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NATURE AND SCOPE OF THE PROBLEM OF SUBSTANCE ABUSE

AMONG YOUTHS IN ZANZIBAR

"SUBMITTED IN PARTIAL FILFILMENT OF REQUIREMENTS FOR THE

DEGREE OF MASTER OF SCIENCE IN COMMUNITY ECONOMIC

DEVELOPMENT"

ALI MOHAMED ABDALLAH

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ACRONYMS

BCC	Behavior Change Communication
CCM	Chama Cha Mapinduzi
CED	The community economic development
CNA	Community Needs Assessment
FGD	Focus Group Discussion
GoZ	Government of Zanzibar
HIV/AIDS	Human Immuno Virus/Acquired Immuno-Deficiency Syndrome
NGO	Non Governmental Organization
SPSS	Statistical Package for Social Science
TV	Television
TVZ	Television Zanzibar
UK	United Kingdom
UN	United Nations
UNAIDS	United Nations AIDS
UNODC	United Nations Office for Drug Control
UNFPA	United Nations Population Fund
UNDCP	United Nations Drug Control Program
WHO	World Health Organization
YOFAHE	Youth Friendly Approaches to HIV/AIDS Education

ZAIADA   Zanzibar Association Against Drug Abuse and Alcohol

ZCF   Zanzibar Children's Fund

ZAC   Zanzibar AIDS Commission

ZACP   Zanzibar AIDS Control Programme

SUPERVISOR'S CERTIFICATION

I, **Maryam Kassim Twaib**, certify that I had time to read the dissertation work on:

"NATURE AND SCOPE OF THE PROBLEM OF SUBSTANCE ABUSE AMONG YOUTHS IN ZANZIBAR" presented by **Ali Mohamed Abdallah** as a requirement for his Master of Science in Community Economic Development Degree in Southern New Hampshire University at the Open University of Tanzania, and that I am satisfied that the work can be ready for examination.

.....MKassim

Maryam K. Twaib

Supervisor

Tel. No. +255 777 464 204

Pemba

DECLARATION

I, Ali Mohamed Abdallah declare that this project paper is my own original work and

that it has not been submitted for a similar degree in any other University.

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DEDICATION

This work is dedicated to my family: Your patience, encouragement and support have been fantastic motivation to me.

ACKNOWLEDGEMENTS

ABSTRACT

The problem of substance abuse is becoming a world issue as almost all the countries

are infected or affected in one way or the other by either engaging in producing or being

a good market for the illicit products leading to negative repurcations.

The study conducted on nature and the magnitude of drug abuse in Zanzibar which

involved different stake holders reveals that the most effected portion of the population

are youths aged between 13- 35 years mainly due to their inability to resist peer

pressure as justified by low level of knowledge.

Further, the study reveals that unless staunch measures are taken to address this, our

nations will end up with a big number of youths who are dependent forever, something

that is a responsibility of all the people in the society.

Zanzibar Children Fund is determined to approach the problem through the existing

information infrastructures such as madrasas, mosques and schools as agents of change

in their communities. In deed, parents, well-wishers, communities and donors have a

great contribution in addressing those addicted youths by ensuring substantial support to

rehabilitate them.

Bright Future for youths is a project designed where by youths will be incapacitated to

prevent themselves from indulging in drug abuse using school and madrasa teachers as

important agents of change in the community, as well as getting those addicted back

from soberness through comprehensive rehabilitation services. Eventually, this will lead

to decrease in number of number of youths joining the drug army.

EXECUTIVE SUMMARY

"Promising future" is a project aimed at sensitizing young people by exposing them to right and adequate information on substance abuse and it's risk nature on HIV/AIDS so that they use this knowledge gained to prevent themselves from indulging in drug army and inn retrospective reduce their chances to combat HIV/AIDS.

Implementing agency is Zanzibar Children's Fund (ZCF) and will be implemented in six districts, namely; Mkoani, Chake Chake, Wete and Micheweni for Pemba and Western and Urban Districts for Unguja. Primary beneficiaries of the project are youths of between 15 to 30 years of age and secondarily, the entire community. Specifically, the project is targeted to reach and benefit approximately 500 youth in total and the entire community at large.

The project will have two major components. Firstly primary prevention for young people who have not started abusing drugs. The thrust is to sensitize and equip them with adequate information so that they become aware on it. The second component will be to establish a rehabilitation center for young adults who are already addicted and are willing to get out of this problem. On this aspect, specialized treatments will be given to drug addicts that include psycho- social support, medical treatment, deculturization and orienting them towards productive knowledge and skills that will eventually make them live independently.

In its implementation, young people will be educated through peer education, organized theme based competitions that will involve young people in Madrasas and schools, conducting community sensitization meetings, accommodating sexual reproductive

health messages in religious sermons especially on Fridays, and using a variety of BCC materials.

On the second component, the project will, in cooperation with parents, well wishers, potential donors and the entire community, provide rehabilitation services by using local available psychiatrists, Psycho sociologists, religious personnel and other potential resource persons who are willing to spare some time with drug addicts in an attempt to bring them back to the acceptable norms and values of the community.

At the end of this project, it is expected that young people will have acquired enough knowledge on issues surrounding substance abuse and their relation ships with HIV/AIDS, and therefore use it as a tool for improving their health. Also young people are expected to acquire life-planning skills so as to be able to handle their lives safely. Similarly, the project anticipates bringing those addicted back to the norms so that they become once again more productive and useful to the society.

CHAPTER 1

1.1   COMMUNITY NEEDS ASSESSMENT

Therefore there is a great consensus among development practitioners to consider needs assessment as the process to identify and measure gaps between "what is" and what "should be", prioritize the gaps, and determine ways of bridging them.

Form the inter net (www. coach.aed.org), Needs Assessment is described as the process of determining and analyzing information to determine the current status and service needs of a defined population group and/ or geographic area.

Tomas E, Grayson (2002) in a workshop on Needs Assessment, defines the phenomenon as a systematic approach to identify social problems, determining their extent, and accurately defining the target population to be served and the nature of their service needs.

The author, goes further by providing rationale for Needs Assessment by arguing that" unless systematic needs assessments are conducted, precious resources are wasted addressing problems that do not exist". Needs Assessment is thus, an essential tool in ensuring that programmes that are offered are needed and that new interventions will meet unattended needs of clients.

Needs assessment can be primary data collection of secondary data collection, either of each, could involve qualitative or quantitative information describing a certain phenomenon.

Before defining the problem and in the course of designing the project, the process of determining the problem through community Needs Assessment was carried out. The process involved working with the community in determining what their needs are and which one is to be given a top priority. For this matter, the method of pair wise matrix was used in determining the needs of the community.

The method involved working with some members of the community and facilitated them to come up with a list of their real needs, which emerged through brainstorming

regarding pertinent problems facing the community as a result of absence of certain things/situations. Facilitator guided members of the community to brainstorm on the main problems facing that community at this period of time. The following problems were identified, as the top most needs/ problems of the community:

i)   Unemployment among youths

ii)   Inadequate water supply

iii) The use of drug among youths in the village

iv)   Lack of school building

v)   Lack of play grounds for the children.

Having mentioned all these needs, facilitator appreciated the process and asked participants to prioritize them by comparing each need with the rest of the needs and record the number of responses against each pair of need with its corresponding/matched need. In short, which of the needs ranked high compared to the others? Having completed this process, participants were guided to choose which need/needs logically out-number the others. This definitely it gave a sense of which need was at the top/most important one over the others. Under this prioritization process, **drug abuse among youths** ranked at the top of the list, and when cross-checked with participants on its position, they admitted that it was worth to address this need first before starting addressing any other need (see the attached annex).

Despite getting the needs of the community through this facilitated participatory process, the community needs were rechecked through other approaches as suggested in the Participatory Training Manual on Community Development. Under all the instruments which were used to determine community needs as well as nature, and the

extent of the problem, each respective group of respondents, sought to look for relevant information regarding drug abuse.

Information collected includes the common drugs used in the country, the most effected portion of the community, factors contributing to young people engagement in drug use and abuse, effects (both short term as well as long term) that are likely to occur at individual as well as national levels. Finally, the study looked at different interventions that could be used to arrest the situation. The general findings reveal that drug abuse is one of the leading problems in the community, especially urban and peri-urban areas. Specifically, findings revealed that young people start using drugs when they are at the age of 13 –35 years, where the most common drugs used are from cigarettes to hard drugs like heroine and cocaine.

According to the assessment, the main reason behind the escalation of the problem is lack of quality and adequate knowledge regarding drug abuse and its consequences as well as lack of effective treatment for those who are already affected.

1.2 METHODOLOGY

Before going about developing a problem statement, the exercise of collecting basic information which provided a foresight on the issue was conducted using various methods. Some of the methods employed included literature review. This method involved reading of the past works on substance abuse. Some of the materials available under this topic included reports produced by different organizations/individuals, internet and, textbooks. For instance, some of the comprehensive reports revisited were

on the study done by Save the Children UK, Tanzania Program (2004) and WHO (2003) reports that examined substance abuse in Southern African region. In these documents, relevant information was mainstreamed to reflect relevant parts in the course of stating the problem.

Members of organizations dealing with substance abuse were engaged in unstructured discussions with the purpose of establishing the extent and magnitude of the problem, most effected segment of the population, effects resulting in young people engaging in substance abuse, and measures that could be taken to combat the situation. This involved on one hand, what could be done to prevent those who have not yet started and on the other hand, what could be done to address those who are addicted.

Guided/focused group discussion was another method used to collect basic information about substance abuse among youths in Zanzibar. This involved Stone Town dwellers and some parents of addicted youths. They were left to discuss the points that were already designed to cover the whole spectrum on substance abuse among youths in Zanzibar. In the end, responses from the group had all the necessary information required that will be of great value in stating the problem and the proposal in general. Before the actual starting of developing the problem statement, there was a discussion which involved key personalities in the Zanzibar Children's Fund. The discussion focused mainly on the situation of drug abuse in Zanzibar and it's current status, factors that contribute to the growing/escalating of the problem, who are the victims and potential victims of drugs in our country, consequences of drug abuse, what could

happen if nothing is done to address the problem and what should be done to restore the situation.

1.3 FEATURES OF THE SURVEY

The purpose of this chapter is therefore to provide a framework on how the environment is arranged, designed and controlled. In real terms, this chapter will report on people's views on this problem, who and how many people have given what information in as far as the problem of substance abuse is concerned.

1.4 RESEARCH DESIGN

In this survey, data was collected from different sources by adopting a cross- sectional survey design, where data was collected at a single point in time for all groups using a cross-section of the population. The method was selected because of the nature and purpose of the survey. This means, selection of this design has took into consideration the fact that it helped build a case in developing a proposal for the intervention of the problem. In that, the question of time has been put into consideration, as it was easy to get respondents as well as conforming to the time limit. Cross-sectional design minimized the use of time.

1.5 SAMPLE REPRESENTATIVE

Selection of population or sample considered representatives among the identified groups of the stakeholders and involved them as respondents in the survey. Cross-sectional representations of youths, who engage in drug abuse from the project sites in

the six proposed districts, were involved in the survey. The groups in which representation was drawn were: youths aged between 12 and 40 years who have not started using substances, madrasa teachers and students, parents/guardians of youth who have been engaging in abusing drugs, members of NGOs addressing drug abuse and/or youth issues, community members within the districts where the project is going to be implemented, drug addicts, school teachers media people and members from institution involved in rehabilitation activities for those already affected by the problem, including the local counselors.

Thus, for those who are available in good numbers like representatives from the community, a cross-sectional sampling of 10 percent was used in the survey. For those who are naturally very few, like staff working in organizations addressing substance abuse issues e.g. drug addicts themselves and their parents/guardians, they were interviewed on the spot.

1.6   SURVEY INSTRUMENTS

With regard to the instruments which were used in the course of this survey, three tools were used in the data collection exercise, depending on relevancy and appropriateness. These tools were used in collecting closely related information for triangulation purposes; where by same information was tested for reliability.

The instruments used were questionnaires and focus group discussion guide. Questionnaires were largely used for the majority of the respondents, i.e. youths and

adults aged between 12 to 40 years, members from the NGOs addressing substance abuse, members from the community, schoolteachers and students.

Questionnaires used for these groups were considered appropriate for the type of respondents intended to. Almost all the respondents were literate enough to be able to read and write. In deed, simple language was used for the purpose of ensuring greater understanding of the questions.

This type of tool was used due to its many advantages it has, including its ability to maintain anonymity, easy o administer, ability to accommodate many people at a time and its ability to generate lots of data (Internet: www. managementhelp.org/evaluatn/fnl_eval.htm).

Parents/guardians of youths addicted by drugs generated useful information through focus group discussions. Few guideline questions / issues were given to respondents to discuss and come up with relevant information regarding substance abuse and behaviors of drug abusers.

Despite extra care taken by the facilitator in provoking discussions and identifying issues out of the discussion, the method's choice was based on the fact that, those discussing shared a wide range of experiences and built on one another's response and the fact that it is cheap and quick in administering. Other advantages of the method include its appropriateness in collecting information from people with low literacy rates as well as providing an opportunity for checks and balances among members. (www.webcredible.co.uk)

In addition to above techniques, information gathering process involved informal interviews and observations. Informal interviews were conducted for collecting data from; religious leaders/madrasa teachers and children, and drug addicts. Flexibility with client and its ability to generate a full range and depth of information are some of strengths under this tool (Internet: www. managementhelp.org/evaluatn/fnl_eval.htm).

Researcher was guided by a list of questions developed as schedules, which requested for more or less the same information as generated from other groups.

This tool seemed to be relevant in collecting data from these sources, as this group involved face-to-face contact and more attention, and also that the interviewer was in a position to clarify and at the same time to extract information required from the respondents.

Through observation, the researcher managed to gain more insights on the plight and some other aspects of drug abuse as he was walking around the stone town and other areas which are well known for drug abuse. This method enabled the researcher to adapt to events as they occur.

1.7 QUESTIONS THAT STRUCTURE THIS SURVEY DESIGN

The main aim of this survey is to provide an in-depth description of the problem of substance abuse among youths in Zanzibar, it's nature, it's magnitude, the reasons behind young people indulging in substance abuse and more importantly, identifying the best ways that can be used to address the problem.

In other words, all the groups identified as important sources of information, were facilitated to give this information. Key participants in the survey were youths and adults aged between 12 to 40 years, members from the NGOs addressing substance abuse, members from the community, school teachers and students, parents/guardians of youths addicted to drugs and religious people including madrasa teachers and students.

The survey did not use any control group, as it is not intended to provide any comparative assessment regarding the youth involving themselves in abusing substances, instead, it has used random sampling to give a general picture of the situation on the ground.

1.8 DATA ANALYSIS

As data is generated largely through questionnaires, interviews and focus group discussions, the analysis was done through computerized statistical convention (SPSS Programme) as well as other scholarly descriptive interpretation.

The main reason for applying this kind of analysis is the fact that with questionnaires and interviews, thoughts and responses appear in numerical terms, which call for statistical manipulation. On the other hand, FGD contains data descriptive in nature, and therefore it has been possible to analyze by providing critical description of what the group came up with, in the discussions.

1.9 TYPE OF THIS SURVEY DESIGN

In terms of survey design, this survey is a descriptive one in the sense that it is not meant for any comparative purposes. It is rather, a descriptive or observational survey as it is meant largely to generate information on drug abuse phenomenon, which already exists in the community. All the groups that participated in the survey gave responses that lead into a full description of the phenomenon.

1.10 CHARACTERISTIC FEATURES OF THIS SURVEY

Under this survey, data was collected at one point in time, given the fact that it will use a cross-sectional design in data collection. In each source, data collection was done only once and there was no repetition. This provided an opportunity for the surveyor to use a variety of ways for analyzing and presenting the survey results.

In addition, cross-sectional survey design is relatively easy to handle since those involved are just caught as a snapshot and give their responses only once. With this particular data collection style, there is an emphasis that groups drawn from the population should be typical of representation of the population. It should be cross-sectionally taken and therefore, a section of the population which shares and possesses all the attributes of that particular population. This means that the responses will as well reflect on the views of that population. They explain things as they are.

1.11 SURVEY SAMPLING:

As highlighted earlier that the survey population included the following groups of the people: youths aged between 12 to 40 years, religious people including madrasa teacher and students, members from the NGOs addressing substance abuse, members from the community, school teachers and students, parents / guardians of youths addicted by drugs.

This survey used stratified random sampling because of the nature of the study going to be made. To generate as much information as possible, the need of involving each and every stakeholder, and therefore the sample had to be divided first as clusters / groups. In deed, there is a sort of comparison in terms of establishing what findings come from each group.

1.12 OBJECTIVE OF THE RESEARCH

Drug abuse among youths has become a pressing issue in most parts of the Islands. However, urban areas appear to be most affected due to increasing interaction of different people with varied backgrounds and cultures.

Anecdotal observations as well as casual discussions with different people indicate that youths engage in abusing substance by starting with local brews, tobacco and other available soft drugs but the trend changes gradually by engaging in using hard drugs which have adverse affects at individual, family and at national levels. Several factors are said to contribute in influencing youths to engage in drugs, the leading being peer

pressure from friends and colleagues compounded with lack of life planning skills to enable them manage their lives safely.

Both public and government sectors have been taking measures using different approaches in addressing the problem. Despite all the efforts made, the number of youths joining the drug army has been increasing sharply increase in Zanzibar, especially in town areas hence a lot more effort need to be done. Drug abuse among youths, has negative consequences at individual, family, society and at national levels

The main objective of this research is to examine nature, consequences, factors leading youths to engage in drug abuse among youths and then propose a course of action to be taken, aiming at preventing and ultimately reducing the number of youths engaging in drug use on one hand, and rehabilitating those who are addicted on the other, with a vision of creating a drug free society.

1.13 ASSUMPTIONS

1. Lack of sustainable life planning skills makes young people more vulnerable to engaging in substance abuse and ultimately HIV/AIDS related risks.

2. Youths engaged in abusing drugs mainly due to peer pressure and therefore parents, members of the community and all other stakeholders should play active role in the fight against drug use among youths in the country to save them and making them more valuable and productive members of the society.

1.14 RESEARCH QUESTIONS

This research particularly tries to establish the following:

- Nature and practice of drug use among youths in urban areas of Zanzibar

- Find out factors leading to young people engage in, and consequences resulting from their engagement in drug

- Propose ways and means through which intervention can be made in addressing the problem.

1.15 CONTENT OF THE QUESTIONS

Three sample groups were given an average of 6 questions/ discussion points each which was meant to generate relevant and respective information as follows:

a) Teachers, students and community representative groups covered the content on profile of youths engaging in drug abuse, factors influencing youths to engage in drugs, community attitude towards youths engaging in drug abuse, what action to be taken to address this problem and identification of gaps that still need to be addressed together with suggestions on relevant approaches to be used;

b) Parents, guardians and spouses and other people living with drug addicts groups covered the aspects on characteristics/changes that take place to youths when starting using drugs, common problems caused by addicts, what could be done to restore the situation and what possible role different stakeholders can play in addressing the problem.

1.16 RESEARCH INSTRUMENTS

In this research, data collection was done using three types of methods:

1. *Focus group Discussion guide points:* This was a set of points designed and used for guiding the group discussion which involved parents, guardians, spouses of drug addicts and other members of families. Teachers, students and community representative groups covered the content on profile of youths engaging in drug abuse, factors influencing youths to engage in drugs, community attitude towards youths engaging in drug abuse and even what could be done to address this problem.

2. *Interviews:* These were organized and used for members of organization working on substance abuse had questions covering magnitude of the problem, factors influencing youths to engage in and consequences of using drugs, interventions needed for drug addicts. They were very useful both in terms of provoking discussion among participants as well as focusing the discussion to avoid loosing track.

3. *Questionnaires*: This involved a set of open-ended questions that were printed out and given to both schoolteachers and students to respond to. The tool was mainly consisting of Yes/No answers with simple answers in some cases. The tool was appropriate as it was ideal for a reasonably larger group whose members were able to read and write. Again it provided a room for additional information regarding feelings and experiences of the respondents.

1.17 VALIDITY

Validity is the extent to which research tool used measures to what it is supposed to measure. The measure should not measure something else. For example, if a measure is intended to measure hunger, should measure hunger and not tiredness.

In ensuring that research instruments used in this survey, really give the intended information, tools were given to someone from ZAIADA with background and ample experience in substance abuse for reviewing the questions with emphasis on face and content of the instruments and their items. There were minor corrections made especially on wording of the items to convey the real meaning of the questions.

1.18 RELIABILITY

According to the Internet, reliability has to do with consistency or repeatability measure. It refers to the extent that a measure of a concept whether a product, attribute or concept would deliver exactly same results no matter how many times it was applied randomly to members of the same target group.

In this study, stability of data was assured by testing the questionnaire to other people sharing the same characteristics with the target group. The tools (especially the questionnaires) were pre-tested by asking similar people to fill them in, and then checked on the understanding of the questions. Slight changes were made to make the questions clearer.

Apart from minor errors, most of the responses were similar and therefore, there was no need of making significant changes on the instruments.

1.19 SAMPLING

With regard to selection of the sample, purposive sampling was done when dealing with parents/guardians and spouses of addicted youths. The researcher managed to get 9 respondents out of targeted 10, who participated in the survey.

Likewise, the same selection of sampling was made to members of NGOs dealing with substance abuse. 12 respondents were targeted and all of them were reached. In both cases prior request was made to potential respondents, and they turned up and willingly participated in the discussion.

For community members, random sampling was made in selecting the respondents in three areas, namely Stone Town in Unguja; and Chake Chake and Wete towns in Pemba. Stone Town was chosen because of its location. It is rich in mixed cultures (Cosmopolitan culture) as well as being the lead historic, and one of the famous tourist sites on the Island of Unguja.

A total of 100 respondents, comprising of ordinary community members, students and teachers, were taken from different parts of town areas for both sexes. This was done because questionnaires involved relatively more respondents comparing to other tools and it was easier to administer them as they demonstrated the ability to read and write.

SAMPLE REPRESENTATION OF RESPONDENTS

Type of sample	Suggested Number	Number of people responded	% Responded
Youths/adults aged between 12 to 40 years	50	46	92%
Members from NGOs addressing substance abuse	10	5	50%
Members from the community	45	39	87%
Parents/guardians of youths addicted by drugs	35	11	31%

1.20 ADMINISTRATION

Regarding discussion with members of organizations dealing with substance abuse issues, parents, guardians and spouses of youths addicted by drugs, the researcher himself did the exercise as it involved manageable number of participants.

In addition, interviews were conducted by discussing with individual members one at a time. This made it possible for the interviewer to administer the tools himself. It took approximately ten minutes to complete the exercise with each respondent; hence the whole exercise took about two weeks because of the convenience of each respondent.

Three people, 2 Form Four and 1 Form Six leaver were involved in distributing and collecting questionnaires to respondents and they were given a short training/orientation that covered the background of the survey, together with taking them through the tools

while emphasizing on what each item meant. This was done to give them knowledge in case they were asked for any clarification during the process they would be able to do so. The whole exercise took almost three weeks to complete.

1.21 DATA ANALYSIS AND INTERPRETATION

This particular research involved focus group discussion with community and groups as well as structured questionnaires. The structured questionnaires were analyzed by employing Statistical Package for Social Science (SPSS) method. This involved cording (processing) of data collected in the computer, and then interpreting it to get sense out of it. However, within the questionnaires there some questions that need more analysis in qualitative terms rather than statistical calculation. Due to the nature of the research only simple statistical methods are used including percentage and frequencies, charts and ratios etc.

KEY FINDINGS:

1.21.1 TYPE OF DRUGS USED

One of the questions was formulated with the intention of knowing common drugs available in each area and the most commonly used among the users. Though it was not necessarily that the respondents he/she involved in the drug, but how and to what extent these practices are common in their areas. A list of number of drugs are mentioned but the common ones are cocaine, heroine and mandrax,

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It is clear from the FGDs that most of the people as per their understandings and perception have always been excluding hashish and local brew as being part of the drugs. For the majority of them these have been used for centuries within the community without referred to, as drugs. That perception seemed also to affect respondents in listing the types of drugs though in reality there is a large number user of these drugs. Statistically about 66% of drug users use mixed drugs the majority of whom being between the ages of 21-30 years. The remaining 35% use one or two of cocaine and hashish, cocaine and heroine, cocaine and local brew, local brew and hashish or local brew only.
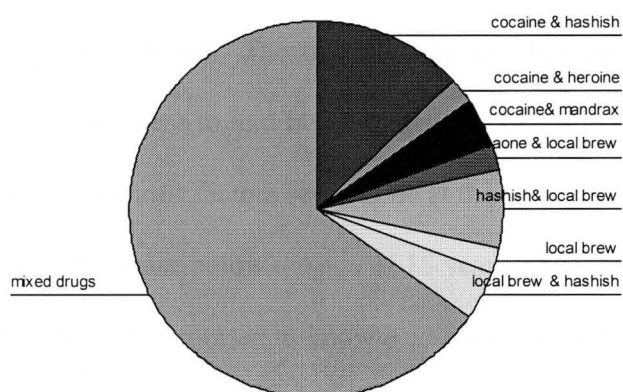
Figure 1 showing types of drugs used by percentage

1.21.2 MAGNITUDE OF THE PROBLEM

From the data collected, it has been revealed that substance abuse is predominantly male dominated phenomenon, mostly affecting young people of the age range of 14-30 and even to 40 years old people. This is justified in the data aggregates, which indicates that 71% of drug users are said to be males of the age range of bÿÿweenÿÿ5 and 40 years with the ranging ÿÿrcentage of 21 to 37 percent. From this data, it means that drug abuse is concentrated among the most active workforce in the society, and therefore, it might have economic consequences to the nation.

Drug taking seems nowadays to be a common behavior in urban and peri-urban areas especially among youth. The analysis indicates that most of youth get involved when they are in their teens to mid twenties that are 14 – 25 years, though the majority of beginners for various factors seem to lie at the age of 20. Only a few are reported to enter into drug abuse below the age of 15 years. According to this particular study only 21% of respondent reported to know a case whereby people enter into drug abuse at the age of 14 or below.

Furthermore, findings go further to indicate that drug abuse is mostly an urban phenomenon (as revealed during the FGD) and it is predominately to the lower educated group of the population, especially youths. Youths who engage in drug abuse and who just completed their basic education (Form II) for Zanzibar, amount to between

26% and 32%. This is a very high percentage as compared to those who attained higher education, whose rate amount to only 4%.

1.21.3 FACTORS INFLUENCING YOUTH TO ENGAGE IN DRUG ABUSE

Factors that drive most of these youths into drug taking are more complex since they range from multiple consequences related to social and economic backgrounds as well as family upbringing, education and external non-controllable influences. For the purpose of this particular research, analysis are combined and summarized into acculturation that entitles all external factors e.g. globalization, tourism, peer pressure which comprises also the adolescence behavior of trying everything for curiosity, lack of education and final category is misbehavior that summarized all descriptive information related to bad upbringing, family breakdown and other family social related components.

Bearing that categorization the findings reveals that peer pressure is the leading factor towards drug abuse among most youths in urban and semi–urban areas in Chake Chake, Wete and Mkoani townships. This is followed by misbehavior, lack of education and acculturation. As per analysis, approximately 74% of youth entered into drug abuse practices due to peer pressure; 17.4% due to misbehavior and the remaining 8.7% have been forced into that culture through acculturation. The chart below represents the real situation on factors.
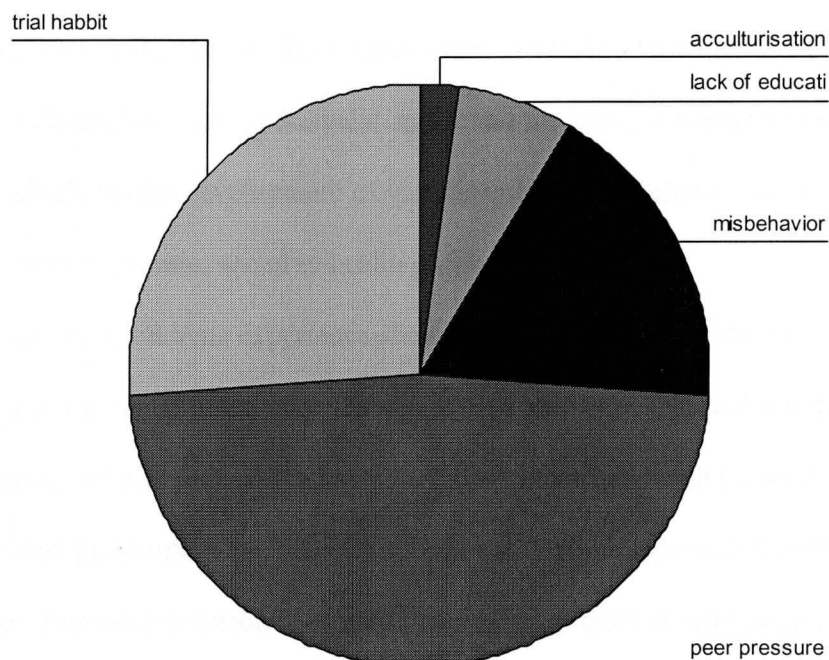
Figure 2 showing major factors contributing to youth involvement in drug abuse

1.21.4 MAJOR CONSEQUENCES OF USING DRUGS

In establishing the major consequences of drug abuse among youths, theft, poor health and misbehavior were mentioned as the key consequences resulting in abusing drugs. Data reveals that theft, poor health and misbehavior ranked high with 35, 30 and 20 percent, respectively.

Though in certain cases and even in psychological perspective and mental frustration drugs have been taken as an option to refresh or relax from problems of frustration but in a long run, the drugs themselves have been acting as factors for failures, frustrations,

poor health and development of bad behavior among its takers. Since the majority of drug takers are under the age that cannot sustain in their own without dependency on others, or do not have strong financial and economic bases, entering into drug abuse have resulted into the development of various unexpected behavior and complication ranging from economic, social to health problems.

According to respondents experience show that about 79% of youth are affected some suffering from mental disorder or they engage in hard core criminal acts such as theft and robbery, the remaining 21% have developed other bad behavior such as homosexual, prostitution etc. These findings are in alignment with the findings from the focused group discussion held with people living together with drug addicts, who categorized robbery/theft as the highest consequences of drug abuse followed by social mistrust. Apart from these, there are also other consequences like deterioration of human dignity as well as excessive poverty and physical harm/disability.

1.21.5 PROPOSED INTERVENTIONS

In the course of collecting information, the respondents were also asked to propose possible solutions that could be taken to address the situation and they proposed a number of interventions to address the problem.

The most effective intervention that has been proposed is sensitization of youths on the problem and effects of drug abuse to youths through provision of education/ accurate and adequate information. This has been tied up together with the provision of treatment services. Collectively these scored 46%. Other intervention include;

coercion by the government, separate treatment. Education alone has been also proposed and it rates almost 22% of the overall responses.

The analysis from Focused Group Discussion revealed that though there are a couple of actors, mainly NGOs trying to address the problem but their intervention seems to have low impact capacity both in terms of manpower, methods involved as well as limited financial capacity. Around 49% of the respondents have an idea that the fight against drug abuse should be taken as a collective action that needs full involvement of both the government and the related institutions like NGOs as well as the community in general.

1.22 CONLUSION

Drug abuse has been seen one of the rapidly emerging social problem in most urban and semi urban areas in both Unguja and Pemba. Youths of different ages have been seen as key actors in that business which affects their social, economic and health status within the community, not only to themselves but also to the community and the nation at large. Easy availability of these drugs due to either globalization or other factors has been some of the motivating factors that influence youth with different social, economic and physiological problem to easily engage in drug abuse

1.23 IMPLICATIONS

The general implication from this study is that youth are highly vulnerable especially teenagers. This is because they are exposed to physiological, social and psychological

changes as they pass through the adolescence period. It is a period therefore, which needs careful and well designed programmes aiming at equipping youths with necessary knowledge and skills including, life planning skills so as to enable them pass through their ever changing characterized age smoothly.

To efficiently and effectively address drug abuse phenomenon, there is a need to have joint efforts through which stakeholders can play their roles seriously and accordingly.

1.24 RECOMMENDATIONS

Based on the findings of this survey, it is generally recommended that Zanzibar Children's Fund (ZCF) develop a full proposal requesting for funding from potential donors to run a project, which will focus mainly on Primary prevention of young people on one hand, and provision of rehabilitation services for drug addicts in urban areas of Zanzibar on the other hand. This will ensure that youth, both those who have not started using drugs and those who are already addicted.

CHAPTER 2

2.1 PROBLEM STATEMET

Substance abuse has been increasingly becoming one of the most serious problems facing the world today. Almost all the countries have been expressing their concerns on the phenomenon, which not only hinders development, as most of the affected segments of the society are youths who are regarded as the most active productive workforce.

Indeed, the catastrophe has affected third world countries in particular, including Tanzania and Zanzibar specifically, due to its low ability to cope with disasters including man made ones, like excessive drug use among youths.

In Zanzibar, the most long-standing historical drugs used as revealed during the Community Needs Assessment, include cannabis, tobacco and alcohol. However, with developments and excessive interactions of the people, hard drugs like heroine, cocaine, mandrax and others found their way in, in recent years, as indicated by department of Substance Abuse Prevention and Rehabilitation's Training material.

This scenario was even reveled recently when President A. Karume, addressed the public, noted, "Our country is currently faced by a serious problem of drug abuse which a good number of youths are affected". On the same day, when welcoming the president, the Minister of Health and Social Welfare, Hon. Mugheiry said that over 1000 people admitted annually in Kidongo Chekundu Mental Hospital are affected by drug abuse, (Nipashe Nov.9th, 2006)

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It is very common nowadays in the streets of Stone Town in Unguja and Wete, Chake Chake and Mkoani townships of Pemba to find groups of young people who are already under the influence of drugs. According the study conducted, most of the drug users are young people of mean age of twenty five years (25), who are predominately males. However, few women fall under this trap and hence join the army of drug abusers each year.

Studies done so far, suggest that the problem is increasingly becoming more serious as those indulging in drug use are not only ruining their lives and thus, became a burden to their families, but to the nation as well as they hinder National Development by not engaging in any productive work.

Study further suggests that several factors contribute to the growth and spread of drug trafficking and drug use among youths in our country. Casual discussions with individual people and organizations involved in addressing drug abuse revealed lack of employment due to economic hardships in the country as one of the most contributing factors to the problem.

Casual discussion during the visit made by ZAIADA team in recent years in collaboration with Dr. J. Mbatia of Mental Health Department of Muhimbili Medical Centre and Bububu Rehabilitation Centre established and run by Zanzibar Youth Forum, an NGO dealing with substance abuse, drug addicts revealed that, lack of employment is one of the major forces that compel young people to indulge in drug abuse.

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Another reason mentioned in the survey on Nature and Magnitude of drug abuse in
Zanzibar which contributes to young people engaging in substance abuse is peer
pressure, as it is reflected in the findings by Save the Children (2004), "children and
young people have friends who are doing it –they want to do it too! They want to be
accepted by their friends as part of the group as well as curiosity".

Easy accessibility of drugs has also been mentioned as one of the factors contributing
young people to engage in Substance abuse.

A study conducted by WHO puts it very clear that, poor urban children living and
working in the streets, reveal that increased availability and consumption of drug was a
major concern in all the study areas. It is said that due to its geographical position,
Zanzibar has been a gate point drug trafficking business and therefore make it possible
for young people to access it easily (WHO Report on Substance Abuse in Southern
Africa, 2003).

Other factors that serve as catalysts for young people to engage in drug abuse include
regarding it as an enjoyment, lack of adequate recreational facilities, and the curiosity to
experiment due to peer pressure.

Surveys suggest that with all these factors that individually or compounded put young
people at a high risk of becoming drug addicts.

Trends suggest that the increase of drug use among young people is alarming. For
instance, it is indicated in the WHO report (2003) that the number of young people
admitted in mental hospital in Zanzibar due to over-use of drugs was 17 in 1994, 27 in

1996, and 47 between January and October 1999. All of them come from Stone Town and other catchments areas, plus Chake and Wete townships in Pemba.

Studies reveal that majority of young people affected are youths and young adults. In the same study, it is clearly revealed that "drug use is predominantly an activity of youths and young adults especially the unemployed, and out of school youths and street children. It is mostly a male activity although the use, among females is emerging" (Save the Children Report, 2004).

The problem on substance abuse in Zanzibar has resulted in a number of negative effects to individuals engaging in using the substances themselves, to the families and the communities they belong to, and the nation at large.

At an individual level, most of the young people indulging in drug abuse are experiencing physical and mental health deterioration due to the excessive use of drugs and especially hard drugs like heroin, cocaine and mandrax. This is well articulated in the CAN that led to development of this proposal.

As noted earlier that a good number of mentally sick persons reported at the Mental Hospital among youths are drug users. The apparent danger is that if no effort is made, to address the problem, large numbers of young people will continue experiencing psychiatric problems.

On the other hand according to this survey, the business of abusing drugs is very closely associated with theft and robbery. It is now witnessed that these incidents are very rampant in most families and societies where addicts are found in large numbers. If the

situation is not addressed immediately, families and communities will continue living in danger due to fears on their properties and their security.

At national level, the problem is even more disastrous in a sense that it is affecting the potential labour force that would otherwise be used effectively in productive activities and hence contribute to national development

Likewise, currently, the government is the sole provider of treatment and other services related to psychiatric illnesses. It is therefore obvious that there is an urgent need for multiple efforts to be directed towards addressing this problem. This will include stakeholders including the government to commit more resources that would otherwise be used to cater for other services (taking into consideration financial hardship it is experiencing currently) if the situation is not contained.

In the end, the nation will not only be affected by loss of energetic work force, but will loose even people who are potential leaders and responsible citizens of the future.

2.2 PRIMARY PREVENTION

This is the main intervention in the world today by which efforts are taken to prevent youths from starting and joining the army of drug users. This is done through conducting sensitization sessions and provision of adequate information regarding the nature, danger, and effects of using drugs.

Awareness is created through different strategies such as peer education, through counseling from key service providers such as school and Madrasa teachers, religious leaders, and even through advocacy strategies, using well developed messages against

drug abuse to young people who have not yet engaged in abusing drugs in an effort to minimize the risk of indulging in drug use.

2.3 REHABILITATION SERVICES

On the other hand, the project will provide rehabilitation services to those who have already started using and are addicted by drugs. The project aims at establishing a camp, which will solely keep drug addicts in an effort to isolate them from external influences and at the same time, give them appropriate treatment to detoxicate them from the hard drug toxins because of excessive use of drugs. In addition to this, there will be counseling and guidance services throughout for those already affected.

This will go hand in hand with provision of necessary skills that will enable them to use and live productively when they are free from drug influences.

Interesting and enjoyable games will be also provided as part of rehabilitation. Furthermore, counseling will be an important aspect of the project under rehabilitation. The project targets young people of both sexes of between ten to thirty five years of age in all the project sites. This is because it is the main effected portion of the population, as the Minister mentioned is his speech when addressing the Mental Diseases Board (31st March, 2006) "Many of the youths affected by mental disorders by using drugs are youths between 15- 35 years of age."

For primary prevention, the project targets primarily three shehias from each district, in which case only twenty youths will be actively involved. That is to say, the project will

have its primary beneficiaries (3 shehias x 6 districts x 20youths) = 360 who will serve as peer educators to their colleagues after the training.

In terms of rehabilitation for those already affected, the project will take a maximum of 30 youths drawn from different parts of the islands for camping them as a means towards rehabilitation although the main target will remain to be those addicts from within the project sites. In running this project it is expected that funding will come from the Global Fund for HIV/AIDS, UNDCP, WHO and from other local funding agencies like The Foundation for Civil Society. At the end of the Project cycle ZCF will primarily continue running and managing the second part of the project by using its own resources in collaboration with donations from parents/guardians of the clients. The Organization will also develop proposals and request for funding from other donors who are willing and ready to support such activities.

The project is largely depending on availability of funds from the donors although ZCF is committed to spend some of its internal resources, well wishers and others that will be generated through mandatory fees for those who will have sent their drug addicts for rehabilitation services. Therefore the project is expected to start using internal sources of funding although it will be in full swing after receiving funds from donors.

The project will be implemented in three years, starting from the date of issuance of first installment of money in both its major two components. After the first three years, the project and especially its second part (Rehabilitation component services) will still need to continue, and therefore, ZCF will encourage well wishers and potential donors

to continue funding this activity so that it is a continuous process of fighting drug abuse among youths in Zanzibar.

2.4 STAKEHOLDER ANALYSES

The project of Bright Future for Youth is a social intervention as it is connected directly to peoples' lives not only those who are engaged in drug use, but even those living with or the neighboring areas. Thus, it involves a multiple of stakeholders.

In the designing of this project, key stakeholders were consulted to give their opinions and views with regards to the project; how useful/destructive is the project, how they view the general goals of the project and if they have any opinions regarding the design of the project. Among the groups that were met and consulted regarding this were youths (12-25years), Madrasa teacher with and their students, and NGOs dealing with substance abuse. The responses are as summarized below:

STAKE HOLDER ANALYSIS

NAME OF STAKEHOLDER	POTENTIAL BENEFITS/	PROJECT DISCUSSED WITH THIS GROUP/ ORGANIZATION	WHAT IS THEIR OPINION OF	WHAT IS THEIR OPINION OF THE PROJECT DESIGN?
1.Youths aged from 12-25 years who have not started using drugs	They will get education on substance abuse and how to prevent themselves from indulging in drug abuse	Primary Prevention on Substance abuse	It will be a useful project hence they will get more understanding on drug related issues	They need to be actively involved
2.Madrasa teachers and children	They will be educated and sensitized on drug abuse and related issues	Primary prevention on substance abuse	Need be given skills that are reflect on religious practices	Incorporate religious materials during training

3.Parents and Guardians	They will get their children who have already been effected through abusing drugs		The implementation of this project will be a blessing to them as there will be a place where addicted youths can be sent for treatment and rehabilitation.	If ZCF will manage to establish a rehabilitation centre, it should consider isolating it from the centre of town/residential areas to avoid external influences that could lead to relapsing while under rehabilitation.
4.NGOs addressing substance abuse	NGOs swill benefit by sharing information and experiences with their counterparts on drug abuse	Exchanged views on establishing a rehabilitation centre and the cost implication on this particular aspect of the project.	The project should consider introducing fee/cost sharing for those who are in need of the services.	There is a doubt if local NGOs like ZCF will manage to run a rehabilitation center due to complications involved.

5. Community	They will need to cooperate both morally as well as financially in ensuring that together the fight against substance abuse is successful.	Both sensitization and rehabilitation aspects of the project were discussed and the community commented that the project was highly needed.	The community is in general very positive on the project. The project is highly needed now due to the excessive use of drug among young people.	Their opinion is that the project should leave a room for community members to participate in some activities through cost-sharing and community meetings.

6. Drug addicts	These stake holders will benefit directly by getting treatment and getting re-habilitated to resume their normal lives in their communities.	Primary prevention together with rehabilitation services.	Drug abuse is the worst destructive of youths' lives. If something could be done to rescue others , it will help	Addicts could be very useful during the training as they will provide experience on the ground.
7. Youths	These will be educated and sensitized on drug abuse issues.	Primary prevention on substance abuse	Need to be given skills that reflect on religious practices.	Accommodate substance abuse sensitization in school activities.
8. Government	It will get her people prevented and rehabilitated for those addicts	Primary prevention and rehabilitation services	It's a worthwhile inter-vention as there is no any rehabilitation center in the isles	The project needs to consider youths of all races without any discrimination.

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2.5 RESOURCES AND STAKE HOLDER ANALYSIS

In the implementation of this project, ZCF will make use of its trainers that have been already trained in HIV/AIDS and related issues who have good knowledge regarding drug abuse and HIV/AIDS using religious approach to addressing sexual reproductive issues.

These people are mainly Madrasa teachers and other targeted individuals who got exposure in one-way or another.

Other people who will be used are youths and other volunteers available within the project settings. Given the experience that ZCF has in managing such programmes, it has developed a variety of training materials, which were used in the past.

Above all, there are some identified psychiatrists who are willing to offer counseling and treatment services for those already addicted. In implementing this project, ZCF will make use of them after making necessary adoption. In addition, ZCF will house the project in its offices at Chake Chake. As the headquarters and the central point of the project coordination and management, all the project undertakings will be coordinated through the Chake Chake offices.

On institutional capacities/opportunities available, ZCF will make use of the available TV and radio station (TVZ and Sauti ya Zanzibar) as a strategy to be employed in implementing the project.

There is a sizeable number of NGOs working on issues associated with sexual reproductive health and HIV/AIDS in different parts of the districts in which this project is going to be implemented. However, there is a great variation in terms of coverage,

content and approaches, for instance, training manuals for peer educators and guides for Imams and Sheikhs in the mosques. All these are designed in such away that it is easy to use them as tools using religious approaches.

Currently the programme on youth voice which is implemented by ZAIADA in Urban District, addresses substance abuse and HIV/AIDS. Another programme is Youth Friendly Approaches to HIV/AIDS Education (YOFAHE) implemented by Save the Children by which substance abuse is part and parcel of sexual reproductive health. This is implemented in Chake, Micheweni and urban districts. All these projects are entirely addressing young people of both sexes with age range between 13 to 25 years.

However, with the commonness of these projects with what is intended to be done under this project i.e. addressing substance abuse and HIV/AIDS, they differ a little bit in the sense that the later uses religious approaches in delivering the right messages to young people

2.6 PROJECT GOALS (IN CED TERMS)

The main goal of this project is to improve the quality of life of young people by informing them on the risks that are associated with substance abuse and providing them with appropriate life skills that will enable them to live safely in this challenging youth's world.

Also the project aims at improving the quality of life of those youths who are already addicted by treating them properly so that they get out of this misery and hence become useful and responsible parents and citizens in their country. ZCF's mission is to prepare youths and students in Zanzibar to meet the challenges facing them in this changing world towards improving their lives using the Islamic approach.

ZCF defines the goal of this project in line with the organizational mission. That is, ZCF aims at working towards a better future of young people by equipping them with knowledge as the most appropriate tool and service that will make their lives more valuable in future. Thus, it aims at making the young people aware of the challenges facing them and providing them with tools that can be used to entice them from this anxiety.

Since there are some NGOs, who have implemented similar projects, ZCF will make use of the lessons learnt and the experiences gained to make this project's objectives successful. ZCF believes that the project will achieve its goals especially when all the sectors of the community take part in the implementation of this project. The project is in line with the ZCF's mission. This is so because the project aims at improving the lives of young people.

2.7 PROJECT OBJECTIVES

The project objectives are:

1. By the end of the project period to have sensitized 360 young people of both sexes in 6 districts of Zanzibar on the problem of drug abuse.

2. To have developed 400 peer education training manuals by the end of the first year.

3. To work with existing Madrasa teachers and their students in the 6 districts and mainstream substance abuse issues in their daily schedule.

4. To work with existing schoolteachers and their students in the 6 districts and mainstream substance abuse issues in their daily schedule.

5. To keep 30 youths who are drug addicts in a special complex and give them rehabilitation services by the end of the second year of the project implementation.

6. To provide 30 addicts in rehabilitation centers with basic knowledge on productive activities that can generate funds to support their lives in six months period after their joining.

7. To provide 30 drug addicts with counseling services in view of renewing their confidence in their new life by the end of the project.

At the end of the project, young people in the six districts will have acquired adequate knowledge and skills in dealing with substance abuse issues. In deed, drug addicts will have been detoxicated and brought back to their families and culture as useful and

respected individuals. The project currently has got no adequate resources to implement designed activities. However, through working with different stakeholders including parents, government institutions and donors, the project will achieve its set objectives.

2.8 STUDENT'S ROLE IN THE PROJECT

In this project, the student's job description is to be an advisor to the project team. This is in addition to advising the whole organization. The main responsibilities of the student will be to provide technical advice to the project team and the organization in general on the implementation of the project. The student's position in the organizational chart is below the executive committee and above the project team. This is an ideal positioning of the student as a resource person in the organization hence he can provide technical support to both of the executive committee as well as the project team.

Thus, by working very close to the project team and the executive committee of the ZCF, my responsibility is to ensure that the project is implemented accordingly.

2.9 HOST ORGANIZATION:

Zanzibar Children Fund (ZCF) is among non governmental organizations and among a well known by its quality work, which among other programmes, taking care of orphans including providing them with all the basic needs including food, shelter and other services like education and health facilities. People have been requesting and encouraging ZCF to run a comprehensive drug-addressing programme which includes

rehabilitation services for drug addicts as one of the most relevant intervention to tackle the problem.

In addition, it is ZCF's interest to see all youths are not left subjected to any misery, may it be natural or manmade. For the above reasons plus others, ZCF has decided to challenge it to run such a project, knowing that it is among the most difficult programmes, but yet worthwhile.

CHAPTER 3

3.1 LITERATURE REVIEW

Before going on to develop a comprehensive project proposal aimed at making intervention in efforts to prevent youths from indulging in drug abuse issues as well as addressing the problem by treating those addicted through provision of rehabilitation services. It is imperative to navigate on how the problem has been documented so far substance abuse is among few phenomenon which unfortunately has not been adequately documented to a greater extent in our country. Few studies available in the literature focuses largely on examining the problems in terms of what kind of drug is common in a particular location, what are the main reasons/causes of young people using drugs, and the extent drug abuse has adversely affected individuals, families and the community at large.

In this chapter, the main focus will be to examine what the available literature is saying about the problem of substance abuse among young peoples in general, in Tanzania and in Zanzibar specifically. Also the literature will provide information regarding drug abuse and even what policies exist that governing drug abuse and examine them to determine their effectiveness and relevancy. Literature review section will be discussed three sub sections: **Theories**, under which analysis of the past works on substance abuse and its theoretical framework will be focused. **Empirical literature**, under this, things that took place on the basis of the underlined theories will be discussed. **Policies** will

discuss laws in force as well as policies governing drug abuse at international, country as well as local levels.

3.1.1 THEORETICAL REVIEW

Substance abuse as defined by WHO, refers to any substance which, when taken by a person, modifies perception, mood, cognition, behaviors or motor functions and it includes licit and illicit substances, whether or not their use brings about dependence problems in the individuals and whether or not people consider them as harmful.(WHO: 2003).

A psychoactive substance can be a medicine or an industrial product, such as glue. While some substances are legal such as approved medicines alcohol and cigarettes, there are many others, which are illegal, such as heroine, and cannabis. Each country has its own laws about substances and which are legal and which are not.

It has been observed and argued that drug uses start with young boys when they are in their teens, and they do so because of different reasons, which are in one way or another associated with adolescence related pressures, as shown in the study by Save the Children (2003) "Young people use alcohol, tobacco and drugs because they enjoy them… as a recreational activity…young people use drugs as recreational activities…they are deprived of space for football… have friends who are doing it and they want to do it,…may experiment". (Save the Children: 2003)

Different communities have perceived substance abuse differently, and this is largely due to socio cultural differences as well as specific country laws in force. In this light, there are psychoactive substances, which receive different status in acceptability as well as legal status. Hence, one substance may be common in a certain community but in the other communities, things normally/widely used and/or legally used in one country but might be different in another.

However, there is a general agreement on the definition of what is to be regarded as substance abuse. Here, WHO definition is applicable. According to WHO, psychoactive substance is any substance that, when taken by a person, modifies perception, mood, cognition, behavior or motor functions, and includes illicit and licit substances, whether or not their use brings about dependency problem in an individual, and whether or not people consider them as harmful (WHO 2003).

Traditionally it is generally agreed that most of the people who are now regarded as substance users, had started this practice sometimes during adolescence and is largely a result of peer pressure and to a lesser extent, confusions resulted from lack of a job to sustain them.

Easy availability of drugs in Tanzania is an important factor which contributes largely not only to the increase of drugs use among youths, but it puts the country in a vulnerable position in as far as drug availability is concerned. Report by Save the Children emphasizes that in relation to drug availability, tobacco, cannabis and khat are well grown in Tanzania as indicated in ZACP& ZAC report (2006). The country's

strategic geographical location, and cultural proximity to West Asia, it's road and rail transport connections with eight neighboring countries and air links to west Africa, Asia and Europe make it a prime target for drug trafficking (Save the Children: 2003).

According to a study conducted jointly by Zanzibar AIDS Commission (ZAC) and Zanzibar AIDS Control Programme (ZACP) (2006), light substances like alcohol; cannabis; tobacco derivatives and products were the key psychotropic drugs that were in use in Zanzibar. However, the reports add, globalization efforts and accompanying socio-economic transformations & intra-county economic hardships have compounded drug trafficking efforts in Zanzibar.

3.1.2 EMPIRICAL REVIEW

One of the most outstanding works related to substance abuse where one can draw lessons from, was the Global Initiative on Primary Prevention of Substance Abuse (Global initiative). This is a project, which was jointly executed by United Nations International Drug Control Programme (UNDCP) and the World Health Organization (WHO). The project which aimed at preventing young people from using psychoactive substances was implemented from June, 1997 - May, 2003 in three regions of the world namely: Southern Africa, South Asia and Central & Eastern Europe. For the Southern African Region, the project involved Republics of South Africa, Zambia and Tanzania and therefore, these countries implemented the project individually in a similar manner.

The project involved five key areas, namely:

- Carrying out baseline assessment in each of the project sites with a view of establishing nature, scope and the magnitude of substance abuse among youths in the countries;

- Training of local partners to build their capacity in view of improving the quality of and provision of prevention services to young people;

- Public health interventions;

- Monitoring of activities, and

- Post intervention activities.

The general findings of the implementation of the first activity of Global Initiative Programme, as indicated in the report (UNDCP&WHO 2003) reveal that:

"... The sites call for the broad- based interventions that give equal weight to supply and demand reduction; target young people as well as their associates; improve young people's living conditions; and ensure that community agencies and young peoples are mobilized towards preventive actions". (WHO&UNDCP 2003: pg 73).

The report goes further to emphasize that "intervention tailored for each site should include strategies to reduce the availability of substances; mobilize communities against substance use; enhance behavior change; strengthen networks of organizations that support youth-related activities and engage in substance use prevention activities; and

provide community resources including funding for programmes on substance use prevention." (WHO&UNDCP 2003: pg 73).

With these findings as well as reactions from individual country, WHO&UNDCP sought the need for implementing such kind of a project with emphasis on preventing young peoples from engaging in substance use in each specific country. In Tanzania, the project was implemented in Kinondoni District; while in Zanzibar; it was implemented in Urban District, in Stone Town area (an area which is considered to be the most at risk due to its geographical location especially being the heart of Zanzibar history as well as a centre for tourist business activities).

In light of this, the report suggests that, "….. Community leaders suggest the following intervention priorities in which young people should participate:

Programmes that facilitate socioeconomic development and especially employment and substance- free recreation for young people, strengthen substance–related prevention services, reduce substance availability, and increase non-approval of use'(WHO&UNDCP 2003 : pg 47).

The global Initiative programme was implemented in all the three countries in the regions, which in Southern African region, involved South Africa, Zambia and Tanzania (both Mainland and Zanzibar) from1997 to 2003. Under this programme, the main activity was to facilitate the availability of information regarding drug abuse to young people with a view to equip them with the tools that would be useful in facing the challenges as they live in and pass through their adolescence ages. As ZAIADA put it in

their internal Evaluation report, "The project was largely focusing on providing enough and quality information to young people both boys and girls, in and out of school, so that they become confident in facing the challenges surrounding then as they pass through adolescence ages. This would not only help to minimize the risk level in terms of becoming drug users and ultimately drug addicts, but the risk of contracting HIV/AIDS and other social problems"(ZAIADA: 2004).

Practitioners in the field of substance abuse and HIV/AIDS draw a very close relationship between drug abuse and spread of HIV/AIDS. The main transmission of HIV/AIDS is through sexual intercourse. Emphasizing on this, study by ZAC and ZACP (2006) on The Epidemiology and Socio-Economic Effects (implications of Substance Abusing in Relation to HIV and Related Blood Borne Infections in Zanzibar, reveals that in countries where substance abuse in rampant, drug users are the most affected fraction of the population." This is because, with substance abusers, one could contract HIV viruses by having unprotected/unsafe sex or through injecting substances using a shared injection, (which is a normal practice among drug users in our country. The study further reveals that 12.9% of HIV prevalence in Zanzibar is related to Substance Abuse.

Revealing the world into a scene, the report indicates, "Recent UNAIDS on HIV/AIDS 2005 indicates rising HIV prevalence rates among drug users in countries that initially had reported little HIV infections. In Vietnam HIV prevalence among substance abusers rose from less than 1% in 1992, to over 40% in 1995 falling slightly to about 25% in 1998 before gaining momentum again to over 80% at the end of 2001".

GAPA bulletin delineates very clearly on the effects of alcoholism "...but alcohol is also a major source of social problems, in developing societies as elsewhere. Through controls and other prevention measures, the burden of disease and disability can be reduced (GAPA: 2003).

Again in implementing this programme in all the countries in the region, the emphasis was to use youth-friendly approaches, such as school and open debates, theatre performance, peer education and peer counseling, community dialogues and even sports competitions.

These approaches were adopted from similar projects, which were implemented in other parts of the world and proved to be very successful, and thus, it was possible to draw lessons and strategies that contributed to their success and adopt them in drug abuse related projects. In Albania for instance, UNFPA runs a project on prevention of sexually transmitted diseases, including HIV/AIDS in young people. This project is one of the best practices that have been identified for replication; hence it is exemplary in its approaches. The approach used in this project was that of peer to peer education, which is essentially, working with people of the same age group. They might share the same age, sex, sexuality, social class, and/or subculture or other similarities (UNODC 2003).

Under this project, there is plenty of room for replication of the programme in terms of approaches to suit substance abuse phenomenon. What is expected at the end is to get young people of similar social status providing education to people who are of the same caliber.

The same case applies to Philippines. It is widely documented that in Philippines, where several innovative approaches have been tested under adolescent health projects, peer counseling has shown the most promise. The counseling –on- the –air project enabled youth councilors to reach out to other youths, as well as to parents and teachers, through radio programmes that gave young people the opportunity to share their views with other youths and adults (UNODC, 2003).

3.1.3 POLICY REVIEW:

Given the seriousness of the catastrophe of substance use and abuse, there have been concerted efforts taken at international, national and community levels. These measures have been taken to aim at combating the increasing problem among the people and especially youths and adolescents in different parts of the world.

At the United Nations level, besides creating a special department established to take care and control of drugs and drugs related issues, (United Nations Office for Drug Control and Crime) drug abuse has been given international recognition by according it with a legal status, and especially the International Declaration on Illicit Drugs. For example; according to the UN, it has already started the implementation of United Nations Convention against Drug Abuse Traffic of Narcotic Drugs and Psychotropic substances of 1988 in Vienna Australia.

Under this convention as it was endorsed by the UN General Assembly, three issues were recommended to be given a high priority. They are:

- Exchange of Information

- Provisional Application of the United Nations Convention against Drug Traffic in Narcotic Drugs and Psychotropic Substances.

- Provision of necessary resources to the division of Narcotic Drugs and the Secretariat of the International Narcotic Control Board to enable them to discharge the task entrusted to them under the International Drug Control Treaties.

According to Save the Children (2003), apart from these conventions, at UN level, there have been concerted efforts taken to ensure that all member states work towards attaining demand reduction and prevention programmes for young people. UN Drug Control Programme (UNDCP), now UN Office for Drug Control and Crime Prevention, has the global responsibility for the control of both the use and the consumption of illegal drugs in conjunction with governments throughout the World. Between 1999 and 2002, a local UNOCCP capacity building programme was based in the Tanzania government's Inter Ministerial Anti Drug Commission.

From the International point of view, it is obvious that the problem of drug abuse, has recently been receiving a lot of attention in an effort to reduce the demand to and prevention against it. Therefore, it is obvious that designing such a program, means taking part in the implementation of the UN Convention against illicit drugs. In the Tanzanian context, several legislations, policies and measures have been taken with an

overall mission of combating/controlling drug abuse problems among its citizens. Besides the presence of legal provision addressing drug abuse in Tanzania, policy on that was not available and according to comments from some of the officials, it is in the process of being developed.

Tanzania government has been taking concerted measures to address the situation. The measures include the creation of Inter Ministerial Anti Drug Commission located independently under the Prime Minister's Office with the aim of tackling drugs from a multi-sectoral dimension. Save the Children (2003) states that the commission is made up of 9 Ministries i.e: Education, Youth, Labour and Sports, Community Development, Women Affairs and Children Development, Justice, Home Affairs, Local Government, Agriculture and The Prime Minister's Office.

In deed, the Cabinet passed the Drug Control Master Plan in 2002, which works towards realization of drug prevention, education and treatment, as pointed out in Cardler's report (2003).

In Zanzibar, as of recent, the Revolutionary Government recognizing the seriousness of the problem, tabled the bill before the House of Representatives, which was subsequently passed and acquired legal status, hence it has became a law by itself. Under this new law, some of the key provisions that are aimed at controlling psychoactive substances include:

a) Establishment of Inter Ministerial commission for the Co-ordination of drug control. The commission also entrusted with identification, treatment, after care rehabilitation and social integration of drug addicts. This is in addition to

supporting international efforts geared towards preventing and combating the abuse of narcotic drugs, psychotropic substances and illicit trafficking. However, according to some officials, the commission has never met since its establishment.

b) The fund for control of drug abuse - this is a special government fund established to facilitate drug abuse and psychotropic substance efforts taking place in the Isles. However, this fund seems not to have been established.

c) Prohibition of possession and trafficking Narcotic drugs and Psychotropic substances and cultivation of certain plants. Under this article, any person cultivating, drug related trees, owner, producer or involved in management of any kind of narcotic and other illicit drugs, upon conviction shall be liable to a fine of 10 million Tanzania Shillings or three times the market value of the prohibited plant, whichever is greater, or imprisonment for a term not exceeding twenty years or both.

d) Offences and penalties (GoZ: 2003). Under this section, the Act outlines different penalties that can be given if a person is convicted of possessing a small quantity of narcotic drugs or psychotropic substance, which are believed to be intended for consumption. The quantity varies from 0 to 10 and zero to 600 grams for different drugs, of which the penalty is a fine of two hundred thousand shillings or imprisonment for the term of three years or both.

e) Forfeiture of property derived from, or used in illicit drug trafficking. Under this any person convicted the Government shall forfeit his acquired property on the convicted date.

f) Despite the lack of policy on drug abuse in Zanzibar as it is the case in Tanzania government; there are other measures that have been taken to tackle substance abuse. This has resulted in the formation of anti-drug units, which address the problem basing on the professional outlook and approaches (re Taqwa Report 2002). Among them are the Anti Drug Unit under Police department and Anti Drug Unit under Ministry of Health and Social Welfare. In addition, the Revolutionary Government of Zanzibar is highly recognized for being at the forefront in supporting Non-Governmental drug related activities in Zanzibar.

g) With all this, it is evident and therefore encouraging that government institutions have been giving appropriate attention on the drug abuse problem in our country, and this is a major part of the efforts taken by a multiple of stakeholders in the fight against drug abuse, all directed towards improving the health status and life standards of the people especially the youth. Hence, it is in the same spirit where by such a project on primary prevention and rehabilitation of drug addicts finds its way to success.

h) From the literature surveyed, it is imperative to note that youths in Tanzania and Zanzibar in particular, constitute to one of the most vulnerable groups in our country. Its vulnerability is largely contributed to the fact that some of the illicit substance producing plants are grown and cultivated in the country. However, the geographical position of Tanzania and Zanzibar makes it an important and easy route for drug trafficking. This puts the youth at a very high risk of falling under the growing drug army of the world, as indicated in Brazil, where drug syndicates

train street children to work in the drug industry in which he/she is recognized and ranked up according to his/her performance in the business WHO (2001).

i) In deed, all the three clusters of literature provide a room for the intervention on the problem. It is obvious therefore, that if such drug addressing projects are implemented, they could bring a lot of change in the lives and future of youths in the country, despite the lack of clear policies by both governments regarding substance abuse in the country.

CHAPTER 4

4.1 PROJECT IMPLEMENTATION

Project implementation is the most critical stage of the project cycle. It involves collection, manipulation, processing, and coordinating resources, whether, materials, human, finance as well as time, which when intermingling together, they produce certain results in terms of output. Resources are diverse as activities are and in this particular project, the implementation will follow logical framework analysis whereby each activity is implemented by considering the general objectives which need to be realized, output needed with their indicators and also will consider key risks that may effect the project implementation, and what arrangements are in place to handle the situation. Project implementation will be carried out as reflected in the implementation table.

PROJECT IMPLEMENTATION

OBJECTIVES	PRODUCTS AND OUTPUTS
1. To conduct training for peer educators	360 young people trained in Peer education. Each other as spillover effect on effects and problems of drug abuse.
2. Conduct a training workshop for Madrasa teachers and other religious leaders	500 Madrasa teachers, religious leaders acquire knowledge and skills and apply them in addressing drug abuse issues using the religious approach
3. Construction of rehabilitation center for drug addicts	Buildings for accommodating drug addicts, offices, counseling rooms with all the basic requirements constructed
4. Organize and run community dialogue meetings for people to discuss on HIV/AIDS issues in relation to drug abuse.	Community sensitized on effects of drug abuse at individual, community, national levels and start taking action on those using drug.
5. Mobilize and secure buildings/space to accommodate at least 30 addicts	At least two roomed building secured for accommodating drug addicts for rehabilitation purposes
6. Camping at least ten drug addicts for rehabilitation purposes.	Number of drug addicts who are camped for rehabilitation services enjoy services and change their attitudes
7. Provide rehabilitation services for young drug addicts	Drug addicts showing positive change in attitudes towards drug abuse. Religious leaders equipped with relevant techniques and skills in addressing drug abuse issues.

OBJECTIVES	PRODUCTS AND OUTPUTS
8. Conduct seminars for religious leaders on accommodating substance abuse messages in their Friday sermons	Religious leaders sensitized against dangers of substance abuse.
9. Run religious sermons containing substance abuse messages on Friday prayers	Believers equipped with religious teachings on substance abuse
	Mobilized youths demonstrating positive changes against drug use
10. Organize and run seminars for Madrasa and school representatives to implement theme based competitions	Increases awareness of young people on effects of abusing drugs
	Noticeable positive changes in attitudes of young people towards drug abuse

4.2 STAFFING PATTERN

The Project Team of three people will be dealing with implementation of day-to-day activities of the project under guidance and supervision of a Project Manager. Project manager will be a local University graduate at undergraduate or Advanced diploma level, with relevant experience of not less than three years in project management related issues.

For the post of Project Officers, ideal persons should be an experienced community/ social workers who have successfully completed advanced Secondary education not later than five years back.

Project Assistant will be hired to support project implementation. An ideal candidate should have good background on financial management, logistic and office management as he/ she will be charged to ensure smooth implementation of the project, plus managing finance related issues.

Each activity will be implemented as indicated in the schedule of project activities with responsible implementers within a specific time frame.

All the project staff will receive initial respective orientation training which is meant to reorient them on the organization and key components of the project. At a later stage, each member of the team will have an opportunity to upgrade him/ her self through study tours. All POs will have to visit organization doing similar activities as part of their capacity building in Malindi- Mombassa. Manager on his/ her part will be exposed to a wide range of conferences within East Africa, on matters related to Substance Abuse.

4.3 IMPLEMENTATION MODALITY

As the project will involve two major components, namely primary prevention and rehabilitation services, it is evident that the work will involve heavy investment in terms of soft ware as well as infrastructure in terms of trainings and construction of buildings (respectively) to accommodate addicts for services.

Thus, implementation of both components will be done concurrently noting that later (physical structure) will require more time and more resources. While the whole activity of establishment of an office will be the first activity proceeded by clearance processes, actual intervention in terms of capacity building for youths and teachers as key agents of change in the communities will start immediately after putting the logistics in place. It is at the same period where construction processes will be started.

Both the training and construction will be handled directly by the project team. The later will be done through tendering a reputable company which will work under supervision of the project management.

At the same time, there will be mobilization process going on, and will involve looking for resources available within the communities such as volunteers among community members to take part in center related activities, psychiatrists who will be drawn from the health department to work on part time bases and under loose conditionalties, and members of the families accommodating drug addicts. This group will be approached for awareness raising on rehabilitation initiatives on the process as well as for their support in running and sustaining the center.

Despite special designed trainings for youths, teachers and community members using various approaches as indicated in the proposals, there will be an opportunity for youths and especially those affected by drugs and members of the families staying with drug

addicts to access information as well as counseling and guidance services throughout. A counselor will be available both at the office of the project and also in the rehabilitation center as part of services to the general public.

The center will accommodate between ten and fifteen drug addicts at one time including girls, if any. These will initially receive services form the project for the first three months of the opening of the center, but will later on need to share the costs as the project will eventually minimize its support. Thus, it's expected that there will be community involvement right from the beginning, which is geared to be part of sustainability of the programme.

4.3 PROJECT IMPLEMENTATION PLAN

ACTIVITY	ACTIVITY IMPLEMENTATION BY MONTHS																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. Procurement, staffing and office establishment	▓	▓																		
2. Familiarization and clearances	▓	▓																		
3. Construction of rehabilitation center for drug addicts		▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓		
4. Planning the training for peer educators		▓																		
5. Identify potential peer educators in the selected shehias		▓	▓																	
6. To conduct training for peer educators				▓																
7. Identification of Madrasas and conducting Training Needs Assessments	▓																			
8. Conduct a training workshop for			▓																	

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Activity																						
Madrasa teachers, other religious leaders			▓																			
9. Organize and run community dialogue meetings for people to discuss HIV/AIDS issues				▓																		
10. Develop IEC materials for sensitization purposes							▓															
11. Camping at least ten drug addicts for rehabilitation purposes.																		▓	▓		▓	
12. Develop and run TV/radio programmes for sensitization																			▓			
13. Provide rehabilitation services for young drug addicts									▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓			
14. Conduct seminars for religious leaders on accommodating substance abuse messages in the Friday prayer sermons.				▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓					
15. Run sermons containing substance abuse messages on Friday prayers				▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓		▓		

#	Activity
16.	Organize and run seminars for Madrasa and school representatives to implement theme based competitions
17.	Developing IEC advocacy messages regarding Substance abuse.
18.	Develop and run TV/radio programmes for sensitization
19.	Monitoring of project activities
20.	Mid-term evaluation
21.	Final evaluation

CHAPTER 5

PROJECT MONITORING EVALUATION AND SUSTAINABILITY

5.1 MONITORING

Monitoring is the routine process of data collection and measurement of progress toward program objectives. In carrying out this project, data collection that is focused on a monitoring system shall be conducted in three main domains:

i) **Inputs** - Resources going into conducting and carrying out the project or program. These could include staff, finance, materials, and time.

ii) **Process** - Set of activities in which program resources (human and financial) are used to achieve the results expected from the program (e.g., number of workshops/training sessions, and the number of advocacy activities undertaken in the course of project implementation).

iii) **Outputs** - These are immediate results obtained by the program through the execution of activities (e.g., number of drug addicts camped for rehabilitation purposes, number of service providers trained, number of people reached out/ mobilized, or number of people covered).

Monitoring will be done at different levels with varied timings. At project staff level – continuously, at project management level – in shorter period of intervals, and at donor level monitoring will be done at specific relatively longer intervals.

5.1.1 QUESTIONS THAT WILL BE ADDRESSED DURING THE PROCESS OF MONITORING

The monitoring strategy under this project will be largely address and not limited to the following issues:

i)   To what extent are planned activities actually realized? Is the project making progress toward achieving set objectives?

ii)   What services are provided, to whom, when, how often, for how long, and in what context?

iii) How well are the services provided?

iv)   What is the quality of the services provided?

v)   What is the cost per unit service?

vi)   If the project is undertaken consistently with the project design or implementation plan.

vii) If the project is directed toward the specified target group

5.1.2 MONITORING FRAMEWORK/TOOLS

In determining day to day implementation of the project and if the activities conducted are leading to meet the desired out puts/results, this project will use a variety of tools that are meant to trace/follow up on the implementation of project activities. Monitoring mechanism will be developed in the course of project implementation and will focus on each aspect of the project. The whole process of project monitoring will be done at project level whereby, project management as well as project staff will be involved in collecting relevant information which will be useful in informing on project performance and developments.

At an organizational level, ZCF management will do the monitoring task. There will be quarterly meetings as well as field visit schedules for executive committee through which progress will be determined, weaknesses identified and guidance to effect smooth implementation.

MONITORING TOOL

ACTIVITY	INDICATOR	SOURCE OF INFORMAT ION	TIME LIMIT	RESPONSIBLE
1. Procurement, staffing and establishment of office	1. List of equipments procured 2. No of vacant posts filled 3. Office space fully furnished, equipped and staffed	1. List/financial records 2. Human resource records 3. Lease agreement document	End of week 4 of month 1	ZCF Executive Committee
2. Familiarization and clearances works	Number of courteous call visits to key authorities and influential people	Invitation letters Visit reports	End of month 2 of the project implementation	2 members of the executive committee plus the project team
3. Planning for the training of peers.	Work plan document in place	Records	Week 2 of the second month	Project team
4. Identify potential peer educators in the selected shehias	List of peer educators available	Records	Week 3 of second month	Project team
5. Conduct training for peer educators.	List of training sessions held	Training report	Month 3	Project team
6. Identification of Madrasas and conducting Needs Assessments.	List of madrasas together with list of prioritized needs available	Records Training report	Month 2	Project team
7. Conduct training work-shop for Madrasa teachers and other religious leaders	Number of sessions conducted	Training report	Month 3	Project team
8. Organize and conduct	Level awareness of the	Records and	Month 4	Project team

community dialogue meet-ings to discuss HIV/AIDS issues.	people on HIV/AIDS& substance abuse issues	pictures of community dialogue activities		
9. Camping at least ten drug addicts for rehabilitation purposes	Number of admitted cases of drug addicts	Records and other reports on admitted cases	Month 18	Project team
10. Provide rehabilitation services to young drug addicts	Number of youths who have quit drug use	Records and other treatment related reports	Month 18	Project team
11. Conduct seminars for religious leaders on accommodating substance abuse messages in their Friday sermons	Religious leaders knowledgeable/aware of HIV/AIDS & substance abuse issues	Training report	Month 3	Project team
12. Run religious sermons with HIV/AIDS and substance abuse messages during Friday prayers	More people reached through religious sermons and Friday speeches regarding substance abuse & HIV/AIDS	Number of Friday mosques/ speeches delivered in relation to substance abuse/ HIV/AIDS	Month 4	Project team/ religious organizations
13. Organize and run seminars for Madrasa and school representatives to implement theme based competitions	Increased knowledge and understanding of substance abuse / HIV& AIDS among youth	Records/pictures of competitions	Month 3	Project team

5.2 PROJECT EVALUATION

Evaluation as an exercise carried out to establish if the implementation of the project is directed towards achieving the intended objectives, or if the project has really achieved its objectives. Thus, evaluation is looked in terms of formative (when the project is still going on) and summative (when the project implementation is completed). In this project, both evaluations will be carried out to determine the progress of the implementation for the purpose of informing on the general trends in the project development with a view to determine gaps for any necessary measures for improvement. On the other hand, judgment on relevance, effectiveness and impact of the project to the intended population beneficiaries, will be determined during the summative evaluation, which will be carried out upon completion of the project.

5.2.1 FORMATIVE EVALUATION

For the formative evaluation, the exercise will be carried out by a small team from the project during the month thirteen of the implementation. This will be an internal process which will involve a team of three among the project/ ZCF team members. The main task here is to work on the evaluation plan developed by the CED technical advisor, which generally seeks to provide an overview on the progress of the project and if it is geared towards meeting the project objectives.

Specifically, the exercise will seek to establish:

❖ If the implementation of activities is done within the time framework stipulated in the project proposal.

❖ To what extent knowledge and skills have been imparted to youths as pert of strategy to prevent them from joining drug army.

❖ If the general performance is directed towards accomplishment of the intended objectives.

❖ If the necessary inputs are available timely and they are good enough to enable the project meet its intended objectives

If there are any gaps in the implementation and their causes and suggest on how best addressing them.

Methodology: This mi- term evaluation will use three main methods in collecting information regarding the implementation of the project. The work will start by reviewing important project documents whereby evaluation team will be updating themselves with what was originally planned for the project. In this they will be able to revisit issues like; original objectives of the project, expected input and out put for each activity, targeted population, time frame for each specific activity.

Interviews will be carried out with key informants, including, youth representatives, some of the school and madrasa teachers who had received some training, representatives from project personnel and even discussion with ZCF leadership.

Observation as another method of collecting information will be used largely to determining the level of implementation especially the second part of the project.

Study Design

The formative evaluation will focus on implementation rather than outcomes, evaluators collect information on number of people trained, amount of input invested, availability of logistics on the ground and the level reached in the establishment of and ultimately provision of rehabilitation services. Thus, the study will not involve any comparison or control group. This is the exercise is intended to act as monitoring mechanism during the first half of the project implementation.

Regarding sampling, this formative evaluation will draw a small number of representatives from each key informant / stake holder. The proposed number will be 10% of each group to be involved in the sharing of useful experiences and relevant information on the project implementation.

Analysis of evaluation data will be done using EXCEL package where actual figures, frequencies and percentages depicting the situation on the ground will be done. Evaluators will prepared a formal report for project staff and other stakeholders including sharing it with a smaller sample of the key informants. Generally number and level of accomplishments will be used as indicators of achievements of the project activities

5.2.2 SUMMATIVE EVALUATION

Summative evaluation on the other hand will be an external process and will involve a consultant to be identified by the donor and will work under specific terms of Reffences (ToRs) to be developed by the later.

The summative evaluation is a more thorough assessment of what change has occurred as a result of a certain specific intervention. The evaluation issues to be considered in this

project include: Relevance, Project Design and Delivery, Program Success, Program Cost-effectiveness, impact and the way forward/ what next. Specifically, this evaluation will provide a critical assessment on:

- ❖ How relevant the project has been in terms of addressing real problems of the community as well as addressing main country development documents such as MKUZA, Vision 2020 and other important government documents.

- ❖ How has the project structures have accommodated conveniently ease implementation and appropriate derivatives of the project. Here, issues like management of the project and their relation ships with each segment of the project will be taken into consideration.

- ❖ Were the resources injected used wisely and appropriately to accomplish the desired objectives?

- ❖ What is the general impact of the project to the community or how will the project improve the lives of the intended beneficiaries?

- ❖ What else can be done to sustain or even make the achievements more sustainably?

5.3 SUSTAINABILITY

The issue of sustainability of a project is very crucial and in this particular project, it has been taken into consideration right from the designing stage of the project. The fact that the project has opted to directly engage in addressing drug abuse problems by involving and capacity building of the already existing infrastructures like Madrasas, schools; and

using peer education system, this has been taken as an effective strategy towards

sustainability of the services given in the course of project implementation. This is so

because if it so happens that the project phases out, the structures will remain and with

full capacity to continue carrying out activities they were trained on.

One of the major aspects of this project is rehabilitation of drug addicts. This has also

been designed in the manner that it accommodates the issue of sustainability. Knowing

the difficulty of establishing and then running such a center, the project has

accommodated important stake holders like parents, well wishers, corporate sector and

the community in general. These will give their contributions in the running and

sustaining the services that have been delivered even after the project phase out.

It is expected that these partners will be ready to cooperate in the fight against substance

abuse, given the alarming catastrophe at hand as reflected in the survey findings. In

addition, as there are no competitors in running such rehabilitation centers, one is

optimistic that it will draw commendable support from other partners within the country,

including the government as there are already signs of political will from the government

through mobilization right from the initial stages of the project.

Through government, the project will enjoy support right from the beginning by making

use of experts from mental health as well as counseling.

As indicated in the project design, one of the activities which are going to be carried out

is advocacy by publicizing project activities through mass media. This will be done for

the purpose of sensitizing community and the general public on the efforts going on

against drug abuse in the country. ZCF will also continue soliciting for funding by

applying different fundraising strategies including developing other proposals for other

potential donors as well as initiating fund raising campaigns.

CHAPTER 6

6.1 CONCLUSION AND RECOMMENDATIONS

Having implemented the activities as indicated in this proposal, it is obvious that there will be remarkable changes at four levels in as far as drug abuse is concerned.

i. There will be changes for those young people who were at high risk of joining the drug army, as they will now have adequate information on the circumstances surrounding drug abuse including life skills which will help them shape their future lives.

ii. There will be changes for addicted youths due to detoxification and rehabilitation services they would have received. In this case, they would be more useful and more productive and hence able to restart their lives afresh.

iii. Another positive change is on the community. Having gone through sensitization, it will now speed up the fight against drug abuse including being more assertive and so be ready to take action against drug use among youths in their areas.

iv. Lastly, there will be changes in approaching this problem. The common approach in addressing drug abuse is through coercion by the police force and other law enforcing organizations. Now with this project, the community will learn alternative strategies, which are likely to be more effective, efficient and more sustainable, instead of the former ones, which also seem to be responsible in making the problem more difficult due to issues related to corruption. This was evidenced recently when BBC correspondent in Zanzibar interviewed a drug addict, who openly narrated that when they are caught by the police, the first thing

they are asked to give money as bribe, and if they fail to do so they are beaten or remanded.

From these results, it is obvious that the project will have improved the lives of not only young people, but that of the entire community, because once the problem is minimized, then peace and harmony will prevail and hence add to economic value.

RECOMMENDATIONS:

The project appears to be of great value due to increasing number of young people indulging in drug abuse. Even though, the project seems to be very challenging in terms of the amount of resources needed for investment. Thus, there is a need to sell out this proposal to different donors so as to attract funding from both within and outside the country.

On the other hand, a more serious challenge is that the scourge of substance abuse poses a big challenge not only to the community, but to the government as well. The current low level of attention of the government on the phenomenon, partly explains the situation on the ground. It is unbelievable, given the seriousness of the problem that until today, there is no policy and policy guidelines regarding substance abuse. In deed, even the Drug Abuse Commission created, has never met since its formation in 2003. It is highly recommended therefore, that The Revolutionary Government of Zanzibar give top priority to the problem by making sure that effective policies are in place and that each machinery entrusted to deal with drug related issues is as effective as possible. However,

weighing the pros and cons of the value of our young people, one should be convinced

that the project is worth implementing / replicating in other areas.

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