

**External Evaluation Report
Alcohol Drugs and Development Program
FORUT, Campaign for development and solidarity
2009 – 2013**

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	page
Table of contents	2
Executive summary	3
1. Foreword	5
2. Introduction	6
- Background	
- Unique program	
- No drugs	
- Temperance	
3. Methodology	8
- Objective of evaluation	
- Evaluation rigor	
- Quality of information collected	
- Resources allocation	
- Collection of information	
- Response	
4. Main findings	11
- Three RBMs	
- Global Advocacy	
- Global capacity building	
- Malawi	
5. Concluding general observations	31
6. Recommendations	35
Annexes	37
- 1. Terms of Reference	
- 2. Framework	
- 3. Plan of work	
- 4. Introduction letter	
- 5. Information letter	

Executive Summary

This report of the external evaluation of FORUT's ADD program over the last 5 years is based on an analysis of a great many relevant documents, frequent conversations with FORUT staff and many communications and observations with partners and other people who have a connection to the program. The fact finding was done over a period of approximately 3 months in the beginning of 2013. A one week visit later to Malawi, one of the target countries of the program, was also part of the collection of information. Additionally, at the end of the exercise a one week visit was paid to Sri Lanka. The findings show that the program is fully in line with the overall objective viz "to reduce the harm from alcohol and other drugs of abuse".

FORUT's advocacy strategy has two interlinked elements: one being advocacy work done in FORUT's own name and the other advocacy through the Global Alcohol Policy Alliance (GAPA). FORUT supports GAPA by providing the Secretary to the Board and the Secretariat, plus technical expertise and support for GAPA activities. GAPA has achieved some remarkable results in the period under review, such as a substantial contribution to the endorsement of a global alcohol policy by WHO, the issuance of a statement of concern over the efforts of the alcohol industry to molding public health concerned alcohol policy making, and the organization of large conferences which are instrumental in the establishment of a global movement to reduce alcohol related harm. Thus the ADD program is effective in reaching its goal of global advocacy for evidence based alcohol policies. GAPA as a global organization is very much dependent on the support by FORUT and the personal involvement of a limited number of people. This is not an ideal situation for an agency with such a great task; it might therefore be good to do a feasibility study on a more stable and permanent structure for GAPA.

A typical FORUT component of the program is the integration in the work on women's and children's rights (two of the other FORUT programs) of ADD issues. Both internally and externally this strategy is carried out with great success; in a number of the target countries even resulting in agencies which primarily are concerned with children's rights taking the lead in national alcohol policy development. The long standing relationships between FORUT and most of its partner agencies, the familiarity of program staff with the local situations and their personal commitment explain a great deal of the success. The third major component of the program is the support to Malawi in developing a public health oriented alcohol policy. This goal has practically been achieved by the end of the period under review. It will be good to continue the support for Malawi in the implementation phase of the policy. It might also be good to consider the development of mutually supporting structures for policy development in the south-African sub-region. Forging strong relationships with relevant agencies is a great strength of the ADD program. In this context two examples stand out, resulting in memorandums of understanding (with the Government of Malawi and with the WHO/AFRO).

Support for research has been another strong element throughout the program. Research results form a powerful tool in awareness raising and in advocating for policy change. In this context it is worthwhile mentioning also the scientific article by ADD program staff over the influence of the alcohol industry in policy making in a number of African countries, which has had a great impact since its publication.

The overall conclusion is that the ADD program has been effective and very efficient and deserves to be continued with fullest possible support. A few minor amendments in the program might be considered for the future, such as involving technical experts as volunteers.

1. Foreword

This report presents the external evaluation of FORUT's Alcohol Drugs and Development (ADD) program over the period 2009 – 2013. It was commissioned by FORUT as part of its regular program cycle to arrange for an evaluation before the end of the 5-year plan concerned.

An earlier evaluation of the ADD program was carried out in 2006 (Report IRIS – 2006/088: Sverre Nesvag & Dag Endal: FORUT: ADD Mid-term evaluation) and in 2008 an overall FORUT organization review was made (NORAD Report 23/2008.

Organizational Performance of FORUT, Campaign for Development and Solidarity, Oslo, Scanteam, 2008). The excellent reports of these two evaluations have been gratefully taken into account in the development of this report.

For the current period an outside consultant with experience in development aid and in the area of alcohol and drugs was approached and has been given the assignment to carry out the evaluation. Terms of Reference were drafted and a meeting was held between FORUT staff and the consultant December 7th 2012 to discuss the ToR and to agree on a framework, a rough outline of methodology and time schedule for the exercise.

The collection and analysis of information was done over a period of roughly 3 months through various methods and included a visit to Malawi. At a late stage in the exercise it was decided between FORUT and the evaluator that a visit would also be made to Sri Lanka. The findings of this visit form an integral part of this report.

A pre-final draft was discussed with FORUT ADD staff and a presentation of the main findings and conclusions was made at the Annual FORUT Meeting in April 2013.

Throughout this work the consultant has met with many people who have given their full cooperation to enable a good understanding of the program in all its aspects. Their support is herewith gratefully acknowledged.

2. Introduction

2.1 Background

FORUT supports development and relief activities in Sri Lanka, Sierra Leone, India, Nepal, Zambia and Malawi. FORUT works through local civil society partners (India, Nepal, Sri Lanka, Zambia and Malawi) and is also a self-implementing agency (in Sierra Leone).

A five-year plan was developed for 2009-2013 and is the base for the core funding from NORAD in the same period. Alcohol, Drugs, and Development (ADD) is one out of four programme areas of priority for these five years. The ADD program aims to reduce both individual and societal harm from alcohol and other drugs of abuse. In order to achieve its goal, the program focuses on a wide range of measures. The program also aims at linking alcohol and drug prevention to other critical development issues such as HIV/AIDS, gender issues, poverty and child rights.

The general goal of the ADD program is to reduce the harm from alcohol and other substance use. FORUT implements ADD programs in all partner countries. The Malawi and Zambia operations are specifically tailored to address ADD issues, making these countries FORUT's prime targets for more specific interventions in the ADD field. The Malawi operation was started in 2006 while Zambia was taken in as a partner country to FORUT in 2011.

2.2 Unique program

FORUT's ADD program is unique in the sense that it is one of the very few programs in the world that takes as its point of departure the link between alcohol and development. Although there have been in the past a number of scientific publications on the relationship between alcohol and development (demonstrating that indeed alcohol consumption is a detrimental factor for development), in practice no other institution worldwide has made this relationship its primary concern for action. While finding a combination between alcohol consumption and developmental issues FORUT ADD is widely respected in the alcohol field as a serious, knowledgeable and innovative partner.

2.3 No drugs

Although the name of the program refers also to drugs, the choice made in the program to address mainly alcohol seems to be fully right. There is already an abundance of international, national and community agencies addressing illegal drugs; moreover many of the tools and strategies developed and applied in the program are relevant to both alcohol and drugs. This doesn't imply that for the ADD partners work on drugs related problems should not be done; a children's welfare focused partner in an area where drug use among young people is prevalent should not use this priority for alcohol problems of ADD FORUT as an excuse for not caring about drug problems in its target population.

2.4 Temperance

In the course of this exercise the issue of a temperance philosophy behind the work popped up a couple of times. As is known, FORUT is rooted in the temperance movement but it is not itself an abstainers or temperance organization; its focus is on the policy level and on community mobilization, and not on individual choices of lifestyle. Apart from this, the temperance movement is however widely accepted and respected as a social movement, in particular in Scandinavian countries as well as in some of the religious communities of some of the target countries. Additionally, half of the world's population is non-drinkers. Whilst therefore the overall philosophy behind the work may well be that it is important to keep this percentage high; yet, too strict adherence to principles of the temperance movement might shy off otherwise potent and good partners for public health oriented alcohol policy development. ADD FORUT and many of the partner organizations of the program therefore preferred to be cautious with the wording "alcohol use" and prefer to refer to the WHO terminology "harmful use of alcohol". The ADD program itself is well aware of the sensitive nature of this issue and doesn't make any reference to abstinence or temperance. The consultant hasn't come across any signal of negative influence on the work being performed from this perspective and feels that the program has a very balanced approach of this issue.

3. Methodology

3.1 Objective of evaluation

The Terms of Reference identifies as the main objective of this evaluation “to assess the achievements so far and to seek external input on adjusting the trajectory of the programme”. Further it is stipulated that this evaluation has to look into all standard project performance aspects such as result on *impact or outcome level*.

After the communications and the agreement between FORUT and the consultant on the Terms of Reference (attached as Annex 1) a framework and a plan of work was submitted and agreed upon (Annexes 2 and 3).

3.2 Evaluation rigor

This evaluation is not a strict mathematical evaluation exercise in the sense that it would focus on a comparison between what was aimed for 5 years ago at the beginning of this period of the program and what the actual situation looks like in terms of achievement of goals set. Rather this evaluation exercise is in the spirit of the strategy promoted by NORAD to look at results, irrespective of dogmatically sticking to goals set at the beginning of a program. Moreover FORUT is a relatively small and flexible organization and the planning routine of FORUT does not lend itself to an exercise which is highly dependent on substantial investments in planning, administering and evaluating.

3.3 Quality of information collected

As will be shown in the section on methodology various methods of data gathering have been used for this evaluation. Although there are no doubts over the reliability of the responses provided by informants in the communications in writing or in telephone and Skype conversations, the impression is that the data and information collected in the missions to Malawi and Sri Lanka have a very important additional value resulting from the direct observations made during the visits. As a matter of fact in particular the visit to Sri Lanka showed that the field visit yielded a good deal of qualitative relevant information which would not have been available through normal evaluation procedures.

3.4 Resources allocation

As was agreed upon between the commissioners and the consultant from the outset this evaluation does not include an assessment of relative financial investments in the different components of the program. Further, in accordance with the ToR this evaluation hasn't made investigations into use of funds made available to beneficiaries of the program or into disbursement of funds. The observations made in Malawi and Sri Lanka give however the impression that moneys made available through the program are well used and that auditing procedures seem to be well in place and duly followed.

3.5 Collection of information

The collection of information required for this external evaluation was made through:
a) study of documents related to the program.

In consultation with project staff a selection was made of documents and literature relevant to the project. Documents provided included for example: NORAD Report 23/2008 Review, Organizational Performance Review of FORUT, Campaign for Development and Solidarity, July 2008; Avtale om kjernestøtte mellem Direktorat for utviklingssamarbeid (NORAD) og FORUT, Soldaritetsaktion for Utvikling; Organizational performance review of FORUT, Scanteam, Oslo, July 2008; FORUT annual reports; FORUT: ADD, mid-term evaluation, IRIS; Memorandum of Understanding between the government of the Republic of Malawi and FORUT – Norwegian Campaign for Development and Solidarity on Cooperation on Alcohol and Development in Malawi; (DRAFT) National Alcohol Policy Development- Best Practice – Malawi's Experience; Report ADD visit to Sri Lanka March 2013; the ADD Bulletins; Evaluation of Norwegian Health Sector Support to Botswana 2012, NORAD, etcetera;
b) interviews with FORUT staff.

In the first place right in the beginning with the two FORUT staff who are the primary responsible officers for the project, later the consultant visited HQ FORUT to meet with senior management and with available project officers. This occasion was also utilised for a short introduction to the Board of FORUT;

c) collecting information from partners of the ADD program and persons and institutions familiar with the ADD program.

A letter introducing the consultant was sent by FORUT to all persons identified as possible informants (Annex 4). Subsequently informants were approached by the consultant through e-mail correspondence. They were given the choice to either comment in writing or respond in a Skype – or telephone conversation on a number of items on which information was sought. (The information seeking letter and list of items on which information was sought is attached Annex 5 to this document).

The selection of persons and institutions as informants was made by project management in close consultation with the consultant. In the first instance a list was developed containing names and contact details of partner institutions (institutions with which FORUT ADD cooperates in the implementation of its program).

A second list contained names of possible other informants: persons with whom in the operational plan of the program no direct working relation exists but who were regarded to be familiar with the ADD program implementation. These people also received a letter of introduction by FORUT's senior management and were approached by the consultant in the same vein as the direct collaborators of the program, albeit with a slightly different set of information items.

A third separate list of informants on GAPA (Global Alcohol Policy Alliance) was developed. Again, informants were sent the introduction letter and approached by e-mail. They were asked to comment on a number of issues pertaining to GAPA and FORUT. These informants also were given the choice to either respond in writing or through a conversation over Skype or telephone;

d) in accordance with the ToR a visit of one week's duration was made in March 2013 to Malawi to make direct observations and interview persons in governmental and non-governmental institutions relevant to the process of alcohol policy making in the country. Unfortunately a visit to neighbouring Zambia at the same occasion could not take place

because of complications with timing and travel schedule. The list of persons to be met in Malawi and the program of the visit were developed in close consultation with FORUT staff and with the principal partner for the activities in Malawi.

e) a visit to Sri Lanka has been made in July to obtain extra information on the ADD activities in this country. This decision was taken after a field visit to the country by program staff and was deemed necessary in view of the major efforts being made by FORUT in this country. The findings of this mission have been incorporated in this report after a pre-final draft had already been prepared.

3.6 Response

In addition to the persons met during the field visits, altogether 61 persons were approached to act as informants for this evaluation study (The full list of informants is available from the consultant). Informants were advised that their information would be treated as confidential.

The response rate was high: only 14 persons didn't respond even after having received a reminder (2 persons of these 14 after all felt too unfamiliar with FORUT's ADD program – of another 2 persons it is not certain if they ever received the e-mail messages concerned). This boils down to an overall response rate of approx 82%.

The majority of the informants preferred to respond in writing: only 2 informants preferred to discuss their findings in a conversation over the telephone or over Skype. In 5 cases the informant responded in writing plus later on, a conversation over Skype or telephone was held to clarify issues or to provide additional information. In case interviews were held over telephone or Skype, the consultant drafted a summary of the discussion and submitted this draft to the person interviewed to make sure that there was a correct understanding of the conversation.

4. Main findings

In the following section the main findings emerging from the information collected will be discussed whereby the program structure into three RBM's is followed. No effort will be undertaken to describe or summarize the activities of the multitude of projects with which the ADD program is in touch as a partner or collaborator. This information is readily available elsewhere.

4.1 Three RBMs

In accordance with the strategy promoted by NORAD the focus in the ADD program is on ultimate results and the program uses the Results Based Management (RBM) framework for its planning and evaluation. Thus the program as a whole aims at the strategic objective of "reduced harm from alcohol and other substance use". The program document identifies 3 RBM matrices: (RBMs):

- global advocacy (for evidence based alcohol policies {2.2.a});
- global capacity building (towards sound alcohol policies and programs {2.2.b});
- Malawi (to have a national alcohol policy {2.2.c}).

There is naturally much overlap between these RBMs: advocacy for the issues of alcohol policy without capacity building is a weak tool; and good capacity building is urging for advocacy. In the third RBM, Malawi, capacity building and advocacy were supposed to go hand in hand to lead towards a national alcohol policy. Consequently the allocation of outputs and outcomes in the three RBMs is therefore sometimes more or less arbitrary.

As an example: ADD FORUT publications (like the often quoted article by the 2 principle staff of the program about the government supplanting role of the drinks industry in alcohol policies in sub-Saharan countries which appeared in *Addiction*, a leading international scientific journal in this area) is listed in the program document under global capacity building; whilst as a matter of fact it leads to more awareness on the issue of alcohol as a developmental issue and on the role of the industry as a threat to public health.

The practical logic of the three different RBMs in the period under review is interpreted to be that RBM 2.2.a deals mainly with GAPA, RBM 2.2.b deals in general with integrated action (ADD action within other FORUT programs and activities on women's and children's rights) and RBM 2.2.c deals with the alcohol policy process in Malawi.

4.2 Global Advocacy

4.2.1 The expected result of this program component (RBM 2.2.a Global Advocacy) is: “Measurable increase in global and national commitments to reducing the harm from alcohol through evidence based policy frameworks by end year 5 (valid for countries and institutions which GAPA has been cooperating with)”. In practice this RBM deals mostly with FORUT’s contribution to the Global Alcohol Policy Alliance (GAPA) and the policy initiatives which have been undertaken in cooperation with GAPA. However, as mentioned before, a good deal of the activities referred to elsewhere do contribute to this RBM as well.

4.2.2 In the period under review FORUT’s support to GAPA has become increasingly important and substantial. Currently approximately 25% of the overall manpower resources of ADD are utilized for GAPA support, in particular through providing the Secretary to the Board and the Secretariat for GAPA; additionally financial support is rendered to GAPA e.g. through providing for travel expenses for participants in GAPA organized conferences and workshops and for GAPA participants in WHO organized events. FORUT has also organized events where GAPA was co-organizer / co-sponsor, but where the financial and administrative contributions came from FORUT, such as e.g. the Southern African Alcohol Policy Forum in November 2012.

4.2.3 All informants were very positive about FORUT’s role in GAPA, and the image that emerged is that GAPA without FORUT would be a lame duck. (The other NGO that provides support to GAPA is the Institute of Alcohol Studies, IAS, in the UK, the home base of the founding father and President of GAPA). It is somewhat remarkable that very few of the people interviewed were aware of the real extent of the support provided by FORUT (whilst the people interviewed belong to the close circles of GAPA and or FORUT and assumedly would be well informed).

4.2.4 The support provided by FORUT to GAPA is laid down in a Memorandum of Understanding, agreed upon between the Chair and FORUT’s Secretary General in 2005. In the day to day work the content of the support is developed by GAPA Board meetings and frequent communications between the Chair and the Secretary.

4.2.5 Throughout all of GAPA’s activities (with the exception of its journal The Globe) FORUT staff plays a dominant role: participating and steering in the board, providing the secretariat, participating in the programming of activities (ranging from the global conferences to the sub-regional conferences), participating in the technical support for global, regional and sub-regional activities, sponsoring participants to meetings organized by GAPA etcetera.

4.2.6 As was referred to earlier FORUT’s contribution includes amongst all these other things also active liaising with possible non-alcohol specific agencies. This aspect seems to become more and more important, surely in the days after the High Level Meeting of the UN on NCD’s (with WHO’s restructuring of its program in this direction) and in the days before the post 2015 millennium goals. In order to keep alcohol on the national and

international public health agenda good cooperation with partners from many other fields such as poverty reduction, nutrition, physical exercise, tobacco, sustainable development etcetera has become a requirement. At this stage, it is not entirely clear to what extent this active liaising with non-alcohol specific agencies is part of GAPA's explicit overall policy or whether this is typically a FORUT contribution.

4.2.7 Since its inception in 2000 GAPA has gradually but surely developed into a substantial resource in the world to promote public health oriented alcohol policies. In its own wording: GAPA is a developing network of non-governmental organizations and people working in public health agencies who share information on alcohol issues and advocate evidence-based alcohol policies (GAPA web-site). GAPA has a board of 16 members coming from all over the world, and all of them highly respected persons / experts in this field.

4.2.8 GAPA has been successful in providing a global platform and a communication channel for researchers, policy makers, non-governmental and governmental agencies with an interest in public health oriented alcohol policy development. It serves as an example and as an umbrella for regional alliances. The regional alliances have NGOs as members.

4.2.9 To the main achievements of GAPA to date belong:

I) - Demonstrable influence on decisions taken in WHO at the highest level. From the information collected and the interviews held it has become clear that the endorsement of the Global Alcohol Strategy to Reduce Harmful Use of Alcohol by the World Health Assembly (WHA) in May 2010 and its clear wording have been facilitated by GAPA's interventions. In turn, there is no doubt that this decision in the WHA has motivated governmental and non-governmental institutions to step up action in this field. The strategy document and the background papers serve also as good and practical guidelines on the sort of action to be taken and thus provide a substantial support to national governments to promote public health oriented alcohol policy. Several national examples can be quoted as evidence.

Obviously this WHA decision can't be ascribed to GAPA alone; it was the result of a long process of technical and political preparations and of a great many factors and actors. It is therefore impossible to know with any degree of certainty what would have happened if GAPA had not been there. What is known with certainty is, that in the build up to the decision GAPA has been extremely active and successful in convincing other international NGOs and persons on delegations in the WHO Executive Board (EB) and WHA on the need for a strong public health oriented global strategy. Individual GAPA board members, such as Derek Rutherford and George Hacker and FORUT staff member Øystein Bakke, were particularly active in liaising with re-known public health bodies (such as the World Medical Association) to ensure a pro-active contribution in the debate.

In practice GAPA's activities in this context ranged from the organization of orientations prior to relevant EB and WHA meetings on the importance of alcohol for public health and the need for the Global Strategy to liaising with many global NGOs to active lobbying with Permanent Missions of Member States and with delegations in the WHA.

It is of interest to note that the liaisons established at the time continue to be used in the promotion of the alcohol issue in the global efforts to control Non Communicable Diseases (NCD's). As is known, non communicable diseases have become the major threat to health not just in developed countries but very much so in the low and middle income countries all over the world. Thus in 2011 the UN devoted a special session of its General Assembly to NCD's and since then this has become an issue of high international and national priority. It is worthwhile to mention here that FORUT staff Øystein Bakke participated in this High Level Meeting as a civil society observer in the governmental Norwegian Delegation, which is an illustration of the recognition by the government of FORUT's involvement in the NCD issue.

II) - Establishment of sub-regional cooperation networks.

Since the endorsement in 1995 of the European Alcohol Action Plan by the WHO European Regional Office many opportunities exist in Europe to network and to cooperate across boundaries on the subject of alcohol policies and programs. Further, the Regional Office for Europe of WHO operates a network of national counterparts on alcohol policy (nominated by the Ministers of Health of the Member States), the European Commission operates various groupings on alcohol policy (most notably the Alcohol and Health Forum) and on alcohol research (Amphora and Alice-Rap for example), Eurocare, the European Alcohol Policy Alliance, is an association of NGOs with an interest in alcohol policy; and the Alcohol Policy Network for Europe (APN) provides for a neutral platform for researchers or policy makers in governmental and non-governmental organizations. Such networking is important for strengthening the technical and the political power of the individual organizations.

Until recently such opportunities for networking were virtually non-existent in other parts of the world. Serving as a promoter and as an umbrella for such regional networks of cooperation, GAPA has initiated regional networks in various parts of the world such as for example:

- Asia Pacific Alcohol Policy Alliance (APAPA)
- Indian Alcohol Policy Alliance (IAPA)
- Southern African Alcohol Policy Alliance (SAAPA)
- East African Alcohol Policy Alliance (EAAPA)
- In the USA GAPA activists have brought together a number of important players in the field under the umbrella of an American alcohol policy alliance,
- and also now in Latin America a movement is building up to establish such a thing as a Latin American Alliance for Alcohol Policy making.

While IOGT-NTO was the main sponsor for the EAAPA, FORUT ADD together with Blue Cross played a proactive and supportive role in the establishment of the SAAPA.

The effectiveness of these regional networks – as with the global network – depends in the first place on the dedication and the investments made by individual institutions or

persons. Amongst the regional networks APAPA is the most active and serves indeed as a motivating and capacity building resource in the south pacific region. Local sub-regional meetings are organized, resource material is made available to individual members of the Association, technical support is provided etcetera.

In India IAPA was launched in 2005 with support from FORUT, and initially managed to bring together advocates and researchers on the Indian sub-continent. However in the course of subsequent years FORUT phased out its support, upon which IAPA became more or less inactive. Lately IAPA seems to revive with some local and IOGT support.

III) - Global and regional conferences.

The GAPA organized conferences have a good reputation, not in the least as they are organized in cooperation with either a WHO HQ or with a Regional WHO Office and many other agencies.

The first large global conference was organized in cooperation with WHO HQ and with the Thai government. It took place in 2012 in Thailand and brought together more than 1000 people, many from developing countries, often in leading positions in public health as political decision makers, government officials, non-governmental organizations and academia. The conference produced a declaration which can serve as a tool to boost local developments. A second global conference is in preparation, to take place in Seoul later this year (October 7th – 9th 2013).

These large global conferences have a number of results. They empower many people and make it possible to give them the feeling of being part of a global movement. In the tobacco field, similar large global conferences served as a powerful way to build the anti tobacco global movement.

In addition to the global conferences GAPA is involved also in facilitating regional – or sub-regional meetings such as the Southern African Regional Alcohol Policy Forum in November 2012, thus supporting political action in hosting and neighboring countries there.

IV) - Advocacy and support for the development of a “Statement of Concern about the Increasing Involvement of the Alcohol Industry in Public Health Activities”.

Everywhere, and with all possible means the alcohol industry is investing enormously to prevent a situation where more control on physical availability and on the marketing of alcoholic beverages would become normal and enacted in legislation. In their very powerful campaign the industry even pretends to be an active partner in the WHO policy of the reduction of alcohol relate harm.

GAPA was one of the main drivers behind the recent development of the “Statement of Concern about the Increasing Involvement of the Alcohol Industry in Public Health Activities” which signals this phenomenon and points at its potentially very misleading character. Since, this statement has been endorsed by the highest levels in WHO and has thus become an important tool in the global debate about the role of the industry.

V) - Further advocacy action by GAPA includes:

a) The GAPA website.

The GAPA website is a tool to advocate and inform about evidence based alcohol policies over the Internet. In comparison e g with the website of APAPA there is evident

room for improvement of the web-site for example through including reference material. Against the backdrop of the fast growing importance of good internet presence a major re-design on behalf of functionality and content seems to be indicated.

b) The Globe.

The Globe is a slightly glossy journal with news about alcohol policy developments over the world. It forms one of the main contributions by IAS to GAPA. It is well written, it has an attractive format, is freely disseminated widely, and is in printed form (which in these days has its advantages). The Globe is regarded by people interested in evidence based alcohol policy making as a valuable communication channel and a good resource for keeping abreast of alcohol policy developments all over the world.

4.2.10 WHO has implicitly accepted GAPA as valuable partner for dialogue with civil society and as a channel for advocating strong public health oriented alcohol policy. There are more or less regular meetings between WHO staff and GAPA to this effect. A regular official relation as an NGO with WHO or a status as WHO Collaborating Centre would require a lengthy and heavy bureaucratic procedure involving amongst other things proof of a longstanding collaboration with WHO, a joint 2 year work plan, information on the governing structure, budget, membership etcetera. It remains to be seen if such an official status would yield extra benefit for GAPA (or for WHO for that matter).

4.2.11 Some of the informants were critical about the management of GAPA, it being unclear where decisions are taken, it being unclear what the long term goals and planning are, it being unclear what membership entails etcetera. Concern was also expressed on the sustainability of the alliance, with an ageing president; and so far no fall back position in case one of the two current carriers of the alliance (IAS and FORUT) would have to discontinue its support.

4.2.12 Until now GAPA lives mainly on dedicated personal input from a relatively small number of persons and institutions. While it is only normal that a new and innovative institution like GAPA thrives initially on personal input it would seem desirable that given also its formidable task, time has come to think about a well structured permanent organization for GAPA.

GAPA's leadership and FORUT staff are well aware that the structure of GAPA needs a critical review, looking into e.g. representation of relevant agencies, expansion of associated institutions, transparency, better opportunities for sustainable funding etcetera.

4.2.13 One of the decisions to be taken in this context concerns the extension of the alliance towards non-alcohol specific agencies. With the growing relevance of the NCD framework, and with FORUT's interest in development issues, it seems that the alliance may need to be more open to non alcohol specific agencies and interests.

A related issue is that the impression is that current "membership" of GAPA consists mainly of agencies which belong or are sympathetic to the temperance movement. This image, though not reflecting the actual situation (the temperance – colored members form a minority), may need to be changed as other NGOs with an interest in the reduction of

alcohol related harm might not feel at home under a perceived temperance colored roof (vide also the related note in the Introduction).

4.2.14 In comparison with its ambitious task (against further the backdrop of rapidly growing investments by the alcohol industry into e.g. the so called social aspects organizations which assist in the overall goal of the industry at warding off any effort towards restrictions in the current freedom of trade and marketing) GAPA's existing organizational arrangements are rather thin. A minimum requirement for a global movement with this aspiration includes ideally a permanent well staffed bureau, carried by a strong global association or union of institutional and personal members, having a strong sustainable backing in funding (whereby core funding might come from an annual membership fee).

4.2.15 In essence FORUT's support to GAPA to date fits well in its overall objective of the ADD program; yet it is a somewhat separate entity: mainly being handled by one individual staff member, being relatively independent from the other FORUT programs (although there are good links with ADD FORUT partners) and dealing exclusively with "global" issues. This justifies a separated RBM and a somewhat separate management / handling within FORUT – whereby proactive involvement of FORUT's leadership is required so as to avoid a possible tendency towards separation.

4.2.16 The situation raises also the question of possible separate sponsoring of FORUT's current GAPA related activities and/or the afore-mentioned option of an independent GAPA Bureau. Funding sources for such an independent structure need not be found in Norway alone, but should justifiably be sought elsewhere too. There are obviously no "ready made" sponsors available, but a search for this – in close cooperation with the GAPA leadership – would be good. In such a search the major development agencies should be included.

4.2.17 Concluding:

The overwhelming impression is that GAPA has become a global important provider of advocacy for public health oriented alcohol policy making. Its relation with WHO, its role in the process leading up to the endorsement of the WHO Global Alcohol Strategy and the follow up (including the debate and actions about non-communicable diseases), its links with leading governmental and non-governmental institutions in many parts of the world has made it an influential participant in relevant debates at international and often also at national levels. It looks like this role of GAPA will need to continue for many years to come. Therefore the sustainability of the GAPA organization may need to be addressed, if possible through of a feasibility study on a more permanent organization structure funding for GAPA.

FORUT's ADD program support to GAPA, which has expanded considerably in the period under review, is fully in line with the program's objective. As this program component has a somewhat specific identity, consideration may need to be given to separate funding for this component, in cooperation with GAPA.

The links between GAPA activities and other program components are currently well looked after and these links should be maintained in the future anyway. Consideration may also need to be given for more FORUT influence in GAPA's overall management, given the substantial investments being made in GAPA.

4.3 Global Capacity Building

4.3.1 The expected result of this program component (RBM 2.2.b) is:

Principal stakeholders (FORUT country offices and FORUT partners in the 5 focus countries) and secondary stakeholders (national and international NGO's with an interest in integrating alcohol and drug prevention in their work) conduct more professional ADD models in their programs (slight rewording from the project document).

As a major amount of work under this RBM is carried out in Sri Lanka it was decided to undertake a separate assessment mission to Sri Lanka at a late stage in the development of this evaluation. A separate travel report containing some Sri Lanka specific observations and recommendations was submitted to FORUT.

4.3.2 Allocating activities to respective RBMs

To implement this RBM, a great variety of activities have taken place to increase the capacity for addressing alcohol problems in developing countries. As mentioned before, some of the activities that figure here might perhaps logically fit just as well under the previous RBM. Cross referencing in the RBM framework between the RBMs concerned would be useful to increase opportunity for management and monitoring.

4.3.3 Non-alcohol specific agencies

a) To the core activities under this RBM belongs the work with the FORUT branches (in Sierra Leone and for a part of the period under review in Sri Lanka) and with the many partner organizations: mainly non-alcohol-specific agencies being the more traditional partners for FORUT. The primary focus of most of these agencies is in particular on child protection and women's rights. (The third other FORUT main program, disaster relief, remains beyond the scope of this evaluation as this program obviously does not lend itself to integrating alcohol and drugs related work). Many of the agencies working on child protection and women's rights have been cooperation partners of FORUT since many years. FORUT works with such agencies in India, Nepal, Sri Lanka, Sierra Leone and Zambia and Malawi.

b) The work under this RBM is probably the most FORUT specific kind of work: the strategy being to strengthen the capacity and the effectiveness of these agencies in their development work by pointing at the role of alcohol and enabling them to effectively address this issue. To put it in the words of one of the children focused partner agencies: "alcohol and drug use lie behind many of the problems that the target populations experienced, not the least street children and trafficked children. This may be drinking and drug use by family members, but also substance use by marginalized children themselves".

4.3.4 The case of Sri Lanka

In view of the substantial size of the program in this country special reference is made to Sri Lanka. FORUT's work in Sri Lanka has a long history and Sri Lanka continues to be a very important country for FORUT. In two of the major partner agencies there, FIRD (Foundation for Innovative Social Development) and Healthy Lanka, ADD work has an equal status in terms of support allocations as child rights and women's rights.

a) There is a massive effort underway in Sri Lanka towards establishing a society with a predominant positive attitude towards non use of alcohol and tobacco. This effort is very well organized and currently in the stage of moving from a piloting phase towards full fledged national application: it is envisaged to expand the current program from the approximately 100 villages where it currently works to cover more villages with the ultimate goal of covering the entire country.

The effort is steered by a capable and well connected small group of agencies led by Shakya Nanayakkara, a very able and competent director.

Critical structural environmental factors to support this change (such as national legislation and integration into major structures such as the Samurdhi Authority (the national poverty reduction authority), the network of NGOs, SLFONGODA etcetera) are in place.

The predominant religion and religious authorities are also in favor of the direction and the contents of the program.

The program has fair and appropriate mechanisms in place to evaluate and monitor changes. The scale and the content of the program and its ambitious goals however, would require the involvement of an independent social action research program. Such a research effort would no doubt bring new scientific knowledge on processes of change; it would provide also a strong foundation for the work and for the planning of future activities.

b) The entire program focuses on community empowerment, building on an innovative concept of influencing people's behavior: the expectancies theory. The essence of the theory holds that people's attitudes and behavior in relation to tobacco, alcohol and alcohol use is overwhelmingly governed by expectancies. The "normal" expectancies are that alcohol use has positive effects, such as relaxation, good feelings about relating to other people, suppression of stress etcetera. The core of the theory and in this case of the program is that if such positive expectancies are challenged, the real effects of alcohol intake, being negative become the real determinants of the attitudes and the behavior. "The initiation of alcohol use can be arrested only if the majority of the individuals are able to see the total experience of alcohol use as negative and unpleasant".

The expectancies theory is laid down in many publications. Its essence and its practical application for the purpose concerned are described in: Shakya Nanayakkara & Ravi Kandiah: Alcohol. Changing Expectancies and Changing Social Reality, Nawala, Rajagiriya, Sri Lanka, 2013.

There is a great value to this theory, as many psychological tests already have illustrated. Most probably its value and the opportunities for application depend however to a great extent on existing environmental factors. Sri Lanka offers currently an environment in which this model may well have good chances for realization.

c) The program runs almost entirely on the financial support provided by FORUT. Some additional in kind support is rendered by a great amount of volunteers, a remarkable engagement of current program staff and free co-operation of many partners (such as religious leaders, governmental officials and institutions, and other NGOs).

Consideration may need to be given to broadening the moral and financial support to the

program by establishing an official public support system in Sri Lankan society e.g. by an association or a union. Membership fees might need to be very low and / or rather symbolic. (WODEPT by the way already has such a system of members). Such a popular basis support system could yield various benefits, amongst which the enhancement of the sustainability of the program.

d) Sri Lanka's National Alcohol and Tobacco Act is way ahead of the national legislations in this field of almost all countries of the world. As far as the consultant knows there are very few countries which deal with alcohol and tobacco under the same law: in Europe France is the favorable exception to this rule.

Also in many other aspects (such as restricting marketing, minimum drinking age measures etcetera) this piece of legislation is exemplary. On the one hand it creates a situation in which the Challenging Expectancies model (vide under 2 above) might be appropriate and effective, additionally it might be good to utilize this piece of legislation more explicitly as an example for other countries.

In this context it might be worthwhile to submit a piece for the News and Notes columns of Addiction to refer to this. But also within the ADD FORUT program this legislation might be utilized more explicitly as example – and as achievement. The latter because, as is known, the content of the legislation in force is to a great extent thanks to the work by FISSD's and Healthy Lanka's Secretary General.

4.3.5 Alcohol integrated in work on children and women's rights issues.

As mentioned above: this is a cornerstone of FORUT's work and of the ADD program. The work being carried out by the partners seems largely to concentrate on two sorts of action: information and education and influencing policy making.

As is known, the current scientific literature holds that information and education are relatively in-effective tools to reduce harmful use of alcohol. Whether this truth also applies at the same level in low and middle income countries is not entirely sure.

Moreover education and information campaigns might well represent a necessary phase to go through both for the implementing agencies as well as for the communities they serve.

What further emerges is that many partners realize that national or community level policies matter and thus a good deal of them become active in the policy making arena. Some of the partners even become the leading national NGOs advocating and indeed managing to influence national policy making.

4.3.6 Relation to other FORUT programs

This part of the ADD program depends not only on the capacity to build up good working relations with the relevant agencies overseas but of course also within FORUT with the programs on child rights and women's rights – and for that matter also with the work done under the previous RBM: GAPA. The consultant hasn't come across any problems in this regard. On the contrary, working relations within FORUT between the various programs (and program managers) seem to be practical and substantial. And GAPA is very consistently being used to establish connections between ADD FORUT and the various partner agencies, between the partners agencies mutually, and with relevant international developments.

4.3.7 Influencing non ADD specific agencies

The information collected from such agencies as CWIN (in Nepal), APSA (in India), CWC (in India), YMCA (in Zambia) demonstrates at least three things:

- the ADD program has been successful – and continues to be successful – in making these agencies understand better the role that alcohol plays for their core issue (be it community development, young people, women’s or child rights) and empower them to address the issue of alcohol;
- these non-alcohol specific agencies can be better advocates for alcohol policy making than any other agency. In developing countries or communities there are so many urgent issues to be dealt with that drawing attention to alcohol as such might have even counterproductive results. However if the alcohol issue is addressed as part of burning issues like children’s or women’s rights, chances for change are much better.
- as these agencies sooner or later realize that the alcohol issue can be addressed effectively only when national policy is addressed these agencies become the natural initiators or supporters for development of public health oriented alcohol policies – and this is where ADD FORUT can and does give further specific support.

Particularly strong support for this strategically important direction is apparent also in the work the ADD partner organizations are doing in Sri Lanka: the large scale governmental poverty reduction program Samurdhi for example is working closely together with the ADD partners and many of its staff are involved in carrying out ADD action.

4.3.8 Training and education

A typical capacity building activity in this group has been the investments made in training and education. In the period under review there have been a number of training sessions organized and carried out jointly with Blue Cross Norway in African countries. These training sessions have in turn led to other activities both by Blue Cross Norway as well as by FORUT, such as assistance in policy development in Zambia.

A very important activity in this context is the development of a model training package, under the auspices of Blue Cross Norway. This activity is not completed yet; but once it will be final this could be a great tool for use by any agency that can contribute or implement training programs, such as local training institutes, universities etcetera.

4.3.9 Support for research

At various stages and various places the program has provided support for research activities, sometimes almost completely with and depending on local technical expertise, sometimes with input from Norwegian expert research institutions and in another case through providing assistance to a research effort undertaken by research institutions abroad.

We are touching here upon a critically important component of the entire program. Through supporting research the program creates levers for change at various levels. In the first instance at the local level where the research is being carried out: local policy makers and politicians are generally not much impressed when they are confronted with global data, they do tend to become genuinely interested when local data are being presented to them.

Currently a FORUT ADD supported substantial research effort is under way in Malawi in cooperation with SINTEF (Stiftelsen for Industriell of Teknisk Forskning), a reputable Norwegian research institute. One may reasonably expect that the alcohol policy development process (which is not going very fast), will receive a real boost when the data of this research will become available.

The same applies for other levels.

Within this context a number of publications, in particular on the role of alcohol in development have seen the light, which otherwise would have been impossible (vide also the paragraphs on publishing).

4.3.10 Other advocacy: publishing

Next in this RBM is a group of activities resulting in various forms of publishing (WEB-SITE; ADD Bulletin; articles, reports). These serve capacity building but can also be regarded as advocacy for the issue of alcohol and development.

a) One of the most important achievements to be referred to here is the publication of an article in *Addiction*, the most reputable scientific journal in this field, on the role of the alcohol industry in manipulating and molding alcohol control policies. The intimate knowledge of program managers Endal and Bakke on the alcohol policy making processes in a number of African countries has enabled them to write this revealing story, which in the meantime has become a leading paper on the subject. It is even being used by WHO's DG to support WHO's position of no involvement of the alcohol industry wanted in the policy making process.

b) The ADD Bulletin (based on information made available at the www.add-resources.org website) is an attractive newsletter publication reaching out to a wide audience, with relevant and interesting items from the partners of the program, and also bringing the program partners up to date with relevant information from elsewhere – in particular from the major international events and organizations. In this way the Newsletter is an important capacity building instrument.

c) The FORUT ADD web-site pages is an important resource internationally and nationally for alcohol related problems, in particular in relation to development. The web-site is being kept well up to date and is very user friendly.

d) ADD FORUT publishes regularly reports on alcohol and drugs in developing countries. These include for example the following 3 studies by Diyanth Samarasinghe published in 2009 on respectively Unrecorded alcohol; Reducing alcohol harm, things we can do; Alcohol and poverty; and Cheers to the Family, published jointly with IOGT-NTO in 2010. These studies are of good quality and deserve a wide audience.

4.3.11 Diverse other advocacy

Under this heading figure further many other FORUT ADD activities that advocate for addressing alcohol and development in various settings. Many of these activities consist of seizing opportunities within other agencies and frameworks - and consequently are not always easy to plan, trace or to quantify. One example of such advocacy is the

participation in the debate on Norwegian International Development policy (white papers, government strategies); another is the participation by FORUT ADD staff in the debate about ethical guidelines for the Norwegian Government Pension Fund Global (the so called Oil Fund). ADD FORUT's participation in the Kjetil Bruun Society (a global research network on alcohol policy) is another example of advocating for alcohol as a developmental issue. Again another example is the technical and moral support given by ADD FORUT to agencies and networks such as MenEngage and STRIVE and others that address domestic violence, structural drivers of the HIV epidemic and gender issues in particular in the developing world.

Common to these very diverse activities is that they reflect ADD FORUT's broad approach to the issue of alcohol and development, but also that these activities are not always easy to plan, nor to quantify nor to evaluate. It might be good to consider to bring some more focus in this group of advocacy activities and to include them to the extent possible in the RBM monitoring system.

4.3.12 Cooperation with other agencies

FORUT's partners seem to be well aware of the need to cooperate with other like minded organizations. All of them point at the need for cooperation with other NGOs, and to a somewhat lesser extent – depending on the agency concerned – also with governmental or international governmental agencies. Some of the partners have been proactive in seeking a good relationship with governmental agencies in particular when the need is felt to address national alcohol policy making. Every now and then there is also the reference to research institutions or academia. In this context it is worth re-mentioning that often reference is made to the relationship with GAPA; feeling part of a global movement and having the opportunity to meet with people and institutions involved in the same kind of work is surely improving the capacity and the motivation of the partners. This is a good example of the cross fertilization between different RBMs.

4.3.13 Cooperation with WHO

Special reference deserves the relationship with the African Regional Office of WHO (WHO/AFRO). There have been a number of occasions on which there has been practical cooperation between AFRO and the ADD program, such as on planning and support for regional or sub-regional conferences, technical advice regarding alcohol policy developments in countries, and publications (such as the one on the policy development process in Malawi). Even a Memorandum of Understanding on cooperation between WHO/AFRO and FORUT was agreed upon and signed; no small achievement. This MoU should be instrumental also in establishing cooperation with the WHO Country Offices, which apparently is not always easy: “not much use in getting white elephants on the scene” was one of the illustrative comments from a respondent in this regard.

4.3.14 Impact measurements

The information collected from the various partner organizations contain a good deal of evidence on the influence of the ADD work by these agencies and within the communities or countries where they work, though often at anecdotal evidence level. Many of the partners seem to measure their results further on the numbers of people they

reach; in their reports on their activities and their results they quote numbers of information and education sessions held, posters printed and disseminated etcetera. It seems that here lies some potential to invest in other measurements and thus in other strategies to achieve the ultimate goal. In addition it must be added also that serious efforts are being undertaken towards systematizing monitoring and evaluating program activities in many of the agencies. In this regard mention is made e.g. to the monitoring work done by FISC and Healthy Lanka where base line data are routinely being collected and monitoring is routinely done utilizing an elaborate set of indicators. These are laudable efforts towards impact measurement; however continued consideration should be given here too to engage to the extent possible also available academic institutions to help provide for independent impact assessments.

4.3.15 Concluding on this particular RBM:

The ADD program continues to integrate ADD work in more general developmental issues (and in the programs of the other FORUT programs on child protection and women's health). This is a typical FORUT approach which in developing countries is particularly indicated. The interest in ADD issues is otherwise likely to be very low. Moreover, alcohol is a genuine threat to children's and women's health.

Among the activities that have been carried out under this RBM a great deal has a focus on education, information and training (which as will be recalled are allegedly not the most effective means of reducing alcohol related harm in societies, but most probably a necessary phase to raise awareness). Stimulated by ADD FORUT, a good deal of the partner institutions include policy work in their programs, and in some instances even become the national leaders in alcohol policy work.

The training manual (under development jointly with Blue Cross) is expected to be a very useful instrument to boost awareness programs and will hopefully be issued soon.

Of great relevance seems to be FORUT's support for research activities – this brings the issue really home to local community leaders and politicians, and helps fill the information gap.

Under this heading figure further a very wide array of diverse activities, ranging from publications to participating in global discussions about drivers of the HIV epidemic, from participating in national discussions about sustainable investments from the oil revenues to up-keeping the FORUT web-site, from co-organizing and supporting national and international conferences to organizing the ADD Bulletin etcetera. From a planning, evaluation and administrative point of view this RBM is perhaps a bit too much of a mixed bag. It would therefore seem desirable to bring some more planning and monitoring logic in this group of activities.

Sri Lanka's exemplary legislation on alcohol and tobacco, plus its seemingly well functioning structural arrangements for a good approach to alcohol and tobacco raise the question of fuller utilization of such experiences within the network of ADD FORUT partners (and beyond). The scale of the operations in Sri Lanka and the innovative approaches being applied there fully justify a scientific action research program – perhaps with an international partner.

There is practical cooperation with a great many partners in the target countries, including also governmental agencies. Special reference deserves the cooperation with

the African Regional Office of WHO, laid down in a MoU. There is room for improvement on the cooperation from the WHO Country Offices.

4.4 Malawi

4.4.1 The expected result of this RBM (2.2.c) is: “Evidence based national alcohol policy is adopted at the end of the program period”.

4.4.2 The ADD program has been active in Malawi since 2006.

In the period under review the focus has been in particular on supporting the development of an up to date evidence based alcohol policy for the country. This process by its very nature is a time consuming one (certainly in a poor developing country as Malawi) and needs a good deal of perseverance of local national institutions (be it governmental or non-governmental). In this case it mainly has been and still is an NGO called Drug Fight Malawi which is for 7 years now the continuous driving force behind the push for a national alcohol policy. There is some smaller ADD supported activity ongoing as well.

4.4.3 Drug Fight Malawi is a relatively small local NGO with less than 10 staff led by Nelson Zakeyu, but as one of the informants noted “There is a lot of force in that small body”. Drug Fight Malawi’s Director has managed to bring together many NGOs as well as governmental institutions in an efficiently operating network which indeed constitutes the driving force within society and for government as well.

4.4.4 Concluding a workshop organized with FORUT’s support in 2008 Zakeyu established a Task Force to develop a national alcohol policy with involvement of non governmental and governmental institutions. The Task Force delivered its final product in 2011 to the Ministry of Health (MoH), which by then had taken over responsibility for the matter from the Ministry of Home Affairs.

4.4.5 The Task Force was subsequently succeeded by the Malawian Alcohol Policy Alliance (MAPA) which has currently some 70 civil society organizations. It is noteworthy to see that the partners in the network are basically NGOs that have a broader or another area of interest than alcohol such as AIDS, women’s rights, education of children, etcetera.

4.4.6 The alcohol policy paper which has emerged over the last years was at the time of the visit of the consultant going through its very final drafting stage. The internal MoH’s technical working group had just decided that there should be also a meeting with representatives of the alcohol industry so as to enable them to comment before the final draft would go to Cabinet for its final approval. In the meantime this meeting has taken place and comments have been submitted to the MoH. Some informants expressed serious concerns over this development.

4.4.7 Within the MoH the coordination is in the hands of a very able senior official, Dr Beatrice Mwangomba, Program Manager NCD’s and Mental Health, who reports to the Director of Clinical Services. At the time of the consultant’s mission her expectation was that the policy would remain largely intact in spite of the possible critical comments by the industry and be approved by Cabinet within months.

4.4.8 There can be no doubt over the critical role that the support of FORUT has played in the whole process. Without the technical and financial support to Drug Fight Malawi and to a lesser extent to some other partners in the network, there would certainly be in Malawi nothing like the sound alcohol policy which now is in its final stage of development.

4.4.9 In addition to the support to non-governmental organizations FORUT's ADD program has managed to develop an excellent relationship with the government. This has resulted in a Memorandum of Understanding between the government and FORUT. Obviously the existence of such an official relationship has made it easier for governmental officials to take into account FORUT's advice.

4.4.10 A critical feature in the process is that it has been led by Malawians themselves and not by outsiders, so that **ownership** is in Malawian hands. The process has obviously also been helped by the endorsement in the World Health Assembly of the Global Alcohol Strategy, nevertheless this has not created the feeling of an international obligation. To quote a high government official: "it has been our own process" (Stephen Sita, Office of the President and Cabinet).

4.4.11 Another critical feature has been the **continuity** that Drug Fight Malawi together with a number of other partners, thanks to FORUT, has been able to provide throughout. Without the dedicated and continued drive provided by Drug Fight Malawi, a number of officials in the government and some other partners there would never have been such an accumulation of social and governmental structural support for the policy development process.

4.4.12 Another aspect which deserves mention is the **personal involvement** of both many of the key movers in the country as well as apparently the FORUT staff who have been moving this program. Various informants referred to the latter and indeed during the consultant's mission it was further remarkable to see the dedication of many of the more important persons, both within governmental as well as non-governmental institutions, associated with the movement.

4.4.13 Important elements which have fostered the process further have been the **research** which was carried out in the beginning of the process (example research on masculinity and HIV and alcohol supported by the Norwegian Church Aid and FORUT together), later on the STEPS survey carried out under the coordination by WHO. Last but not least – as referred to also in the previous chapter - is the SINTEF Alma research project in cooperation with the University of Malawi, the University of Oslo, Hedmark University College carried out in 2010 – 2013, which obtained substantial support from the Research Council of Norway and is based on two previous SINTEF reports which were supported by FORUT. This research is in its final stages and is expected to bring new data which will certainly have an impact in the ultimate debate about the national policy. In general the researches carried out have boosted the development providing the necessary local data needed to convince the local policy makers; it is not good enough to quote global or regional data for them; decision makers act on local data.

4.4.14 The documentation and record of the whole development is of interest to other countries and may serve as an example. That is why it is a good idea to have this published – if possible in cooperation with WHO AFRO. Two cautionary observations in this regard: the policy is still to be accepted by Cabinet and, it still remains to be seen how the final final version of the policy will look like.

4.4.15 The new policy will give the country a clear foundation for legislation, programs and other implementation measures (such as putting in place an operational and efficient licensing system, an operational drink driving control system with trained enforcement officers and appropriate equipment, reviewing and updating legislation etcetera). As a matter of fact the endorsement by Cabinet of the policy will need to start a new lengthy process of implementation of the policy – so as to avoid a situation that the policy will become a dead letter.

4.4.16 The implementation will require a careful planning process involving an action plan including timelines, identification of head responsible agencies, and resources needed. This will probably also be the right moment to review the role of FORUT again. In the conversations which the consultant has had with various officials the idea has been brought up to organize a carefully prepared planning meeting with the participation of the most relevant stakeholders and including FORUT. Much effort will have to go into motivating, mobilizing and enabling local government including traditional leaders in the community. In this planning exercise it could be decided at which stages and for which elements FORUT might wish to play a role.

4.4.17 The critical question now is **to continue or not to continue**. Ideally there is a beginning and an end to any project; this is the case here where the output (a national alcohol policy) practically has been achieved. From this perspective – and also from the perspective of achieving independency from outside help – it would be indicated to finish the collaboration with Malawi on this project.

4.4.18 However, it is very likely that if FORUT were to stop its support immediately as from the moment that the policy will have been accepted by Cabinet, Drug Fight Malawi would have great difficulties to continue fulfilling its role as the driving force behind the move towards effective alcohol policy. Without FORUT's support Drug Fight Malawi is most likely to dwindle; and with that the movement that has carried the development up to where the country is at right now.

4.4.19 In this new period for alcohol policy in Malawi new institutional arrangements will have to be made, existing institutions will have to change their roles and new resources will have to be found to support the alcohol actions. Outside donor support is gradually to be substituted by sustainable national resources. One of the new resources to be established should be a well functioning alcohol taxation system which would have to fund alcohol prevention programs.

4.4.20 An issue which remains to be raised is the possible co-operation with neighboring countries. This has become a practical issue also since FORUT ADD is promoting the development of a national alcohol policy in neighboring Zambia. In addition, since a couple of years now there are very promising developments taking place in South Africa and in some other countries in the region. The Southern African Alcohol Policy Alliance (SAAPA) is in principle a structure which would facilitate the exchange of experiences and good practices and become an important resource in countries in the sub-region for promotion and development of public health oriented alcohol policies. In the context on the one hand of these positive developments taking place in South Africa and in Malawi and on the other hand the great risks for interference by the alcohol industry in many other countries in the sub region, it is important that SAAPA establishes itself firmly and rapidly with a clear mission and program of work. This may require some specific attention of ADD FORUT.

4.4.21 FORUT ADD supports further prevention and community programs through MAGGA (The Malawi Girl Guides Association) and through the Norwegian Church Aid. This support is not directly linked to the alcohol policy development process.

4.4.22 In conclusion:

Once the alcohol policy paper accepted by Cabinet (which in all likelihood will be within the next 6 months), the ball is in the hands of the government to carry things further and to make a start with the implementation.¹ Given however the relatively poor state of affairs of government and the big role the NGO sector has played thus far - thanks to a great extent to FORUT support - it is unlikely that things will move forward effectively without outside support. FORUT may therefore wish to continue its support for alcohol policy making in the country (even though the target set will have been reached) to avoid that a long and successful investment will ultimately not come to fruition. FORUT's considerations would best be framed within a planning exercise – whereby FORUT could play a catalyst role and push towards sustainable national resources preferably in the form of dedicated alcohol taxation moneys. Further it may need to be considered to what extent more benefit can be taken from ongoing developments in neighboring countries and vice versa. In this relation FORUT may wish to see how a sub regional structure like SAAPA soon becomes a real substantial resource for public health oriented alcohol policy development in the sub region.

¹ At the time of submission of this report the decision had just been taken in the Ministry of Health in Malawi to add implementation, management and execution plans to the policy document which is likely to delay the final endorsement of the policy (see also 4.4.16).

5. Concluding general observations

5.1 Diversity

The ADD program has carried out an extremely wide range of operations: from supporting community work in Nepalese villages focusing on children's rights to contributing to the debate in the UN Assembly on Non Communicable Diseases; from providing technical assistance on alcohol advocacy programs in Sri Lankan communities to participating in the debate about sustainable global investment of resources from oil exploitation; from supporting training seminars for guides of girls' associations in Malawi to developing global manuals for training on alcohol policy making; from supporting monitoring of alcohol marketing in African countries to enabling the Global Alcohol Policy Alliance to function through providing it with an efficient secretariat and with technical advice; from convincing women's associations in India about the relevance of alcohol to supporting the networking between persons and institutions with an interest in public health oriented alcohol policy making in Southern African countries; from doing research on the influence of the alcohol lobby in policy making to developing a formal cooperation with the World Health Organization and so on and so forth. Obviously such a broad spectrum has its advantages; it also has its disadvantages especially when personnel resources are very limited as is the case here: 2 full time program staff and 1, mostly project follow up staff.

5.2 ADD's limited resources

As had been observed in previous internal and external evaluations the demands made on the ADD program are much bigger than what the available financial and manpower resources can offer. Such a situation is not unique to FORUT's ADD program. As a matter of course the resources available for such an ambitious program will always be too small.

A specific feature of the program – which sometimes is overlooked - is that it is very labor intensive. In regular development aid programs most of the personnel effort is about planning, monitoring and contracting; in this case, in addition to these activities most of the personnel effort is of a more technical nature: advising, steering and (co-)organizing of events and activities.

The question is really how to find a reasonable balance between demands / challenges and available resources and if there are reasonable chances to expand the resources for the program. This question is to be seen also against the backdrop of rapidly increasing investments by the alcohol industry for more industry friendly alcohol policies.

In view of the latter it is therefore timely to continue searching for resources for extra manpower for the ADD program.

Recent arrangements made by FORUT's management to make some more manpower resources available from within FORUT to the ADD program beyond the 2 original staff have made the situation somewhat better.

Further, as has been argued under the paragraphs dealing with the GAPA centered RBM, GAPA's leadership jointly with FORUT might consider arguing and addressing the major development agencies for support of the global FORUT - GAPA work.

Next, FORUT having a strong tradition of involving volunteers in its work, this principle of involving volunteers might also be applied in its training, consultancy and other expert work. In the course of his work the consultant has come across some top experts who would be happy to work for FORUT's ADD program as volunteers.

Another response to this issue of limited resources is to keep well focused. The focus on a very limited number of countries is thus right and within that framework it is right to focus on a few issues only. In this regard it is relevant to see if the focus continues to be in line with the major sponsor's focus – which is guaranteed through the close contacts with NORAD.

5.3 ADD work as part of broader socio economic development

FORUT's ADD program differs essentially from practically all other development and from all other ADD programs and projects in that it starts from the assumption that ADD work must be part and parcel of development. As far as the consultant knows there is hardly any other program in the world that has this perspective. RBM 2.2.b (Global Capacity Building) is the component in the program that most clearly encompasses this typical FORUT philosophy. To a lesser extent this philosophy is also embedded in the Malawi component – because the network supported by FORUT here puts in practice this philosophy, and RBM 2.2.a (Global Advocacy) represents this philosophy in that GAPA liaises with non-alcohol specific agencies.

5.4 ADD's cooperation with NGOs

ADD has been very successful in establishing partnerships in the target countries. In addition to the inherent support-position, the technical reputation of the program has certainly contributed to this. Another factor that has contributed to this has to do with the personal characteristics of the program managers and the philosophy of equal partnership, so that partner agencies do not feel subordinated through the often observed sponsor dominated relationships.

ADD's partnering with like minded agencies is making good progress, not in the least because of its involvement in the work of GAPA. In addition there are the more historical partners such as IOGT and Blue Cross Norway. As far as the latter is concerned of particular concern here is the finalization of the model training modules. Another important type of cooperation is with the research institutions with which the ADD program has an agreement for cooperation. Given the relevance of research for policy development there needs to be continuation for the high priority accorded to this aspect of the work.

5.5 ADD's cooperation with governmental agencies

FORUT and its ADD program are obviously highly dependent upon the support from the Norwegian government i c NORAD. The available information shows that there are good communications between NORAD and FORUT and its ADD program on the general strategies to be followed.

There are further 2 outstanding examples illustrating the program's ability to forge appropriate relationships with governmental institutions in target countries and with international governmental institutions: the Memorandum of Understanding with the African Regional Office of WHO and the MoU with the Government of Malawi. Developing these relationships takes time and patience; these investments are very much worthwhile and contribute obviously to the sustainability of the work. Needless to say that it is critical to have the appropriate signatories for such official relationships – which applies in both cases – and the follow up procedures in place.

5.6 Country specific work

The program has been successful in the development of an evidence based alcohol policy in Malawi. At the time of the writing of this report the policy had reached its final draft. Similar work has been taken up in Zambia. The ADD program has substantial experience with this sort of work. It would be therefore logical to see if more investments can be made in country specific work, especially as there is such a great and growing need for counterweight against the alcohol industry sponsored activities. With the existence of a beginning network to support alcohol policy development in southern African countries consideration needs to be given to see if more support to this network might be appropriate. Such support would best be coordinated with WHO/AFRO and would fit in nicely in the existing MoU between FORUT and this WHO Office.

5.7 Adapting to a changing environment

In the course of the period under review some of the most relevant greater changes that have taken place include a growing global consensus on the relevance of alcohol for public health and welfare (culminating in the WHA Resolution concerned), the concomitant drastically increased activities of the industry to ward off any threat on freedom to produce, promote and sell, and the changing environment to address alcohol issues within public health (culminating in the UN Assembly on NCD's). The program's ability to adapt to this changing situation has been appropriate: contributing to the opportunity of the WHA Resolution and to the NCD approach. It seems important to transfer this change also to the partners – if not done already.

5.8 Planning and evaluation

The program is divided up and administered in three overlapping program components. Some of the work being carried out – while perfectly fitting in the overall objectives – is more or less arbitrarily administered and monitored in one of the RBMs and some of the other work being carried out – again fitting perfectly under the overall objectives – is not being monitored in the system. While there is no urgent need to have this done dogmatically – with a small stable staffing of the program - it is worthwhile to consider a more intensive use of the RBM system as a managerial tool.

5.9 Coherence

In general, there is good coherence between the different ADD program components and the other FORUT programs.

As mentioned repeatedly: one of the typical features and one the strengths of the ADD FORUT program is that its focus in many of its activities is the impact of alcohol on developmental issues in particular on women's and child health. Although perhaps of limited practical importance in these days of electronic communication, it is important to have physical availability of ADD staff in the main FORUT office in Gjøvik.

The coherence between the different ADD program components is well looked after through e.g. involving the ADD program partners also in the GAPA activities.

5.10 Some RBM specific conclusions

The global alcohol advocacy RBM consists largely of work related to GAPA. This work is fully in line with the overall objective of the program. Over the period under review this work has achieved some remarkable results (the WHO Global Strategy, the Statement of Concern, large international conferences). The organizational structure of GAPA (and its place vis-à-vis FORUT) may need some changes to make the GAPA organization more fit to its global massive task and to make it more sustainable.

The second RBM is core to the overall objective of FORUT viz the integration of ADD work in women's and children health and protection. A relatively large number of partner agencies in the target countries are doing practical work on ADD matters and are even leading national initiatives towards evidence based alcohol policies. This by itself is a great achievement.

The third RBM has been successful: the ultimate goal, an alcohol policy in Malawi, has been practically achieved. Given the critical situation in the country as far as the finalization and as far as the implementation of the policy is concerned it would seem wise to continue the relationship with the key partners in the country to this end. In view of ongoing recent developments in the sub-region and also of the fact that one neighboring country, Zambia, has become a target country, it might be useful to consider the feasibility of a sub-regional approach.

5.11 Sustainability

This evaluation hasn't come across any typical unsustainable efforts. The awareness for sustainability of efforts is high among FORUT staff and has been transferred to the partner agencies. The awareness of sustainability as observed in Sri Lanka, is perhaps to be utilized as exemplary for the other partner agencies.

In this context it is also commendable that program staff is involved in typical wide ranging issues over sustainable development through its engagement in debates about oil funds for development etcetera.

6. Recommendations

The following list of recommendations is not exhaustive; they constitute some of the major recommendable courses for future directions and refer to some concrete actions to be considered. The sequence is more or less random. The numbers after each recommendation refer to paragraphs in the preceding chapters. Other recommendable action is interwoven in the text of the preceding chapters and conclusions.

1. Continue on the existing strategic foundation of the ADD program and of FORUT's overall philosophy to handle ADD issues in the overall context of development, and in particular in the context of children's rights and women's health (4.3.4 – 4.3.6; 4.3.13; 4.3.16; 5.1; 5.2);
2. Continue the search for extra resources for ADD in the light of the rapidly increasing efforts by the alcohol industry towards alcohol policies which have other ultimate goals than the promotion of public health and sustainable development. The need for ADD FORUT like programs is globally greater than ever before (5.2; 5.7);
3. Review existing agreements and initiate discussions within FORUT and with GAPA board over possible feasibility study for exploring additional funding opportunities and for re-structuring the GAPA organization (4.2.11 – 4.2.17);
4. Investigate opportunities for involving volunteers in technical expertise work carried out by ADD FORUT (5.3; 5.5);
5. Provide for communications with WHO AFRO on regular monitoring of implementation of MoU between AFRO and FORUT including opportunities for joint planning (4.3.15; 4.3.16);
6. Utilize consistently RBM system for management and monitoring purposes with frequent regular updating and possibly including financial data in the system (5.8), this is of particular relevance for activities under RBM 2.2.b;
7. Continue support to policy making and implementation process in Malawi, and apply results based assessment procedures for partners. Utilize further the forthcoming adoption of the policy to promote the organization of a meeting with most relevant stakeholders to plan for implementation phase, including the establishment of sustainable mechanisms for policy implementation (such as alcohol tax reform) (4.4.2 – 4.2.22);
8. Consider speeding up opportunities for building on recent co-operation mechanisms in the southern African sub-region (such as SAAPA) so as to systematically utilize knowledge and positive experience on alcohol policy making that is coming available in the sub-region in order to strengthen individual countries' initiatives (4.4.21; 5.6);

9. Steer towards more utilization of population based indicators of change by partner organizations that receive support, which promotes a results based orientation throughout (4.3.7, 4.3.11; 4.3.12);
10. Continue to keep support for research in target countries as a critical element of the program, involving to the extent feasible academic institutions in target countries (4.3.11; 4.3.12; 4.4.13);
11. Keep involving and supporting non alcohol specific institutions in the ADD program and promote this strategy to partners and associated organizations, in particular to GAPA (4.2.6; 4.3.3; 4.3.6);
12. Steer towards wide availability of model training manual(s) in cooperation with relevant partners (in particular Blue Cross) (4.3.9; 4.3.16);
13. Promote the further broadening of the popular basis of the programs of the partners through for example establishing membership schemes (as is already done by some partners) (4.2.12; 4.3.4);
14. Continue to provide for opportunities for learning within the group of partner organizations; in this regard some of the particular good practices in Sri Lanka may need to be given more attention.

Annex 1: Terms of Reference

Evaluation of: FORUT's ADD programme

NORAD agreement number: GLO-08/440- 1, 2, 3, 4, 5 & 6

NORAD Programme title: Alcohol, Drugs and Development (ADD)

1. Programme background

FORUT supports development and relief activities in Sri Lanka, Sierra Leone, India, Nepal, Zambia and Malawi. FORUT works through local civil society partners (India, Nepal, Sri Lanka, Zambia and Malawi) and is also a self-implementing agency (Sierra Leone).

A five-year plan was developed for 2009-2013 and is the base for the core funding from NORAD in the same period. Alcohol, Drugs, and Development (ADD) is one out of four programme areas of priority for these five years. The ADD programme aims to reduce both individual and societal harm from alcohol and other drugs of abuse. In order to achieve its goal, the programme focuses on a wide range of measures, ranging from global advocacy and policy processes (ADD Global 1 – Advocacy) to local interventions. The programme also aims at linking alcohol and drug prevention to other critical development issues such as HIV/AIDS, gender issues, poverty and child rights.

The general goal of the ADD programme is to reduce the harm from alcohol and other substance use. FORUT implements ADD programmes in all partner countries. The Malawi and Zambia operations are specifically tailored to address ADD issues, making these countries FORUT's prime targets for more specific interventions in the ADD field. The Malawi operation was started in 2006 while Zambia was taken in as a partner country to FORUT in 2011.

The ADD programme is based on three RMB matrices:

ADD Global Advocacy (2.2.a)

ADD Global Capacity Building (2.2.b)

ADD Global Malawi (2.2.c)

2. ADD evaluation

As part of an ordinary project cycle and its administrative follow up structure, all FORUT projects are evaluated at regular intervals, preferably once within each of NORAD's five year agreement periods.

The Alcohol, Drugs and Development programme has been running since 2003. In the previous five-year period there was a mid-term evaluation in 2006, conducted by Sverre Nesvåg of the International Research Institute of Stavanger (IRIS-report 2006/88).

This ADD programme is now due for a new evaluation, as significant changes in priorities have taken place and a new approach has been tested in a new partner country; Malawi.

The main objective will be to assess the achievements so far and to seek external input on adjusting the trajectory of the programme.

3. Reasons for the evaluation

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

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, share this competence with other development agencies, governmental as well as non-governmental, and use this competence in practice through active advocacy towards international and national institutions.

FORUT will use the ADD evaluation project to learn from experience. Since ADD is a core component in FORUT's development portfolio, it is expected that a similar programme will continue also in the next frame agreement period. FORUT will use the experience from the evaluation for further development of the ADD programme from 2013.

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

As part of an ordinary project management cycle and its administrative follow up structure, this mid-term evaluation have to look into all standard project performance aspects such as result on *impact or outcome level*.

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

4. Scope and focus

ADD It 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.

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.

We have also witnessed over the last year fierce activities by the multinational drinks industry to prevent governments from introducing and enforcing restrictions on alcohol production, sale and use; interventions that have been documented to be the most effective in preventing alcohol-related harm.

The evaluation shall focus on two aspects of the ADD programme:

- a. International and national alcohol policy development and advocacy;
- b. Malawi; a national FORUT programme with ADD as the main perspective.

a. International and national alcohol policy development and advocacy;

Compared to the earlier years of the ADD programme and the situation around the first ADD evaluation, the last few years have seen a stronger emphasis on the global and political elements of the program:

- Development of the Global Alcohol Policy Alliance as an international network and advocacy institution;
- Participation in the global process leading up to the adoption of The WHO Global Strategy to Reduce the Harmful Use of Alcohol in 2010 and then the international and national follow-up of the Strategy;
- Monitoring of strategies and initiatives by the multinational alcohol industry and serving as a counter-balance to vested interests in global health policy processes;
- Participation in the new United Nations process to combat non-communicable diseases.
- Linking alcohol and drugs to mainstream development issues like gender, HIV/AIDS and poverty and production of documentation on such issues.

Some of these activities have been conducted with the FORUT hat on, others in the name of GAPA; The Global Alcohol Policy Alliance.

b. Malawi; a national FORUT programme with ADD as the main perspective.

Malawi was the first country where FORUT implemented a national programme entirely with an ADD focus. Malawi became a new partner country for FORUT in 2006, resulting from a dialogue with Norad to move FORUT's attention from countries in West Africa to East/Southern Africa. Malawi was selected after a study of possible countries and a field visit.

The ADD programme in Malawi is founded on a Memorandum of Understanding with the Government and implemented by local partners from civil society and government. In Malawi, FORUT's ADD programme has two main areas of action; alcohol policy development and local prevention and awareness-raising projects.

FORUT has provided technical and financial assistance to a national alcohol policy development process since 2007, involving a broad range of NGOs and government institutions. This has resulted in draft National Alcohol Policy document which was handed over to the Ministry of Health and the Government late in 2011.

Parallel to this a number of prevention projects have been implemented by local partners, both from the government sector and from civil society. Such partners are The Malawi Girl Guides Association, Drug Fight Malawi, The Norwegian Church Aid, The Church Society CCAP Nkhoma Synod of the Presbyterian Church and The Inter-Ministerial Committee on Drug Control.

5. Methodologies

The evaluation will have both a learning aspect and provide guidance for decision makers within FORUT and our partner network.

The evaluation should make use of a range of qualitative methodologies to gather data relevant to the purposes of the evaluation, including among others

- one-on-one interviews with key informants,
- focus group discussions with multiple stakeholders,
- field visits and observation,
- document review,
- group presentations.

6. Issues to be covered

The evaluation will have to deal with the standard issues listed below. Questions to be answered are specified below.

Effectiveness

To what extent the project has achieved or is likely to achieve its objective, including an analysis of processes that have facilitated or prevented this.

Impact

Analysis of positive and negative effects in society, whether foreseen or not, relating to all parties affected by the project. Analysis of causes and processes to explain the impact of the project.

Relevance

Overall assessment of whether the objectives of the project are still worth pursuing, including an analysis of the consistency of project design.

Sustainability

Assessment of the likelihood that benefits generated by the project will continue beyond the time of the donor's involvement – i.e. durability of the success.

Furthermore, the evaluation will have to address the following aspects, as specified in the

2009-2014 core agreement with NORAD:

7. Timetable

This is a suggestion, open for discussion with the evaluator.

Nov/Dec 2012	Discussions with the evaluator on the evaluation design.
Dec 2012	Final version of the Terms of Reference. Signing of the contract with the evaluator. Preparation of documents to the evaluator.
Jan 2013	Start of evaluator's work
Jan – April 2013	Field work and data collection by evaluator
Mid-April 2013	Draft report Response from concerned organizations and individuals
15 May 2013	Report from evaluator completed

8. Reporting

The evaluation report will be in English, presenting methodology, all relevant findings and recommendations including a summary.

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

The budget for the evaluation with its specifications is outlined in the contract between the Consultant and FORUT.

The draft report will be commented on by FORUT and the partners before the final version is produced.

The technical quality of the report should be such that it may be printed without any further rewriting or editing.

The final report should be submitted with three originals and an electronic version latest 15 May 013.

Appendixes

Appendix 1: RBMs for the ADD program

Annex 2 Framework

Tentative framework of Evaluation FORUT ADD Project 2009 – 2013

Introduction

As part of its regular program cycle FORUT is to have an evaluation carried out of its ADD program component before the end of the 5-year plan concerned. The first external evaluation was carried out by a Norwegian institute. An extensive report with a number of recommendations was produced and some of these recommendations have been taken into account in the further development of the program. For the current period an outside consultant with experience in development issues and in the area of alcohol and drugs was approached and has been given the assignment to carry out the evaluation. Terms of Reference have been agreed upon and a meeting was held between FORUT staff and the consultant December 7th 2012 to discuss the ToR and to agree on a rough outline of methodology and time schedule for the exercise.

Preliminary observations

In comparison with the majority of projects aiming at reducing harm resulting from alcohol and drugs, the ADD FORUT program is typical in the sense that it aims at explicitly linking alcohol and drug related problems to development. The strongest expression of this is in its RMB 2, where the ADD work is integrated in the other components of FORUT's work, in particular with the children's and the women's health component. An obvious underlying issue in the evaluation will thus be how well ADD work combines with developmental work and the other way round.

In terms of resources and staffing the ADD FORUT program is relatively modest. As a consequence the program doesn't have extensive formats or procedures in place for planning and evaluation. Thus this evaluation can not rely on an elaborate system of objectives, goals, outputs and planned activities.

The ADD FORUT program is further typically Norwegian in that it is fairly independent, and NGO focused. The administrative links with governmental development and alcohol and drugs policy are implicit rather than explicit via administrative rules, regulations or procedures. Therefore an assessment against established goals of governmental policy targets is not immediately given, however might need to be taken into account as well.

Scope of the evaluation

The scope of the exercise has been described in the Draft Terms of Reference (ToR) and the clarifications elaborated during the 7 December meeting.

The main objective of the evaluation exercise as defined in the ToR is "to assess the achievements so far and to seek external input on adjusting the trajectory of the program".

Some of the principle factors determining the scope of the exercise are:

- Coverage of the various components of the project I e its 3 components: ADD global Advocacy (RMB 1), ADD Global Capacity Building (RMB 2) and ADD global Malawi;
- NORAD having endorsed FORUT's focus on ADD as hindrances to development might need confirmation and evidence for this standpoint hence special attention may need to be given to the link development and alcohol and drug problems;
- FORUT's work and the ADD project are expected to have a positive influence in a limited number of countries: more particularly Sri Lanka, Sierra Leone, India, Nepal, Zambia and Malawi. In the last country the overall FORUT efforts focus on ADD only.
- As so far no quantitative targets have been set for the work, and as also indicated in the ToR, the nature of the evaluation is qualitative rather than quantitative. Yet to the extent possible searching for quantitative data will be part of the exercise.
- The relationship between the funding needed for this evaluation exercise and the work which is to be evaluated must be proportionate. A thorough assessment of the work in all the countries covered though observations in situ would be disproportionate and most of the data collection needed for the evaluation will therefore be carried out over telephone and internet communications.
- Some consideration will be given to the relationship between the allocating of funding to the various components of the project. Therefore some insight into the financial aspects of the various program components will be required by the consultant. On the other hand, the evaluation will not entail any sort of accountancy nor checking of accountancy procedures.
- A large part of the evaluation will consist of the study of documents and evidence provided by FORUT staff and partners. To the extent possible 'independent' information providers will also be approached.

Methodology

The explicit focus of the exercise will be the search for results and influence of the work carried out by ADD FORUT.

Various methods will be used for the collection of information in addressing widening concentric circles of the project: the process of information seeking will start with the program managers, subsequently their direct environment (being the colleagues in the other units of FORUT), the partners of the various RMB's and the ultimate targeted beneficiaries (political leaders and civilians in the communities and the countries concerned).

Methods used will include study of documents; interviews over phone or skype; questionnaires, open questions, observations. Records will be made of the information obtained from the various categories of informants, whereby these records will be shared with the informants concerned to check their accuracy and will be kept on file accessible to the consultant only.

The approaches used will depend on the nature of the individual RMB; it is obvious that an assessment of the work in Malawi will be different from the work to support the Global Alcohol Policy Alliance (GAPA).

Throughout the exercise communications will be held between the consultant and FORUT staff to ensure easy access to information and contact details of informant and also to ensure learning as part of the evaluation. To put it clearly: it would be highly inappropriate and not in the spirit of this exercise if at the end of the day the report or its presentation would contain totally unexpected findings and recommendations.

The work will be carried out in subsequent phases. Indications of the time and resources needed for the subsequent phases as well as a short description of the work in the various phases is given in a separate paper (Tentative plan of work), which is to be read in conjunction with this document.

CG, 12-12-2012.

Annex 3 Plan of work

Tentative plan of work Evaluation ADD FORUT project 2009-2013

This table describes the various phases of the evaluation, their timing and assesses the time and other resources needed.

Phase	Description	Days needed	Period foreseen	Other resources
Inception	Communications with FORUT staff on start and overall purpose of evaluation exercise, including meeting at Oslo FORUT office to clarify Background and Terms of Reference	1,5	Nov - Dec 2012	Desk work; Oslo travel; communications
Preparation	Drafting of overall framework (including methodology) and plan of work; identification of basic materials needed as well as identifying categories of principal informants; agreement on contract for work to be carried out	2,5	Dec	Desk work; communications
Info gathering phase 1	Study of basic documents listed in Dec meeting and identification of possible additional sources of information	4	Jan 2013	Desk work; Communications
Preparation info gathering phase 2	Preparation of information gathering tools, such as formulation of questions or questionnaires for different categories of informants as well as accompanying letters; setting up of schedule for interviews and dispatch of information seeking tools re RMB 1 and 3	1,5	Jan	Desk work; Communications;
Info gathering phase 2 RMB 2.2.a and 2.2.b	Interviews with informants plus recording Dispatch of information	10	Jan Feb	Desk work; Communications; Incl. possible

	seeking tools; recording info collected			mailing
Info gathering phase 2 RMB 2.2.c	Interviews, observations, collection documentation Malawi	6	Feb	Travel, local expenses Malawi
Info gathering phase 3	Possible additional information gathering such as from sources in Geneva, Oslo or other missing pieces	3	Mar	Desk work; Possible travel; Communications
First analysis of information collected in previous phase	Analysis and feedback to FORUT staff.	2	Mar	Desk work
Draft report	Drafting; discussing preliminary findings and recommendations in Oslo	4	Mar	Desk work; Possible travel
Draft final report	Drafting final report	2	Apr	Desk work
Presenting report	Presentation and discussions at FORUT board meeting	2	Apr	Travel and preparations
Closure	Finalizing contract and accounts	1	Apr	Desk work; communications
Publication	Publishing report by NORAD	0	May	Communications

Annex 4 Introduction letter

Dear

I refer to a note sent to you 17th December last year by FORUT advising you about a forthcoming evaluation of the ADD (Alcohol, Drugs and Development) program and introducing me as the external evaluator in charge.

I'm now finally writing to you to kindly ask for your help in obtaining relevant information on the activities of ADD FORUT, the cooperation with you and the perceived impact of the program.

As mentioned there are basically these topics on which I would like to obtain information from you. Please refer to the annotated list of topics in the attached document. Your responses to these topics would be highly appreciated.

The easiest might be if you would kindly do a short write up on these topics and send this to me. The other option is that we would organize a short conversation over the phone or over Skype. If you would prefer the latter option please let me know and indicate a time that would be convenient to you.

In writing up your comments it may be important to keep in mind the following:

- in no way is this exercise a sort of control on either your nor on FORUT's activities. The only purpose really is to get concrete information on how FORUT is doing in influencing alcohol policy and program making so as to learn from available experience. Thus, there are obviously no good or bad answers; there is just concrete information on how things are going.
- the information which you'll be sharing with me will not be disclosed to anyone and will remain on my own files, to be used by me in writing up a report with general observations, analyses and recommendations on FORUT's ADD program. In case I would wish to perhaps quote direct from your comments I shall of course beforehand seek your approval. My report will be publicly available in due course.
- please refer in your write-up to the numbers and / or the headings of the topics concerned.

I look forward to hearing from you and thank you in advance warmly for your cooperation.

With best wishes, Cees Goos

Annex 5 Information letter

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With best wishes, Cees Goos