EVALUATION REPORT:
EXTERNAL EVALUATION
ABOUT THE INTERNATIONAL BLUE CROSS
LIFE SKILLS PROGRAMME
IN CHAD AND CONGO

Prepared for

By:

Dr. Silvie Kraemer

Dr. Anna Gamma

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1. Executive summary

OVERALL GOAL: The impact of the International Blue Cross (IBC) life skills programme between 2017 and 2020 in Chad and Congo shall be assessed by reviewing the projects' relevance, effectiveness, efficiency, relevance, and sustainability. **SPECIFIC AIM OF THIS REPORT:** The specific objectives of this report are to improve the IBC intervention design and management; do deliver better services to project beneficiaries in order to achieve the IBC mission to prevent and reduce substance abuse amongst the most vulnerable people; to empower the IBC implementing partners even more to implement the IBC strategic approach to substance abuse prevention. Further, the answers to the evaluation questions will lead to the desired lessons learned and recommendations, which will be discussed and integrated through the debriefing workshop and this report. Finally, a benchmarking of the IBC Model against the RANAS model is described including a review of the behavioural factors included in the IBC model, to compare overlaps and potentially discover useful additional points. Combining all these aspects, a beneficial increase in impact, effectiveness, efficiency, relevance and sustainability is sought to be accomplished. **METHODOLOGY:** An extensive methodology, consisting of a desk review, literature research, focus group discussions, key informant interviews, beneficiary questionnaires and a debriefing workshop will ensure an in-depth understanding of the matter at hand. In this way, useful and feasible improvements will be developed in a participatory manner which enables all important stakeholder's voices to be heard, including local partner staff, IBC staff, professionals in similar fields, school staff, as well as former and current beneficiaries and their communities. **RESULTS:** The evaluation shows clearly that IBC's work in Chad and Congo has a strong impact on substance abuse and related behaviours (sexual risk behaviours and GBV), the related knowledge and attitude. The impact of IBC's local work goes beyond the effect on beneficiaries, influencing communal, structural and governmental levels and even encouraging legal changes. The projects are highly relevant in their countries and target groups – to a degree that IBC's work should be extended to more areas worldwide. The implemented projects are seen as sustainable and likely to maintain effects for a reasonable amount of time, because behaviours are changed, leading to life-long improvements in the lives of beneficiaries, their families and communities. Efficiency and effectiveness are perceived as high but offer areas of improvement. **RECOMMENDATIONS:** Monitoring and evaluation can be improved on a local level by planning and reporting indicators on an outcome and impact level, by measuring behavioural indicators and psychosocial factors, by collecting baseline data, and by basing intervention planning on those analysis. Before-and-after analysis of these variables allow a clear proof of change and further insight into streamlining activities. Training, support and capacity building of the local teams in these methodologies and processes is recommendable. This way, IBC's strengths are being maintained and further extended to embrace changes which are arising out of continuous learning and development.

2. Background

Theoretical background

In recent decades, understanding and predicting health behaviours and behaviour change has attracted great research interest within health psychology. As a result, several social-cognitive theories and models have been developed which aim to identify the determinants and processes underlying behavioural changes (Conner & Norman, 2005). In general, social cognition models assume that an individual's perception of the social environment or the objective conditions is key to understanding the behaviour of this individual (Conner & Norman, 2009). Theories are not only needed to explain and predict health behaviour, but also to design and evaluate interventions (Lippke & Ziegelmann, 2008). The use of behavioural theories to guide programme development has been suggested to increase the effectiveness of health behaviour change interventions (Aboud & Singla, 2012). There is strong evidence that the use of behavioural theories and frameworks in the design and implementation of behaviour change interventions results in improved behavioural outcomes compared to interventions that are not theory-based (Aboud & Singla, 2012).

Building awareness and providing knowledge is a key activity in prevention, but the content of the messages should go beyond simple information. Awareness-raising and information do not on their own necessarily lead to the desired behaviour. However, they can build the foundation of a behaviour change in the longer term (Hoque, et al., 1996). Behaviours are based on processes in the minds of individuals, so the uptake of new protective behaviours requires either that people's mindsets are in favour of these behaviours, or that they change (Mosler & Contzen, 2016b). Effective interventions direct the mindset to be in favour of the desired outcome behaviour. Therefore, understanding what drives a specific behaviour within a specific population or context is essential to developing effective interventions (Abraham, Abraham & Kools, 2012). Systematic behaviour change is based on research from environmental and health psychology. It first systematically assesses the psychosocial factors that steer behaviour. Knowledge of the psychosocial factors underlying the desired behaviours can then guide the selection of evidence-based interventions. The final phase of systematic behaviour change evaluates the effectiveness of the interventions and the mechanisms of the change (Mosler, 2012).

Health behaviour change in developing countries

Many approaches have been developed for practitioners to increase the compliance of their target population with social interventions that enable behaviour change (Mosler, 2012). In an overview of research on health behaviour change in developing countries, the combination of theory, evidence, and insights about the target population to identify which behaviour to change and how to change it, is emphasized (Aboud & Singla, 2012). This is perfectly in line with the strong bottom-up approach which is used by IBC throughout the whole project cycle. It is part of the policy of IBC, that only the collaboration with and empowerment of local civil society organisations which know the project beneficiaries best lead to positive and lasting changes.

Prevention of substance use

The international standard on drug use prevention describes the general aim of substance use prevention in a broad way as «it is the healthy and safe development of children and youth to realize their talents and potential and becoming contributing members of their community and society»

(UNODC & WHO, 2015). Many factors such as lack of knowledge about substances and consequences of their use, genetic predisposition, personality traits, present mental and behavioural disorders, family neglect and abuse, low social cohesion and poor education, social norms and living in marginalized and deprived communities increase the individual vulnerability for substance abuse. On the other side, factors such as psychological and emotional well-being, personal and social competences, being strongly attached to caring and effective parents, attachment to schools and well-resourced and organised communities make children, youth and adults resilient to the initiation of substance use (Babor, 2010).

Substance use and human development

The abuse of psycho-active substances such as alcohol and drugs are a cross-cutting major barrier to a sustainable development. Nevertheless, it is often not considered when efforts are made to reduce poverty and in the promotion of sustainable development. Through the multiple public health, social and economic impacts, psycho-active substances are an obstacle to 12 out of the 17 Sustainable Development Goals (SDGs).

Life Skills Approach implementation by IBC

In prevention work, the life skills approach is one of the most established methods to sustainable prevention programmes with a strong proven impact (IBC, Life Skills Handbook). Therefore, this approach is used by the IBC in its international development programmes and it was a programmatic priority in the 4-year-strategy of 2017 to 2020 of the IBC. Life skills are part of an approach that changes attitudes and values to affect behaviour. The life skills sessions explore knowledge, behaviour and attitudes with a holistic view of human needs and empower the youths by building capacities (and competencies) in them to solve problems and deal with difficulties in their lives and empowers them to become vessels for change in the community (UNODC & WHO, 2015).

Through the life skills and peer education approach, IBC builds resilience among the targeted communities by empowering them and providing them with the necessary tools to build an active and healthy civil society.

In Republic of Congo and Chad, IBC started life skills programmes in 2013 in order to prevent and reduce the consumption of alcohol amongst youth aged 14-18 years. In this first programme phase from 2013 to 2016, the project goals could be achieved successfully in both countries and provided in general good results, which was confirmed by project assessments and evaluations.

IBC`s Theory of Change

IBC's focuses on evidence-based approaches to tackle substance abuse problems through life skills sessions, alcohol policy advocacy, self-help, and mutual aid methods. The interventions of IBC are based on the «prevention triangle», meaning that prevention strategies are a combination of education, community action and alcohol policy advocacy. Policy advocacy is an integral part of all of IBC's programmes, as evidence clearly shows that alcohol policy measures contribute substantially to achieving development goals (IBC, 2019).

IBC uses Prochaska and Di Clemente's Cycle of Change theory to understand how a person moves forward in the process of changing behaviour or attitudes (Prochaska & DiClemente, 1983). The personal motivation and appropriate support in each level of change constitute the core of the cycle.

The model sees change as a progression through a number of stages including an initial pre-contemplation stage, a contemplation stage, a preparation stage, followed by an action, a maintenance and finally a relapse stage (Prochaska & DiClemente, 1998). The movement from stage to stage demands effort for thinking, planning, and doing and a certain focus. This effort and focus are based on personal motivation. Life skills education programmes are more effective than the traditional information-based programmes as they are "information based" (IBC, Life Skills Handbook) in the sense that they include the recipients of the messages and they are based on the needs of young people. Life skills education provides a balance of knowledge combined with discussions on attitudes, values, and life skills. The session facilitator needs to encourage youth to engage and move to contemplation, preparation, and action stage.

International Blue Cross strategy and work

The strategy of IBC is to mainstream substance abuse prevention into development programs based on SDG 3.5.1 "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol". IBC is enabling individuals and organisations to mobilize time and resources to support people harmed by alcohol and drugs.

The International Blue Cross (IBC) is an international development and cooperation actor in the field of alcohol and drug abuse and works with national Blue Cross member organizations and partners, which enables to reach the most vulnerable groups and individuals at the grassroot level. The organization's expertise and specific focus lays in connecting development work and alcohol prevention, thus preventing, and reducing harm related to substance use amongst the most vulnerable people in the world. The main goals of the programmes implemented by the IBC are the following:

- Prevent and reduce abuse of alcohol and drugs
- Promote holistic well-being
- Mitigate the adverse health, social and economic consequences of alcohol and drug use

Countries for programme evaluation

Two countries are part of this evaluation: Congo and Chad. IBC implements alcohol and drug prevention programmes with grassroots partner organisations in Chad, Congo, Togo, and since 2020 also in Tanzania. Except Tanzania, these countries have been listed by the OECD among the thirty-one "severely off-track countries to end extreme poverty", which are the places most at risk of being left behind in global development (OECD, 2018).

3. Methodology

Evaluation Questions and Indicators

The following are the general evaluation questions, based on which the evaluation criteria were developed:

1) Relevance: Are the right things being done to improve the well-being of beneficiaries?
2) Effectiveness: How effective is the intervention with a view to the planned results?
3) Efficiency: Are things done well, in an efficient way?

4) Impact: What are the direct and indirect effects of the projects?
5) Sustainability: How can sustainability be ensured in the projects?

The evaluation criteria can be found in section 4.1. to 4.5., heading each subsection to the general evaluation questions.

Evaluation area

The evaluation area consisted of the regions where two life skills programmes have been implemented, in Congo Republic (Brazzaville) and Chad (N`Djamena).

Data collection and evaluation tools

The data collection took place from end of October 2020 until mid-November 2020. The methods of measurement were (please see annex A for the three data collection tools):

- FGDs: four semi-structured focus group discussions with different audiences, consisting of family members and community members of beneficiaries as well as school staff, were hold. A moderator and a facilitator led the discussions by using a focus group guideline with six open questions about the project and the approach.
- KII: In total, 10 key informant online interviews were done with different project stakeholders from management of partner organisations and its project staff, project partners (representatives of coordination bodies/working groups), IBC General Secretary and Programme Officer, a teacher, a school director and a government representative. Most of the questions was asked to all respondents, some were only asked to those who could answer it due to their position in the programme. Kobo collect was used as the data collection tool (www.kobotoolbox.org). The key informants were interviewed about the project, its relevance, effectiveness, efficiency, impact, and sustainability.
- Beneficiary questionnaire: From a list of participants of local IBC activities, 100 persons were randomly chosen using a randomized number election (https://rechneronline.de/zufallszahlen/). 50 persons in each of the two countries of evaluation (Chad and Congo) were chosen, contacted, and agreed to participate in the structured face-to-face interviews. A trained team of local project partners and project staff carried out the interviews with the beneficiaries. Each interview took about 50 minutes and was comprised of 170 questions and instructions, some of which were only asked if applicable, depending on prior questions (e.g. if someone has never smoked, that person cannot be asked whether their smoking was reduced through the programme). Local IBC staff received a training in interviewing with this questionnaire, which was made available for filling in via Kobo collect. The interviews included questions about the participants' involvement in the programme, their behaviour, possible changes which occurred and their views on the programme.
- Reports: All available country and annual reports were revised, and information included where the reports were chosen as a source for evaluation criteria.

Sampling:

To reach a good statistical strength while keeping in mind available resources and time, 100 beneficiary interviews have been done, as well as four focus group discussions and 10 key informant interviews.

Half of those have been implemented in Chad, half in Congo. One beneficiary interview could not be used because no data was entered, which brought the final number to N = 99. The beneficiaries who were interviewed were randomly chosen from complete lists of former and current participants of the programme, provided by the local partners. Key informants were chosen based on their involvement in the implementation of the project (IBC international and local staff, headmasters from involved schools and government representatives). Focus groups were comprised of family and community of former participants, as well as schoolteachers. Focus group participants were randomly chosen from lists provided by the local partners.

Underlying strategy:

The evaluation will be implemented corresponding to the DeGEval- Standards (DeGEval, 2016), according to which evaluations should be:

- Feasible (realistic, reflecting, diplomatic, cost-aware)
- Useful (for the purpose of the evaluation and considering the needs of users)
- Exact (valid and significant)
- Fair (respectful, balanced).

Methods of reporting:

Following, averages of the overall samples will be reported as m = x.xx, whereas a five-step Likert scale applies unless otherwise reported. The overall sample size of beneficiaries is N = 99, only results where the number of respondents is smaller will be reported, using n = xx. Unless otherwise reported, all questions that could be answered with "yes" or "no" will be reported as percentages (%).

For reporting the results of the KII, we used the terms "all" for 100% of the key informants, "almost all" for 90-99% of the key informants, "most" for 51-89% of the key informants.

4. Results

Beneficiaries:

Overall, the sample of the beneficiaries who were interviewed had the following characteristics: 33 respondents (33%) were women, and 66 (66%) men. The average age was m = 22. The following table shows, in which way the interviewees had participated in the IBC activities:

Table 1: Type of participation by beneficiaries who were interviewed

Type of participation	%
Participation in drug and alcohol activities and/or events	67
Received several lessons/training sessions on drugs and alcohol	62
Has received one or more trainings to be able to teach them to others	58
Received a lesson/training on drugs and alcohol	48
The life skills programme was or is part of my job	22
Worked as a volunteer in the programme	19

A t-test comparing the two countries was made and showed that there was no statistical difference in type of participation between the two countries. The table shows that participation in drug and alcohol activities and/or events is the most common, and most people have received several lessons or trainings.

The following table shows what kind of activities the beneficiaries took part in:

Table 2: Type of activities in which beneficiaries who were interviewed participated

Activities	%
Life skills sessions in schools	74
One day event / celebration	64
Training	57
Theatrical production	41
Life skills sessions for motorcycle cab drivers	13

Relevant behaviours: Amongst beneficiaries, who all had received activities by IBC, the current occurrence of behaviours are: 15% drink alcohol, 1% smokes tobacco, 2% admit to using other drugs, no use of Tramol was reported, 29% report to engage in risky sexual behaviour in relation to HIV/AIDS, and 68% report to have been involved in gender-based violence in some way. Of these 68%, 57% indicate to have been a witness to GBV, 18% as a victim, 15% in both roles (victim and offender) and 9% to have been the violent part. The figures on beneficiaries' risk behaviours show that GBV is most common, followed by sexual risk behaviours, alcohol and drug use. In comparison, statistics about the general population in Chad show that alcohol is listed last compared to drug use first in Chad and sexual risk behaviour second in Chad, while in Congo sexual risk behaviour is listed first followed by drug use.

Focus group discussions:

Four semi-structured focus group discussions with parents, teachers and school directors of beneficiaries were held. In Chad, one focus group discussion was held with four teachers (three men, one woman) and another one with parents of beneficiaries (two men, two women). In Congo, one focus group discussion was held with four teachers (four men) and another one with five school directors (four men, one woman)[1].

Key informant interviews:

The respondents of the key informant interviews had the following characteristics: four key informants were from Chad, four from Congo, one from Switzerland and one from Switzerland and Finland. Seven key informants were male and three were female.

[1] Result of the feedback / debriefing workshop: Put more emphasis on gender balance in future engagement with teachers and parents.

4.1. Relevance: Are the right things being done in order to improve the well-being of the beneficiaries?

Evaluation questions	Indicators	Method of measurement
4.1.1. Are the measures/activities implemented to address the problem appropriately?	Assessment of beneficiaries	Beneficiary questionnaires
	Self-reported change in behaviour, attitude and intention and other behavioural factors by beneficiaries	
	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	

Overall, beneficiaries answered that the information provided by the activities were very important to them (m = 4,71), were quite novel (m = 2,83), very useful (m = 4,73) and very trustworthy (m = 4,57). Also, they assessed the measures to be implemented to address the problem very well (m = 4,40). When asked to explain why they think so, the answers were:

- The used methodology is good (43%)
- A change in behaviours has taken place (16%)
- The activities enable behaviour change (16%)

When asked about their knowledge, attitude and their behaviour[2] in the relevant aspects of alcohol, tobacco, other drugs, Tramol (only applies to Chad), GBV and HIV/AIDS (sexual risk behaviour), beneficiaries indicated the following:

Table 3: Knowledge, attitude and behaviour changes due to the programme

Factor, field	n	m	Meaning of m
knowledge **alcohol**	99	4,11	Quite strongly improved
attitude **alcohol**	99	4,10	Quite strongly changed
behaviour **alcohol** consumption	15	3,40	Medium reduced
knowledge **tobacco**	99	4,25	Quite strongly improved
attitude **tobacco**	99	4,38	Quite strongly improved
behaviour **tobacco** consumption	1	4,00	Quite strongly reduced
knowledge **other drugs**	99	4,38	Quite strongly improved
attitude **other drugs**	99	4,37	Quite strongly changed
behaviour **other drugs** consumption	2	3,00	Medium reduced
knowledge **Tramol**	50	4,34	Quite strongly improved

[2] Only respondents who ever engaged in the respective behaviour could answer the question whether that behaviour had reduced, which is why number of respondents (n) is listed as well. Thus, n = 15 in the row behaviour alcohol consumption means that 15 out of the 99 respondents have stated to have previously consumed alcohol and meaning of m is that thanks to the programme they were able to reduce their consumption medium. The questions asked were: To what extent do you think your knowledge/attitude/ consumption of or involvement in... changed because of the G5S/Blue Cross project? The answer options in the following table have the following range: 1 = Not at all, 2 = A little, 3 = Medium, 4 = Quite strongly, 5 = Very strongly.

Factor, field	n	m	Meaning of m
attitude **Tramol**	50	4,44	Quite strongly changed
behaviour **Tramol** consumption	0	-	-
knowledge **HIV/AIDS**	99	4,44	Quite strongly improved
attitude **HIV/AIDS** risk behaviour	99	4,35	Quite strongly changed
behaviour **HIV/AIDS** risk involvement	29	4,48	Quite strongly reduced
knowledge **GBV**	98	4,46	Quite strongly improved
attitude **GBV**	98	4,45	Quite strongly changed
behaviour **GBV** involvement	76	4,33	Quite strongly reduced

This table shows that beneficiaries view their knowledge in all relevant areas as quite strongly improved, their attitude as quite strongly changed and their behaviour, with two exceptions where it was viewed as medium reduced, as quite strongly reduced.

The school personnel and the local project partners perceive that the activities are well implemented to address the problem.

Conclusion: The measures/activities implemented seem to address the problem appropriately because the beneficiaries view them as appropriate, view them as important, useful and very trustworthy and report their knowledge, attitude and behaviour to have quite strongly improved in all areas (alcohol, tobacco, other drugs, GBV and HIV/AIDS). School personnel and local project partners view it this way as well.

Evaluation questions	Indicators	Method of measurement
4.1.2 Do the services provided pay the necessary attention to issues such as gender, age, cultural and religious differences?	Statistical data about gender, age, cultural and socio-economic background of beneficiaries as compared to the general population and vulnerable groups	Desk-review of provided documents Research about statistical data

In terms of the gender of the youth who were participating at the programme, there were in general more boys and men reached than girls and women. Less gender differences existed within the beneficiaries in Congo, while there was a change over the programme years from the start in 2017 (more boys than girls reached) to the year 2020 (more girls than boys reached). In the years 2018 and 2019, an equal number of boys and girls were reached. In Chad, a similar change can be observed: the differences between reached boys and girls decreases over the years but remains still big (nearly factor 2). Likewise, in the beneficiary sample, 33 respondents (33%) were women, and 66 (67%) men. For the peer-educators: in Congo, on average about 50% more men than women were educated, over the four programme years. In Chad, the same difference of about 50% more male educated peer-educators was detected over the four programme years. No specific data about age, cultural and religious backgrounds of the programme participants are described in the reports. This emphasizes the fact that the programme seeks to equalize cultural and religious differences and to bring together people of different backgrounds without focusing on the existing different groups. Although this speaks to the integrative nature of the programmes, it could be advisable to consider these issues when identifying beneficiaries, to create balanced groups and create a similar distribution to the total population.

For Congo as a country, the gender ratio is 1 (Country meters, 2020), meaning that the programme should educate more female peer-educators and target a more or less equal number of male and female beneficiaries. For Chad, the sex ratio is 0.99 (Country meters, 2020), meaning that the programme should target slightly more female beneficiaries and educate more female peer-educators.

The programme targets the older youth (Grade 11, 12 and 13) prior to their entry into University. The average age in the beneficiary sample was m = 22. According to the General Secretary of the IBC, the main target group of the programme are youth between 12 and 25 years of age who are students at vulnerable schools, meaning schools with issues of consumption. Further, IBC plans to reach the out of school youth like mototaxi drivers and in the future also girls who do not go to school.

In the focus group discussion with parents of beneficiaries, the parents stated that the programme enabled dialogues between young people of different ethnic groups and that it brought together students of different genders, ages, and social classes.

Conclusion: Within the logical framework of the programme, gender, age, cultural and religious differences are integrated, because there is a clear age group of vulnerable and easy-to-reach youth, there is a focus on equalizing the gender ratio (as visible through the development over the years) and cultural and religious differences are purposefully integrated by bringing together groups of diverse backgrounds and not accentuating those differences.

Evaluation questions	Indicators	Method of measurement
4.1.3 Do project beneficiaries perceive the project methodology as the right approach?	Assessment by beneficiaries	Beneficiary questionnaires
	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	

Of the 99 beneficiaries who responded to the question, 97 think that the methodology is the right approach, 2 people did not know, and no person indicated that it is not the right approach. School personnel and the local project partner perceive the used method as the right approach.

Conclusion: Project beneficiaries perceive the project methodology as the right approach.

Evaluation questions	Indicators	Method of measurement
4.1.4 Are the beneficiaries' views and priorities incorporated into the project?	Reported participatory measures	Desk review
	Assessment by beneficiaries	Beneficiary questionnaires
	Assessment by local project partners	Key informant interviews

The beneficiaries and the project stakeholders are enabled to provide feedback on a regular basis, which belongs to the monitoring instruments of the programme. Throughout the first phase of the programme for example, the feedback from female stakeholders and beneficiaries led to the decision to emphasize the gender-based violence aspects within the programme.

The annual country reports describe the participatory character of the programme in the following way: The partner institutions organise an accountability committee consisting of several members from different levels. According to beneficiaries from schools that have done so, this enables pupils to

denounce problems and gives them the opportunity to participate in school life through complaints or suggestions. In the context of the beneficiaries' participation in the programme themes, the reports describe regularly scheduled meetings. These meetings are held for the different beneficiary groups and the site officials. Evaluation meetings with the site officials after the implementation of the activities made it possible to assess the efficiency of the activities and the difficulties.

Of the 99 beneficiaries who responded to the question, 88 think that the beneficiaries' views and priorities are incorporated into the project, 11 people did not know and no person indicated that they are not incorporated. All key informants answered that they perceive that the beneficiaries' views and priorities were incorporated into the project.

The local project partner emphasized their answer to this question by mentioning the evaluations with the beneficiaries on a regular basis and the sharing of the logical framework with the representatives of the different beneficiaries at the begins of the year. It was also mentioned that the beneficiaries are involved in all phases of the project and that they give recommendations which are considered for the following project phases.

The IBC staff named in this context the policy of integrating the views of the beneficiaries[3]. In Chad, this is done via feedback boxes and a steering committee, through which the beneficiaries' views are incorporated. In Congo, the peer educators are very involved, and they give feedback in monthly meetings. Newly, feedback boxes in Congo are being developed.

Conclusion: IBC is ensuring through various methods that beneficiaries can give feedback, participate in the process and are being heard. There is a policy of integrating beneficiaries' views, an accountability committee, systematic involvement of the educators and feedback boxes. The beneficiaries also perceive their views and opinions to be integrated into the projects.

Evaluation questions	Indicators	Method of measurement
4.1.5 Are the beneficiaries generally satisfied with the project?	Self-reported satisfaction of beneficiaries	Beneficiary questionnaires
	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	

The questioned beneficiaries indicated to be satisfied with the project (m = 4,24 – with 4 = satisfied) and to have strongly liked the activities which they were a part of (m = 4,46).

The school personnel and the local project partner responded to perceive the beneficiaries as satisfied respectively very satisfied with the project. To increase the satisfaction of the beneficiaries, the local project partner named a higher budget and more resources in general. The latter was also mentioned by the IBC staff.

Conclusion: While the beneficiaries seem very satisfied with the project, the organising staff thinks that a higher budget and more resources would increase the beneficiaries' satisfaction. However, the latter point was made less about the beneficiaries' satisfaction and rather in order to be able to reach more beneficiaries and have a larger impact on the local population and the countries IBC works in.

[3] Complaint mechanism

Evaluation questions	Indicators	Method of measurement
4.1.6 Do the beneficiaries belong to the most vulnerable groups?	Statistical data about vulnerability of beneficiaries as compared to the general population	Desk-review

The project focuses on youth as they are in a phase which is instrumental in developing values for adulthood. The baseline data of IBC showed that target behaviours begin to manifest at the age of 15. It was therefore considered to work with younger age groups, as many of them may be under pressure from new influences and peers when entering secondary school. International data shows that children can be abusing drugs and alcohol as early as 12 or 13 years of age (NIH, 2021). IBC usually target youth starting at about 15 years of age (which in practice can mean that sometimes there are participants who are 14 or even 13 years old), which is grounded in the fact that the life skills modules and the peer education approach have been designed for teenagers specifically and are not as suitable for children. Therefore, the age group is perfectly suitable for the programme and its goals.

According to the latest WHO data published in 2018, alcohol deaths in Chad rank Chad 53rd in the world. For HIV/AIDS deaths in Chad, the country ranks as number 41 in the world and for drug use deaths, Chad is ranked as number 25 in the world. For Congo, alcohol deaths rank Congo 107th in the world. For HIV/AIDS deaths in Congo, the country ranks as number 19 in the world and for drug use deaths, Congo is ranked as number 100 in the world (World Life Expectancy, 2020).

When it comes to generally vulnerable groups, the feedback round and debriefing workshop stressed the importance of considering out of school youth and pregnant teenagers: Groups that are clearly on a difficult path and do not have the advantage of further education, including the life skills taught by IBC.

Conclusion: While the beneficiaries certainly belong to one of the most vulnerable groups, there are countries which and groups of people who could certainly be worked with as well and who would highly benefit from IBC's work. Additionally, younger age groups and out of school youth, as well as pregnant teenagers are vulnerable groups who could be considered working with but would go beyond the scope of the existing projects. Additional projects specifically designed for younger groups or out of school youth and additional funding would be needed.

4.2. Effectiveness: How effective is the intervention with a view to the planned results?

Evaluation questions	Indicators	Method of measurement
4.2.1 To what extent were the objectives achieved / are likely to be achieved?	Type of objectives proposed (output, outcome, impact)	Desk review
	Percentage of objectives proposed versus achieved	

The following programme objectives were determined:

- **Output:** Youth are equipped with new skills, know-how and positive values.

- **Outcomes:**
  - Outcome Health: Youth are healthy and free from addiction to alcohol and illegal substances
  - Outcome Education and Life Skills: Youth are educated to healthy lifestyles and experiment positive behavioural changes
  - Outcome Community and Political Engagement: Relevant adults and local stakeholders are informed and educated to foster a healthy and safe environment for youth
  - Outcome Gender Equality: Girls and boys are sensitized to the value of girls' education. Reduced GBV in and out of school context
- **Impact:** Vulnerable youth develop into healthy, educated, self-determined and active adults who are committed to a peaceful society based on gender equality and without alcohol and drug related harm, HIV, violence and discrimination

As can be seen in table 5 and table 6 in the annex B, similar objectives were named and reported on in Chad and Congo. These objectives are centring around increase in knowledge and capacities, implementation of peer education and stakeholder involvement. In Chad, three out of five objectives were achieved at least to 50% and two objectives were achieved by less than 50%. In Congo, all objectives were reported as achieved at over 80%. The feedback and debriefing workshop clarified the reason for this: IBC Chad has, at the beginning of the programme period in 2016/2017, set very demanding objectives in terms of number of meetings and number of beneficiaries to be reached. Which actually goes beyond what IBC and its donors expect. That is why it might look like a less complete achievement in Chad, but actually, their local objectives were too high. In Congo, the objectives set were not as demanding, so they were easier to reach.

As can also be seen in those tables, there is a noticeable difference between IBC's overall objectives, which are clearly outlined on an output, outcome and impact level, and the country specific objectives which are mostly concentrating on the output level. Especially when it comes to the indicators which give insight into whether the objectives have been reached or not, it is unclear where the percentages and their estimation is coming from or based on.

Conclusion: IBC local staff from Chad is reporting to achieve their objectives to at least 50%. Reports from Congo indicate an 80% or more achievement of objectives. While IBC is stating clear objectives on an output, outcome and impact level, the country-specific reporting does not make this differentiation. Additionally, it is unclear how the percentages and estimation of achievement of objectives is being calculated or arrived at.[4]

[4] This is a very important point which was also seen by IBC and has been corrected for the new programme phase. Until now, the achievement of objectives locally has been calculated by the local partner (bottom-up approach) but IBC has seen that this leads to unclarity and difficulty to compare the IBC projects across countries. Furthermore, it makes it almost impossible to measure impact at programme level. For the new programme phase, all IBC projects will work with the same indicators on output, outcome and impact level. It will be a bit less bottom-up, but more structured.

Evaluation questions	Indicators	Method of measurement
4.2.2 Do the project activities lead towards the achievement of the expected results/indicators (i.e. log frame)?	Comparison of objectives proposed with the indicators of the log frame and additionally of the RANAS model	Desk review

The objectives are planned to be achieved through the implementation of many different activities which are linked with the measurable programme indicators. Objectives are set on the output, the outcome, and the impact level, whereas most of the used country-specific indicators are on the output level. While outputs are prerequisites for the achievement of results on the outcome and impact level, for behavioural changes, indicators need to be built and measured on the outcome and impact level. The indicators used in the reports focus mainly on awareness raising and increased knowledge, some on positive values and on social norms including role model stories, commitment, and capacity development of staff. Generally, all RANAS factor blocks[5] seem to be addressed through the broad field of activities.

Conclusion: The activities seem to lead towards the successful achievement of the expected results and indicators. However, if indicators were more specific on the three levels (output, outcome and impact), it might be possible to streamline the activities, because clearer action-consequence conclusions could be drawn.

Evaluation questions	Indicators	Method of measurement
4.2.3 Are there activities that should be added or removed from those already provided?	Assessment by local project partners	Key informant interviews
	Assessment by IBC staff	

In general, a lot of different activities were implemented in all four programme years to achieve the programme objectives. One local project partner suggested to add activities to educate police officers and the persons responsible for policy issues at the government level. The IBC staff also mentioned that more GBV activities in general and more GBV activities that include the parents should take place, which is planned for the new programme. The idea to work with out-of-school youth, particularly girls, was mentioned and that the activities would need to be adapted to that target group specifically.

Conclusion: The activities that are being implemented are being plentiful and new ideas are arising through the work, like educating police officers and persons responsible for policy issues at the government level. Likewise, GBV activities are already being planned to be broadened in the future.

Evaluation questions	Indicators	Method of measurement
4.2.4 Are the persons involved in the project aware of its intention, benefits and limitations?	Questions to beneficiaries	Beneficiary questionnaires
	Assessment by local project partners	Key informant interviews

Between 87 and 96% of the beneficiaries were able to identify each one of the five target areas of IBC's work (Alcohol, Tobacco, Drugs, HIV/AIDS, GBV) and between 92 and 98% could identify the reduction

[5] The RANAS factor blocks will be explained below, in section 5.

of each of these target areas as one of IBC's objectives. Other areas of work or objectives were not named. According to the local project partners, the beneficiaries are aware of the intention, benefits, and limitations of the project.

When the beneficiaries were asked about how the programme could be improved, the following answers came up:

- To increase the number of implemented activities and trainings (24%)
- More mass media activities (12%)
- Extend the project to more regions/on a national level (11%)
- Higher visibility of the project participants (6%)
- More resources (5%)
- To educate more girls and women as peer educators (2%)
- Having an education centre for the IBC (2%)
- To collaborate with universities (1%)
- To do more education and capacity building (1%)

The following is the ranking of life skills according to the percentage of beneficiaries who think that this particular skill has been improved through the programme:

Table 4: Life skills and percentage of beneficiaries saying it has changed

Life skill	Percentage of beneficiaries saying it has changed
Problem solving	94
Self-awareness	91
Self-confidence	91
Effective communication	89
Self-esteem	89
Critical Thinking	85
Stress management	81
Empathy	76
Life skills in general	76

In terms of the benefits, the IBC staff brought up that the youth are strengthened through the life skills and that the communities learn to speak and are more aware of alcohol problems and the reduction of these problems. GBV became a topic, and the beneficiaries and the staff gained skills, meaning that they are happier and healthier in their daily lives and that they live more conscious. Conscious choices to have a healthy life can lead to better education, good friends, more ambitious plans, better marriage and better work. Finally, societal changes are stimulated towards a more equal and healthier society.

The local project partner named as project benefits that the youth can make more self-determined choices, that they are more aware and that they feel more responsible for what happens around them. The school personnel mentioned that the schools are supported with the youth and that in Congo the fact that students can express their opinions towards adults is something new.

Conclusion: The persons involved in the projects are aware of its intention, can name objectives, benefits, and limitations. The objectives named were the same as officially stated by IBC. Amongst the benefits named were the life skills, which were all perceived to have improved through the

programme, with problem solving being the top named one. Enhanced communication and expression, and the involvement in the topic of GBV were other mentioned benefits. The three most named limitations or possible areas of improvement are to increase the number of implemented activities and trainings, to implement more mass media activities and to extend the project to more regions/on a national level.

4.3. Efficiency: Are things done well, in an efficient way?

Evaluation questions	Indicators	Method of measurement
4.3.1 Does the chosen approach allow efficient implementation of activities and achievement of results?	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	
	Assessment by IBC staff	

Some of the ten key informants answered that the chosen approach allows a very efficient implementation of activities and achievement of results while most of the key informants perceive that the approach is efficient when it comes to the implementation and the achievement of results. One person from the IBC staff answered that in terms of achievement of results the chosen approach is neither efficient nor inefficient.

With regards to the efficient implementation of activities through the approach, the IBC staff perceives the approach as good and comprehensive and easily enabling to reach students through schools and other people through churches and neighbourhood committees. However, out-of-school youth, especially girls and pregnant girls are overlooked. These target groups might need another project, particularly tailored to them. The local project partner emphasized that the life skills approach is new and enables them to be close to the youth and that three levels are targeted by the activities: the beneficiaries, the communities and the policy, which makes the implementation of activities efficient.

Conclusion: In terms of the efficient achievement of results by the chosen approach, it is stated by the local project partner that the approach is close to the youth and enables them well to target the project goals. It is seen as efficient to very efficient.

Evaluation questions	Indicators	Method of measurement
4.3.2 Is the project implemented in the most efficient way?	Assessment by local project partners	Key informant interviews
	Assessment by IBC staff	

Almost all key informants responded that the project is implemented in the most efficient way. One key informant answered this question with no. When asked about how the project could be implemented more efficiently, the IBC staff (including local project staff) named the following points:

- The planning could be further developed, especially the weekly operational planning
- Better infrastructure (internet connection, computers, equipment, air conditioner, office spaces) and better overall working conditions

Conclusion: Almost all the involved persons, who were asked, perceive the project to be implemented in the most efficient way. One person named potential improvements in planning and infrastructure.

Evaluation questions	Indicators	Method of measurement
4.3.3 Where does the approach leave room for improvement?	Combined results of the desk review	Desk review
	Results of the debriefing workshop	Debriefing workshop

Health behaviour research shows that in developing countries the following three issues need to be combined in order to know how to achieve behaviour change in the target behaviours: theory, evidence and insights about the target population (Aboud & Singla, 2012). Two of these three issues are already included in the programme of the IBC. The IBC uses the Cycle of Change (Prochaska & DiClemente, 1998) as theoretical background, combined with the local knowledge about the target population. To change a behaviour successfully, promotion activities must target the psychosocial factors that steer that behaviour (Mosler, 2012). Therefore, analysing the target populations on those psychosocial factors can improve the targeted behaviour change.

Conclusion: The IBC is working with a strong theoretical background, basing their work on scientifically proven theories. The RANAS model offers an extended insight into the psychosocial factors that steer behaviour[6].

Evaluation questions	Indicators	Method of measurement
4.3.4 Is the formulation, implementation and monitoring of the project at IBC and partner level allowing for an efficient use of resources?	Kind of activities implemented	Desk review
	Kind of monitoring activities planned and implemented	
	Budget in relation to number of beneficiaries	
	Assessment by local project partners	Key informant interviews
	Assessment by IBC staff	

A broad range of activities has been implemented in both projects: from life skills sessions, football tournaments, trainings for different groups of beneficiaries and partners, celebration of special days, theatre and radio spots, workshops for youth and activity counsellors, identification and training of peer educators in high schools (training of peer educators), meetings, peer exchange visits, counselling permanence, community activities, training of community counsellors, setting up self-help groups, monitoring and evaluation of community activities, conferences and debates on social incentives to use licit drugs, advocacy for the adoption of laws and texts on licit drug use to governments, parliaments and NGOs, advocacy for alcohol law and policy, monitoring the implementation of alcohol law and policy, raising public awareness on gender issues and fundraising.

A standard evidence-based approach is used for the monitoring of the programme whereby data is continuously being collected. The project partners were trained in results-based management skills and their capacities in terms of results measurements are further developed during the programme. The following techniques are part of the monitoring:

- The most significant change technique (collecting testimonies from students and community members)

[6] The psychosocial factors from the RANAS model are explained in more detail in section 5. Additionally, a further project phase of the collaboration between Ranas Ltd. and IBC ("opt-in project") will compare those factors with the existing factors used by IBC and see where the RANAS model can complement IBC's theoretical framework.

- Baseline and action research
- Monthly reports about activities
- Quarterly narrative and financial reports against log frame
- Training records for peer-educators
- Interviews/focus groups with target groups and stakeholders
- Data analysis from Congo and Chad for the Global Alcohol Policy Network
- Six-monthly progress reports and yearly reports
- Logframe assessment (crosschecking of defined indicators and outputs)
- Continuous mutual feedback from the beneficiaries

The annual country reports, however, mainly contain documentations about activities and their implementation, meaning that they are written on the output level.

When it comes to an efficient use of resources: For example, in 2018, IBC Chad reached 150.000 people directly through their activities, with a yearly budget of right under 114.000 CHF. This brings the expended budget per person reached to 0,76 CHF, with 54% of the costs used to implement activities, under 27% being personnel costs, 14% support costs like the office and 4% for monitoring costs. IBC Congo indicates to have reached 26.000 beneficiaries through their activities in 2019, with a total budget of 80.000 CHF, thus spending slightly over 3 CHF per person reached. 50% of the overall budget was spent on implementing activities, 38% on personnel costs, 11% on support costs and no monitoring costs were listed. While it is hard to compare these amounts with other organizations (partly because transparent numbers are hard to come by and partly because different activities are not easily comparable), it is interesting to note that humanitarian aid can be registered to be as high as 50US$ per person (Development Initiatives, 2019) and therefore, the local budget of IBC seems to be in a very good range[7]. Additionally, these numbers (overall budget, number of people reached, percentages of types of expenditures), monitored over the years, can serve internal monitoring and development purposes, e.g. by noting the trend over the years and looking into the reasons for the observed trends and for the differences between country programmes (e.g. the beforementioned difference of the much higher number of people reached in Chad, which brings the budget used per beneficiary down in comparison to Congo, who reached less people but their ratio of reached goals has been higher. This speaks to the fact that there are probably different strengths in each country, about which a good exchange could take place).

The IBC staff perceives that the formulation, the implementation and the monitoring of the project allows a very efficient use of resources, whereby the local project partners perceive the use of resources for the formulation, the implementation and the monitoring as efficient.

One person from the IBC staff emphasized that the strengths of the project can be found in the human resources, and that investing in the local project teams through capacity building and good working spaces is essential.

[7] Because data about other organizations is hard to come by, the evaluator recommends rather an internal comparison over the years and between countries than an external one. However, it can also be recommended to try to get informal estimates of expense per beneficiary from other humanitarian aid organizations from IBC's network.

An analysis of the differences in perceived change in alcohol consumption through the project showed that beneficiaries who participated in formation activities perceived a bigger change in alcohol consumption than those who did not participate. For the other activities, no such difference could be found. For the other drug and substance abuse, as well as HIV/AIDS risk behaviours, these calculations could not be realized due to lack of numbers of respondents. For perceived GBV involvement reduction, the same effect of formation activities as well as the theatre play could be found. Thus, formation activities seem to be a particularly impactful activity.

Conclusion: Overall, the opinion of involved persons is that the formulation, implementation, and monitoring of the project at IBC and partner level are allowing for a (very) efficient use of resources. The changes in their behaviours that beneficiaries perceive, point out that formation activities seem to be particularly impactful. The monitoring practices do not (yet) adhere to the detail-oriented approach that is being aimed at by IBC on a managerial level (or at least the annual reports do not reflect it). Budget use allows for a different overall number of beneficiaries reached between countries, pointing towards the possibility of improvement by exchange of experience between teams[8].

Evaluation questions	Indicators	Method of measurement
4.3.5 Are the implementation mechanisms efficient?	Organizational setup	Key informant interviews
	Partners & Communication	
	Data entry & analysis	

Most key informants perceive the implementation mechanisms as efficient, some key informants answered that they think the implementation mechanisms are very efficient. A key informant from IBC stated that the local partners are very efficient within the local culture. Nevertheless, meetings could be shortened and made more efficient by having an agenda, action plans and less repetitions of issues. It was mentioned that planning and capacity building could be enhanced.

The reports show that reporting on an output level is achieved, however, the internal evaluations could be enhanced by indicators on an outcome and impact level as well as systematic analysis of before-and-after comparisons. Beneficiaries could be systematically interviewed as part of the reporting.

Conclusion: The implementation mechanisms are being perceived as (very) efficient. However, some recommendations for improvements were shorter meetings, stronger planning and more capacity building. Reporting is mainly happening on an output level, whereas indicators on an outcome and impact level as well as systematic (pre-post) evaluations could be used to strengthen implementation.

Evaluation questions	Indicators	Method of measurement
4.3.6 What factors are facilitating or hampering the implementation?	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	
	Assessment by IBC staff	

The named facilitating factors by the key informants can be classified into the following categories:

- Capacity building (e.g. having well trained teams, online coaching)

[8] As agreed between IBC and Ranas Ltd., the next phase of collaboration ("opt-in project") will include a revision of existing report and analysis templates, so that this point can be improved.

- Programme structure (timelines, indicators, planning tools, reports)
- Peer education approach
- Available resources (human resources, budgets, logistics, materials)
- Relationships and collaboration with the partners and beneficiaries
- Support by the governmental level to implement the programme

As hindering factors, the following points were mentioned:

- External factors (COVID-19, strikes, political instabilities, natural disasters, country issues)
- Limited resources (budget, transport facilities, materials)
- Religious issues (the participation of women is sometimes put into question)

Conclusion: The facilitating factors are capacity building, the programme structure, the peer education approach, available resources, collaboration, and governmental support. The hindering factors are external factors, limited resources, and religious issues. It can be said that the facilitating factors should be used in order to resolve issues that arise out of hindering factors. For example, the existing strong collaboration and governmental support can help in case of floods or strikes. And the peer education approach which promotes the exchange between participants can be used to address and resolve religious issues.

Evaluation questions	Indicators	Method of measurement
4.3.7 What are the strengths and weaknesses of the planning, design and implementation of the project?	Combined results of the desk review	Desk review
	Results of the debriefing workshop	Debriefing workshop
	Assessment by local project partners	Key informant interviews
	Assessment by IBC staff	

The key informants see the bottom-up participative approach, the proven concept, the learning over the years, the way how the indicators are defined and reported and the well-designed logical framework as the strengths of the project planning. With regards to the strengths of the project design, the prevention triangle, meaning the clear focus on the three levels (individual, community, policy level), evidence-based research and techniques were mentioned by the key informants.

The strengths in the project implementation are seen in the local implementing expertise, the commitment of the staff and their personal motivation to support the beneficiaries and the programme and in the support of the General Secretary of the IBC.

In terms of the project planning weaknesses, the key informants answered that stakeholder analysis and needs assessment should receive more attention and investment before the start of a new project. The fact that in some partner institutions, no clear times are given for the activities to start, which leads to long waiting times, was also named to be a planning weakness. The missing baseline for the consumption rates of the beneficiaries for alcohol, tobacco and other drugs was another named planning weakness. Knowing consumption rates at the beginning of a project would permit a clear

calculation of achieved changes in the consumption behaviours. Overall, this last point can be seen as in line with a stronger focus on preparation at the start of new projects[9].

No weaknesses in the project design were named by the key informants. The sometimes not given smooth operation between the local organisations and the project was mentioned as a weakness in the project implementation.

The review of the reports and the existing literature showed that the strengths of the projects lay in the prevention triangle, being based in scientific models and using evidence for planification. As weaknesses could be identified the difference between evaluation planning and actual reporting (output vs. outcome and impact level, behavioural measures, pre-post comparison).

Conclusion: Strengths that were mentioned and could be identified through analysis are: The logical framework based on scientific theory, the prevention triangle, evidence-based research and techniques, as well as the strong expertise and motivation of staff. Weaknesses that were identified are: Need of a stronger analysis and planning phase at the beginning of the project, (behavioural) baseline data, indicators on outcome and impact level in reports.

Evaluation questions	Indicators	Method of measurement
4.3.8 What are data collecting good practices within the project? What can be improved in terms of data collection?	Assessment by local project partners	Key informant interviews
	Assessment by IBC staff	
	Reporting about data collection	Desk review

As data collection good practices, the key informants named field visits, the systematic data collection, questionnaires at the begin of each year (newly implemented), reports at the end of the year and the success-stories where the most significant changes are described.

Regarding the improvement of data collection, it was stated by the key informants that an Excel-based data collection would be helpful and to have a clear monitoring plan[10]. The issue of social desirability in terms of answering questions about the consumption of alcohol and drugs was brought up. The programme document describes that after the baseline data collection, periodical follow-up exercises are carried out to track changes. However, the country reports contain mainly documents about individual success stories as part of the most significant change technique. Regular data collections including observations of behaviours and alternative behaviour measurements to measure the behavioural changes of the beneficiaries could show better, how much the activities lead to the desired changes in behaviour. An example of alternative behaviour measurements are spot checks[11]: Alcohol bottles on consumption places at schools, the quantity of cigarette ends on the floor of smoking areas, the amount of sold condoms close to the school or in clubs and bars.

[9] During the next project phase ("opt-in project"), Ranas Ltd. will revise the existing baseline tool and develop a spot check tool which will help to collect these kinds of data.
[10] Which is already in place for the next programme period. The next project phase of collaboration between Ranas Ltd. and IBC ("opt-in project") includes the revision and development of data collection tools based on Excel and Kobo (which allows to use Excel-based tools on computers and mobile devices).
[11] A spot check data collection tool will also be part of further collaboration.

Conclusion: Data collecting good practices are field visits, questionnaires, reports and success-stories. An Excel-based data collection, a clear monitoring plan, the need to cope with the issue of social desirability and regular data collections including behavioural observations and spot checks were named as possible improvements of the current data collection good practices.

4.4. Impact: What are the direct and indirect effects of the projects?

Evaluation questions	Indicators	Method of measurement
4.4.1 Is the project contributing to reducing substance abuse and alcohol harm (such as GBV, violence and discrimination) of the beneficiaries?	Observation of relevant behaviour	Desk review
	Reporting about beneficiaries' relevant behaviour	
	Statistics about the relevant behaviours in the general population compared to beneficiaries	Research about statistical data
	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	

The 2019 annual report from Congo mentions that: "Generally speaking, the impact is visible: peer educators have been very active and motivated; acts of violence in institutions are slightly lower than in previous years" (IBC Congo, CTPAD, 2019). In the yearly country reports, stories of beneficiaries who successfully changed their risk behaviours or who strongly improved their life skills are documented. In the report sections about the project progress, behavioural changes are stated qualitatively: "There is a reduction in the consumption of alcohol, tobacco and other drugs among the beneficiaries. They testify to this in front of their colleagues who confirm it" (IBC Chad, 2019).

In the analysis of the beneficiary interviews, the following can be found: Amongst beneficiaries, who all had received activities by IBC, the occurrence of behaviours are: 15% drink alcohol, 1% smokes tobacco, 2% admit to using other drugs, no use of Tramol was reported, 29% report to engage in risky sexual behaviour in relation to HIV/AIDS, and 68% report to have been involved in gender-based violence in some way. Of these 68%, 57% indicate to have been a witness to GBV, 18% as a victim, 15% in both roles (victim and offender) and 9% to have been the violent part. The figures on beneficiaries' risk behaviours show that GBV is most common, followed by sexual risk behaviours, alcohol and drug use. In comparison, country statistics about the general population in Chad show that alcohol is listed last compared to drug use first in Chad and sexual risk behaviour second in Chad, while in Congo sexual risk behaviour is listed first followed by drug use.

The beneficiaries estimate on average that the project strongly contributes to reducing alcohol-related harm (such as GBV, violence and discrimination) of the beneficiaries (m = 4,32 of five).

Some key informants responded that they think the project contributes medium to reducing substance abuse and alcohol harm of the beneficiaries. Some of the key informants answered that they think the project contributes quite strongly to reducing substance abuse and alcohol harm of the beneficiaries. One key informant thinks that the project contributes very much to reducing substance abuse and alcohol harm, while one key informant thinks the project contributes a little bit to reducing alcohol harm of the beneficiaries.

Conclusion: Reduced risk behaviours and improved life skills are reported from both project countries. Varying opinions were reported from the key informants regarding the project's contribution to reducing substance abuse and alcohol-related harm, but the majority of the key informants assesses the contribution of the project to reducing substance abuse and alcohol harm as positive.

Evaluation questions	Indicators	Method of measurement
4.4.2 What real difference has the programme made to the target groups (and potentially beyond)?	Assessment by IBC staff	Key informant interviews
	Assessment by local project partners	
	Assessment by beneficiaries	Beneficiary questionnaires
	Assessment by families of beneficiaries	Interviews / questionnaires

Like detailed under question 4.1.1, the beneficiaries indicate on average that the programme has strongly changed their behaviour in the five relevant target areas. As detailed under 4.2.4, many beneficiaries estimate their life skills to have increased through the programme. The beneficiaries also estimate on average that the project strongly contributes to reducing alcohol-related harm (such as GBV, violence and discrimination) of the beneficiaries (m = 4,32 of five).

The IBC staff reported that by attending the project, girls learned to speak up, and that boys realized that they should not harass girls. The analysis of the beneficiary questionnaire showed that beneficiaries are often witnesses or victims of GBV rather than perpetrators. Strong life skills and a good social support system can be ways to help in those situations. One key informant explained that once beneficiaries increase their life skills with regards to the topics of the programme, it can be witnessed that they take better decisions in general, surround themselves with a more positive social circle and can be seen to live happier, healthier, and more conscious lives overall.

The local project partner mentioned that girls are much more aware about their situations and their rights after having participated in the programme. The beneficiaries also receive a lot of new information and the communities are strengthened in their work against substance abuse.

With regards to the differences the programme has made beyond the target groups, the IBC staff stated that the governmental level slowly seems to change: many schools are now alcohol and drug free and thus safer places than before the programme took place. Further, the topic of addiction is not a taboo anymore, people started to talk about it. GBV and drug abuse seem to be reduced among the beneficiaries of the programme. Some beneficiaries could save some money to buy a mototaxi and they could improve their economic situation.

In the focus group discussion with parents of beneficiaries, the parents stated that the programme enabled dialogues between young people of different ethnic groups and that it brought together students of different religions, genders, ages, and social classes.

Conclusion: According to the different respondent groups (beneficiaries, IBC staff, local project partners, parents of beneficiaries), the programme has made differences on the level of individual behaviours and regarding the economic situation of individuals. Furthermore, the programme led to higher knowledge and improved life skills of the beneficiaries, particularly that of girls. Differences were also reported on the community level, regarding the work on substance abuse. Changes were stated about the governmental level - legal changes are taking place - and about the social level: to talk about addiction is not a taboo anymore.

Evaluation questions	Indicators	Method of measurement
4.4.3 What changes can be identified that may (in part) be caused by the programme?	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	
	Assessment by beneficiaries	Beneficiary questionnaires
	Assessment by families & community of beneficiaries	Interviews or questionnaires

The answers of the beneficiaries about the changes that they could witness caused by the programme can be classified into the following categories:

- Development of new competencies and skills (67%)
- Reduction of violent behaviours (14%)
- Reduction of alcohol consumption (12%)
- Change regarding GBV (11%)
- Stop of alcohol consumption (9%)

A characteristic citation from one of the beneficiaries shows the changes the programme can cause:

"My father was a drug addict, my mother was an alcoholic and I was a victim of violence, discrimination and I had a spirit of revenge, but that has changed thanks to G5S."

The school personnel responded that alcohol venders at the school gates are forbidden as a change caused by the programme and that the pupils got more confident in their behaviours; girls learned to become leaders. The local project partner named that some mototaxi driver and some youth have reduced or stopped their consumption of alcohol and drugs. Some parents who were used to drinking a lot reduced their alcohol consumption and they are more often at home now, their health has improved, and they invest their time in other things now. It was also stated by the local project partner that due to the fact that police officers have been informed about the project and some police officers have been trained, a change in the acceptance of the drug and alcohol problem could be achieved, which has also been emphasized in TV advertisements.

In the focus group discussion with parents of beneficiaries, the parents emphasized the following changes that the programme has made:

- The pupils have understood the negative consequences of alcohol and tobacco consumption
- A reduction of violence at the schools has taken place
- Youth stopped to consume drugs and they started to discuss about drug consumption
- Change of mentality in a positive sense

Conclusion: Beneficiaries reported to have witnessed changes in the target behaviours, but the biggest change is that they developed new skills and competencies. These changes were confirmed by the interviewed school personnel, the local project partners, and the interviewed parents of the beneficiaries. More girls became leaders and since the start of the project, alcohol vendors are no longer allowed at the school gates. Informing the police about the project and the problems of alcohol and drugs led to a change in the acceptance of alcohol and drug problems.

Evaluation questions	Indicators	Method of measurement
4.4.4 What are the major factors influencing the identified change?	Assessment by beneficiaries	Beneficiary questionnaires
	Log frame factors	
	RANAS factors	

To answer the question of which are the major factors influencing the identified change, possible influence factors derived from the log frame factors and from the RANAS model have been included into the beneficiary questionnaire. Following, we will present those influence factors which are significantly (on a $p < .05$ level) correlated to the respective behaviours. Correlation tables can be found in annex B.

As can be seen in the annex (table 7), the behaviour alcohol consumption is influenced by pride (the prouder someone is of not drinking alcohol, the less likely he/she is to not consume it; r = -0,38) and by peer influence (the more of their friends drink alcohol, the more likely they are to drink as well; r = 0,36). The intention to not drink alcohol in the future is influenced by how much they think their knowledge has changed (r = 0,31), by how much they think their attitude has changed (r = 0,31), by how difficult they find it not to drink (the more difficult, the higher the intention, r = 0,30), by how important it is for them not to drink (r = 0,32) and by how committed they are to not drinking (r = 0,22). Commitment is also related to how many people in their family drink alcohol (r = 0,28) and how important it is to them not to drink (r = 0,49).

As can be seen in the annex (table 8), the intention not to smoke tobacco in the future is influenced by how much participants think their attitude has changed (r = 0,42), by the perceived risk of harm to their health (r = 0,24), by how difficult it is for them not to smoke (r = 0,22), by how proud they feel not to smoke (r = 0,21), by how important it is for them (r = 0,44) and by their commitment (r = 0,44). Their commitment not to smoke is related with how much participants think their attitude has changed (r = 0,24), by how proud they feel not to smoke (r = 0,37), and by how important it is for them, not to smoke (r = 0,46).

As can be seen in the annex (table 9), the intention not to use drugs is related with how much participants think their attitude has changed (r = 0,32), with the perceived risk of harm to their health (r = 0,31), with how important it is for them (r = 0,36) and with their commitment (r = 0,36). Their commitment not to use drugs is related to their intention (r = 0,36), with how much participants think their attitude has changed (r = 0,39), with the perceived risk of harm to their health (r = 0,32), by how proud they feel not to use drugs (r = 0,43), and by how important it is for them, not to use drugs (r = 0,69).

As can be seen in the annex (table 10), the intention not to use Tramol is related with how much participants think their attitude has changed (r = 0,35), and with how difficult they find it not to use Tramol (r = 0,37). Their commitment not to use Tramol is related with how much participants think their knowledge has changed (r = 0,37).

As can be seen in the annex (table 11), the risky behaviour around HIV/AIDS is related to how many of their friends (r = 0,26) and how many people in their family (r = 0,26) they think engage in this behaviour. The intention not to engage in HIV/AIDS risky behaviours is related with how much participants think their attitude has changed through the programme (r = 0,36), with the perceived risk of harm to their health (r = 0,31), with how important it is for them not to engage in those risky

behaviours (r = 0,28) and with their commitment (r = 48). Their commitment is related to how much they think their knowledge has changed (r = 0,26), with their intention not to engage in this risky behaviour (r = 0,48), with how much they think their attitude has changed (r = 0,26), with the perceived risk of harm to their health (r = 0,54), with how proud they feel about not engaging in this risky behaviour (r = 0,25) and with how important it is to them (r = 0,45).

As can be seen in the annex (table 12), engagement in GBV behaviour is related with how many of their friends they think have engaged in GBV (r = 0,31), and to what extent they think that it is less of a taboo now because of the programme (r = 0,23). The intention not to engage in GBV (only answered by persons who indicated to have been part of GBV in any way, thus n = 67) is related to the extent that they think the programme has reduced their behaviour (r = 0,52), and their attitude (r = 0,29), how important it is to them to reduce their GBV engagement (r = 0,32), their commitment to reducing their GBV engagement (r = 0,27), and to what extent they think there is less GBV in their life due to the programme (r = 0,45). Commitment has been asked differently, depending on whether the person indicated to ever having been a part of GBV (in that case, their commitment to reducing GBV engagement was analysed) or not (in that case, their commitment to not engaging in GBV has been analysed). Commitment to reducing (therefore answered by n = 66 persons – one person did not answer the question), is related with how much they think their knowledge about gender issues changed (r = 0,29), by how much they think their behaviour was reduced (r = 0,34), with their intention to reduce GBV engagement (r = 0,27), with how much they think there is less GBV in their lives now (r = 0,27) and whether they feel differently about GBV now (r = 0,45) and whether they talk more openly about it now (r = 0,24). The commitment to not engage in GBV is related to how much they think their knowledge about gender issues changed (r = 0,48), their knowledge about GBV changed (r = 0,63), their intention not to engage in GBV (r = 0,40), the extent to which they think their attitude changed (r = 0,47), how proud they feel not to engage in GBV (r = 0,65), how important it is to them not to engage in GBV (r = 0,75), to what extent there is less GBV in their lives (r = 0,46), to what extent their readiness to be violent in general has been changed through the programme (r = 0,61), the extent to which they perceive their communication about GBV to have changed (r = 0,38), the extent to which they talk more openly about GBV (r = 0,36), and the extent to which they think that their life skills against GBV have improved.

In the annex (table 13), you can find an overview which shows the extent to which the different behaviours are related to the factors which were examined in the interview at hand. The table shows that certain factors influence more behaviours and intentions than others. Strong factors seem to be risk perception of harm to their health, change in attitude, importance and commitment, especially for smoking and drug use intentions. It can also be seen that social norm (perceived friend's behaviours) seem to be more influential for GBV, alcohol and HIV/AIDS risk behaviour than for the other behaviours or intentions.

Conclusion: The different behaviours are related with different factors and it would be very interesting to make a more detailed analysis. Summarised, the following underlying behavioural factors were found for behaviour, behavioural intentions and commitment regarding alcohol, tobacco and drug use, sexual risk behaviour and GBV: attitudes (e.g. pride), knowledge, personal importance, social norms (behaviour of friends and family), commitment and the perceived risk of harm to their health.

Evaluation questions	Indicators	Method of measurement
4.4.5 To what extent can the changes be measured?	Objectives and evaluation indicators of internal reporting	Desk review
	Evaluation methodology	Existing literature

In the logframe, numbers of beneficiaries who are planned to be part of the programme are given. For example, 30.000 beneficiaries are supposed to increase their knowledge about the risks of alcohol consumption and develop life skills. The country reports are supposed to document how many beneficiaries were part of the corresponding activities and the difference of this number lead to the result, to which extent an objective has been achieved.

Continuous evaluations to value the results and the effectiveness of its programmes and strategies are part of the policy of IBC. The goal is to implement an evaluation after each project year, while internal and external evaluations alter. The objectives of these evaluations are to assess independently the relevance, effectiveness, efficiency, impact and sustainability of the interventions and to gather experiences in terms of the interventions. These lessons learned will be used to make recommendations for new interventions. The verification of the achievement of the objectives includes the following points:

- Regular surveys among all beneficiaries and a comparison of the results with the baseline
- Interviews with target group and caregivers
- Training records
- Most significant change stories
- Media coverage of the subject
- Interviews/questionnaires/reports
- Inventory of specific activities and initiatives undertaken by policy/opinion leaders
- New legislation is developed and enforced in the project countries
- Database for results analysis
- Report from trainers
- Project applications
- Monitoring visits

A commonly described standard for evaluation and the identification of indicators is the differentiation between objectives on an output, outcome and impact level (e.g. INTRAC, 2015). While the annual reports on country levels are usually on an activities and output level, IBC generally strives for evaluations and reporting on an outcome and impact level. The realization of this effort will lead to a more concise and comparable understanding of the realized programmes and will allow to reach more easily the purpose of evaluation, which is learning, accountability and improved capacity (UNDP, 2019). Additionally, programme planning is facilitated, when based on clear objectives and indicators on the different levels (INTRAC, 2015).

Conclusion: IBC is striving for monitoring and evaluation with clear objectives and indicators on the output, outcome and impact level. The country reports do not yet fully reflect this effort.

Evaluation questions	Indicators	Method of measurement
4.4.6 Are processes and knowledge gained by peer-educators/ teachers/ local community leaders being incorporated into the schools? If yes, how?	Assessment by school personnel	Key informant interviews

According to the school personnel key informant, processes and knowledge gained by the peer educators, the teachers and the local community leaders are being incorporated into the schools by gathering the students to discuss with them the project topics.

Conclusion: Processes and knowledge gained by peer educators, teachers and local community leaders are being incorporated into the schools by gathering direct feedback.

Evaluation questions	Indicators	Method of measurement
4.4.7 Are measures being taken for knowledge transfer to new peer educators?	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	
	Assessment by IBC staff	

Most key informants reported that measures are being taken to ensure the knowledge transfer to new peer educators. As described under 4.1.4, the local partners are creating various options of feedback to be given by volunteers and beneficiaries to be considered within the project. Every year, new peer educators are thoroughly trained as part of the programme.

Conclusion: The measures being taken for knowledge transfer are systematic feedback processes and regular training of new peer educators.

Evaluation questions	Indicators	Method of measurement
4.4.8 What further impact (indirect, not intended, positive and negative) is caused by the project?	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	
	Assessment by key stakeholders	
	Assessment by beneficiaries	Beneficiary questionnaires

One key informant reported that communities are safer places after the programme due to the increased awareness and the dealing with misinformation about alcohol and the harms of alcohol consumption. Another key informant responded that in the churches and at schools, the topics of alcohol and drugs can be discussed now, which was not the case before the programme took place. The increased understanding of alcohol harm made some families think about getting other incomes than the one from brewing alcohol. According one key informant, women's rights are strengthened. Another key informant mentioned an unexpected impact: peace-building and inter-religious dialogue between communities. Both Muslim and Christian peer educators are trained, and this creates an exchange that contributes to more and better understanding through direct collaboration. Another perceived impact is that the people started to talk about alcohol also without being directly related to the IBC and that the alcohol sellers show a more responsible behaviour, including not selling alcohol to minors anymore. Some parents stopped to send their children to buy alcohol. As an economic impact, the fact was mentioned that some people now live in their own houses, they own for example a mototaxi and changed their lives.

Conclusion: Communities are perceived as safer places due to the programme, in schools and churches, the issues of alcohol and drugs are now discussed. The rights of women were strengthened and peace-building and inter-religious dialogues between communities were enabled as Muslim and Christian peer educators were trained together. Even beyond the directly affected beneficiaries, people are acting more responsibly.

4.5. Sustainability: How can sustainability be ensured in the projects?

Evaluation questions	Indicators	Method of measurement
4.5.1 Which are the perspectives for sustainable project results?	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	
	Assessment by key stakeholders	
	Assessment by IBC staff	
	Assessment by beneficiaries	Beneficiary questionnaires

Almost all key informants perceive the project results as sustainable, the school personnel answered with neither sustainable nor unsustainable. Asked for reasons why the project results are sustainable, the IBC staff responded that the Blue Cross is a civil society that is based locally and works with volunteers which would continue beyond the scope of the project. Another IBC staff member thinks the change within the target group is life-long, but without the project there would be no more additional change. The local project partners reasoned that the schools and other collaborating institutions are integrating the activities of IBC into their schedules and that the produced behavioural changes are long lasting. They also stated that the knowledge the students got through the project will last and that the system of peer educators is a self-sustaining one.

When asked “How long do you think that the effects caused by the programme will last?”, beneficiaries estimated on average about four and a half years. The reasons why the beneficiaries perceive the project results as sustainable are the following:

- The gained knowledge lasts for a long time / life-long (12%)
- The gained knowledge leads to a behaviour change (10%)
- The beneficiaries share their knowledge with others (9%)
- Due to the peer educator approach (4%)

The question of long-term impact and intergenerational effects could be something to discuss and include into the training with facilitators: What are long term changes that the changed behaviour creates and how to encourage this perspective and encourage these changes. This could possibly even carry over into family planning and the pursuit of education, which could in turn contribute to prevent the occurrence of the vulnerable groups of out of school youth and pregnant teenagers.

Conclusion: The project results are perceived as sustainable by almost all key informants and beneficiaries for reasons like working with volunteers and the peer educator approach, due to being a locally based civil society, due to creating long-lasting changes and the fact that partner institutions incorporate the IBC activities into their curriculum. A new question would be: How can changes be encouraged which go beyond the beneficiary generation, i.e. their children and family structure?

Evaluation questions	Indicators	Method of measurement
4.5.2 What is the likelihood that the benefits from the programme will be maintained for a reasonable period if the programme were to cease?	Assessment by local project partners	Key informant interviews
	Assessment by key stakeholders	
	Part of the discussion during the debriefing workshop	Debriefing workshop

Most of the key informants think that the programme benefits will maintain over time due to the work with volunteers and peer educators. Another reason for the sustainability of the programme mentioned by a key informant is the fact that the schools start to integrate the approach of the IBC in their structures and because the life of the beneficiaries has changed due to the programme. Two of the key informants doubt that the impact will be long-lasting after the end of the programme, nevertheless, these key informants think that within the target group there will be a life-long change.

Conclusion: It is seen as likely that the benefits from the programmes will be maintained for a reasonable period. Working with volunteers and peer educators is seen as a reason for the maintenance of the programme benefits. Further reasons are the fact that the beneficiaries managed to change their life and that life-long changes within the target group were created.

Evaluation questions	Indicators	Method of measurement
4.5.3 How can IBC best/better support its implementing partners to run successful and impactful programmes?	Assessment by school personnel	Key informant interviews
	Assessment by local project partners	
	Assessment by key stakeholders	
	Assessment by IBC staff	
	Debriefing workshop	Debriefing workshop

During the key informant interviews, the following points were mentioned as contributing to best or better support its partner in running successful and impactful programmes:

- Continuing the coaching and online training
- Keeping the good and transparent communication
- Sharing experiences and capacity building
- Financial and moral support and available material for the teams who are implementing the project on the ground
- Continuing to accompany the peer educators in their activities
- To integrate the chosen approach into the local structures
- Working more on a structural and institutional level

Conclusion: Training, communication, capacity building, support on several levels (financial, moral, material), supervision of peer educators, integration of the approach into local structures and increased work on a structural and institutional level were found to be contributing elements of how IBC is supporting the implementation partners and/or which should be focused on.

5. Benchmarking the Life Skills Programme and the RANAS approach

To be able to benchmark the IBC's Life Skills Programme with the RANAS (Risk, Attitudes, Norms, Abilities and Self-regulation) approach, first, the latter will be presented. Both, the theoretical model and the practical approach are described in the two following sections.

5.1. The RANAS approach for systematic behaviour change

The core steps of the RANAS approach are to systematically identify the most relevant motivators and barriers of the target behaviour[12], then match intervention activities to the identified factors, implement and evaluate the campaign. The steps of the RANAS approach are displayed in the following graph.

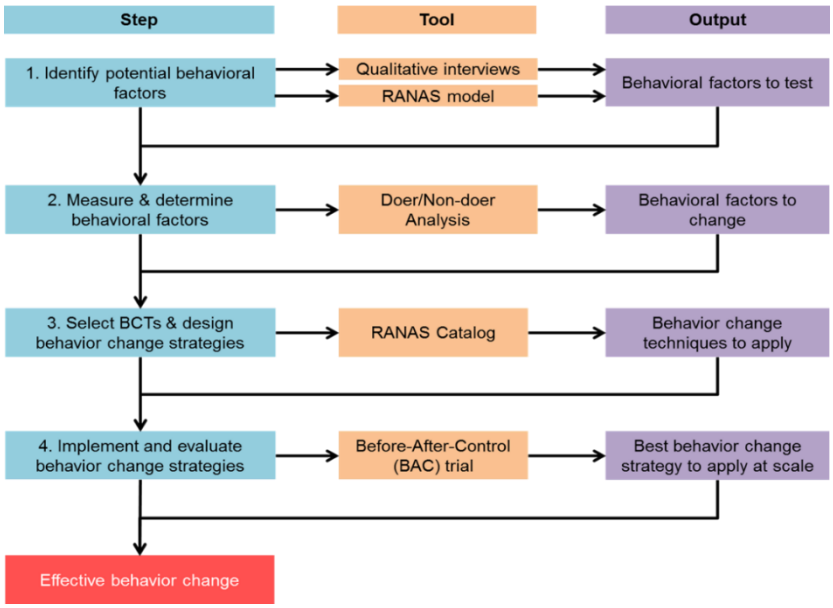

Figure 1: The four steps of the RANAS approach to systematic behaviour change.

Step 1: By using a short qualitative pre-survey (approx. 10 interviews), a quantitative questionnaire is developed;

Step 2: This questionnaire is applied in a quantitative survey. Using the data of the survey, a doer/non-doer analysis is conducted by comparing those people who perform the behaviour frequently, consistently and thoroughly with those who do not or only irregularly perform the behaviour;

Step 3: Those behavioural factors where doers and non-doers differ significantly, have to be tackled by behaviour change techniques. The RANAS approach provides a catalogue of 36 behaviour change techniques that are matched to the behavioural factors; the selected behaviour change techniques are translated into messages and activities for a behaviour change campaign.

Step 4. The population-tailored campaign is implemented and evaluated.

[12] We will refer to motivators and barriers as behavioural factors in the further manuscript.

This approach leads to behaviour change interventions which have the following underlying theory of change (Figure 2).

Figure 2: Theory of change of the implemented interventions.

In general, the interventions aim at changing participants' mindsets, so their beliefs, attitudes, perceived norms and feelings towards a target behaviour. This change in mindset then translates into behaviour change. More specifically, the interventions change those behavioural factors, which were identified as being most relevant in steering the target behaviour. Behavioural factors which are found not to be relevant are not targeted. This ensures a high efficiency of interventions.

5.2. The behavioural factors of the RANAS model

The core of the Risks, Attitudes, Norms, Abilities, and Self-regulation (RANAS) approach forms the RANAS model (see figure 3). The model has four components: behavioural factors that are grouped into five blocks, behaviour change techniques (BCTs) that correspond to the factor blocks, behavioural outcomes, and contextual factors.

Behavioural factor blocks and BCTs. The first block comprises the risk factors, which represent a person's understanding and awareness of the health risk. Information BCTs, such as the presentation of facts or risk information, can be applied to target them. Attitude factors appear in the second block. They are a person's positive or negative stance towards a behaviour and can be addressed through persuasive BCTs. Norm factors form the third block; they represent the perceived social pressure towards a behaviour and are targeted through norm BCTs. The ability factors form the fourth block. They represent a person's confidence in her or his ability to practice a behaviour and are targeted through infrastructural, skill, and ability BCTs. Self-regulation factors form the last block. They represent a person's attempts to plan and self-monitor a behaviour and to manage conflicting goals and distracting cues. Planning and relapse prevention BCTs can be applied to change them.

BEHAVIOURAL OUTCOMES. All the behavioural factors together determine the behavioural outcomes. The RANAS model considers three behavioural outcomes; behaviour, intention, and habit. Behaviour refers to the execution of actions. Both the desired behaviour and competing behaviours must be considered - for example, not only using a condom (Behaviour A) but also not using a condom (Behaviour B). Intention represents a person's readiness to practice a behaviour: how willing the person is to implement a behaviour. Habits are routinized behaviours that are executed in specific, repeating situations nearly automatically and without any cognitive effort.

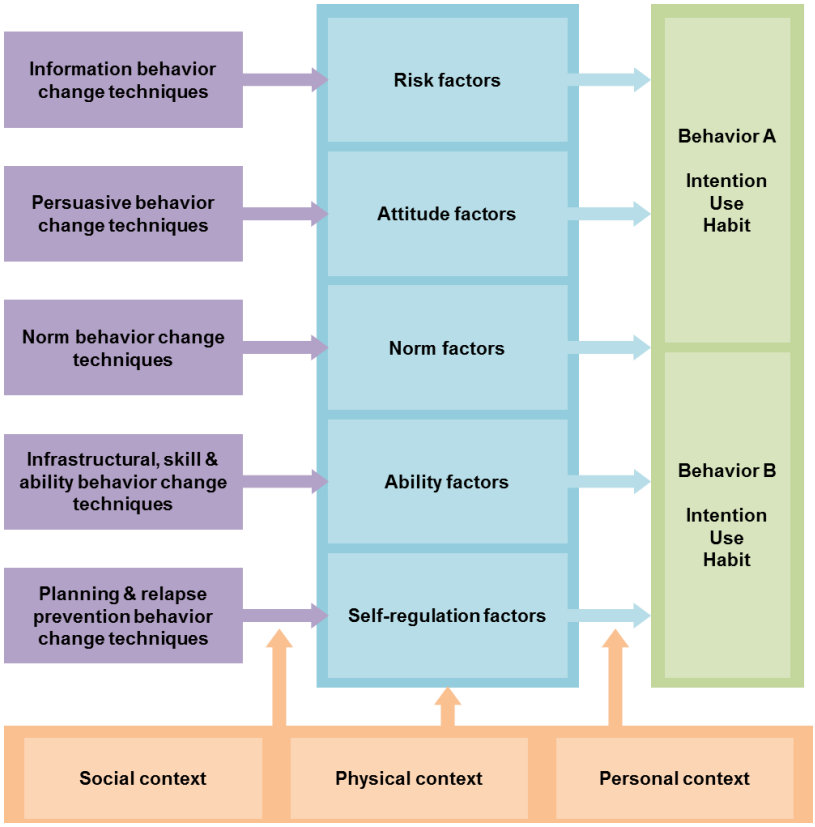

Figure 3: The RANAS model of behavior change

CONTEXTUAL FACTORS. Behaviour and the behavioural factors that give rise to it are embedded in contextual factors. The contextual factors can be divided into three categories: the social, the physical, and the personal. The social context is constituted by culture and social relations, laws and policies, economic conditions, and the information environment. The physical context consists of the natural and built environment. Finally, the personal context is formed by socio-demographic factors such as age, sex, and education and by the physical and mental health of the person.

More information on the RANAS methodology, implementation examples, as well as scientific publications can be found on the homepage www.ranas.ch.

5.3. Benchmarking the Life Skills Programme with the RANAS model

So far, IBC is using Prochaska and Di Clemente's (1998) Cycle of Change theory to understand how a person moves forward in the process of changing behaviour or attitudes and for this, the personal motivation is crucial. The movement from stage to stage demands effort for thinking, planning and performing, and a certain focus. This effort and focus are based on motivation, and here, the link to the RANAS model can be made: the factors of the RANAS model can be seen as personal motivators in order to change the behaviour of individuals. Many factors from the Cycle of Change model are also part of the RANAS model: action planning, action knowledge, maintenance, coping with barriers and commitment. Factors from the RANAS model like personal vulnerability and severity, social norm

factors (meaning the perception of what others are doing and opinions[13] of important others about a certain behaviour) and confidence factors would be a valuable addition to the used Cycle of Change model. The RANAS model considers intention, behaviour and habit as behavioural outcomes, which are also part of the Cycle of Change model.

The IBC project baseline is based on the knowledge, attitude, and practice (KAP) methodology. These measurements are used to determine the baseline before the interventions, but do not imply a method to derive interventions based on the results. An advantage of the RANAS approach is, that the risk, attitudinal, norm, ability and self-regulation factors and the behavioural outcomes have been precisely defined. This allows the consistent formulation of survey questions. Consistent survey questions maximize the comparability between surveys. The RANAS approach also provides clear instructions to select interventions based on the results. To change a behaviour successfully, promotion activities must target the psychosocial factors that steer that behaviour (Mosler, 2012). Instead of at discretion, interventions are selected systematically, data-based and tailored to the target population. Another advantage of the RANAS approach is that instead of the common intervention evaluation through before/after analysis, an identification of the interventions' impact on behaviour change is possible. A more detailed analysis about benchmarking the IBC Model against the RANAS model can be found in the report of the follow-up project.

6. Conclusions and Recommendations

The first evaluation question centres around **relevance**: Are the right things being done in order to improve the well-being of the beneficiaries? It could be found that the measures and activities implemented seem to address the problem appropriately because the beneficiaries view them as appropriate important, useful and very trustworthy and report their knowledge, attitude and behaviour to have improved quite strongly in all areas. School personnel and local project partners view it this way as well. The programmes integrate gender, age, cultural and religious differences, because there is a clear age group of vulnerable and easy-to-reach youth, there is a focus on equalizing the gender ratio and cultural and religious differences are purposefully integrated by bringing together groups of diverse backgrounds and not accentuating those differences. Also, project beneficiaries perceive the project methodology as the right approach and IBC is ensuring through various methods that beneficiaries can give feedback, participate in the process and are being heard. Generally, the beneficiaries seem very satisfied with the project, while the organising staff thinks that a higher budget and more resources would increase the beneficiaries' satisfaction. The beneficiaries certainly belong to one of the most vulnerable groups in terms of life-expectancy, alcohol and drug abuse. However, there are countries which and groups of people who could certainly be worked with as well and who would highly benefit from IBC's work: For example, while Lesotho, Central Africa and Sierra Leone have life-expectancies which are generally very low (similar to Chad), El Salvador and Russia have the highest

[13] There is interest in these RANAS factors from the side of IBC and during the next project phase ("opt-in"), the report will include a more detailed overview over the RANAS model and how those factors can be integrated into the theoretical framework of IBC. Additionally, a doer/non-doer analysis shall reveal the influence which these factors have in two selected behaviours. In future, a study looking into the psychosocial factors and how they are influencing each of the five key behaviours which IBC targets through their work, would be a very fruitful and interesting project.

number of alcohol-related deaths, the same is true for Ukraine and United States in drug-use related deaths and Honduras and Venezuela have the highest number of deaths due to violence. Thus, it can be said that IBC's work is highly relevant. One **recommendation** that can be given is to extend IBC's scope[14] of work beyond the current targets, because even countries that can generally be considered as belonging to the developed world suffer greatly from alcohol and drug related harm. Out-of-school youth and pregnant teenagers are other vulnerable groups that could be considered working with. However, extending the scope of work in this way would require additional projects and funding.

In terms of **effectiveness**, it was analysed how effective the interventions are with a view to the planned results. A substantial difference in target achievement between the two evaluated countries could be found, as well as a gap between the aspired planning level by IBC on a central versus the actual planning on country level. While specifications on objective reporting is given, the actual reports could be more comprehensible. This also influences the degree to which the activities' impact on the expected results can be understood: if indicators were more specific on the three levels (output, outcome and impact), it might be possible to streamline the activities, because clearer action-consequence conclusions could be drawn. When it comes to adding or removing activities, it could be shown that the activities that are being implemented are being plentiful and new ideas are arising through the work. Pre-post (before and after) evaluations could give further insight into whether certain activities are not creating the same outcome and impact as other activities, thus leading to less, but more concise activities, allowing for reducing costs and efforts and possible integration of new, upcoming ideas. Additionally, it can be said that the persons involved in the projects are aware of its intention, can name objectives, benefits and limitations and see life skills as one of the major benefits. The three most named limitations or possible areas of improvement are to increase the number of implemented activities and trainings, to implement more mass media activities and to extend the project to more regions/on a national level. Thus, **recommendations** that can be given to increase effectiveness are twofold: Firstly, it is recommended to invest in capacity building in terms of planning and evaluation. The local teams could be trained in baseline analysis, intervention planning and reporting which includes indicators on several levels (output, outcome and impact). This way, clear indicators would lead to adapted planning and would allow for constant monitoring, which in turn would enhance learning and development. Secondly, and partly as a consequence of the first recommendation, activities could be streamlined. Their systematic evaluation in a pre-post comparison would allow choosing to focus on those activities with the biggest impacts and for less impactful activities to give way to the new ideas that are coming up as part of the projects' progress.

The evaluation question of **efficiency** explores whether things are being done well, in an efficient way. This was answered by almost all the interviewed persons in a positive way: The project is perceived to be implemented in the most efficient way; the formulation, implementation, and monitoring of the project at IBC and partner level are allowing for a (very) efficient use of resources; and the approach enables closeness to youth and thus efficiently targets the project goals. IBC's strong theoretical basis is another supporting aspect of the approach. Formative activities could be found as being particularly impactful. The monitoring practices do not (yet) adhere to the detail-oriented approach that is being aimed at by IBC on a managerial level. **Recommendations** that can be given are that planning, capacity

[14] Future collaboration with a wider scope is one of the possible fields of collaboration between Ranas Ltd. and IBC and will be discussed.

building, and infrastructure are possible areas of improvement. The existing strengths (logical framework, prevention triangle, evidence-based research and techniques, strong expertise and motivation of staff, collaboration, support) should be maintained and continuously supported. The identified weaknesses could be addressed by integrating a stronger analysis and planning phase at the beginning of the project (a baseline measurement including behavioural indicators and psychosocial factors that steer behaviour) as well as regular monitoring, whereby staff wished for Excel-based data collection, a clear monitoring plan, and regular data collections. Monitoring and reporting practices by the local partners could be improved in a way that enhances exchange of experience between countries, thus leading to increased learning and higher efficiency.

Analysing the **impact**, it was asked what the direct and indirect effects of the projects are. The projects are seen to reduce risk behaviours (most influenced by attitudes, knowledge, personal importance, social norms, commitment and the perceived risk of harm to their health) and to improve life skills. Individual's knowledge, attitudes and behaviours are being changed to the positive (self-reported and confirmed by local project partners, teachers, peers and parents). The economic situation of the beneficiaries and their families can be observed to change for the better. Girls and women are found to be more confident and to adopt leader roles, because their rights are being strengthened through the programme. Even on a community, school and governmental level, changes could be observed: Addiction is being talked about more freely, legal changes are taking place, alcohol vendors are no longer allowed at school gates and the police is being involved in a positive way. New peer educators are regularly being trained, their learning integrated into future projects and peace-building and inter-religious dialogues between communities were enabled. Even beyond the directly affected beneficiaries, people are seen to act more responsibly. Since this impact is considerable and in line with the aspired goals, the only **recommendation** that is given in terms of impact is to start reporting on an outcome and impact level, including behavioural indicators, measures for psychosocial factors and allowing for pre-post comparisons. This allows for a better measurement of change, which in turn would show the achievements and successes in a systematic way, offering consistent proof for the immense existing and achieved impact.

Evaluating **sustainability** shall answer the question of how sustainability can be ensured in the projects. It can be said that the project results are perceived as sustainable by almost all key informants and beneficiaries for reasons like working with volunteers and the peer educator approach, due to being a locally based civil society, due to creating long-lasting life changes and the fact that partner institutions incorporate the IBC activities into their curriculum. The same reasons lead to the opinion that it is likely that the programme will be maintained for a reasonable period if the programme were to cease. **Recommendations** given by key informants to further support the implementing partners in their work are: Training, communication, capacity building, support on several levels (financial, moral, material), supervision of peer educators, integration of the approach into local structures and increased work on a structural and institutional level. Mostly, these points were explained as supporting structures which are already in place and which should be maintained or even increased.

In **conclusion**, the evaluation through the methods: desk review, key informant interviews, focus group discussions and interviews with beneficiaries, shows clearly that IBC's work in Chad and Congo has a strong impact on substance abuse and related behaviours (sexual risk behaviours and GBV), the related knowledge and attitude. The **impact** of IBC's local work goes beyond the effect on beneficiaries,

influencing communal, structural and governmental levels by changing people's perception about substance abuse and even encouraging legal changes. The projects are highly **relevant** in their countries and target groups – to a degree that IBC's work should be extended to more areas worldwide where populations are suffering from substance abuse and related negative behaviours. Reaching youth through schools seems a good way to reach a particularly vulnerable and impressionable target group. The implemented projects are seen as **sustainable** and likely to maintain effects for a reasonable amount of time, because behaviours are changed, leading to life-long improvements in the lives of beneficiaries, their families and communities. The trained peer educators are likely to continue to influence others in a positive way, and structural changes will likely outlast the programmes themselves, should they cease. All this is further extending the lasting effects of the projects. Although **efficiency** and **effectiveness** are perceived as high, the following **recommendations** can increase these areas further still and thus have an impact on the other evaluated areas as well. In terms of **monitoring and evaluation**, the local partners should plan and report indicators and objectives on an outcome and impact level, additionally to the already reported activity and output level. Behavioural indicators (self-reported and observed) as well as systematic indicators of psychosocial factors should be measured as a baseline, to base further planning on those analysis. Those same systematic measurements should be replicated after the implementation of the project, allowing for before-and-after comparisons and thus a clear proof of change. These comparisons would also give further insight into whether certain activities are less impactful, thus leading to less, but more concise activities, allowing for reducing costs and efforts and possible integration of new, upcoming ideas. Expanding the strong logical framework by a behaviour change **methodology** like RANAS would give a strong basis for those kinds of measurements, a full set of psychosocial factors to use for analysis and intervention planning, as well as strong and tested tools for monitoring and evaluation. Training, support and capacity building in these methodologies and processes is a recommendation based on the results, as well as the expressed wish of the local project partners. This way, IBC's strengths are being maintained and further extended to embrace changes which are arising out of continuous learning and development.

Annex

Annex A: Evaluation tools

Focus group discussions guideline (in French):

GUIDE DE FOCUS GROUPE

Evaluation externe du programme des compétences de la vie courante et d`éducation par les pairs de l'IBC au Tchad et République du Congo (2017-2020)

Points importants pour la mise en œuvre :

- Nombre de focus groupes : 4 (2 au Tchad, 2 au Congo)
- Facilitateurs: 1 modérateur, 1 co-modérateur
- Matérial : stylos, cartes, papier
- Participants par focus groupe : 4
- Duration d'un focus groupe : 60-90 minutes
- Important : ne pas mélanger les catégories de bénéficiaires

Début:

- Présentations et remerciements aux participants pour leur temps et leur intérêt
- Brève introduction à l'approche de l'IBC
- Le co-modérateur établit une liste de tous les participants, leur âge, leur sexe et leur position dans le programme

Méthode pour question 1 : Posez la question, laissez chacun écrire ses propres réponses, puis lisez-les au groupe. Discutez en groupe, le co-modérateur reprend les réponses sous forme écrite.

Méthode pour questions 2-6 : Posez la question, laissez les participants écrire leurs réponses sous forme de courtes expressions (un ou quelques mots) sur des cartes (1 à 5 au maximum par personne), puis les participants expliquent chaque carte et les remettent au modérateur, qui regroupe ensuite les cartes par contenu, par exemple en les collant au mur. Les participants discutent du résultat et, si nécessaire, les cartes sont déplacées. Chaque catégorie reçoit ensuite un titre et une photo est prise. Le co-modérateur écrit une explication / reprise des résultats.

Questions:

1) Comment voyez-vous la situation concernant l'abus de l'alcool, du tabac, les autres drogues et de la violence basée sur le genre dans votre environnement social ?
2) Quels sont les avantages du projet ? (Efficacité)
3) Quelles sont les faiblesses dans la conception du projet ? (Efficacité)
4) Comment améliorer l`approche de l`IBC ? (Pertinence)
5) Quels changements avez-vous pu constater qui ont été (en partie) causés par le programme ? (Impact)
6) Que peut faire l'IBC pour rendre ces programmes plus durables ? (Durabilité)

Key Informant Interviews:

https://ee.kobotoolbox.org/x/Bis8rfvI

Beneficiary Questionnaire:

https://ee.kobotoolbox.org/x/0pDaDlYo

Annex B: Results overview

Table 5: Objectives and achievement of objectives in Chad

Objectives Chad	Achieved				
	2017	2018	2019	2020	Mean
Increasing the level of knowledge on the effects and dangers of tobacco, Tramol, other drug addictions and HIV/AIDS in schools, secondary schools and driver sites of motorbike taxis.	50%	92%	49%	74%	66%
To develop life skills among young people through peer education in order to empower them to take responsibility for their own choices.	33%	43%	65%	87%	57%
Mobilising and involving the parties' stakeholders in the fight against poverty against alcoholism and other addictions, promote and support drug addiction strategies for decision making and implementation of policy and laws regulating consumption abuse of licit drugs.	62%	42%	66%	47%	54%
Increasing the level of knowledge of young people (especially girls) and develop their life skills on gender issues and against gender-based violence (GBV).	38%	24%	35%	64%	40%
Strengthen the capacities of the project team members of the project steering committee, the executive board and the sections of the CBT to achieve the above objectives, including advocacy and lobbying skills.	40%	33%	60%	50%	46%
New since 2018: Promoting good governance by putting in place tools for social accountability.		Partially			

Table 6: Objectives and achievement of objectives in Congo

Objectives Congo	Achieved			
	2017	2018	2019	2020
Increase the knowledge of the dangers of alcohol and drug abuse among 96,000 young people in selected areas of Brazzaville and surrounding localities by 2020.	>80%	>80%	>80%	>80%
To develop life skills among 12,000 young people in Brazzaville and the surrounding area through peer education in order to empower them to take responsibility for their choices by 2020.	>80%	>80%	>80%	>80%

Objectives Congo	Achieved			
	2017	2018	2019	2020
Equip, mobilise and involve stakeholders in Brazzaville (360 local council leaders, opinion leaders, peer parents, adults) in the actions of the project and the fight against alcoholism and other drug addictions, promote and support strategies for decision-making and implementation of policy and laws regulating alcohol and illicit drug abuse among young people by 2020.	100%	>80%	>80%	>80%
Increasing the level of knowledge of 96,000 young people in Brazzaville, and surroundings (especially girls) and develop their life skills on gender issues and against gender-based violence (VBG) by 2020.	>80%	>80%	>80%	>80%
Annual capacity building (professional, organisational and operational) of the members of the project team and the CTPAD for to achieve the above objectives, including skills in advocacy and lobbying.	100%	>80%	>80%	>80%

The following tables display correlations between behaviour, intention and commitment with different psychosocial factors. Tables are displayed for each relevant area. Only statistically significant correlations with a p-level of .05 or smaller are displayed. *** means p-levels of smaller than .001, ** means p-levels of smaller than .01, * means p-levels smaller than .05.

Table 7: Correlations of influencing factors with alcohol consumption, intention and commitment not to drink alcohol, N = 84

	Do you drink alcohol	To what extent do you intend not to drink alcohol in the future?	How committed are you to not drinking alcohol?
To what extent do you think your knowledge about the effects and dangers of alcohol has improved because of IBC?		,312**	
To what extent do you intend not to drink alcohol in the future?			,223*
To what extent has your attitude towards alcohol consumption changed as a result of IBC?		,308**	
How difficult is it for you not to drink alcohol?		,296**	
How proud do you feel when you do not drink alcohol?	-,379**		
How many of your friends do you think drink alcohol?	,364**		
How many people in your family do you think drink alcohol?			,275*
How important is it for you not to drink alcohol?		,321**	,486**
How committed are you to not drinking alcohol?		,223*	

Table 8: Correlations of influencing factors with smoking tobacco, intention and commitment not to smoke tobacco, N =98

	To what extent do you intend not to smoke in the future?	To what extent are you committed to not smoking?
To what extent has your attitude towards smoking changed as a result of the G5S/Blue Cross Chad project?	,420**	,244*
In your opinion, what is the level of risk of harm to your health if you smoke?	,238*	
How difficult is it for you not to smoke?	,220*	
How proud do you feel when you do not smoke?	,206*	,370**
How important is it for you not to use tobacco?	,443**	,463**
To what extent are you committed to not smoking?	,436**	

Since only 1 person indicated to smoke tobacco, correlations with the behaviour could not be calculated.

Table 9: Correlations of influencing factors with using other drugs, intention and commitment not to use other drugs, N = 97

	To what extent do you intend not to use other drugs in the future?	To what extent are you committed to not using other drugs?
To what extent do you intend not to use other drugs in the future?		,359**
To what extent has your attitude towards the use of other drugs changed as a result of the G5S/Blue Cross Chad project?	,322**	,391**
In your opinion, what is the level of risk of harm to your health if you use other drugs?	,314**	,315**
How proud do you feel when you do not use other drugs?		,428**
To what extent is it important for you not to use other drugs?	,358**	,689**
To what extent are you committed to not using other drugs?	,359**	

Since only 2 persons indicated to use drugs, correlations with the behaviour could not be calculated.

Table 10: Correlations of influencing factors with using Tramol (only applies to Chad), intention and commitment not to use Tramol, N = 47

	To what extent do you intend not to use Tramol in the future?	To what extent are you committed to not using Tramol?
To what extent do you think your knowledge about the effects and dangers of Tramol has improved because of the G5S/Blue Cross Chad project?		,365*

	To what extent do you intend not to use Tramol in the future?	To what extent are you committed to not using Tramol?
To what extent has your attitude towards Tramol consumption changed as a result of the G5S/Blue Cross Chad project?	,350*	
How difficult is it for you not to use Tramol?	,372**	

Since no persons indicated to use Tramol, correlations with the behaviour could not be calculated.

Table 11: Correlations of influencing factors with engaging in risky behaviour related to HIV/AIDS, intention and commitment not to engage in said risky behaviour, N = 69

	Do you engage in risky behaviour related to HIV/AIDS?	To what extent do you intend not to engage in HIV/AIDS risk behaviours in the future?	To what extent are you committed to not showing HIV/AIDS risk behaviours?
To what extent do you think your knowledge about HIV/AIDS has improved because of the G5S/Blue Cross Chad?			,258*
To what extent do you intend not to engage in HIV/AIDS risk behaviours in the future?			,477**
To what extent have your attitudes towards HIV/AIDS risk behaviours changed as a result of the ICB project?		,354**	,263*
In your opinion, what is the level of risk of harm to your health if you show HIV/AIDS risk behaviours?		,307**	,542**
How proud do you feel when you do not show HIV/AIDS risk behaviours?			,251*
How many of your friends do you think show HIV/AIDS risk behaviours?	,257*		
How many people in your family do you think are showing risk behaviours for HIV/AIDS?	,255*		
How important is it for you not to show HIV/AIDS risk behaviours?		,279*	,453**
To what extent are you committed to not showing HIV/AIDS risk behaviours?		,477**	

Table 12: Correlations of influencing factors with GBV engagement, intention and commitment not to engage in GBV,

	Have you ever been part of gender based violence in any way?	To what extent do you intend to reduce your GBV engagement?	To what extent are you committed to reducing your engagement in GBV?	To what extent are you committed to not engaging in GBV?
n =	99	67	66	32
To what extent do you think your knowledge of gender issues in general has improved because of IBC?			,285*	,479**
To what extent do you think your knowledge on the issue of gender-based violence (GBV) has improved?				,626**
To what extent do you think the IBC programme has reduced your behaviour related to GBV?		,520**	,337**	
To what extent do you intend to reduce your GBV engagement?			,267*	
To what extent do you intend not to engage in GBV in the future?				,398*
To what extent have your attitudes towards GBV changed as a result of the ICB project?		,293*		,471**
How proud do you feel when you do not engage in GBV?				,653**
How many of your friends do you think have experienced GBV?	,306**			
How important is it for you to reduce your engagement in GBV?		,322**		
How important is it for you not to engage in GBV?				,751**
To what extent are you committed to reducing your engagement in GBV?		,267*		
To what extent do you think there is less GBV in your life as a result of IBC activities?		,448**	,273*	,462**
To what extent do you feel differently about GBV after CBI activities?			,448**	
To what extent do you think your readiness to be violent in general has changed through the programme?				,608**
To what extent do you think that your communication about GBV has changed because of the IBC project?				,376*

	Have you ever been part of gender based violence in any way?	To what extent do you intend to reduce your GBV engagement?	To what extent are you committed to reducing your engagement in GBV?	To what extent are you committed to not engaging in GBV?
To what extent do you talk more openly about the topic of GBV because of the IBC project?			,242*	,361*
To what extent is the GBV issue less taboo because of the IBC project?	,233*			
To what extent do you think that your life skills against GBV have improved?				,652**

The following table shows an overview over the extent to which the different behaviours are related to the factors which were examined in the interview at hand (+++ = r > 0,5; ++ = r >0,30 + = r < 0,29; 0 = no relation; na = the relation could not be calculated or the question was not asked). Since the behaviours smoking tobacco, using drugs and taking Tramol did not record enough people doing it to calculate the correlations, the intentions for those behaviours will be displayed instead.

Table 13: Behaviours or intentions of the different areas and related factors

	Do you drink alcohol?	To what extent do you intend not to smoke in the future?	To what extent do you intend not to use other drugs in the future?	To what extent do you intend not to use Tramol in the future?	Do you engage in risky behaviour related to HIV/AIDS?	Have you ever been part of gender based violence in any way?
To what extent do you think your knowledge about the effects and dangers of doing ... has improved because of IBC?	0	0	0	0	0	0
In your opinion, what is the level of risk of harm to your health if you do ...?	0	+	++	0	0	0
To what extent has your attitude towards doing ... changed as a result of IBC?	0	++	++	++	0	0
How difficult is it for you not to do ...?	0	+	0	++	0	0
How proud do you feel when you do not do ...?	++	+	0	0	0	0
How many of your friends do you think do ...?	++	0	0	0	+	++

	Do you drink alcohol?	To what extent do you intend not to smoke in the future?	To what extent do you intend not to use other drugs in the future?	To what extent do you intend not to use Tramol in the future?	Do you engage in risky behaviour related to HIV/AIDS?	Have you ever been part of gender based violence in any way?
How many people from your community do you think do ...?	0	0	0	0	0	0
How many people in your family do you think do ...?	0	0	0	0	+	0
In your opinion, are there fewer people around you today who are showing ... behaviours because of IBC activities?	0	0	0	0	0	0
How important is it for you not to do ...?	0	++	++	0	0	0
How committed are you to not doing ...?	0	++	++	0	0	0
To what extent do you intend not to do ... in the future?	0	na	na	na	0	0

Annex C: Abbreviations index

BCTs = Behaviour Change Techniques

FGDs = Focus Group Discussions

IBC = International Blue Cross

KII = Key Informant Interviews

m = average (statistical value)

N and n = Number of subjects

p-level = statistical level of significance

RANAS = The Risk, Attitude, Norms, Abilities and Self-regulation Model

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