drugs as hindrances to development, it is expected that FORUT produce knowledge and competence on this topic, and that this competence is shared with other development agencies, governmental as well as non-governmental. As a part of sharing of knowledge and experiences, this evaluation report will be published in the NORAD evaluation database.

The first aim of the evaluation is to generalise and present knowledge and experience obtained by the FORUT partner organizations in their implementation of ADD activities and projects. The second aim is to use this experience for further development of the ADD program in 2006-2008, and in possible future programs in the next frame agreement period. The results of the evaluation will, by that, also contribute to the improvement and refinement of FORUT's strategies for alcohol and drug prevention in developing countries more in general.

The main objective of the evaluation is consequently to be a part of the organizational learning process of the program, where written documentation, verbally communicated experiences and points of view from organizational actors, are discussed and analysed by an internal/external evaluation team.

## **1.5 Evaluation topics**

In the Terms of Reference, defining the scope of this evaluation, four evaluation topics are formulated. Under each of the topics there are formulated a series of more detailed questions.

### **Levels of action**

The first topic addresses the levels of action in the ADD program; the local, the national and the international/global level. The following questions are to be answered in the evaluation:

- Which results have been produced on the three levels (local, national and international), respectively?
- To what extent has the ADD program reached its defined goals?
- Has this three-fold approach been a productive strategy?
- Should FORUT follow the same strategy for the rest of the ADD program?
- Is there a need for adjustments in priorities between the three levels?
- Has FORUT succeeded in combining activities between the three levels, to the extent that this has created synergies?

### **Categories of activities**

The second topic of the evaluation is about the three categories of the ADD activities; community action and local awareness campaigns, policy making and lobbying and research and documentation. The following questions are to be answered in the evaluation:

- Has FORUT succeeded in combining the three fields of action and, by this, creating synergies?
- What are the advantages and difficulties in working on three areas of action?
- Which strategies, actions and activities seem to be the most crucial to implement in an ADD partner country?

### **Approaches and partnerships**

The third topic is about the approach adopted by each of the partner organizations. Some of the ADD partners see alcohol and drug prevention as an integral part of more general social work (children, family, social security, social welfare), while others conduct more specific alcohol and drug prevention activities. The question to be answered in the evaluation, is than:

- What are the advantages and difficulties with the two different approaches?

In some of the ADD activities FORUT work with established national and local partners, while in other activities FORUT has established new organizations and institutions to serve as counterparts. The questions are again:

- What are the advantages and difficulties with the two alternatives?

And:



- How have the national and local ADD partners organized their activities (differences and similarities)?
- Which experiences can be drawn from this?

### **Knowledge production and dissemination**

The ADD program is just as much about knowledge production and dissemination, as it is about local development activities. The last evaluation topic is therefore about internal dissemination and exchange of ideas and experiences between the ADD partners. The questions are:

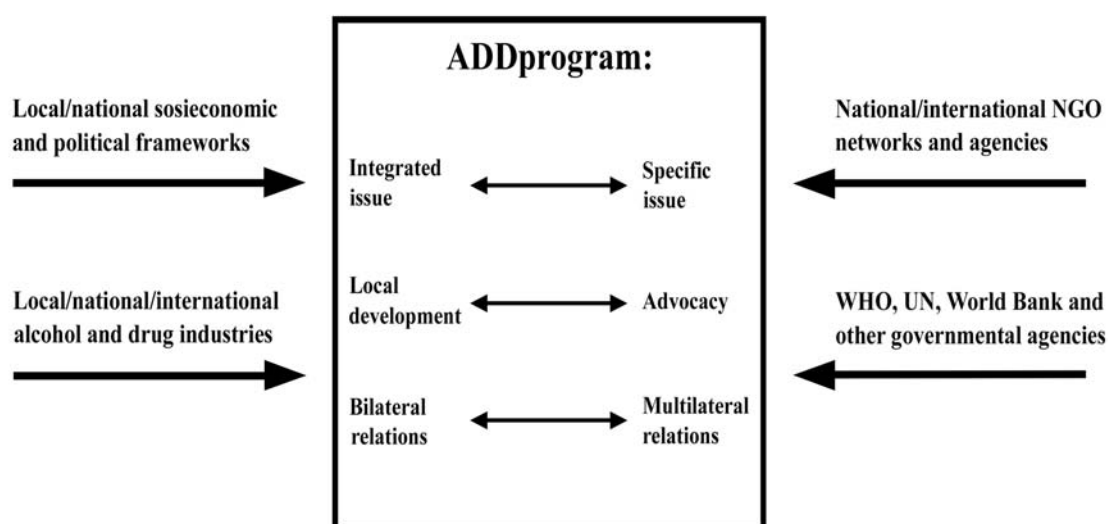
- To what extent has the ADD program managed to establish an understanding of the ADD idea among the various program partners and their key-persons (to what degree the partners see the importance and relevance of this field when it comes to prevention strategies, the scientific basis for action and the political challenges)?
- How is the flow of information between the parties involved in the ADD programme?
- Are there specific problem areas where information routines can be improved?
- Has the program managed to establish routines for exchange of experiences and ideas between partners working with identical activities and methods, eg. theatre, children's helplines, school awareness programmes, street children, monitoring of media's exposure of drinking habits?
- Does the ADD program have suitable systems for identification of experiences, processing of such experiences and dissemination of the outcome among the program partners?
- How do the ADD partners evaluate the support they have received from the ADD administration? Which improvements can be made?

In addition to this, the evaluation also has to be open for any other signals or experiences from the ADD partners that should be dealt with by program management in FORUT Norway, in their efforts to further develop the ADD program.

## 1.6 Evaluation design

To be able to handle all these questions within limited resources, the evaluation will build on the following evaluation design model:

Figure 1.2 Evaluation model



The evaluation will focus on three analytical dimensions. These dimensions seem to represent the main strategic issues in the ADD program:

1. Local community development projects where alcohol and drugs issues are **integrated** into the project activities, as compared to local projects where alcohol and drugs are the **specific** issue of the projects. As both FORUT and most of the partner organizations are Non-Governmental Development Organizations (NGDOs) with a broad range of objectives and activities, alcohol and drugs is only one of many issues to be handled. How to focus on alcohol and drugs as an issue in relation to development has been an important strategic decision in most of the organizations. In the evaluation we will describe the strategies chosen by each organization and discuss the advantages and disadvantages of the different strategies in relation to the ADD program objectives.
2. **Development** projects and activities as compared to projects and activities aiming at influencing national and international alcohol and drug policies, known as **advocacy**. In the first program, “Local action against alcohol and drugs”, the main objective was to raise the issue of alcohol and drugs as an obstacle to local development. In the ADD program action against the influence of the alcohol industry (and to a minor degree, the drug industry), on both local development and the harmful effects of local and national alcohol and drug use. In this work advocacy for more evidence based control policies, have become an important field of activities. In the evaluation we will describe how the different partner organizations

and FORUT itself have balanced these different fields of activities and discuss to what degree they have a competing or supplementing effect on each other in relation to the ADD program objectives.

3. The organization of the ADD program (as the other FORUT programs) builds on **bilateral** relationships between FORUT Norway and each of the national FORUT branches and partner organizations. FORUT Norway is in a “corporate management” position to the national FORUT branches, and in a donor position to each of the partner organizations. On the other hand, national and international advocacy activities and knowledge dissemination is important strategies in the ADD program. Developing **multilateral** relationships between partner organizations in different countries, regions, and on a global level would seem to be an important task to fulfill such a strategy. In the evaluation we will describe and discuss to what extent this has taken place, including the role of FORUT Norway in both the bilateral and multilateral organizational networks.

Each of these dimensions has to be analysed under the conditions created by four sets of frameworks:

1. The social, cultural, economic and political realities on local, national and regional levels. Through different historical processes alcohol and drug habits are embedded in varied local, national and regional contexts, where factors such as religion, ethnicity, economic and political systems affect the norms, beliefs and habits related to alcohol and other drugs.
2. The frameworks created by local, national and international alcohol and drug industries. Local drugs may have been grown for centuries in some areas, and by that, have become an integrated part of local culture and economy. On the international level the drug industry is an enormous industry of organized crime and conflict. When it comes to alcohol, the local, national and international industries and interests are in a situation of intense competition for market shares.
3. The frameworks created by national and international NGOs and NGO network organizations in the field of alcohol and drugs. At present we see the establishment of new national, regional and global alcohol policy alliances. We also see how important professional organizations, as the World Medical Association, are engaging in alcohol policy issues.
4. The frameworks created by WHO, the UN, the World Bank, WTO/GATS and other governmental agencies which engage in alcohol policy issues, both from health and economic perspectives.

## 1.7 Data sources

The ADD program consists of a wide range of specific and integrated projects and project activities, on local, national and global levels. Owing to the fact that this is a mid-term evaluation focusing more on paramount objectives, the choice of strategies, and implementation processes, the evaluation design has not focused on collecting first hand data on the outcomes of each of these activities. The limited economic resources

put into the evaluation, have also restricted the possibilities of utilising data collection methods of first hand observation and interviewing in the fields of these activities.

On the other hand it has been possible to collect a large amount of information about the organizations, objectives, strategies, projects and activities, through different kinds of research reports, written documentation, interviews with actors representing both donor organization FORUT and partner organizations, and a small survey to the partner organizations. As long as the dissemination of knowledge about alcohol and drugs as an obstacle for development, is a major goal of the ADD program, research reports and written documentation should both be regarded as outcome of the program and as data for the evaluation.

The evaluation team has based its work on the following data sources:

### **Documents**

The following documents have been data sources for the evaluation team: Applications to NORAD; Reports to NORAD; Newsletter Local Action; ADD Micro Project; Annual Consultation meetings for ADD partners - Presentations and reports; Strategy documents; Annual Reports; Research and documentation reports from ADD and ADD partners; Research and documentation relevant to alcohol and drugs in developing countries.

See details in Appendix 1.

### **Interviews**

Interviews and discussions with partner organizations and interviews with FORUT staff in Norway: Terje Heggernes, Resident Representative at the FORUT office in Colombo, Sri Lanka; Ståle Stavrum, International Program Director; Jorid Almås, International Program Coordinator; Øystein Bakke, ADD project manager

### **Questionnaire**

A questionnaire was sent to all ADD partners as a follow-up of the focus group interview in Bangalore, and answers were received from seven of the partner organizations: Sierra Leone: FORUT; India: CWC, APSA and IAPA; Sri Lanka: FORUT and ADIC; Nepal: CWIN.

## **2 Program content**

“Alcohol, Drugs and Development” is a multi-component program with activities in several areas and on several levels:

- International, national and local level;
- Community action, awareness campaigns, policy making and lobbying, research and documentation;
- Specific alcohol and drug prevention projects, as well as projects where alcohol and drug prevention is integrated into more general activities of community development and promotion of health and welfare.

A broad variety of working methods and activities are being used in the respective projects under the ADD program. See next chapter for more details.

### **2.1 Organization**

“Alcohol, Drugs and Development” is organized as a cross-cutting activity within FORUT, involving all project countries and national partners.

The responsibility for program management lies with the FORUT headquarters in Gjøvik, Norway, while the program office is located in Oslo. Until the end of 2005 the program had one full-time staff member; Øystein Bakke, the ADD Program Manager. He has been with FORUT since 2000, first with the Local Action program and then the ADD program since 2004. The ADD program is organized in the International Project Department of FORUT Norway and with Ståle Stavrum, International Program Director as chief executive officer.

It has for some time been the ambition of FORUT to strengthen the ADD program with a second staff member. This was realized from 1<sup>st</sup> of January 2006, when Dag Endal was employed full-time Project Coordinator at the Oslo office. Starting from summer 2005, 50% of Øystein Backe’s working hours have been devoted to international networking, competence building and alliance building in agreement with the Global Alcohol Policy Alliance.

### **2.2 Finances**

The ADD program is funded by grants from NORAD - the Norwegian Agency for Development Cooperation – and money from FORUTs fund-raising activities (90/10). The NORAD grant is given as part of the framework agreement between NORAD and FORUT 2004 – 2008.

Total expenditures in 2005 were approx. 2,038 million NOK.

## 2.3 Partners and areas of action

For the purpose of this evaluation we have categorized FORUTs activities into twelve activity areas, to show the profile of the FORUT partners:

Table 2.1 FORUT partners and areas of action

| Organisation   | Country      | Infrastructure:Housing, roads, water supply, toilets | Strengthening civil society | Education for children/youth | Vocational training for youth | Protection and rehabilitation of vulnerable children | Media training | Health: Education and clinics | Children's rights; empowering | Humanitarian assistance in conflict situations | Reconstruction after natural disasters | Peace and reconciliation | Alcohol and drug prevention |
|----------------|--------------|--|-----------------------------|------------------------------|-------------------------------|--|----------------|-------------------------------|-------------------------------|--|--|--------------------------|-----------------------------|
| ADIC           | Sri Lanka    |  | x                           |                              |                               |  |                |                               |                               |  |  |                          | x                           |
| FORUT Sri L    | Sri Lanka    | x  | x                           | x                            | x                             | x  |                | x                             | x                             | x  | x                                      | x                        | x                           |
| CWIN           | Nepal        |  | x                           |                              | x                             | x  | x <sup>1</sup> | x <sup>2</sup>                | x                             | (x)  |  | x                        | x                           |
| APSA           | India        | x <sup>3</sup>                                       | x                           | x                            | x                             | x  |                | x                             |                               | x  |  |                          | x                           |
| CWC            | India        |  | x                           | x                            | x                             |  |                |                               | x                             |  | (x)                                    |                          | x                           |
| IAPA           | India        |  |                             |                              |                               |  |                |                               |                               |  |  |                          | x                           |
| IOGT Gambia    | Gambia       |  |                             |                              |                               |  |                |                               |                               |  |  |                          | x                           |
| ASPAT          | Senegal      |  | x                           |                              |                               |  | x              |                               |                               |  |  |                          | x                           |
| FORUT Senegal  | Senegal      |  |                             |                              | x                             |  | x              |                               |                               |  |  |                          | x                           |
| IOGT Sierra L  | Sierra Leone |  |                             |                              |                               |  |                |                               |                               |  |  |                          | x                           |
| FORUT Sierra L | Sierra Leone | x  |                             | x                            | x                             |  |                | x                             |                               | x  |  | x                        | x                           |

This table shows that all national FORUT partners are involved in alcohol and drug prevention activities, and at the time of the evaluation, all the partners are involved in the ADD program.

1 CWIN has media training programs for its own staff, as well as a documentation centre collecting information on children, alcohol and drugs etc.

2 Health education for children in the CWIN centres and an acute medical centre for children, funded by Save the Children.

3 APSA works to guarantee the rights to housing, water supply, roads and other infrastructure for slum dwellers in Bangalore and Hyderabad.

## 2.4 Partners and activity levels within ADD

The activities in the ADD program take part on local, national, regional and international levels. The next table shows the activity levels for each partner organization.

Table 2.2 Partners and activity levels within ADD

| Organisation   | Country      | Local | National    | Regional                           | Inter-national |
|--|--------------|-------|-------------|------------------------------------|----------------|
| Alcohol and Drug Information Centre (ADIC)   | Sri Lanka    | x     | x           | x                                  | x              |
| FORUT Sri Lanka  | Sri Lanka    | x     | x           |                                    |                |
| Child Workers in Nepal (CWIN)  | Nepal        | x     | x           |                                    |                |
| Association for Promoting Social Action (APSA)   | India        | x     | x<br>(IAPA) |                                    |                |
| Concerned for Working Children (CWC)   | India        | x     |             |                                    |                |
| Indian Alcohol Policy Alliance   | India        |       | x           | x                                  | x              |
| IOGT Gambia  | Gambia       | x     |             | Bi-lateral                         |                |
| Association sénégalaise pour la Paix, la Lutte contre l'Alcool et la toxicomanie (ASPAT) | Senegal      | x     | x           | cooperation                        |                |
| FORUT Senegal  | Senegal      | x     | x           |                                    |                |
| IOGT Sierra Leone  | Sierra Leone | x     |             |                                    |                |
| FORUT Sierra Leone   | Sierra Leone | x     |             |                                    |                |
| FORUT Norway   | Norway       |       | x           | Bi-lateral cooperation with Sweden | x              |

**Local:** Projects and activities on village and district level in home country.

**National:** Projects and activities directed towards national authorities, NGOs or media, and local projects with a national scope and coverage.

**Regional:** Cooperation between two or more countries, involvement in regional institutions or action directed towards such institutions

**International:** Projects and activities directed towards international institutions or involvement in such institutions.

The table shows that all ADD partners, except IAPA, have activities on local or district level. IAPA is mainly a policy body on the national level, but some of their campaigns involve also local activities.

Half of the partners are involved in activities on the national level, mainly in the sense that they carry out prevention campaigns or other projects that have a national coverage. ADIC Sri Lanka and IAPA, India have national policy making and advocacy as a major field of activity.

ADIC Sri Lanka is also involved in international cooperation through its links to the World Health Organization and to the Global Alcohol Policy Alliance.

APSA, CWC and CWIN are involved in international networks on other topics that alcohol and drugs, eg. on children's rights.

## 2.5 Partners and areas of ADD action

The ADD program contains a variety of actions. The next table shows the areas of action for each of the ADD partners.

Table 2.3 Partners and areas of ADD action

| Organisation      | Country      | Research<br>Documentation | Integrated<br>in<br>Community | School programs | Media and information<br>campaigns | Policy making and<br>lobbying | Networking<br>with<br>other NGOs etc | Health and welfare<br>promotion |
|-------------------|--------------|---------------------------|-------------------------------|-----------------|------------------------------------|-------------------------------|--------------------------------------|---------------------------------|
| ADIC              | Sri Lanka    | X                         |                               | X               | X                                  | X                             | X                                    | X                               |
| FORUT Sri Lanka   | Sri Lanka    |                           | X                             |                 |                                    |                               | X                                    | X                               |
| CWIN              | Nepal        | X                         | X                             |                 | X                                  | X                             | X                                    |                                 |
| APSA              | India        | X                         | X                             |                 |                                    | X                             | X                                    |                                 |
| CWC               | India        | X                         | X                             |                 |                                    |                               | X                                    |                                 |
| IAPA              | India        | X                         |                               |                 | X                                  | X                             | X                                    |                                 |
| IOGT Gambia       | Gambia       |                           | X                             | X               |                                    |                               |                                      |                                 |
| ASPAT             | Senegal      |                           |                               | X               | X                                  |                               | X                                    |                                 |
| FORUT Senegal     | Senegal      | X                         |                               |                 | X                                  | X                             | X                                    | X                               |
| IOGT Sierra Leone | Sierra Leone | (X)                       | X                             |                 |                                    | X                             |                                      |                                 |
| FORUT Sierra L    | Sierra Leone |                           | X                             |                 |                                    |                               |                                      | X                               |
| FORUT Norway      | Norway       | X                         |                               |                 | (X)                                | X                             | X                                    |                                 |



## 2.6 Partners and working methods in ADD activities

The ADD program contains a variety of working methods. The next table shows the working methods used by each of the ADD partners.

Table 2.4 Partners and working methods

| Organisation   | Country      | Child helplines/children's rights | School based activities | Monitoring media & adverts | Film, video, radio production | Production printed material | Training professionals/staff | Training of NGOs/opinion leaders | Networking with other NGOs | Lobbying | Mobilising local groups | Self-help groups | Web-activities |
|----------------|--------------|-----------------------------------|-------------------------|----------------------------|-------------------------------|-----------------------------|------------------------------|----------------------------------|----------------------------|----------|-------------------------|------------------|----------------|
| ADIC           | Sri Lanka    |                                   | X                       | X                          | X                             | X                           | X                            | X                                | X                          | X        | X                       |                  | X              |
| FORUT Sri L    | Sri Lanka    |                                   |                         |                            |                               |                             | X                            | X                                | X                          |          | X                       | X                | X              |
| CWIN           | Nepal        | X                                 |                         | X                          |                               | X                           | X                            | X                                | X                          | X        |                         |                  | X              |
| APSA           | India        | X                                 |                         |                            |                               |                             | X                            |                                  | X                          | X        | X                       | X                |                |
| CWC            | India        | X                                 | X                       |                            |                               |                             | X                            | X                                | X                          | X        |                         |                  | X              |
| IAPA           | India        |                                   |                         |                            |                               | X                           | X                            |                                  | X                          | X        |                         |                  | X              |
| IOGT Gambia    | Gambia       |                                   | X                       |                            |                               |                             | X                            |                                  |                            |          | X                       | X                |                |
| ASPAT          | Senegal      |                                   | X                       |                            |                               | X                           | X                            | X                                | X                          |          |                         |                  |                |
| FORUT Senegal  | Senegal      |                                   |                         |                            | X                             |                             | X                            |                                  | X                          | X        |                         |                  | X              |
| IOGT Sierra L  | Sierra Leone |                                   |                         |                            |                               |                             | X                            | X                                |                            |          | X                       | X                |                |
| FORUT Sierra L | Sierra Leone |                                   |                         |                            |                               |                             | X                            | X                                |                            |          | X                       | X                |                |
| FORUT Norway   | Norway       |                                   |                         | X                          |                               | X                           | X                            | X                                | X                          | X        |                         |                  | X              |

## 2.7 Partner organizations: strategies and activity profiles

By these tables we have given a systematic overview of the areas, levels and methods of activities conducted by the FORUT organizations and the FORUT partner organizations. In the last section of this chapter we will give a description of the strategies and activity profiles for each partner organization. The basis for the description is the tables presented here, the focus group interviews with representatives of the partner organizations, the answers given by the partner organizations to the

questions asked in the follow up questionnaire, and interviews with FORUT Norway staff members.

### **Sri Lanka: ADIC (Alcohol and Drug Information Centre)**

As the first “specialist” organization in the FORUT strategy to focus on alcohol and drugs as an obstacle to development, ADIC is an important actor in the ADD program. ADIC operates both on the local, national and international levels and engages in a wide range of activities with the aim of knowledge production and dissemination, education and training, information and media campaigns, and mobilization and lobbying towards local and national authorities.

Their concern has been on alcohol in different contexts; poverty, conflict/war and alcohol and modernity, but the tsunami disaster represents a new challenge with increased alcohol and drug availability and consumption among the most affected victims. ADIC has always worked in close cooperation with FORUT Sri Lanka, but this new situation has called for an even closer cooperation, both with FORUT and other NGOs.

ADIC is already a partner in international NGO networks in the alcohol field. They wish to broaden this international engagement, also as a prerequisite for a more effective strategy against the global impact on the national alcohol culture development in Sri Lanka.

ADIC seems to have built an important expertise in “local action against alcohol and drugs” in different context situations. In this, they have been a partner, but maybe also an excuse for FORUT Sri Lanka, in their concentration on more general development work. With the transition from “local action” to ADD, it has also been possible for ADIC to broaden their perspective. They have, for a long time, been engaged in some activities to influence national alcohol policies, but the ADD strategies opens for a more integrated strategy of local, national and international engagements. They have themselves expressed a need for developing both their specific methods and an integrated strategy. The question is what role FORUT Norway sees for ADIC in the ADD program, including the national and international objectives of the program.

### **Sri Lanka: FORUT**

The FORUT organization in Sri Lanka is a strong development aid organization with a wide range of development activities throughout the country. Their size and broad obligations seems in many ways to have made it problematic to accentuate alcohol and drugs as a specific issue, even if they to some degree have integrated elements of local prevention efforts in the local community development work. With ADIC as a close partner in local development work, ADIC has taken care of the more specific ADD activities.

FORUT Sri Lanka themselves feels a need for developing their knowledge base and their competence in addressing alcohol and drugs in local development project

situations, where this becomes an important issue. The situation after the tsunami is clearly such an issue. In this situation alcohol and drug problems have to be addressed, both in local work in cooperation with both ADIC and other NGOs, but also on a local and national political level, as regulation policies heavily affect the local alcohol and drug availability in affected areas.

FORUT Sri Lanka also raises the question about what elements should be integrated in a local ADD strategy. Until now, treatment and harm reduction has not been elements in the ADD program. The question is how the needs of people with established alcohol and drug problems should be addressed. Is it a task for the FORUT – ADD program or should it be left to other treatment actors? And what if there are no others? This is questions that are differently handled by the ADD partner organizations.

### **Nepal: CWIN (Child workers in Nepal)**

CWIN is primarily an organization working to secure the rights and improve the living conditions for children in need. In this, they have engaged in a broad range of activities on local and national levels, as sheltered housing, education and training, information, mobilization and advocacy.

In a situation of violent conflict, they have been able to make allies with both contending parties and used the issue of alcohol and drugs, both as an issue of concern in itself, and as a substitute strategy for reaching children and families in need in conflict areas.

On top of this, CWIN has been able to conduct high quality research on both broad issues of the alcohol and drug situation in the country, and special issues as wide-ranging as alcohol and drug use among street children and the impact of modern alcohol advertising in films and media.

In a context of an ongoing war, CWIN has found it most strategic to market their work as “local action”. As a partner in the ADD program, their potential as a valued regional and national actor could however, be of major importance. The combination of competence in relation to local action activities, as a national political actor, knowledge of alcohol and drugs impact in all relevant contexts in developing countries (traditional, modern, poverty and conflict), and their theoretical and research methodological abilities, makes CWIN an ideal partner for the ADD program.

### **India: APSA (Association for Promoting Social Action)**

APSA has grown to be a relatively large organization aimed at working for unprivileged children and families on the streets and in the slums of Bangalore and Hyderabad. APSA stands forward as an ideological self-confident and competent action-oriented organization. The organizational praxis of APSA seems to be a realization of the ideals of “the learning organization”, elsewhere almost never found outside the theoretical textbooks. Their broad-based strategy includes the social, cultural, economic and political aspects of the situation for poor urban children and families. As they formulate

it: “Such situations demand a comprehensive conceptualization and approaches.” APSA is really a materialization of the slogan: Think globally, act locally.

The ADD program seems to have given APSA the opportunity to broaden their work in two directions. First, the program has sharpened the attention of APSA in seeing alcohol and drugs as a profound risk to vulnerable children and families. They have then responded by developing their knowledge, methods and activities addressing this issue. Realizing that many children have already become addicted to drugs, they immediately have responded by developing a kind of treatment built on solid professional knowledge (the Modified Social Stress Model, developed by WHO).

Second, APSA has responded to the broadening of perspective from “Local action” to ADD, by a stronger engagement in national alcohol policies. They are a founding member of IAPA and now take greater interest in issues about how alcohol and drugs become ever more relevant to the sociocultural development in India. For FORUT, APSA has the potential of becoming an even more important actor in an integrated ADD strategy, than it already is.

### **India: CWC (Concerned for Working Children)**

In the same way as CWIN, CWC is primarily working with children rights and living conditions, with a special attention on child labor. As APSA, they build on a clear ideological basis for their work. Their main objective is formulated as being highly responsive to needs and priority of issues raised by what CWC see as their stakeholders; children, women and local communities. Their development of activities of education and training, information, mobilization and advocacy, is directed by the input from their stakeholders. This ideological stance also directs CWC in handling their relationships to different donors, of which FORUT is only one. CWC is an active actor in international networks of NGOs working with children rights.

CWC engage in the ADD program to the extent that alcohol and drugs has been raised as an issue by the stakeholders, that is, as an integrated factor of poverty and violence. CWC have experienced a considerable increase in the concern about alcohol and drugs. They now also engage in local mobilization against alcohol and drug use and against economic and political actors who benefit from the production and sale of alcohol.

This experience has also encouraged CWC to engage in national networks, as IAPA, and they also wish to be a partner in the international work against the impact of the alcohol industry.

### **India: IAPA (Indian Alcohol Policy Alliance)**

The founding of IAPA is part of the strategy to strengthen the advocacy for more evidence based national and international alcohol policies. It is the Indian Medical Association, together with other NGOs, and with the support of FORUT and the Global Alcohol Policy Alliance, who are the founders of the organization. It is now established with an office in New Dehli with two staff.

Already at the founding event in June 2004, IAPA was able to present updated documentation of the alcohol situation in India. Since then, they have engaged in meetings with national NGOs operating in the field of addiction treatment and rehabilitation and in the field of alcohol prevention, in a workshop with industrial managers on alcohol and work, and have come a member of a consultative panel of the governmental Directorate of Prohibition. IAPA has also attended several international network meetings, as part of their objective to be an active partner in regional and global alcohol policy alliances.

The main goal of IAPA is to contribute in reducing harm due to alcohol use and promote policies aiming at reducing the availability of alcohol. Their first area of action is drinking and driving, chosen both because of the harm caused by drinking and driving in India, and because it is an area where it is possible to reach agreement and understanding with other NGOs and governmental authorities. Another area which could seem to be of the same strategic importance is alcohol and work. In this area FORUT could play an important role by connecting IAPA to both research institutions, other NGOs and international agencies as WHO and ILO.

### **The Gambia: IOGT**

Currently it is the national IOGT organization which is the ADD partner in The Gambia. Earlier there was also a FORUT branch organization in Gambia and the two organizations cooperated in general local development projects. The resources put into the work were, however, rather scarce and little by little the national FORUT organization withdrew from the projects, until FORUT closed the operation in 2004.

The donations from the ADD program is currently FORUT's only engagement in the Gambia. The partner organization, IOGT Gambia, seems also to be rather passive in its engagement. They engage in some local information and mobilization activities with the aim of "sensitizing" the public about the harmful effects of alcohol. The development in the traditional strong tourist industry and its relations to the local population seems to be of some concern, but no definite actions are taken.

IOGT Gambia has some relations to ASPAT in Senegal, due to the fact that they have a common organizational affiliation and regard the two countries to have a common religious and cultural foundation.

It seems, however, that the capacities of IOGT Gambia, as the local partner organization, are too scarce and the problem situation regarding alcohol and drugs are not of a severity for FORUT to continue its engagement in the Gambia.

### **Senegal: ASPAT (Association Sènégalaïse pour la Paix, la Lutte contre l'Alcool et la toxicomanie)**

ASPAT is an activist youth member organization with its origin in the IOGT movement. Its main objective is to mobilize especially young, modern, urban people in social and cultural activities, with the aims of strengthen restrictive alcohol and drug

policies and promoting an alcohol and drug free personal lifestyle and social gathering culture.

Senegal is a fascinating blend of a traditional local Muslim culture and a strong modern Afro-Western cultural orientation, through music, film and other cultural expressions. In such a situation it seems to be a strong potential for developing a modern, but still alcohol and drug restrictive culture. Organizations like ASPAT, are playing and could play an even larger role in such a development, with the rare possibility of a developing country influencing the western alcohol and drug culture.

### **Senegal: FORUT**

The activities of the FORUT organization in Senegal are concentrated in the media centre and film school. In many ways this is a manifestation of the culturally blended situation in Senegal, described in the above section.

In this respect, the film school fills many functions. It gives important jobs and contributes in the national competence and technological development in an internationally oriented industry, with the yearly International Film festival as the peak event.

The media center and the film school offers important education possibilities. And in relation to the ADD program; it offers the possibilities of educating, informing and influencing individuals, communities and governmental authorities about the risks of alcohol and drugs, through effective, modern communication channels. The question is, however, to what extent the technology and competence about media and film to some degree overshadow the objectives of influencing the role of alcohol and drugs in the Senegal society.

By cooperating with the University of Dakar, FORUT Senegal has been able to develop more knowledge and attention to the development of the youth culture in Senegal. A book of articles is now in preparation. A stronger connection between competence centers as the University and the media/film environment could also be of importance in strengthening the knowledge base and focusing on the ADD issues in film and media productions.

### **Sierra Leone: IOGT**

The national IOGT organization was the first partner organization for FORUT in Sierra Leone. Its main area of action was local community development projects, as there was a web of IOGT organizations in the local villages. The capacities of the IOGT were however, rather scarce, and an own FORUT national branch organization was established to strengthen the work.

During the war, most of the IOGT organizational infrastructure and activities disintegrated, and the organization has so far, not been able to build up any new capacity for developing work or ADD activities.

### **Sierra Leone: FORUT**

To strengthen the local development work in Sierra Leone, an own FORUT organization was established in 1990. The organization and activities were built up to be the second largest operation of FORUT, next after Sri Lanka. As alcohol and drugs not seemed to be a big problem in traditional Sierra Leone culture, it neither became an important issue in the local development projects.

During the war most of this local work was made very difficult and most of the activities had to concentrate on the victims of war who fled to Freetown. Now, after the war, the local development work is again building up. The issues of alcohol and drugs seem neither now to be an important question. As the newly published research report from FAFO shows, there are important issues related to alcohol and drug use among ex-combatants and other victims of war, and among the workers of the diamond mines. FORUT Sierra Leone has to decide how and to what degree they want to be engaged in these specific issues.

### **Norway: FORUT**

The ADD program is managed and coordinated with its own staff members in Norway (one person until 2005, and now expanded with one more). For the FORUT national branch organizations and the partner organizations, this means that they have a dual relationship with FORUT as corporate management or donor. They have to manage the ADD program in coordination with the other FORUT sponsored activities. And so does FORUT Norway.

Although the ADD staff have their offices in Oslo and the rest of the FORUT staff are localized in Gjøvik, there is a close contact between them. In almost every contact between the ADD staff and the partner organizations, the FORUT contact persons seems to be included in the relationship. This is a model that seems to ensure both the integration of the ADD program in the FORUT strategic thinking and a sufficient coordination of contact with the partner organizations.

In addition to this, half of one of the staff positions is dedicated to the international NGO networking on alcohol policies, through GAPA (Global Alcohol Policy Alliance). The work is now in a phase where a network of global, regional and national alcohol policy alliances are built up. It is an important issue how FORUT Norway and its partner organizations can exploit the possibilities opened by this international network.

### 3 Research and documentation reports

The production and dissemination of knowledge about alcohol and drugs as an obstacle for development, is an important objective of the ADD program. The quality and utilisation of research reports and other documentation of knowledge and experience, is therefore an important outcome of the program. In this chapter we will first make a short assessment of some of these studies and reports, and the picture they paint of the alcohol and drug situation in each of the ADD countries. Then we will relate the situation in each of the six countries to the global situation, as it is documented in reports published by WHO. At last, we will evaluate what role the reports and documentation have played in the ADD activities in each country, and for the ADD program at large.

In addition to the research reports presented here, FORUT has also initiated several master thesis through “Vitenskapsbutikken” at the University of Oslo. We have not been able to include these in this evaluation, but a list of the thesis is presented in Appendix 1, section 2.

#### 3.1 The African context

In the three African ADD countries alcohol and drugs have played a minor role in the traditional rural settings. This is especially true for the dominant Muslim countries as Senegal and the Gambia, and the dominant Muslim population of Sierra Leone. There is however, examples of more excessive traditional use of locally produced substances, such as palm wine, beer and marihuana, without this being seen as a big problem.

Two research studies and a part of a special issue booklet reveal how this minor role of alcohol and drugs in the traditional society is altered by two kinds of developments and events.

In 1999 Eide et.al. conducted a study of alcohol and drug use among secondary school students in **Senegal**. The study is a representative survey of that elite fragment of the youth population that attend the higher school system, and by that, gives a good indication of what development modernisation of the society may lead to, when it comes to alcohol and drug use. The main conclusion is that especially imported alcohol is seen as a symbol of modern life, with a correlation to high socio-economic status. But the levels of consumption and numbers of drinkers are relatively small, both compared to other African countries and to western youth populations.

Now in 2006, Ingvar Midtun has produced a special issue booklet for FORUT about the impact of the international alcohol industry on youth populations in three third world countries. One of these countries is **Malawi** where Carlsberg and its local subsidiary companies “paints the cities green” with its aggressive campaigns of beer as the symbol of modern life. But in the drought ridden Malawi it is also seen how the use of alcohol



becomes a part of the misery life of poverty and sociocultural deprivation. The promise of a modern life, drinking probably the best beer in the world, becomes culturally connected to alcohol as an additional burden to poverty and hunger.

In 2005 Bøås & Hatløy conducted an explorative study of alcohol and drug consumption in post war **Sierra Leone**. The study consists of both qualitative interviews and observations (fieldwork) and representative surveys in three areas, including the capital of Freetown. The analysis gives a good picture of the current alcohol and drug situation in Sierra Leone after years of brutal warfare. The conclusion is that alcohol and drug use is a marginal problem in Sierra Leone, in two ways. First it is marginal in the sense that for the majority of the population who have returned to a traditional village community life, alcohol and other drugs are in little use. Second, it is marginal in the sense that for smaller groups of ex-combatans and others left in poverty and despair in Freetown and some other cities, alcohol and drugs has become an integrated aspect of their marginalized life. The same picture is seen in the diamond areas where alcohol and drugs become a part of an urban industrialized enclave of the country. From this study we can see then, how alcohol and drug use both can return to traditional forms for the large part of the rural population and at the same time be a destructive part of the life of the marginalised post war victims and the newly industrialised proletariat.

### **3.2 The Asian context**

In the traditional context of rural life in the Asian ADD countries, alcohol and other drugs have played a rather important and extensive role. In times of relative stability, this use has however, seldom been regarded as a major problem. In the research studies and other forms of documentation from FORUT and ADD partners, alcohol and drug use come to the surface as a problem in situations of dramatic events or processes of change.

In **Nepal**, representatives of the ADD partner organization CWIN, have conducted several research studies which together gives us a differentiated and solid picture of consumption levels and patterns of use, and of harm produced from this. In the first of these studies (Alcohol and Drug Use in Nepal, With Reference to Children, 2001), Dithal et.al. conducted a broad survey, case stories and interviews from 16 districts throughout the country. In the traditional Nepal society, the use of alcohol and drugs has been sharply divided into users and non-users, depending on caste and ethnicity. Most of these religious and cultural barriers to drinking have now disappeared and the prevalence of drinking (from a third to half of the samples) is more connected to the local environment with either poverty an social deprivation or a modern urban life. The problems of alcohol and drugs are most visible among families and single children and adolescents in difficult life situations.

In the studies of street children from 2002 and 2003, this is clearly demonstrated. Still it is seen how traditional cultural barriers have some effect, in the way that children from traditional non-user groups of alcohol, use less alcohol but more other drugs as cannabis and inhalants, and how children from traditional alcohol-user groups use more alcohol.

Of the children studied, it is however demonstrated that overall it is the most vulnerable children who are the glue-sniffers, and who are using most alcohol and other drugs.

At the Annual Consultation in November 2005, representatives from CWIN presented two new studies (not yet published elsewhere), that demonstrate two both important and highly interesting developments in Nepal. The first is about the impact of advertising for alcohol and tobacco on children in urban settings. With the usual research skills and sound methods of a large number of qualitative interviews (789 children) and focus groups, it is shown how the aggressive advertising is highly visible in the life of the children. It is however, also shown how the large proportion of children of this age (10-18 years old), still have rather negative emotions related to alcohol and tobacco. In western countries the same can be found, but also how the values and beliefs of alcohol and tobacco functionality and meaning, found in these kind of advertising, become more influential when the children enter adolescence.

The other newly presented study from CWIN is an evaluation of a rather rare event; the anti-alcohol campaign forwarded by women in the sister organization of the Maoist guerrilla, the ANWA-R. By using rather harsh methods against both selling and using alcohol, and connecting the harm of alcohol to other social issues, they have had a strong impact on the alcohol situation in Nepal. The campaign first pressed their governmental counterpart to implement a more restrictive alcohol policy for the whole country, and in 2001 they were also able to make an agreement on a series of other restrictive measures. This is a really interesting example of how strong an anti-alcohol movement can become when it is an integrated part of a social, cultural and political movement, gaining popular, and thereby also governmental support, by addressing a problem felt by a large proportion of the population. The evaluation study shows how efficient such a restrictive alcohol policy can be in reducing the consumption and harm of alcohol. It however, also demonstrates how political, economic and sociocultural counter forces can reduce these effects (lack of law enforcement, pressure from the alcohol industry, emerging black markets and patriarchal power structures).

In **Sri Lanka**, also ridden by many years of war, and now also of a devastating natural disaster, another picture is shown. Policies about alcohol and drugs have not been directly linked to the ongoing war, and before the tsunami the use of alcohol was mainly understood in relation to two social and cultural contexts; modernity and poverty. Since 1998, ADIC has been carrying out a simple trend study on alcohol and tobacco prevalence. In 2004 it showed that up to half of the adult population are smokers, and that about two thirds are using alcohol. About ten percent are daily drinkers.

In 2003 FORUT and NIBR published an extensive and thorough study about the prevalence and role of alcohol in Sri Lanka (Baklien & Samarasinghe). The double role of alcohol, both in Sri Lanka and many other developing countries is very precisely formulated in this conclusion: "Whilst alcohol remains a great hindrance to development for the poor, some forms of alcohol use are celebrated as the very symbol of economic success."

As a comment to the success context of alcohol use, ADIC presented some data on how alcohol is promoted in TV films and other programs (at the Annual Consultation 2005). The data demonstrate how alcohol, especially from the international alcohol industry, is

enforcing alcohol as the symbol of modern and successful life, by advertising, sponsorship and product placement. The same is shown in the before mentioned special issue booklet where Sri Lanka is one of the illustrated countries.

The Baklien & Samarasinghe study, however, concentrate on the poverty aspects of alcohol. From the study it seems that poverty and alcohol use can be linked to three contexts of the Sri Lanka society; the urban slums, the internal displaced victims of war and plantation workers. Poverty and uncertainty generate a general atmosphere of social and cultural deprivation, but some are especially vulnerable. And the authors here give a serious warning: “Special, focussed, attention to this group of heavy alcohol and other drug users is essential if community development efforts are not to miss the most deprived.”

After the tsunami this situation has both worsened and become apparent also for those in the greatest loss after the disaster. In the Annual Consultation in 2005 representatives from FORUT Sri Lanka presented some data indicating an increase in alcohol consumption, especially among those men that has lost their livelihood and families. Both alcohol and other drugs have also become more available in the tsunami affected areas. In this situation alcohol and drugs are an additional factor in the threat to the possibilities of both short term help and long term development after a major natural disaster.

**India**, with its vast population, represents every aspects of the development of alcohol use in the world, at large. At the Annual Consultation in 2005, Dr. Vivek Benegal of the National Institute for Mental Health and Neuro Sciences (NIMHANS) presented an impressive overview of the history and current situation of alcohol in India. The modern history of India also contains all the well known ingredients of aggressive alcohol and drugs economic interests competing for increased market shares with local alcohol and drug producers. It is also a history of social and political temperance movements with a varied success history, and local and national government shifting between interests in favour of alcohol industry and taxes, and interests in favour of regulation regimes to control private economics interests and for the promotion of public health and prevention of social problems.

Trough documentation from the newly founded IAPA, it is seen how the big picture is shift from a traditional “dry culture”, becoming more “wet”, as a result of economic growth and modernization, and many single state governments heavily dependent on alcohol tax revenues. The fast growing middle class, and especially middle class adolescents, are an enormous market for the national and international alcohol industry. All kinds of marketing strategies are used to get a grip of this market, including so called surrogate marketing (placing alcohol brands on other products). But still the proportion of drinkers in the population is much lower than in Western countries; about 10 to 25% of the men, and under 10% of the women in most states.

On the other hand, documentation from APSA and CWC shows the other side of the coin; the well known connection between alcohol, drugs and poverty, both in rural areas and in the city slums. There are no specific research studies on this topic from India, but the descriptions given by both children and organization representatives tell a well

known story about street children using inhalants, alcohol and other drugs, and alcohol as a major problem in relation to family violence and economic deprivation.

### **3.3 The ADD countries and the global situation**

In 1996 WHO began a project aimed at examining and summarizing the scientific base for a description of the alcohol and public health situation and experience with alcohol policies in developing countries. In 1999, WHO published a book about the alcohol and public health situation in eight developing countries (Riley & Marshall 1999). One of these countries was India. The description given in the book is in full accordance with the description given by Benegal (see above).

The conclusion is that India traditionally has been a dry, but rather ambiguous country when it comes to alcohol use. And still what is found is “a minority of heavy drinkers within a majority of abstainers”. The public health burden from alcohol is to be found in two contexts; in the context of poverty where alcohol adds to all other poverty-related factors to ill-health, and as a symbol of modernity without any traditionally established safeguards to heavy drinking.

In later WHO reports (Room et.al. 2002, WHO 2004) it is shown how this picture is suitable also to other developing countries, even if the size of the minority may vary quite much. The variety in recorded per-adult alcohol consumption has a 40-fold range. When the unrecorded consumption is included, the variety is reduced to a 23-fold range, and if the abstainers are excluded, the variety is reduced to only a 3-fold range. This tells us that while consumption per adult are a relevant indicator for assessing the risk of drinking in developed countries (with few abstainers), it is the number of drinkers that are the most important indicator in developing countries.

In Room et.al a table is cited that present consumption per drinker and estimated hazard level of the drinking patterns in different world regions. In the region containing the African ADD countries the average consumption per drinker is 9,7 liters pure alcohol a year and the hazard level is set to be 2,3 on a 1-4 scale with 4 as the worst. In the region containing Sri Lanka, the average consumption per drinker is 15,0 liters and the hazard level 2,5. In the region containing Nepal and India the average consumption per drinker is 12,5 liters and the hazard level 3,0. In comparison, Western Europe has an average consumption per drinker is 15,2 and the hazard level is 1,3. It is this high average consumption and hazardous drinking pattern that explain why alcohol are one of the most important factors in the burden of disease and social harm, even if the average consumption per adult is low and the majority of the population are abstainers.

On this background we can formulate one important conclusion with high relevance for the ADD program:

The average consumption of drinkers in developing countries is almost or just as high as among drinkers in the high consumption western countries, and with a more hazardous drinking pattern; A minority of heavy, hazardous drinkers within a majority of abstainers.

Our assumption is that the high and hazardous drinking stems from the “new” contexts of drinking in developing countries;

- The modernity context with no traditional safeguards, where drinking “becomes means for claiming and living out an identity which is increasingly shaped by global rather than local actors and trends” (Room op.cit).
- The poverty context where the “poor segments of the population use anything that is available to provide their basic means of existence” (Room op.cit).
- The war/conflict or natural disaster context, where alcohol and drugs can become a part of the desperate lives of combatants and victims.

WHO and NGOs like the World Medical Association (WMA 2005), have taken a public health perspective in advocating for evidence based alcohol and drug policies, also in developing countries. This may also be a starting point for FORUT and its partner organizations. But together with the sharp dichotomy between abstainers and drinkers in these countries, the specific dynamics of each of the drinking contexts, cultural, economic and political perspectives have to be just as important as the health perspective in developing effective prevention strategies.

### **3.4 The role of research and documentation in the ADD program**

Both the research reports and other documentation of the role of alcohol and drugs in the ADD countries represent an important knowledge base for the different ADD activities. The quality of the research reports are generally on the highest standards. Under the circumstances, the most impressive studies are the well documented and professionally interesting studies from Nepal. But also the other research studies are documenting the situation in each country and contribute to the international research literature on alcohol and drugs. The other documentation may vary in data and analysis quality, but the formulated conclusions always seems to be in accordance to the data presented.

Several of the studies also seem to have had an important impact on the strategies chosen for the work in each country. The last example is the study from Sierra Leone, where it is evident that the presentation of the study has aroused a lot of interest and awareness about the alcohol and drug situation in the country. We have also been told that the study will be an important basis for the strategic discussion about how to address the alcohol and drug issues in Sierra Leone in the years to come.

The potential for a better utilization of all this good research and documentation seems to be a much better synthetization of the data and knowledge produced, and the dissemination of this synthesized knowledge. Neither meeting arenas, nor written documents or the website is utilized for this purpose. We also see a great potential for promoting many of the studies and researchers in the partner organizations to take part

and contribute in international forums for academic knowledge production and for international policy developments.

We want to end this chapter by giving a special credit to the “strategy-book” by Diyanath Samarasinghe (Strategies to Address Alcohol Problems, 2004). When it comes to the knowledge base and the pedagogic presentation, this book has the potential for becoming a fundamental international text book for all who want to engage in alcohol prevention work. FORUT should take the necessary action to realize this potential, in different countries, Norway included.

## 4 Discussion

In this chapter we want to return to the analytical dimensions formulated in chapter 1.6. We find these dimensions to be of critical importance in the further development of the ADD program. We start with a discussion of how the different contexts of alcohol and drug use in the ADD countries affect the ADD program.

### 4.1 Different contexts

The traditional context of alcohol and drug use is quite different in the two regions of the ADD program; West Africa and South East Asia. In West Africa the traditional Muslim culture has represented a strong barrier against common alcohol use. Traditional alcoholic beverages have been locally produced and used in specific religious or social ritual situations, without any major problems. Locally produced and used cannabis has also been common in some areas. This is still the situation in most of the rural, and also to a large degree in the urban settings of the ADD countries in West Africa. When working in this context, alcohol and drugs do not seem to be a relevant topic for specific ADD activities. The FORUT and ADD partner organizations should of course always be aware of sudden changes in the situation, but it seems unsuitable to raise the topic in the current traditional context.

In the Asian ADD countries the situation of alcohol and drug use in the traditional context is more differentiated, due to a more complex religious and cultural situation. The division between alcohol users and non-users (and traditional drug use) has for centuries followed religious and cultural dividing lines. In areas where these dividing lines have become less significant, other factors seem to create a more labile alcohol use situation. This seems to be the case in most of Nepal and Sri Lanka, and in some areas and population strata in India. This means that the topic of alcohol and drug use becomes a topic of great interest in a vast cultural change process, affecting hundreds of millions of people. It's a big a challenge for FORUT and the partner organizations to understand, document and react to this change process.

Modernization and poverty, either as connected or different processes, thereby also seem to affect alcohol use in different ways in the two ADD regions. In West Africa, poverty surely is an important aspect of the socioeconomic situation, both in rural and urban areas. Unlike the East and Southern Africa, increased alcohol use seems however, not to be a major problem connected to general poverty in these countries. The same can be said about alcohol use in relation to socioeconomic and cultural modernization. The traditional Muslim culture still seems to be an effective barrier against both the pressure from the international alcohol industry and other forces promoting alcohol as a symbol of modern life. This is of course not a stable situation. Especially among the young, urban population the modernization process, with both internal and external

economic and cultural forces, may lead to increased alcohol use in countries where Islam not seems to be a strong and fundamental mobilizing force among young people.

The exception from this rather undramatic situation, is found most of all in the industrial areas like the mining areas of Sierra Leone, where a high alcohol (and drugs?) availability, socioeconomic deprivation and a loosened religious and cultural “grip”, forms the well known context for an increased and uncontrolled alcohol use. In such areas it is often only an interest from the operating companies in a better employee behavior control, supported by governmental restrictions on availability, which can control the situation. Or, as we saw in many western countries during the industrialization period; a situation altered by a growing labor union movement which define alcohol as a threat in the struggle for better living conditions and a more equal power situation. This could of course be a relevant setting for the ADD program, utilizing all the historical and political knowledge and strategic thinking of linking alcohol and labor unionism, either in opposition to or in a strategic alliance to governmental authorities and the companies, on this specific issue.

In the Asian ADD countries modernization and poverty seem to create a much more labile situation, also when it comes to the role of alcohol and drugs. The influence of a fast growing global economy and liberalistic international and national economic policies, create both more wealth and more poverty. Alcohol is to a large degree seen as an ordinary commodity in these free markets, with strong national and international industrial interests. The growing middle class populations in these countries represent enormous new markets for the alcohol industry. And as alcohol is regarded as a legitimate commodity for taxation, it also represents an important income possibility for local and national authorities. In this situation it is activities directed at the link between alcohol, drugs and poverty that have become the dominant context for the ADD program in the Asian ADD countries.

As the poverty and modernization socioeconomic processes are so closely linked in these countries, it is however also likely that the two processes are culturally linked. In such situations it is often seen how significant symbols in dominant population strata also heavily influence the symbols adopted by people in oppressed, but interconnected life situations, both as a coping strategy in life as it really is, and in how one wanted life to be (Douglas 1987). This connection between alcohol as a modern life symbol in the new middle classes and as a coping strategy among the poor, makes it important for the ADD program not only to focus on alcohol and modernity as an isolated field of activity, but also as a context that dominate the alcohol use development in the whole society. All the FORUT partner organizations are well aware of the link between economic and sociocultural modernization and poverty, in general. Focusing on alcohol and poverty in isolation, is to run the risk of not seeing the same link in relation to this topic.

In addition to these contexts, we have seen how alcohol and drugs become relevant in specific situations, following war and natural disasters. The general development in such contexts seems to the risk of a dramatic increase in alcohol and drug availability to people in exceptionally vulnerable life situations. Strategies to help people in such situations which do not take this into account, are not addressing one of the serious



threats, both to societal safety and individual and family recovery and development. FORUT has clearly seen this, and acted accordingly. But here we think FORUT has one of its main tasks in the knowledge production and dissemination tasks in the next year. We will also come back to this in the last chapter.

We have, however, also seen how local sociocultural, economic and political factors may affect the use of alcohol and drugs in such situations. In most war situations and in the situation after natural disasters, the most often development is economic and/or political forces exploit alcohol and drugs for earning quick money. In Nepal we have, however, seen how an anti-alcohol campaign can become a part of an ideological program, and even become one of the few issues to unite opposing parties. Both this example and examples from our own history, tell us how the physical and sociocultural availability of alcohol can be reduced, using both public health, societal safety and political arguments. The Nepal experience should be further analyzed with the purpose of producing generalized knowledge applicable also in other war and conflict situations.

On the global level these developments have its opponents on three arenas. The WTO process for a free global market, has paved the way for the international alcohol industry. On the other hand, this development is opposed by a growing concern by anti-globalization forces, also focusing on the public health, socioeconomic and cultural consequences of globalization in such areas as alcohol and other “not ordinary commodities”.

WHO and organizations such as the World Medical Association have in the last years lifted alcohol and public health up on the agenda. By documenting how important alcohol is as a global burden of diseases, a more restrictive alcohol policy has gained more and more governmental support. Now that WHO has reached much of its aims regarding smoking, it seems that we are entering a critical time period for an international attention to alcohol.

The emerging NGO network, like GAPA and its regional sister organizations, are aiming at utilizing this critical time period. By making alliances to the WHO agencies and experts working with these issues, and by advancing the consequences of a free alcohol market as an issue for the anti-globalization forces, GAPA and other NGOs in the alcohol field have a unique possibility of making a difference in the critical phase of the these developments. The contribution of FORUT in building up GAPA and regional alcohol policy alliances, seems therefore to be a strategic important activity, in full accordance with the ADD program objectives. A strong link between the international NGO network and the local partner organizations seems however, to be a necessary supplement to this strategy, if the international forces shall be able to influence national and local authorities in the promotion of more restrictive alcohol policies.

The international drug trafficking industry has not gained the same attention in the ADD program, as the international alcohol industry. Drugs are integrated in organized crime and conflict economies, opposed by UN agencies, international police networks and regular armies. It seems that the ADD program primarily can contribute in this work by its local activities directed to the consequences of drug use in vulnerable populations,

and by the production and dissemination of knowledge about the role of drugs in such situations. Beyond these important activities, it seems like FORUT and the ADD program has had rather little to add to this international fight against drugs. And since the focus on international drug trafficking often takes the attention away from the international alcohol industry, we find this to be a correct priority.

## **4.2 ADD as a crosscutting issue**

As a NGO development organization, FORUT has to develop its strategies in the intersection between the guidelines of NORAD as a dominant financing institution, the priorities of the local FORUT and partner organizations, and its own objectives and strategies. All of these factors are developing over time.

The guidelines from NORAD have changed dramatically, from regarding attention on alcohol as “propaganda work”, to now asking FORUT to prioritize ADD as a crosscutting issue. That is, to raise alcohol and drugs as an issue in activities on local, national and international levels, to produce and disseminate knowledge about alcohol and drugs as an obstacle to development to other development organizations, government agencies and the general public, and to mobilize forces on all levels in reducing the influences of the alcohol industry and promoting more evidence based alcohol policies. By this, NORAD has given FORUT all possibilities, of course within restricted economic resources, to show how it can fulfill the very reason why there should be a development organization with an ideological base in the temperance movement.

In its relations to the FORUT branch and partner organization, the ADD program has to be handled very differently, depending on how alcohol and drugs is an issue on the agenda of each organization. For the “specialized” alcohol and drug organizations, ASPAT, IOGT Sierra Leone, IOGT Gambia, ADIC and IAPA, all of their activities are directed at the ADD issues, but in different ways. The two IOGT organizations seem for the time being, not to be that effective in implementing the ADD strategy. Their capacities are too scarce and their own objectives and strategies too unprofiled, for them to play an active role in the ADD program. ASPAT seems also to have a rather general approach to their work, but as an activist youth organization, they have more possibilities in developing mobilization strategies, addressing the role of alcohol and drugs among urban youth. This is an issue that could also be of a more widespread interest, generalizing the experiences of the role of alcohol in a country where restrictive religious and cultural values against alcohol meet a very modern “world culture” with a strong self image.

ADIC is also an organization with a very specialized position in the ADD program. They are in many ways the forerunner for the whole program, operating a broad selection of both local and national ADD activities. With the expansion of the activities and objectives of the ADD program, into international level, ADIC already is an important actor in the regional and global NGO networks. In many ways Sri Lanka faces all the challenges of the alcohol use development in developing countries, that is, alcohol as a threat to public health and development in all relevant contexts and with a

national policy open for the influence of an aggressive national and international alcohol industry. The big challenge for ADIC is if they have the capacities to engage in these broad range of issues and activities. We think it may be an effective strategy to build even stronger partner relations to other national actors not primarily or solely engaged in issues related to alcohol, such as actors/organizations in the fields of health, culture, education and research. On the local level ADIC has to develop a balance between own “direct” activities, and “indirect” activities through other development and service organizations. Maybe there is a greater potential in building up education and training programs and method/guidance “packages” for local fieldworkers in other organizations, than to depend on own staff for conducting local activities. This would broaden the action areas and developing ADIC as a national expert organization, linking local, national and international strategies and activities.

IAPA is the newest and most specialized ADD partner organization. Their main level of work has to be on the national and international level. When engaging in the founding of IAPA, FORUT is contributing to the GAPA strategy of building an international network of NGOs, researchers and advocates involved in alcohol policy promotion. This is an interesting strategy if it is implemented in pragmatic ways according to the situation in each relevant region and country. FORUT has to have national competent partner organizations with a specialized knowledge-base and a strong motivation for advocating more restrictive alcohol policies. We also think IAPA has made a strategic wise decision by starting to address drinking and driving. This is an issue where it is possible to document alcohol related harm and gain widespread support for more restrictive legislation.

As a crosscutting issue also for the other FORUT branch organizations and partner organizations, the ADD activities in some way or another, have to be integrated in the total work of these organizations. It’s a bit of a paradox that it seems to be the FORUT branch organizations that have managed this relatively poorest, but on different grounds.

In Sri Lanka the close cooperation with ADIC could be evaluated as an excuse for FORUT not to engage so heavily in more specific ADD issues, even if they should have engaged more. On the other hand, it could be evaluated as an effective division of tasks between two closely cooperating organizations, each engaging in what they can do the best. So, for FORUT Sri Lanka their future strategy in relation to the ADD program to a large degree will have to depend on the future strategy of ADIC. If ADIC choose to work more indirectly on the local level, FORUT Sri Lanka will have to be the organization demonstrating best practices in integrating the ADD issues in local development work. The work following the tsunami can function as an acid test on how to implement strategies of best practices in this field.

For FORUT Senegal, it is the media and film school and activities that take up most of the attention. The question is of course if it is the film and media which is seen as a tool in implementing ADD strategies, or if alcohol and drugs only are one of many possible topics to use in the main activities of making interesting and technically good films and media campaigns. If the latter is case, it may although not be a problem, if only alcohol

and drugs is the topic in sufficient enough films and media campaigns. We have not sufficient data to go deeper into this matter.

For FORUT Sierra Leone, their rather low profile in the ADD program, is quite understandable given the situation in the country the last ten years. With the new research report from FAFO, the ADD strategy for FORUT Sierra Leone is again on the agenda. We have already touched upon this several times, but will again underline how generally interesting and important it would be to see the ADD issues both in relation to the post-war situation and in relation to the enclaves of the industrialized mining areas.

In many ways it is then the two partner organizations in India and the one in Nepal, primarily engaged in child rights advocacy and practical programs assisting children in distress, that are most interesting when it comes to integrating the ADD program in organizations with another primary focus. This is ideologically self-confident, action oriented organizations with idealistic and competent staff.

The three organizations insist on not feeling pushed or motivated in taking up the ADD issues as a way to “please the donor”, and everything points to the fact that this also is the case. On the contrary, they have been able, both through research, other kind of documentation and through the development of their own activities and strategies, to contribute in developing a generalized knowledge and method base for how to integrate ADD issues in more general development work. With the first “Local action against alcohol and drugs program, and their own concentration on local action, this generalized knowledge and experience have, however, not been sufficiently disseminated to the other ADD partners and other development organizations.

With the strong local action oriented focus, one could think that these organizations would feel more alienated to the new national and international objectives of the ADD program. The opposite seems however to be the case. First, CWC and CWIN are already part of international networks within their primary field of concern, the work for children rights. Second, all three organizations built their work on thorough social analysis, seeing their work in a national and international perspective. They, themselves are very eager to engage more in networks and activities beyond the local level, and explain this as a need to be informed and learn more about the national and international forces influencing their own development and advocacy activities. On the other hand, we find their local histories, experience and generalized knowledge about the link between macro and micro processes, to be of great importance to actors working on the national and international level.

This brings us over to the two other analytical dimensions we want to focus on in this discussion; the relation between development and advocacy and the functioning of the FORUT - ADD network.

### **4.3 The development framework**

In his book “Striking the Balance, A guide to enhancing the effectiveness of non-governmental organizations in international development”, Alan Fowler (1997) formulated a framework for development action. On the micro level he define the aim

of the work as “mobilizing and strengthening civil society”, through three fields of action; a) empowerment of communities and individuals, b) strengthening capacity of local institutions and c) action for sustained improvement in physical well-being.

Most of the FORUT branch and partner organizations have local development work as their primary concern, and if one expand field c) in Fowlers framework to include psychological and social well-being, it is this field of action that is primary goal for organizations like the two FORUT branch organizations in Sri Lanka and Sierra Leone and the partner organizations in Nepal (CWIN) and India (CWC and APSA).

Also the other organizations, like ADIC in Sri Lanka and the IOGT organizations in Gambia, Sierra Leone and Senegal (ASPAT) work on the local level. Their activities are, however, more directed at field a) and b) in Fowlers framework, with the intention to increase the awareness of the harm caused by alcohol and drugs in local settings and among local population groups. This is a kind of advocacy work for local mobilization that also is an integrated part of the work of some of the local development organizations, especially in Nepal and India.

It seems to us as it is these three organizations (CWIN, CWC and APSA) that to the largest extent have been most eager and successful in integrating Fowlers three fields of action on the micro level. For the other organizations they have either concentrated most on local advocacy (field a) and b)) to mobilize and strengthening local civil society or on local development activities to sustained improvement in well-being. Some, like FORUT Sri Lanka, has done so, knowing that ADIC could supplement them with their local advocacy work. This is however, a real integrated strategy, only to the extent that the two organizations have worked in parallel in the same local communities.

Fowler finds an integrated strategy, covering all three fields of action, to be a prerequisite for a sustainable local development. This is a prerequisite that has to be met either within each organization or in a close cooperation between organizations covering each of the fields.

Fowler also stresses the demand for compatibility between the different fields of action, if one wants to stimulate change. And the only kind of local change that Fowler think can be sustainable is “a process where people individually and collectively realize their potentials and in doing so become active protagonists in creating their own history.” This is a demand which only can be met by organizations with a high consciousness of its own practice. Many of the ADD partners seem to meet this demand, and some, like APSA, on a level seldom found in any organization.

In the framework for development action, Fowler also integrate the macro level, categorized in three fields of action, directed at; a) reform of the international order, b) reform of public services and public policies, and c) restructuring of the political economy. The aim of these actions is to contribute in the institutional reforms for good governance. Together with the aims of the micro level actions, mobilizing and strengthening civil society, the paramount objective of this integrated model is contribute in the development of “socially just and sustainable societies with accountable inclusive governance”. This is of course an enormous task for any actor in

development field. On the other hand, it is formulations in full accordance with the formulated vision of FORUT, and the integrated micro-macro framework is in full accordance with the current ADD strategy. The formulated visions and goals of such a framework should of course most of all be seen as a guide for the direction of the actions.

The challenge that this framework represent for the ADD partners is not so much on the formulation of objectives, as it is on the choice of strategy. The macro level activities implemented by FORUT Norway through GAPA and other channels, and by an organization like IAPA, seem to be highly relevant within this framework. The same can be said of the national and international network relations of several of the ADD partner organizations. The biggest challenge seems to be the integration of micro and macro level activities. It seems like many of the organizations find the advocacy activities on the national and international level to be rather isolated from the daily micro level development work. For each organization in itself, the possibility of developing a fully integrated strategy seems to be a too difficult task. This brings us over to the last dimension in our discussion.

#### **4.4 The FORUT – ADD network**

All FORUT partners take part in some kind of alcohol and drug activities, and as a crosscutting issue, the ADD program links all the partners in an international organizational network. Many of the partner organization representatives state this as one of the great advantages of taking part in the ADD program. On the other hand, this is the aspect of the program most often mentioned as having a potential for improvement.

In the current situation most of the relations in the program are bilateral relationships between FORUT Norway and each of the organizations. This is understandable as each of the organizations have responded to specific local contexts and needs by developing their own specific activities and strategies of action. As we showed in chapter 2.3 the ADD program activities are the only field of action shared by all the FORUT branch or partner organizations. It is also understandable as the program money is allocated from FORUT bilateral to each of the FORUT branch or partner organizations. As it is FORUT Norway who also has had most of the opportunities to participate in the international alcohol and drug networks, it is FORUT Norway who also has had the possibility to invite the partner organizations with them in this work.

One indicator of the limitations of this network model is the Annual Consultation Meetings. It is of course of great value for the partner organizations to meet regular in this way, to get to know each others work. The meetings have, however, been dominated by relatively isolated presentations of each others activities, and rather limited reflections and discussions of shared experiences and knowledge. This is understandable as it is not easy to push the knowledge development from context specific experiences to generalized knowledge, felt relevant to many contexts.

As already described, there are, however, also examples of long-lasting and newly established “horizontal” bilateral relations among the ADD partners, as between

FORUT Sri Lanka and ADIC, between IAPA and APSA and CWC, and between IOGT Gambia and ASPAT. These relationships have already been crucial for these organizations.

The potential for developing and utilizing a closer network in developing a more integrated program strategy, is however still larger. And the motivation for doing so is present among all of the organizations. In the evaluation many suggestions have also been put forward by the organizations, such as developing web-based communication channels, mutual observation visits and participation in each others activities, and developing more systematic learning methods to be used in the annual consultation meetings.

In his book, Fowler also describes how evaluations and evaluators should be integrated in a strategy for organizational learning. We find this to be an even better idea if both the research and documentation/evaluation activities conducted by partner organizations and the internal/external evaluations are systematically integrated in “learning support networks”. This demands a shift from the current bilateral relationships to a more multilateral network. In such a development FORUT Norway may have to be the initiator, but with the objective of reducing its role as the “spider in the web”.

## **5 Conclusions and recommendations**

In the Terms of Reference four evaluation topics were formulated. We start this concluding chapter by addressing these topics, trying to answer the specific questions asked in relation to each topic. We then make the final conclusions about the strengths, weaknesses and threats of the ADD program as it is conducted so far, before we end the report by addressing the opportunities for developing the content and organization of the program.

### **5.1 The specified evaluation topics**

#### **Levels of action**

The first topic has addressed the levels of action in the ADD program; the local, the national and the international/global level. The presentation of the activities in chapter 2 shows that the local and national levels now are covered in all of the ADD countries, while the international level is covered only by partner organizations in Sri Lanka and India. FORUT has formulated some rather ambitious objectives for the ADD program and there still is long way to go to reach these goals. It is however, no doubt that the work is heading in the right direction on each level.

The greatest challenge is to develop a strategy for a better integration between the three levels. Still, each organization has its primary focus on one or two of the levels and the bilateral, and to an even larger degree, the multilateral cooperation between the ADD partners are not enough developed to integrate the levels through a partner organization network.

The motivation is however, strong in each of the partner organizations to participate in such a development. The partner organizations see the link to the national and international levels of activity as an opportunity to develop their knowledge base for local development work. We think the synergies will be even stronger by also utilizing local histories, experience and knowledge in advocacy activities on the national and international level, so often needed if one wants to be heard in media and political processes.

#### **Categories of activities**

The second topic of the evaluation has been the three categories of ADD activities; community action and local awareness campaigns, policy making and lobbying and research and documentation. Just as for the first topic, all three categories of activities are now covered in most of the ADD countries. Some of the partner organizations have



to an impressive degree, been able to combine and produce synergies between the three categories, and in these cases it can really be demonstrated the advantages of this combination.

The difficulty with such a strategy is of course that it can stretch the scarce resources of each organization so much that nothing can be done properly. Again it seems to be a large potential in a strategy where two or more organizations within a country or a region could cooperate, and by that, first divide the categories of activities between themselves, and then join in an organization development strategy by integrating the experiences and knowledge produced in each of the activity categories.

The situation in each country, when it comes to alcohol and drugs, is not easy accessible. Some basic documentation on the current situation is fundamental, both as a starting point for developing local activities and for advocacy work. It seems to be a very effective strategy to mobilize both fieldworkers and local/national research/documentation actors in this fact-finding process, together with external expertise that can ask the critical questions of both data quality and interpretation. In the current ADD countries this process is almost brought to an end. The next move should then be comparisons of data between contexts and countries, and by that, promote discussions about further development of strategies, activities and methods.

### **Approaches and partnerships**

The third topic has been the approach adopted by each of the partner organizations. Some of the ADD partners see alcohol and drug prevention as an integral part of more general social work (children, family, social security, social welfare), while others conduct more specific alcohol and drug prevention activities.

Much of the discussion in chapter 4 has been on this topic, and the main conclusion has to be that it is the paramount objectives of each organization which have to decide which strategy is the best. By being a part of the ADD program it has become quite clear that those organizations with their primary concern in a more general social work, have become so aware of the threats of alcohol and drugs to vulnerable people, that they can not neglect the issue. These organizations have been of the most innovative in the whole ADD program.

Those organizations which are “specialized” in relation to the alcohol and drug issue, have a more easy task to document specific ADD program activities. On the other hand, such headlines as mobilization, information and sensitisation, can very easily be used to cover rather unprofiled and low intensity activities. It's no doubt that this is the case for some of the partner organizations.

In some of the ADD activities FORUT work with established national and local partners, while in other activities FORUT has established new organizations and institutions to serve as counterparts. In general it seems that the first strategy is the most productive in the Asian countries, while it is more difficult to use such a strategy in African countries with weaker institutional foundations, both in relation to the civil

society and to public institutions as governmental agencies and research and educational institutions.

It is however important that this does not become a fixed strategy. FORUT presence in countries with national and local partners may be important in an initial phase, and the form and size of the presence should be continuously evaluated. And in the African countries it should of course be a part of the objective to strengthen civil society, to establish and/or support the development of local and national partner organizations. The kind of partner organizations in Nepal and India show that this does not need to be organizations that originally have its history in the temperance movement. Both religious organizations, labour and trade organizations, social movements, and educational and research organizations could here be of interest.

### **Knowledge production and dissemination**

The ADD program is just as much about knowledge production and dissemination, as it is about local development activities. The last evaluation topic has therefore been the internal dissemination and exchange of ideas and experiences between the ADD partners.

There is no doubt that the objectives of the ADD program have been well understood and implemented as a crucial issue among all FORUT branch and partner organizations. The amount of money allocated through the ADD program is so limited that “pleasing the donor” can not explain this interest. More important are the organizations’ own local observations of the threat of alcohol and drugs to both vulnerable people and to the sociocultural development in each country. Through the ADD program these observations have been supported by high quality research and documentation. And by being a member of the ADD network, each of the organizations have had the opportunity to understand their own local situation and evaluate their own activities in relation to this knowledge and documentation.

There is however, a large potential for improving this part of the ADD program. The information flow goes too much in the channels created by the bilateral relationships between FORUT Norway and each of the ADD partners. Electronic information channels are not sufficiently developed and the Annual Consultation Meetings have not been sufficiently developed as a forum for critical reflection and learning between the partners. This is, however, areas where the potential for quick improvement is large. The FORUT branch and partner organizations are highly motivated for such an improvement, and some of the organizations have an impressive culture for organizational learning and development. The methods for improvement in this field are already developed elsewhere and ready for implementation. This is also one of the issues we will follow up in the last section of this report.

## 5.2 Conclusions

### 5.2.1 Strengths

The previous program, Local Action against Alcohol and Drugs, and to an even larger extent the current program, Alcohol, Drugs and Development, demonstrate how alcohol and drugs has been realized as an obstacle to development by NORAD and other bodies, financing development work. The multi-level strategy launched by FORUT in the ADD program, also seems to gain full support both from NORAD and by the FORUT branches and partner organizations. This gives FORUT a necessary legitimacy in a program so heavily opposing strong economic and political interests on both international and national levels.

The multi-level approach seems to be the only possible strategy to meet the objectives of the ADD program, and all the FORUT branches and partner organizations give full support to this approach, even if they have varied possibilities themselves for working on all the different levels. They feel that a multi-level approach is necessary in order to understand and react to the processes and interests affecting their work. This approach is also in full accordance with the model recommended by Fowler in his book about the role of NGOs in developing work.

For many of the FORUT branches and partner organizations the ADD program has stimulated their work by strengthening and developing their strategies, objectives and working methods. In no way have the FORUT branches and partners felt pushed to address the ADD topics. On the contrary, it seems like the ADD program have given support to areas of work, felt to be of great importance for many of the ADD partners. Here are some of the most pronounced examples:

- ADIC, as a specialized ADD organization, has broadened their strategy and developed their methods and cooperation with other organizations on all operating levels.
- The FORUT branches in Sri Lanka and Sierra Leone have been able to address, document and react to the additional burdens created by alcohol and drugs in conflict and natural disaster situations.
- The newly founded IAPA has quickly been able to address the big national challenges of alcohol in a fast developing country as India, also connecting to the local and international levels of work.
- APSA, as a high standard learning organization, has been able to address and react with evidence based methods to the consequences of alcohol and drugs in city slums, and has also contributed to the understanding of the economic and cultural relationships between the role of alcohol in modernity and poverty contexts.
- In Nepal, CWIN has demonstrated how high standard research, national advocacy and local action can be integrated in an impressive work under the most difficult circumstances.

Also for the other partners, the ADD program has stimulated their work. As the ADD activities are implemented in all FORUT branches and partner organizations, the program has also contributed in building an organizational network within FORUT with a great potential for mutual exchange of knowledge and experience.

The amount and quality of research and other forms of documentation, is an important outcome of the ADD program. First, it has produced new insight about alcohol and drugs as an obstacle to development, heavily needed if one wants to awake interest for this topic among other agencies engaged in development work and politics. Secondly, it has been important for both FORUT Norway and many of the partners in their development of strategies and working methods. A special credit should be given to the textbook written by Diyanath Samarasinghe; “Strategies to Address Alcohol Problems”.

### **5.2.2 Weaknesses**

There are, of course, also some weaknesses so far in the accomplishment of the ADD program. On a paramount level, we find these weaknesses in two areas.

The first weak area is the integration of the different FORUT branches and partner organizations in the multi-level strategy. It also seems to be a lack of strategy on how to achieve a better integration. Some of the branches and partners may not have the strength or the interest to take active part in such a strategy. They may be better off by concentrating most on their primary focus areas on the local level. Others may have both the interest and the capacity to take a more active role, but at the moment there seems to be some obstacles in achieving this.

First, both FORUT Norway and the ADD partners have very limited resources for an engagement in activities on the national and international levels. Secondly, it seems that the current strategy from FORUT Norway has been to make priority in building up alliance organizations on the global, regional and to some degree, on the national levels. It seems hard to engage locally based partners in this work. And finally, we see it as a weakness when the locally based partners motivate their interest in the multi-level approach, only in their need of information and knowledge about how international and national interests and processes affect their work. It’s a weakness when FORUT Norway until now, only to a limited extent, has utilized the high standard research, the analytical competence and the experiences and stories of their partners in their international work.

This brings us over to the second weak area in the ADD program so far; the utilization of the ADD program in building an organizational learning strategy. Most of the relationships in the program are bilateral between FORUT Norway and each of the ADD partners. There are some important direct relationships between ADD partners within countries as Sri Lanka and India, and between the IOGT organizations in Gambia and Senegal, but especially the potential of network relations within regions and the whole ADD “family” is poorly developed. The result of the dominating bilateral relations, is that FORUT Norway with its limited resources, becomes a bottleneck in building inter-organizational learning networks.

An arena as the Annual Consultation meetings could have been important for organizational learning, and to some degree it may already have contributed in developing activities and methods for some of the partners. So far, it has however, been more of an arena for presentations of results and experiences, leaving the learning potential to be utilized by each of the partners in isolation.

The organizational learning potential of the ADD program is even greater if one considers two of the most important recourses of the ADD partners; the organizational learning capabilities among some of the partners and the amount and quality of the research conducted through the ADD program. We will return to this in the section on the opportunities of the program.

The last weakness we want to mention, is the rather diffuse objectives and low capabilities of some of the partners, especially the IOGT organizations in Africa. It has neither been possible for us in this evaluation to investigate closer what is meant by activities and methods only described as “sensitization” and “holistic approach”. Much good work may “hide” under such concepts, but we have not been able to observe or document what that might be. A closer evaluation should be conducted as a ground for making decisions about the further strategy regarding these organizations.

### **5.2.3 Threats**

The work of FORUT, regarding alcohol and drugs as an obstacle to development, has been extended in perspective and objectives through at least three phases; the founding of ADIC in 1987, the launching of the Local Action program in 1997, and the launching of the current ADD program in 2004. Each of these extensions has been supported by NORAD and the FORUT branches and partner organizations.

On the other hand, each of the extensions represents an increase in the vulnerability of the program. First, the ADD program is now opposing strong economic and political interests, not only on the local level, but also on the national and international level. To face these interests demands internal competence, strong alliances to other governmental and non-governmental organizations, opposing the same interests, and a high degree of legitimacy from the financing agencies, such as NORAD. It seems like FORUT is well aware of this and has done a lot to build alliances and supporting relationships.

Second, the extension of objectives and activities within very scarce resources, make the ADD program vulnerable to even small changes in the financing situation. We think FORUT has to make a greater effort in strengthening the financial basis for the ADD program, for instance by finding new sources of financing such elements as research, information campaigns, seminars, international network activities and special national or local projects.

The last, but not the least important threat to the ADD program, is the very labile situation in several of the ADD countries. These situations may well block every possibility of working in some of the countries, but we have also seen how such situations can be utilized for learning how to address alcohol and drugs as an issue in situations of conflict and disasters.

### 5.3 Recommendations

The strengths of the ADD program are the best foundation for developing the program even further, and the weaknesses and threats can easily be reformulated as opportunities for such a development. We finish this report by addressing these opportunities and formulate some recommendations for how to develop the ADD program:

- As the Norwegian (and also among the few international, we would think) expert organizations on alcohol and drugs as an obstacle to development, FORUT has a great obligation to guide other organizations and agencies which should or will engage in this issue. By a systematic collection and presentation of knowledge and experiences, FORUT has the possibility of developing handbooks of best practices of both integrated and specific strategies and methods in this area of development work.
- Until now the FORUT branches and partner organizations are motivated to take part in the multilevel strategy of the ADD program, for the purpose of strengthening their local level work. We strongly recommend that this motivation is extended by bringing these partners into the international work with the purpose of utilizing their knowledge, experiences and local stories in strengthening the work in the national, regional and global arenas and networks. Such a reciprocal motivation is an important strategy for strengthening the roles of each partner and the mutual relationships between actors and activities on all levels.
- In the national and international alcohol policy alliances and the international governmental organizations, such as the WHO, it is the public health arguments and concerns about alcohol use that are in focus. We recommend that FORUT also advocate the socioeconomic and cultural perspectives of alcohol and drug use in developing countries. Many of the ADD partners are very concerned and have much knowledge about these aspects. FORUT should utilize this knowledge even more, both in their local and in their international work.
- Alcohol and drug use represents very different challenges in different contexts. We recommend that FORUT, together with the partners, emphasizes this more in the future development of strategies and methods. Most has, until now, been done in the traditional and poverty contexts. Of special interest are also the experiences from conflict and post-war and -disaster contexts. This could be even further developed and we strongly recommend that the two cross-cutting issues in FORUTs work, conflict sensitivity and ADD, are seen in close relation to each other.

In addition there are some rather isolated newly industrialized areas in many of the ADD countries, with specific challenges to be met. The most interesting context in many of the countries is, however, the modernity context. FORUT should pay more attention to this context, both because this is where the use of alcohol increases most, and because the dominant economic and cultural position of the modernity context has great spill-over effects to other contexts.

- FORUT has defined some quite challenging objectives and strategies for its ADD program. The formulated objectives and strategies seem to be in full accordance

with the ideal model presented by Fowler (op.cit), depending on competent partners aiming at a continuous improvement of their knowledge base and practices. FORUT has a great potential in building up a strong organizational learning network, supporting this continuous improvement. This can be done by several means:

- By defining the potentials and role of each of the partners in such a learning support network.
  - By integrating all partners in some way or another, in the multi-level strategy (as already described).
  - By developing the Annual Consultation, other meetings and electronic channels, as arenas for systematic learning, integrated in the organizational learning strategy of each of the partners and FORUT Norway itself.
- One of the most impressive outcomes of the ADD program is the research activities. This has until now been formulated as an area of activity, mostly in the form of “country studies”. Such country studies may also be important in the future, especially in the planning of entering new land areas and countries. We recommend, however, that this area of activity is developed into a more comprehensive research strategy. In such a strategy, the following elements should be considered:
    - Stimulate and help researchers in the partner organizations to take more active part in international development, political and academic arenas where their past, current and future research will certainly be of great interest.
    - Stimulate and support the publication of research findings as textbooks and articles for publication in international journals. By that, the researchers can reach a wider audience and FORUT can better fulfill the objective of knowledge dissemination.
    - Take the initiative to more comparative research, both regarding parallel processes and contexts in several of the ADD countries. This can lift the knowledge production to a higher level and stimulate the inter-organizational learning processes in the ADD network. It can also produce new connections between researchers among the ADD partners and with external research institutes.
  - One last recommendation is to investigate new sources of funding for the ADD program. We have already mentioned program elements, such as research, information campaigns, seminars, international network activities and special national or local projects, that could be financed from new sources. The ADD program has the potential to grow both in quality and capacity, by such an effort.

## **Appendix 1: Data sources and references**

The evaluation team has based its work on the following data sources and references:

### **1. Documents:**

#### **Applications to NORAD:**

FORUT – Application for 2000 – Project GLO 96/015-3 Local Action

FORUT – Application 2004-2008 GLO01/416-13 ADD Global

#### **Reports to NORAD:**

FORUT annual project report for 2000: Local Action against Alcohol and Drugs

FORUT annual project report for 2001: Local Action against Alcohol and Drugs

FORUT annual project report for 2002: Local Action against Alcohol and Drugs

ADD report 2003 FORUT format

ADD report 2003 new NORAD format

FORUT GLO 2004 report ADD

ADD Annual Report 2004 FORUT format

ADD plan 2005 FORUT format

ADD plan 2006 FORUT format

#### **Local Action:**

Newsletters: No 1 – 2000; No 2-4 – 2001; No 5 – 2002

Micro Projects 2003 (overview of applications and grants)

#### **ADD Micro Project:**

Applications 2004

Applications 2005

#### **Annual Consultation meetings for ADD partners:**

Presentations and reports

#### **Strategy documents:**

Alcohol, Drugs and Development Strategy (FORUT)

“Strategies to Address Alcohol Problems”; written by Professor Diyanath Samarasinghe, published by FORUT 2004

#### **Annual Reports**



## **2. Research and documentation reports:**

Eide, Arne H., Ibou Diallo, Ibrahima Thioub and Lajla Blom: **Drug use among secondary school students in Senegal**, NIS Health Services Research, SINTEF Unimed, Oslo, 1999

Dithal, Rupa et. al.: **Alcohol and Drug Use in Nepal, With Reference to Children, Child Workers in Nepal Concerned Center (CWIN)**, Kathmandu, 2001

Dithal Rupa et. al.: **Alcohol and Drug Use among Street Children in Nepal, A Study in Six Urban Centres**, Child Workers in Nepal Concerned Center (CWIN), Kathmandu, 2002

Rai, Abinash, Keshab Prashad Ghimire, Pooja Shresth and Sumnima Tuladhar: **Glue Sniffing among Street Children in the Kathmandu Valley**, Child Workers in Nepal Concerned Centre (CWIN), Kathmandu, 2002

Baklien, Bergljot and Diyanath Samarasinghe: **Alcohol and Poverty in Sri Lanka**, FORUT/NIBR, Colombo, 2003

Bøås, Morten and Anne Hatløy: **Alcohol and Drug Consumption in Post War Sierra Leone – an Exploration**, Fafo report 496, Fafo, Oslo 2005

Midthun, Ingvar: **“Ung og lovende”**, Om alkoholindustrien og jakten på de unge i utviklingslandene, FORUT, Gjøvik, 2006

### **Research and documentation relevant to alcohol and drugs in developing countries**

Robin Room et al: **Alcohol in Developing Societies: A Public Health Approach**, Finnish Foundation for Alcohol Studies and the World Health Organization, 2002.

Leanne Riley and Mac Marshall: **Alcohol and Public Health in 8 Developing Societies**, World Health Organization, 1999.

### **Books relevant to the evaluation of NGOs:**

Fowler, Alan: **Striking a Balance**, London Earthscan Publ. 1997

Lindøe, Preben: **Erfaringslæring og evaluering**, Oslo: Tiden Norsk forlag, 2003

### **Master thesis initiated through “Vitenskapsbutikken” at the University of Oslo (not used as references in the evaluation):**

Senegal: Ingrid Smette: **Managing Hearts, Bodies and Beauty, Young Dakar Women's Construction of Selves**, Hovedoppgave, University of Oslo, Department of Social Anthropology, 2001

Nepal: Solveig Holmedal Ottesen: **Passe skikkelig, passe moderne, passe villig; Om unge kvinners alkoholbruk i Kathmandu, Nepal**, Hovedoppgave, Sosialantropologisk Institutt, Universitetet i Oslo, Desember 2004

Sri Lanka: Irene Prestøy Lie: **Å drikke eller ikke drikke: Et spørsmål om identitet; En studie av alkoholens mening i livene til den urbane eliten i Sri Lanka sett i lys av moderniseringsprosesser**; masteroppgave, Institutt for Sosiologi og Samfunnsgeografi, Universitetet i Oslo, Februar 2005

### **3. Interviews:**

#### **Partner Organizations:**

Informal discussions with representatives of the partner organizations at the ADD Annual Consultation Meeting in Bangalore, India, 4-9 November 2005.

Focus group interview with representatives of the ADD partners at the Annual Consultation Meeting in Bangalore, India, 4-9 November 2005.

#### **Interviews with FORUT staff in Norway:**

Terje Heggernes, Resident Representative at the FORUT office in Colombo, Sri Lanka

Ståle Stavrum, International Program Director

Jorid Almås, International Program Coordinator

Øystein Bakke, ADD project manager

### **4. Questionnaire :**

Sent to all ADD partners as a follow-up of the focus group interview in Bangalore.

Received written answers from seven of the partner organizations;

Sierra Leone: FORUT

India: CWC, APSA and IAPA

Sri Lanka: FORUT and ADIC

Nepal: CWIN

## **Appendix 2: Terms of Reference**

**Project number: GLO-01/416-13**

**Date: 23.12.2005**

### **1. Project background**

“Alcohol, Drugs and Development” (ADD) is a global programme in FORUT, in the sense that it involves all countries with FORUT activities and also FORUT action on the international level. As one of its main priorities, FORUT aims at integration of alcohol and drugs perspectives in our own development programmes, as well as in the field of development cooperation in general. This priority has been endorsed by the Norwegian Agency for Development Cooperation (NORAD).

The programme “Alcohol, Drugs and Development” has been granted NORAD funds for the period 2004-2008. ADD is a continuation of GLO-01/416-13 “Local Action against Alcohol and Drugs” (name changed in 2004), and it includes project GLO-01/416-5 “Alcohol and Drug Information Centre”. Both these projects have received NORAD funding.

FORUTs approach to the topic is outlined in the document “Alcohol, Drugs and Development Strategy”.

### **2. Reasons for evaluation**

The NORAD funds to the Alcohol, Drugs and Development programme have been granted as part of the NORAD/FORUT Frame agreement. In this agreement, NORAD expects FORUT to integrate evaluation processes in the implementation of the various programmes.

Since NORAD has endorsed FORUTs focus on alcohol and drugs as hindrances to development, it is expected that FORUT produce knowledge and competence on this topic, and that this competence is shared with other development agencies, governmental as well as non-governmental.

The report from the ADD evaluation project will be published in the NORAD evaluation database.

FORUT will use the ADD evaluation project to learn from experience and use this experience for further development of the ADD programme in 2006-2008, and in possible future programmes in the next frame agreement period.

Furthermore, the results of the evaluation will contribute to the improvement and refinement of FORUTs strategies for alcohol and drug prevention in developing countries more in general.

### **3. Scope and focus**

Mid-term evaluation of the ADD programme, also drawing upon results and experiences in the preceding project; “Local Action against alcohol and drugs”.

The aim of the evaluation is to

- \* collect information and experiences from project partners and by that learn from implemented activities.
- \* examine needs for adjustments in aims, strategies and activities for the remaining programme period.

### **4. Issues to be covered**

The development objectives of the ADD project have been defined as follows in the NORAD application for 2004-2008:

- \* contribute to building knowledge and designing activities in FORUT’s six partner countries so as to reduce the consumption of alcohol and drugs, and thereby reduce human, social and economic costs.
- \* contribute to strengthening the counter forces against the use of alcohol and drugs.
- \* contribute to mobilising resistance against an expanding alcohol capital.

The ADD project relates to FORUTs other activities in all six project countries: Sri Lanka, India, Nepal, Senegal, The Gambia and Sierra Leone through

- \* raising knowledge and awareness in FORUT project staff and partner organisations
- \* raising awareness in all target populations (for example rural poor or urban slum population, street children, victims of child exploitation, urban youth, internally displaced people etc).
- \* raising awareness among development agencies and advocacy groups

FORUT has selected the following areas of action for the ADD programme:

1. Research, country studies
2. Project support, micro projects, and incentives for partners to get involved
3. Exchange of experience and network meetings
4. Documentation and dissemination of knowledge
5. Strengthening of counter-forces to the international alcohol industry
6. Sufficient administrative capacity with high competence on the topic

## **Evaluation design**

The evaluation will focus on three main analytical dimensions:

1. Local community development projects where alcohol and drugs issues are integrated into the project activities, as compared to local projects where alcohol and drugs are the specific issue of the projects.
2. Local development projects and activities as compared to projects and activities aiming at influencing national and international alcohol and drug policies.
3. The bilateral relationship between FORUT Norway and each of the partner organizations as compared to multilateral relationships between partner organizations in different countries and regions, including the role of FORUT Norway in such organizational networks.

Each of these dimensions has to be analysed under the conditions created by three sets of frameworks:

1. The social, cultural, economic and political frameworks on local, national and regional levels.
2. The frameworks created by national and international alcohol and drug industries.
3. The frameworks created by national and international NGOs and NGO network organizations in the field of alcohol and drugs.

## **Research questions**

1. Three levels of activity

The ADD project has activities on three levels; local, national and international:

- \* Which results have been produced on the three levels, respectively?
- \* To what extent has the ADD project reached its defined goals?
- \* Has this three-fold approach been a productive strategy?
- \* Should FORUT follow the same strategy for the rest of the ADD project?
- \* Is there a need for adjustments in priorities between the three levels?
- \* Has FORUT succeeded in combining activities between the three levels, to the extent that this has created synergies?

2. Choice of activities

The activities in the ADD project fall into three categories; 1) community action and local awareness campaigns, 2) policy making and lobbying and 3) research and documentation

- \* Has FORUT succeeded in combining the three fields of action and, by this, creating synergies?
- \* What are the advantages and difficulties in working on three areas of action?

- \* Which strategies, actions and activities seem to be the most crucial to implement in an ADD partner country?

### 3. Choice of approach to alcohol and drug prevention

- \* Some of the ADD partners see alcohol and drug prevention as an integral part of more general social work (children, family, social security, social welfare), while others conduct more specific alcohol and drug prevention activities. What are the advantages and difficulties with the two different approaches?
- \* In some of the ADD activities FORUT work with established national and local partners, while in other activities FORUT has established new organizations and institutions to serve as counterparts. What are the advantages and difficulties with the two alternatives?
- \* How have the national and local ADD partners organized their activities? Differences and similarities? Which experiences can be drawn from this?

### 4. Internal dissemination and exchange of ideas and experiences

To what extent has the ADD project managed to establish an understanding of the ADD idea among the various project partners and their key-persons?

- \* importance and relevance of this field?
- \* prevention strategies?
- \* the scientific basis for action?
- \* the political challenges?

How is the flow of information between the parties involved in the ADD programme? Are there specific problem areas where information routines can be improved?

Has the project managed to establish routines for exchange of experiences and ideas between partners working with identical activities and methods, eg. theatre, children's helplines, school awareness programmes, street children, monitoring of media's exposure of drinking habits?

Does the ADD project have suitable systems for identification of experiences, processing of such experiences and dissemination of the outcome among the project partners?

How do the ADD partners evaluate the support they have received from the ADD administration? Which improvements can be made?

### 5. Other topics

Are there any other signals or experiences from the ADD partners that should be dealt with by the ADD project management in FORUT Norway?

## 5. Evaluation team

The evaluation project will be carried out by an evaluation team composed of an external and an internal resource person:

Sverre M. Nesvåg, research director, Rogaland Research, Norway

Dag Endal, project consultant, FORUT Norway

The evaluation team will draw upon resource persons in IRIS – International Research Institute of Stavanger and FORUT, respectively.

## 6. Timetable

|                |  |
|----------------|--|
| 01 Nov 2005    | First discussion on evaluation design<br><br>* A preliminary version to be used at the Annual Consultation in Bangalore<br><br>First version of Terms of Reference |
| 04-08 Nov 2005 | Annual Consultation meeting with all project partners in Bangalore, India  |
| 28 Dec 2005    | Final version of Terms of Reference  |
| Jan-Feb 2006   | Data collection  |
| 20 March 2006  | Draft report from the evaluation team  |
| 31 March 2006  | Completion of the evaluation project<br><br>* Evaluation report presented to FORUT   |

## 7. Data sources

Interviews and other types of data collection from key persons in the six project countries

\* As many as possible during the Annual Consultation meeting in Bangalore November 2005

Follow-up contact to individual resource persons and project organizations

Examination of documentation

\* Applications and plan documents

- \* Reports produced in the Local Action and ADD projects
- \* Documentation produced by internal and external sources upon request from the evaluation team

Interviews with FORUT staff members in Norway.

Interviews with other types of resource persons than those involved in the national projects

- International networks, Norwegian institutions etc

## **8. Reporting**

The main output of the evaluation project will be an evaluation report in English, presenting all relevant findings and recommendations. Additionally, a summary of the report in English and Norwegian will be produced.

The evaluation report will be presented in the NORAD evaluation database.

The evaluation team will present its findings in a FORUT board meeting.

The report will also be presented to a workshop with the FORUT staff and invited resource persons.

The working hours connected to the above mentioned reports and meetings shall be included in the budget of the evaluation project. Other costs (travels, printing, accommodation etc) will be covered on top of the project budget.

The evaluation team shall be prepared also to present their findings in other settings than the above mentioned meetings. This will be agreed upon from case to case, and costs (working hours, travels etc) will be covered for external persons.

Stavanger/Gjøvik, 23.12.2005

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For IRIS

Sverre Nesvåg, forskningssjef

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For FORUT

Morten Lønstad, generalsekretær