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Draft Report for the Evaluation of the “Ke Moja, I’m fine without drugs” Programme

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Southern Hemisphere

...consulting and development services...

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Cathy Chames

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Abbreviations

DSD:	Department of Social Development
DOE:	Department of Education
LO:	Life Orientation
SHC:	Southern Hemisphere Consultants
UNODC:	United Nations Office on Drugs and Crime

Executive summary

This report provides an evaluation of the Western Cape Department of Social Development's (DSD) "Ke Moja, I'm fine without drugs" drug awareness programme which is located within the Substance Abuse Directorate.

The Ke Moja programme was rolled out in primary and high schools by the service provider, The Future Factory, for the period of March 2008 to February 2009. It targets young people between the ages of 10 to 18 years and its purpose is to inform young people on substance abuse and its harmful effects. It also focuses on healthy lifestyles and alternatives to drugs, educating them to become healthy and effective contributors towards South African society.

The objectives of this evaluation were to assess the Ke Moja project with respect to relevance, project management and systems, effectiveness, impact, sustainability and project model and to recommend changes required to improve the implementation and outcomes of the programme.

The evaluation made use of qualitative mixed methods of investigation including a brief document review, in-depth interviews and focus group sessions. Participants in the study were identified in partnership with the DSD and The Future Factory and included a wide range of stakeholders. Eight schools were randomly selected from the nine districts of the DSD metro regions – four primary and four high schools. A total of 19 in-depth interviews were conducted with the following stakeholders: The original programme designers (Miles and Associates), The Future Factory, the Provincial Departments of Social Development and Education, school principals and school liaison teachers. Eight focus group sessions were held with learners and one was held with the Ke Moja facilitators. The main limitation of the study was around securing interviews with some of the schools and the poor institutional memory of some of the school staff.

In general, the evaluation found that the Ke Moja programme has the potential to be a powerful tool which can be utilised to inform young people on substance abuse, healthy lifestyles and alternatives to drug taking. However, there are a number of strengths and challenges highlighted by the study which can be built upon in order to improve and strengthen programme intervention.

The programme is relevant to the needs of learners because drug abuse is a pervasive problem in their communities, schools and homes. The fact that many of the facilitators

live in the same communities as the learners makes their intervention more culturally relevant. Two gaps in relevance were identified. Firstly, the programme was unable to meet learners' needs for psycho-social support because the facilitators lack counseling skills and secondly, it did not meet the need to include teachers and parents as part of the programme intervention.

The assessment of project management and systems found that interaction between stakeholders worked well. However, some challenges were experienced in the overall management of the programme, particularly in the areas of financial resource management and project co-ordination. Systematised institutional arrangements to ensure the effective monitoring and evaluation of the programme were also lacking. This meant that there was no systematic and ongoing questioning into successes, challenges, and recommendations related to programme intervention.

The effectiveness assessment revealed that The Future Factory has effectively implemented most of the activities planned for the roll-out of the Ke Moja programme for the period of March 2008 to February 2009. Both school staff and learners reported that they knew the key objectives of the programme to be drug awareness and education. Establishing buy-in from schools was done effectively, however, the full six week programme was not facilitated in all schools which resulted in the programme content not being covered in its entirety. Feedback on facilitators and the participatory methods they used in the classroom was largely positive. Whilst learners remembered the facilitator and the programme, there was very little memory of the Ke Moja brand at all of the eight schools interviewed.

The evaluation confirmed that the Ke Moja programme has had an impact on the learners on a number of levels. There has been an increase in learners' knowledge on the effects of drugs and factors which influence drug use and some changes in learners' attitude were also evident. The key change in learners' behaviour was that they shared the information received with their family and friends. The programme also resulted in some impacts on the Educators, Principals and the facilitators in terms of expanding their knowledge on drugs – an unintended, positive consequence of the intervention.

With regards to the sustained impact of the Ke Moja programme, the evaluation found that this is limited to learners' knowledge of key messages. The fact that it is not

integrated into the curriculum and syllabus also leads to a lack of sustainability of the programme in schools.

The observations, insights and findings of this evaluation have led to the overall conclusion that there are six key elements which need to be in place in order to ensure successful programme implementation. These include (1) quality not quantity to ensure the correct/appropriate ratio of schools to capacity of the implementing organisation (2) strong project management systems including proper planning, monitoring and evaluation (3) strong cooperation between DSD and DOE and buy-in of district offices of DOE (4) integration into the curriculum and school system (e.g. extra-murals or PE lessons) (5) skilled and appropriately selected facilitators (6) a supportive environment which includes working with educators and parents.

With regards to implementation in schools, the evaluation team recommends that the programme should be facilitated during the first half of the school year. This can only be done if strong buy-in from principals and educators is established at the outset. In order to improve sustainability, it needs to be aligned with the Life Orientation curriculum and it was recommended by the DOE that Ke Moja can be lined up with the peer education programme in schools.

Themes related to drug abuse such as HIV/AIDS and teenage pregnancy need to be included in the programme content and a wider range of activities other than sports and indigenous games need to be offered to young people as alternatives to drug taking. The language and content of the training manual should also be adapted to suit learners' needs. Furthermore, parents and Educators should be included as a target group so that they are informed on programme content too.

With regards to programme management, it is recommended that clear criteria for the screening and selection of facilitators be developed. Given that the programme is facilitated by volunteers, a management strategy for them also needs to be put in place which will go some way towards improving volunteer retention. It is recommended that partnerships be expanded and that the relationship with the DOE on a district level be strengthened.

A monitoring and evaluation plan for the Ke Moja programme needs to be developed with the full participation of stakeholders from all levels. This plan would include

monitoring tools and activities to ensure that ongoing reflection and learning occurs throughout the programme implementation process.

It is recommended that the stipends paid to facilitators be reviewed and funding from the DSD should be released on time to ensure that implementation can occur at times convenient for schools.

The capacity of the implementing organisations also needs to be developed and therefore the DSD should put the necessary structures in place to support their organisational development in areas such as project management, co-ordination and monitoring and evaluation.

Finally, the Ke Moja brand needs to be strengthened and therefore it is recommended that the Ke Moja coaches wear branded clothing to increase their visibility in schools.

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1 Background and context

1.1 Drug use globally and in South Africa

The international prevention effort to curb and control drugs and crime is led globally by the United Nations Office on Drugs & Crime (UNODC). The UNODC issues the most authoritative reports based on drug crop surveys, drug addiction data and trend analysis, which are relied upon by governments, experts, the media and even by intelligence agencies. According to the World Drug Report for the year 2008, approximately 208 million people or 4.9 % of the world's population aged 15 to 64 have used illegal drugs at least once in the last 12 months.¹

The transition from adolescence to young adulthood is a critical period in which experimentation with illicit drugs in many cases begins. Drugs may have a strong appeal to young people who are beginning their struggle for independence as they search for their identity. Peer pressure may also account for substance use, which may then lead to abuse.² Networks are built through friends, peers, colleagues or even other family members. In a study of the prevalence of drug use in South Africa, qualitative evidence suggested that youth start using drugs either at home, in public spaces or around school – when parents are not home, at the park, and before or after school.³

The impact of substance abuse on the health, mental status, social and personal lives of youth can be detrimental. Often drug users are chasing the short term effects of drugs, such as getting “high” – feelings of euphoria, attentiveness, sexual stimulation, energy, aloofness to problems and others are seen as desirable. However, the effects of drug use

¹ World Drug Report 2008, United Nations Office on Drugs & Crime (UNODC)

UNODC Strategy 2008: Towards security and justice for all: making the world safer from crime, drugs and terrorism

² Ke Moja Integrated Strategy: March 2008 (Department of Social Development)

³ Illicit drug use trends in South Africa by Karl Peltzer, Shandir Ramlogan, Gorden Mohlala, Gladys Matseke. Human Sciences Research Council. Conference Sept 2007.

area detrimental on a personal and societal level. Substance abuse weakens family ties and traditional values, and has been linked to criminal activity.⁴

1.2 Drug use amongst youth in the Western Cape

The high rates of drug and alcohol abuse among youth in the Western Cape is unprecedented. The use of illegal substances among youth is facilitated by the low cost of illegal drugs as well as the commercial availability of gateway drugs such as cigarettes and alcohol.

A recent analysis of substance abuse in the Western Cape from 2000 to 2008 highlighted some important trends⁵. Compared with other provinces, it has the second highest prevalence of harmful drinking during pregnancy and one of the highest rates of foetal alcohol syndrome (FAS) in the world. This is an indicator of the large amounts of alcohol being abused every day in the province. The Western Cape experienced a quick explosion of the use of crystal methamphetamine or 'Tik' amongst youth and adults in this decade. Since the beginning of 2005, 'tik' use amongst those under 20 year olds in treatment has increased from 11 per cent to the current 57 per cent. There is evidence that suggests that experimentation with drugs is taking place at an earlier age than ever before.⁶

Gangsterism is a potent feature of life on the Cape Flats, where the largest number of 'tik' users can be found. Substance abuse is a big feature of gang life. Young people often do not have the life skills needed to avoid drugs and gangs. Some youth are coerced into using drugs by gangsters in the neighbourhood and sometimes the perception of gangsters as people with money and power tempts youth to join gangs. Some youth are unable to avoid it as their families are so enmeshed in gangsterism.⁷

⁴ <http://www.capecapeway.gov.za/eng/yourgovernment/gsc/4190>

⁵ Harker, N., et al. (2008). **Substance abuse trends in the Western Cape**. Medical Research Council. Research report for DSD. Western Cape.

⁶ Ke Moja Integrated Strategy: March 2008

⁷ WCED Safe Schools Presentation. (<http://www.pmg.org.za/minutes/20020617-education-safety-security-departments-gangsterism-western-cape-schools-briefing>)

1.3 The Substance Abuse Directorate in the Department of Social Development

Substance abuse is one of the eight strategic focus areas of the Provincial Department of Social Development (DSD) in the Western Cape.

The Department also offers a range of services under Youth Development such as training programmes which include computer literacy, marketing and entrepreneurship, business skills for young people. The Youth Focal Units which are multidisciplinary teams consisting of government employees from a range of fields work closely with non-profit organisations to offer social services specifically targeted to the needs of young people (e.g. YMCA, NICRO and Love Life).

Substance Abuse is dealt with by District Offices all over the Western Cape. Support for the families of substance abusers is also catered for by District Offices. According to the Integrated Service Delivery Model of the DSD, support covers integrated prevention, treatment, rehabilitation and aftercare/reintegration.

The DSD's formal drug awareness programme is Ke Moja which will be described in the section below.

1.4 The Ke Moja programme

The information in this section was obtained from a review of the project documents and reports provided to Southern Hemisphere Consultants (SHC) by The Future Factory and the DSD.

Background and history

“Ke Moja” is a colloquialism meaning "no thanks I am fine". The word “moja” is a South African colloquial language which means “Fine” while “Ke” is the “Sesotho” language which means “I”.

In 2003, the Minister of Social Development launched “Ke Moja” as a National Campaign in South Africa aimed at reducing the demands of drugs among the youth by empowering them to make informed choices and resist being pressured into taking drugs. The UNODC and the government of South Africa, with the Department of Social Development as a lead, adopted Ke Moja as a national drug awareness and prevention programme that aims to mobilise against drug abuse.

The National Department of Social Development and the UNODC then requested the consultancy Miles & Associates to develop the health awareness programme. Which was then conceptualised as the “Ke Moja (I Am Fine Without Drugs): Fit For Life” programme.

In November 2007 the programme was rolled out as a pilot in the province. The implementation was done by the service provider, The Future Factory with the support of Miles & Associates and in conjunction with Western Cape Department of Social Development (WCDSD), the National Department of Social Development (NDSD), and the UNODC. The aim of the pilot was to develop a model for a health awareness programme for youth throughout the Western Cape.

The Future Factory is a non-profit organisation which facilitates a broad range of sports and life skills development programmes throughout the Western Cape. These programmes which target children and young people are implemented with the support of facilitators and international volunteers who have undergone specialised training provided by the Future Factory.

Purpose of the programme

The purpose of the Ke Moja programme is to provide young people with information regarding healthy lifestyles and caring for their bodies. It also informs young people about drugs and seeks to offer them alternatives to drug abuse. It aims to give members of the community (facilitators) the skills and knowledge they need to facilitate group information sessions to educate children between the age of 10 and 18 about the hazards of substance abuse. It is coupled with its sister programme the Siyabulela Volunteer Programme where the provincial Department of Social Development aims to develop the skills of 1 000 volunteers working in substance abuse so that they can better serve their communities as role models, buddies, mentors and referral agents.

Content of the programme

The programme consists of two components which are referred to as Ke Moja 1 and Ke Moja 2. Each component has a different focus and methodology.

The focus of Ke Moja 1 is on substance abuse and the aim is to empower participants from the age of 10-18 years of age around the issue of substance abuse and its harmful effects through workshops. The goal is also for participants attending the workshops to positively impact on other learners, peers, their families and friends.

The focus of Ke Moja 2 is on healthy lifestyles and physical activity, and is the practical component that supports the theory provided in Ke Moja 1 (soft skills). The aim is to educate young people on healthy lifestyles in order to develop their well being help them to become healthy and effective contributors to South African society.

It was reported by The Future Factory that the Ke Moja 2 component has been adapted according to the learners' abilities and interests. For example, the low levels of literacy of many learners led to the programme being simplified and more interactive with physical activities such as Hip Hop and indigenous games.

Roll-out of Ke Moja for period of March 2008 – February 2009

Following the success of the pilot, the DSD contracted The Future Factory as one of the main service providers to implement Ke Moja 1 and 2 in both primary and high schools within the DSD Metro region.

The Ke Moja programme was rolled out in two stages over a one year period from March 2008 to February 2009.

The activities for stage one included the identification of target schools, initiating contacts with the schools and the recruitment and training of volunteers. Stage two involved the actual implementation of Ke Moja Phase 1 and 2 in the schools by the facilitators and also included plans for the monitoring and evaluation component of the programme.

Statistics contained in the Ke Moja Final report reveal that the programme was implemented in a total of 95 primary and high schools and that a total of 15 400 learners were reached.⁸

The areas and schools in which the Ke Moja Programme was finally implemented is reflected in annexure one.

⁸ Van Roodt, M and Mulaudzi, D: "Kemoja Operational/Implementation Progress Plan – August 2008 - March 2009" in Ke Moja Progress Report – Final

2 Objectives of the evaluation, method and sample

2.1 Objectives

In June 2009, the DSD's Substance Abuse Directorate entered into an agreement with Southern Hemisphere Consultants (SHC) whereby SHC was to conduct an evaluation of the Ke Moja Programme which was rolled out by The Future Factory from March 2008 to February 2009.

The objectives of the study are therefore:

- to assess the extent to which the Future Factory has achieved its intended activities and outcomes in the roll-out of the Ke Moja Programme,
- to assess its enablers and challenges,
- to recommend changes that may be required to improve the implementation and outcomes of the programme.

In sum, the evaluation will focus on the effectiveness, project management and systems, impact, relevance, sustainability, project model and way forward of the Ke Moja Programme as the core elements of the analysis.

2.2 Methodology and Sample

Method

A participatory qualitative approach was adopted for this study. It was participatory in that both the DSD and the FF were involved in the design of the methods and the questionnaires. The methods employed are described below.

Evaluation planning workshop

A participatory planning workshop was held with relevant staff from the Department of Social Development and SHC's evaluation team. The planning workshop informed the methodology, sample and instrument design.

Instrument design

The evaluation team and Department of Social Development decided to use qualitative data gathering techniques. Based on the evaluation planning workshop and the document review, seven interview schedules were drafted for each of the various stakeholders

(See table 1 below). Fieldwork

Interviews with key stakeholders were conducted by three fieldworkers in the two weeks prior to entry into the schools.

Fieldwork was conducted in the schools by three fieldworkers who were proficient in the language spoken by learners and staff – Afrikaans, Xhosa and English.

A letter of endorsement was provided to SHC from both Future Factory and The Department of Education and this facilitated entry into schools.

Analysis

The data was analysed using Nvivo 8 software for qualitative data analysis in order to ensure rigorous analysis.

Feedback and recommendations workshop

A feedback and recommendations workshop is scheduled for 15 September. In the workshop the findings will be presented and the shaping of recommendations will be facilitated by the evaluator.

Final report

The final report will be submitted on the 18 September and will include meaningful comments and recommendations from the feedback and recommendations workshop.

2.3 Sample

Table 1: Overall sample

Stakeholder group	Method and number	Details/notes
Department of Education	1 in-depth interview	

Department of Social Development	1 in-depth interview	
Future Factory Director	1 in-depth interview	
Future Factory co-ordinator	1 in-depth interview	
Miles and Associates	1 in-depth interview	
Ke Moja facilitators	1 focus group	The group consisted of 8 randomly selected participants - 3 males and 5 females
Principals	6 in-depth interviews	The principal at Cloeteville High has left the school
School liaison teacher	5 in-depth interviews	The principal at Hermeslaan Primary is also the school liaison teacher
High school learners	4 focus group interviews	A total of 40 learners were reached (male and female)
Primary school learners	4 focus group interviews	A total of 40 learners were reached (male and female)

In total, **19 in-depth Interviews** and **9 focus groups** were conducted.

2.3 Selection of sample of schools and learners

The eight schools were randomly selected from the nine districts of the DSD Metro region – four primary and four high schools. This list was obtained from the Ke Moja Final Report.⁹

The final sample of schools which were included in the study is captured in the table below:

Table 2: Final Sample of Schools

District	School	Primary/High
Athlone	Blomvlei	Primary
Mitchells Plain	Spineview	Primary
Gugulethu	Sithembele Matiso	High
Mitchells Plain	Lenteguer	High
Gugulethu	Andile	Primary
Paarl	Cloeteville	High

⁹ Van Roodt, M and Mulaudzi, D: “Kemoja Operational/Implementation Progress Plan – August 2008 - March 2009” in Ke Moja Progress Report – Final

Wynberg	Steenberg	High
Cape Town (Atlantis)	Hermeslaan	Primary

The focus groups were organised according to gender in order to ensure equal participation and openness during the group discussion. Therefore, of the eight schools, there were:

- **4 female groups** (2 primary and 2 high schools)
- **4 male groups** (2 primary and 2 high)

The focus group participants were drawn from the grade levels in which the Ke Moja programme was implemented in each individual school. They were randomly selected from class lists provided by the schools.

2.5 Limitations

One limitation of the study was the difficulty with securing interviews at some of the schools. Four of the schools which were initially randomly selected were unable to participate in the evaluation. One reason was because learners were no longer at the school. Another reason was because of poor institutional memory of the Ke Moja programme amongst learners and staff. In other words, the school principal informed the researcher that he/she had no recollection of the programme. These four schools were then replaced with the next school on the list which could provide us with information on the programme

Another limitation was that, in most cases, the Educators did not sit in on the programme and thus could only provide limited information on the content, facilitation, and methodology of the programme. Similarly, the Principals also had limited knowledge of the programme because, in most cases, they assigned it to a school liaison person who was responsible for managing it in the school.

Finally, it was found that in only two of the eight schools that were finally selected the full six week Ke Moja programme was rolled out. In the other six schools the programme was implemented for a period of two to four weeks. This had a significant impact on the quality and depth of information provided by the participants at a school level.

3 Relevance

Relevance is a key issue in the design of a programme as it influences the receptiveness by the target and beneficiary community.

This section will begin with a discussion of the problems faced by learners in terms of substance abuse. This is followed by an assessment of the relevance of the Ke Moja programme and its interventions in order to determine whether the programme is addressing the needs and issues faced in the school community. Gaps in the programme will also be identified.

3.1 Problems faced by learners in terms of substance abuse

All of the learner focus groups identified drugs as a problem in their schools and communities. This was confirmed in the interviews with the Principals and Educators. Whilst school staff identified dagga as being the main drug of choice amongst learners who abuse drugs, the learners identified dagga and TIK as the most commonly used drugs within their schools and communities.

Given that alcohol is the most frequently abused substance in the province¹⁰, it is interesting to note that alcohol abuse was not raised by any of the learners as a problem in their schools or communities. One reason for this could be that they do not view alcohol as a drug.

Interviewees identified a broad range of problems related to substance abuse and these can be grouped into two main themes – the causes and the effects of substance abuse.

Causes of substance abuse

Each learner focus group provided similar reasons for why young people use drugs. The most commonly mentioned ones include: the influence of friends, peer pressure and the availability of drugs at school and in the community.

¹⁰ Harker, N., et al. (2008). **Substance abuse trends in the Western Cape**. Medical Research Council. Research report for DSD. Western Cape.

It also became evident, from the focus group discussions, that learners are constantly exposed to drugs and alcohol at home, at school and in their communities. As these learners state,

“My brother who smokes, drinks, steals and when my mom asked him to go to rehab he refused and he is still doing those things”, (Learner focus group, School E)

“After school they use drugs, some use it at school and come back ‘dik gerook’. They come to class and are disruptive”, (Learner focus group, School H)

“I know a lot of people who take drugs out of the school. There are lots of people in the community who take drugs. It is very easy to see it every day”, (Learner focus group, School A)

This finding is supported by interviews with the Principals and Educators who believe that constant exposure to drugs in the home environment and in the community is one of the key causal factors related to drug use amongst learners.

“By the time young people come to this school they have already been exposed to drugs in some way or another. Either they have used or one of their family members has used, like their brothers or sisters”, (Principal, School G)

“The school does offer lots of activities for the children but it’s the environment from which they come, their community where the actual problem lies. They come out of communities where every second house you can go and find drugs”, (School Liaison, School F)

“The problem is that the learners experience these issues in their home life and they see it as normal”, (School Liaison, School A)

As the quotes above seem to suggest, the constant exposure to drugs at home and in the community results in learners becoming desensitised to the seriousness of drug taking and that drug abuse has become the ‘norm’. The majority of learners in all the focus groups report that they know of friends or family members who use drugs.

As school staff pointed out, drugs are easily available in these communities and often young people are unsupervised in the afternoons. Added to this are high levels of poverty and unemployment. The following quotes allude to this:

“Unemployment is a big thing in the area and people do drugs because they want to forget their hard life”, (Learner focus group, School F)

“Poverty – nobody employed in the home, friends influence and tell them how to make money selling drugs”, (Facilitator focus group)

Effects of drug abuse

Some of the consequences of drug abuse listed by Principals and Educators include absenteeism, drop-outs, deterioration in school work, vandalism and lack of discipline. This was confirmed in the interview with the DOE:

“The White Paper 6 on Inclusive Education speaks to the issue of drug abuse and how it is a ‘barrier to learning’. It leads to behaviour problems, absenteeism, high drop-outs and learners being unable to learn and concentrate”, (DOE)

The learner focus groups also listed some of the consequences of drug abuse in their schools, particularly its negative impact on behaviour. Increased levels of violent behaviour was a common thread which was woven into the observations made by learners in all of the focus groups.

“It is the older children who smoke dagga – when they are drunk, they swear and they become reckless and rude to other children”, (Learner focus group, School E)

“The drugs give them the courage to fight.....the drugs make it easier for them to pick a fight”, (Learner focus group, School F)

“Some of these guys are violent when they take drugs and beat people without reason or provocation”, (Learner focus group, School C)

3.2 Relevance in terms of DOE curriculum design

The DOE believes that the programme is particularly relevant to the needs of learners and provides the following explanation:

“We use the circle of courage at the DOE as a framework for understanding intervention programmes. I think that the Ke Moja programme fulfils all four quadrants of the circle: belonging – it gives them a sense of belonging through the activities, mastery – how can I deal with the pressure placed on me to use drugs and alternatives are given, independence – I can make a choice in my life, generosity – being in a group setting makes me more caring to myself, others and the community”, (DOE)

3.3 Using community based facilitators

The fact that the facilitators live in the same communities in which the schools are located makes the programme particularly relevant. This was confirmed by both school staff and learners:

“Because the facilitators come from the community and can relate to the learners they are able to speak and communicate well with them. They used examples from the community and in this way made themselves very relevant to the learners’ situations. The focus on what the learners actually see and experience everyday outside of the school helped learners to open up and this brought about better participation from the learners”, (School Liaison, School D)

“They came out of the situation that we were in. They were gangsters and now reformed”, (Learners focus group, School D)

As these quotes suggest, learners were able to identify more easily with the facilitators because they came from the local community and were able to speak the same “language”.

3.4 Relevance of Ke Moja methodology

The key stakeholders of the Ke Moja programme (DOE, DSD, The Future Factory) believe that the Ke Moja methodology of offering alternatives to drugs through physical activities is particularly relevant. This is because young people who live in poorly resourced communities often do not have access to many alternatives. However, school staff did not comment on this aspect of the programme and the reason for this could be that, the full six weeks was not completed in most of the schools covered in this study.

Whilst they provided positive feedback on the interactive games and physical activity, they did not make the link that physical activities are provided as an alternative to drug taking. Only one principal commented on this:

One principal at a school which does offer extra-mural sporting activities says that they have a very low participation and is not very positive about the relevance of promoting sport as an alternative.

“I am not sure about the outcomes of the programme but I think it focused on sport as an alternative to drugs. This school offers a WIDE variety of sport compared to other schools but there is a very low participation. When school closes they just want to go home. If Ke Moja thinks sport is an alternative, then it is wishful thinking. Pupils have a ‘laid back life’ and sport is an ‘effort’ for them”, (Principal, School G)

The lack of participation could be explored further in this school because it could be due to lack of transport home, safety walking home late, additional expenses required for

sporting activities such as togs etc. and not because pupils are 'lazy'. This could be a recommendation for further research.

When learners were asked what they think young people need in order to say no to drugs, a wide range of responses were given. Three out of the eight groups recognised the need for more sport and physical activities. The need for advice, support or strong friendships was mentioned by almost all groups and the fact that the Ke Moja facilitators often played the role of "counsellor" highlights a particular need for psycho-social support amongst learners. However, the fact that the facilitators are not properly equipped to provide this support indicates a gap in the relevance of the programme to meet learner needs.

3.5 Discussion

Drug abuse was identified as a problem by school staff and learners in all of the schools covered in the study and young people are constantly exposed to drugs in their homes, schools and communities. Furthermore, drug abuse impacts negatively on learner behaviour and learner focus groups all indicated increased levels of violent behaviour amongst those abusing drugs.

Given the high incidence of drug abuse at home and in the community, school staff indicated that the Ke Moja programme is relevant and, because the facilitators live in the same community as the learners, the programme is more culturally relevant.

The relevance of the Ke Moja methodology was difficult to assess since the full programme was not rolled out in most of the schools. A gap in meeting learner needs has been identified because it was found that the facilitators often played a psycho-social support role for learners for which they are not properly equipped to fulfil.

The inclusion of parents and Educators as target groups was highlighted as a gap in the programme.

4 Project management and systems

This section of the report assesses the degree to which the programme was effectively managed to achieve its objectives. As such the management systems such as human resource management, resource allocation, financial management, monitoring and evaluation processes, and support received by stakeholders are explored.

4.1 General Project Management and Management of Facilitators

The Future Factory had the responsibility of managing the Ke Moja project. As part of this responsibility, Ke Moja introduced the programme to schools, co-ordinated the programme, supervised the training and inception of facilitators into schools, supported facilitators throughout implementation, and was responsible for all administration, finances and monitoring and evaluation related to the project.

Overall project management seemed to be a challenge of the Ke Moja Programme. Some key challenges highlighted were the financial resources allocated to the programme and the planning and co-ordination in schools. These are further explored below.

Financial resources

A key challenge with regard to financial resources was the inadequacy of funding made available to facilitators. Even though facilitators on the whole seemed committed to implementing the programme, there were some difficulties related to finances.

Firstly, the money allocated for their travel was often not adequate to cover facilitators' actual expenses and often facilitators had to cover the costs out of their own pockets to get to schools. Of more concern is the fact that at times facilitators had to walk to the schools because of lack of transport money and this put them in danger because of the high levels of gangsterism in many of the areas in which they work.

Another challenge was that facilitators did not have banking accounts in which to deposit their stipends and therefore the project managers often needed to travel with large amounts of money which is not ideal particularly due to the crime in the areas that the programme operates in.

Delayed funding also caused a delay in implementation (according to Project Implementers), particularly between training of facilitators and initiation at schools. Furthermore, many facilitators chose to explore other work opportunities because of the time delays.

Planning and co-ordination

A number of issues were evident around the planning and co-ordination of the programme. Even though Future Factory overachieved in terms of the targets set, that is, the number of participating schools, it was evident that this increase in numbers placed challenges on the management of the project.

“Initially we had 70 schools to implement Ke Moja but we ended up going into 95 schools (25 extra schools). The reason was that the facilitators gave feedback that the other schools in the community wanted the Ke Moja programme. These extra 25 were not budgeted for and so we managed it but it became cumbersome because financially, the management of this was also not budgeted for”, (Staff member, Future Factory)

The Future Factory on the whole seemed positive about their ability to manage this project, although this view was not shared by some of the other stakeholders interviewed. Three out of eight schools reported that the co-ordination was not done successfully. Some facilitators had to withdraw from schools after initiating contact with learners, which they felt threatened their integrity with learners, and furthermore was detrimental to what they were trying to achieve with learners. This was reported to be due to limited funding, but also indicates that proper planning for implementation was a challenge of the programme.

It was also reported that there were problems around the proper co-ordination and communication with the facilitators in the areas of Atlantis and Mitchell’s Plain, which resulted in absenteeism of facilitators (particularly in the Atlantis area)¹¹.

Human Resource Management

The facilitators, who were volunteers on the programme, indicated that there were some opportunities for The Future Factory to improve project management, particularly around human resource management.

¹¹ This was reported by the Principal in area and DSD who met with volunteers in these areas.

Some challenges identified were that they did not have contracts with Ke Moja, which created insecurity about their future on the project. They were also promised capacity building and Ke Moja branded clothes, which were not delivered, and resulted in some of the facilitators feeling unappreciated.

These issues highlighted above, point to the limitations related to the use of volunteers on the programme.

4.2 Relationships between stakeholders

Relationships with stakeholders are key to the successful implementation of a programme. The relationship between various stakeholders of the programme, that is, The Future Factory, Facilitators, Schools, Department of Education (DoE), Department of Social Development (DSD) and DoE District Officers, is explored in this section.

The Future Factory

Even though The Future Factory's role was to initiate the programme in schools, only two schools were able to identify them as the project implementers.

Facilitators' views in terms of the support received from Future Factory were split. While some felt supported, others felt that communication was not optimal between themselves and Future Factory. It was also reported that the relationship with Mitchell's Plain and Atlantis facilitators was also challenging in some respects. This was perceived to be due to dissatisfaction with the payment of stipends (according to the Principal at School H) and inadequate consultation with facilitators (DSD).

There also seemed to have been internal management issues at Future Factory which affected communication with the DSD as well as with facilitators from Atlantis and Mitchell's Plain.

Facilitators/Facilitators

Generally though, the Future Factory had a positive working relationship with the facilitators, which was enabled by their commitment and shared sense of responsibility to the programme. Facilitators showed their commitment through, for example, being willing to fill in at schools when they needed to.

Half of the schools interviewed (i.e. educators and principals) reported that it was a pleasure to work with facilitators as they were open and easy to accommodate in the school structure¹².

A challenge experienced by one Principal with regard to Ke Moja facilitators was absenteeism.

Schools

Schools generally considered themselves to be supportive towards the programme. A number of schools indicated their support for the project as they welcomed programmes that could assist them to deal with some of the issues they are presented with at schools. One Educator commented:

Interviewer: Do you think the project received sufficient support and buy-in from the school...?

“Yes – because of the help that the teachers get from the programme. Learners do not have to deal with the problems themselves and can be assisted by Ke Moja facilitators who in turn can go to learners homes or refer them to the necessary help. So because what they (the facilitators) were doing helped the teachers in their work, it was received well in the schools” (Principal, School H)

A big challenge at schools which has been highlighted previously in this report is that almost all the Principals interviewed were not knowledgeable on the programme purpose and content and this was also the case for some Educators, indicating that there was insufficient sharing around the project with these key stakeholders.

Department of Education (DOE)

The DOE interacted mainly with the DSD and The Future Factory. They did not have direct contact with schools but instead they would only step in if difficulties were experienced gaining access to schools.

Initial buy- in into the programme on the part of the DOE was a challenge and they were also not included in the planning of the programme, which also hindered their sense of ownership. However it was acknowledged that it is necessary for the DOE to expose themselves to the programme as it is beneficial to work in partnership with other departments.

¹² Other interviewees did not answer the question.

Relationships with DOE District Co-ordinators were forged at an initial meeting with The Future Factory before the implementation in schools. Thereafter, communication occurred on an informal level and a key challenge was gaining their commitment to implement their role in the programme monitoring.

Department of Social Development

The partnership between the DSD and the DOE can be described as one where the DSD perceived there to be shared ownership of the Ke Moja programme, despite the DOE's reflection that their ownership was lacking.

The Future Factory also had a positive open relationship with the DSD, which was mutually beneficial. Most schools did not interact with the DSD.

Facilitators reported that they felt unsupported by the DSD, due to the position they were in when withdrawing from schools due to funding (this was what facilitators understood as the reason for them withdrawing).

A challenge that needs to be dealt with is the funding process between the two departments, as this has caused hiccups in the programme implementation.

4.3 Monitoring and Evaluation

The following section looks at the mechanisms used for monitoring and evaluation and the institutional arrangements made to support this. The Monitoring component of the programme was not well planned or systematically implemented. Multi-stakeholder projects are complicated to monitor and need clearly defined tasks, roles and responsibilities, which were lacking. There was no direction given regarding the reporting requirements from the Department of Social Development, the DOE District Offices were not clear about their roles and did not seem to take ownership of the programme as drug abuse is not in their job descriptions. Schools were unclear about what was expected of them regarding monitoring and reporting requirements.

Miles and Associates designed monitoring and evaluation tools that were to be used for Ke Moja. Even though the master trainers were trained in these tools, a challenge in using them was that the programme had been changed and adapted since the pilot phase and so many of these tools were no longer relevant. The Future Factory was not involved

in the development and training of these tools, and so they were not comfortable with their implementation.

The Future Factory showed good initiative in terms of using their own tools to conduct the monitoring activities, particularly written feedback tools. The use of monitoring and evaluation was a new area of learning for the Ke Moja co-ordinator. Facilitators and Ke Moja staff therefore designed their own tools which provided some feedback on the programme.

Different means of monitoring took place on the project, however these were not systematically implemented and lacked proper co-ordination and in-depth information on the project. Some of the monitoring activities included site visits, verbal feedback, written evaluations and reports from learners and school representatives (that is educators and principals), observations, and assessments.

The Future Factory and the Department of Social Development made use of verbal feedback meetings at regular intervals during programme implementation.

According to the DSD, quarterly reports were submitted by The Future Factory in order to provide updates on programme implementation and a final report was compiled and submitted by the programme manager. A review of documents received from that the following reports were compiled The Future Factory and submitted to the DSD: Ke Moja Programme Report for March 2008 – July 2008; Ke Moja Operational/Implementation Progress Plan for August 2008 - March 2009; Ke Moja Final Report for March 2008 – March 2009.

The written assessments of learners and observation by teachers in the classroom was only implemented in one school, site visits hardly took place and written reporting by the school representatives was ad-hoc.

A limitation of monitoring system was that there was no systematic and ongoing questioning into successes, challenges, and recommendations for specific areas of the programme. Therefore, it is not clear how the information collected through monitoring was used to improve the Ke Moja programme.

Some school principals and teachers indicated that they would have preferred to be involved or get feedback about project implementation.

Facilitators also indicated that they would have appreciated feedback from the Future Factory on the work they were doing. They also enjoyed the space created in the focus group to share experiences and learnings, which points to the need to have more of these reflective monitoring sessions.

A review of documents reveals that this is the first and only evaluation tool that has been used in the programme thus far. Whilst this is an important step in the evaluation process, it would have been helpful to have had an evaluation after the pilot phase or a mid-term review to assess the impact and effectiveness half way through.

4.4 Discussion

The findings show that the overall management of the Ke Moja programme was a key challenge for a number of reasons. Firstly the financial resource challenges had a number of negative implications for the project such as delaying project implementation which furthermore resulted in volunteers exiting the programme. Inadequate funding to cover transport costs for facilitators was also a major challenge, which not only became a personal expense for volunteers but also threatened the safety of volunteers.

Secondly, it was evident that the project co-ordination for the number of schools targeted was a key challenge of the programme, due to limited resources, and also spreading resources too thinly across too many schools.

Whilst some monitoring of the Ke Moja programme took place, such as the reporting which occurred between The Future Factory and the DSD, this was limited. This was mainly due to undefined expectations or requirements for monitoring, outdated programme monitoring tools, and mainly unclear roles and responsibilities due to lack of systematised institutional arrangements to support this monitoring function. The Ke Moja implementers still, however, implemented monitoring in ways which were found to be more relevant for them. There is an opportunity to develop these tools into more structured means of monitoring.

In terms of the relationships between stakeholders, it seemed that interaction between The Future Factory, DoE and DSD was working well. The relationship with DoE was satisfactory, but can be utilized more, and district office officials need to be brought on board. The funding issues negatively affected relationships with the facilitators, although on the whole their experience has been positive.

5 Effectiveness

In this chapter the focus is on what the project has achieved in terms of effectiveness i.e. whether activities have been implemented as planned.

The key planned and actual activities are presented in the first two columns of the table below. Key achievements, challenges are reported on in the last column and these are based on interviews with Future Factory staff, DSD staff and at staff at schools (principals and key liaison teachers). A narrative on the effectiveness of various aspects of the programme will follow afterwards.

Planned activities	Actual	Achievements and Challenges
Identify and make contact with 70 schools across the DSDs nine metro districts	The DOE identified the 70 schools and contact was made with them by The Future Factory.	<p>The Department of Education (DOE) was responsible for identifying the 70 schools across nine districts in the metro region because they had been prioritized through the 21 critical designated areas of the Social Transformation Project of the Department of the Premier.</p> <p>Two staff members were responsible for making contacts with the schools.</p> <p>Enablers:</p> <p>The DOE supported the roll-out of the programme in schools and issued a letter of endorsement which was to be distributed to schools via the 'district circular'.</p> <p>The DOEs district substance abuse co-ordinators were briefed on the Ke Moja Programme – it was important to get their 'buy-in'</p> <p>The Future Factory already had well-established relationships with many schools across the metro region.</p> <p>Challenges:</p> <p>The DOE endorsement letter often did not reach the schools before contact was made by The Future Factory.</p> <p>Many of the district substance abuse co-ordinators left their posts leaving little institutional memory of the programme at a district level.</p>
Recruit and select 90 facilitators	80 volunteers were recruited and selected	<p>Volunteers were recruited from the Siyabulela volunteer programme which is managed by the Substance Abuse Co-ordinators at the Social Development District Offices.</p> <p>15 volunteers were selected by each DSD district office and a total of 80 were finally selected to participate in the programme.</p> <p>Enablers:</p> <p>The Future Factory arranged district office meetings with each of these co-ordinators in order to brief them on the programme.</p> <p>The co-ordinators also assisted in the selection of target schools in the areas.</p> <p>Challenges:</p> <p>There were no clear criteria for selection and this was left up to the DSDs district offices.</p> <p>Many of those selected did not have past experience in working with children.</p>

		<p>The volunteers had been part of the Siyabulela programme for some time and had received no compensation; therefore their expectations had to be clarified by The Future Factory from the outset in order to ensure that past resentments were dealt with.</p>
<p>Train facilitators in the Ke Moja methodology (train the trainers)</p>	<p>80 volunteers were trained.</p>	<p>The volunteers were divided into three groups of between 30 to 40 members. A four day training camp was conducted with each group after which the volunteers graduated as Ke Moja 'facilitators'</p> <p>The training focused on the Ke Moja methodology of substance abuse, facilitation and physical fitness.</p> <p>Monitoring and evaluation was also covered in the training programme and included report writing, logging the pre and post questionnaire and poems/creative writing to give feedback on the programme.</p> <p>Enablers:</p> <p>The Future Factory had previous experience in the programme as they had already undergone training during the pilot phase (2007).</p> <p>Some of the volunteers had already been involved in Ke Moja 1 during the pilot phase. Because of their expertise, they became "master trainers" who were responsible for the training of the newly recruited volunteers</p> <p>Challenges:</p> <p>Many of the volunteers left after they were trained because they found employment leaving only 30 facilitators for programme roll out in schools</p>
<p>Induction of facilitators at schools</p>	<p>Induction of facilitators was done by either Future Factory or by the facilitators themselves.</p>	<p>Buy-in was established at schools across the nine metro districts.</p> <p>Enablers:</p> <p>The programme was positively received by schools because of the need for extra support related to drug abuse.</p> <p>Challenges:</p> <p>Some facilitators lacked the organisational skills to establish proper 'buy-in' from both principals and staff members.</p>
<p>Roll-out of Ke Moja programme (11 modules) in 70 identified schools for a period of six weeks</p>	<p>The programme was rolled out at 47 primary schools and 48 high schools for different periods of time, ranging from two to six weeks.</p>	<p>A further 25 schools were also included in the Ke Moja programme. These were identified by both Ke Moja facilitators and The Future Factory as schools in need of drug awareness intervention.</p> <p>Challenges:</p>

		The expansion of the programme to the other 25 schools within the existing time frames impacted on roll-out of the full 6 week programme in schools which includes both theory and practical activities.
Manage Siyabulela Volunteers The following were the key performance areas within the Siyabulela Volunteer Programme, namely: Stipend payments and related administration logistics Collation of all personal detail and CVs Incentive scheme development and award ceremonies Monitoring and evaluation¹³	30 volunteers were managed by the Future Factory.	Stipends were managed by Future Factory The volunteers were paid a stipend of R1800 for the six week programme (R1 200 per month and R600 pro rata) Challenges: The extension of the programme from 70 to 95 schools placed considerable pressure on the capacity of Future Factory to manage the programme roll-out in schools. With only 30 volunteers left, many of them had to 'double up' and facilitate the programme in more than one school.

¹³ The Future Factory Programme Proposal 2008/2009 (28 February 2008)

5.1 Narrative reporting on effectiveness

This section provides a narrative description of the key themes which emerged regarding the effectiveness of the programme roll-out.

Understanding of objectives

An assessment of the interviewees' understanding of objectives revealed that all of the key stakeholders (DSD, DOE, and The Future Factory) have a good grasp of the programme purpose and methodology.

"It focuses on awareness and in helping build the self-image of children so as to catch them before they use drugs. It provides them with alternatives to using drugs. The name "Ke Moja" says it all – I'm fine without drugs. Young people definitely need that extra support", (DOE)

Interviews at schools revealed that almost all the Principals and Educators knew that the key objective of Ke Moja is drug awareness and prevention. This was linked to their motivation for allowing the programme to run in their schools.

"The area where the school is situated is rife with crime, so the programme served as an intervention to that problem especially because children like experimenting with things and here we have drugs", (School Liaison, School C)

Despite knowledge around the programme objectives, none of them showed a good understanding of the key intervention strategy which is to offer young people alternatives to drug taking through physical activities.

The key school liaison at only one of the eight schools had no knowledge of the purpose of the programme:

"If I had known the purpose of the programme, I would have pushed for it.....the purpose of what she was supposed to do was not clear", (School Liaison, School G)

This quote also highlights how a limited understanding of programme purpose can impact on the effective roll-out in schools.

Interviews with learners showed that, on the whole, they understood the objective of the programme as being to provide information about drugs and to discourage them to use drugs.

Effectiveness of making contacts and establishing 'buy-in' from staff

The first point of contact made by the facilitators was the school principal who, on most occasions, referred him/her to the relevant teacher. In all schools interviewed, this was the Life Orientation teacher or Head of Department who then assigned the relevant grades and Life Orientation lesson times.

Establishing initial 'buy-in' from school staff was identified as a key factor to ensure the proper accommodation of the programme into the timetable and hence its effective delivery. This appeared to be problematic in some of the schools.

"With the university students, they get notified way in advance about who will be coming and how long they will be there and what they are going to be doing at the school whereas, with Ke Moja it seems as if the facilitators just turned up one Monday morning", (School Liaison, School F)

"I was not informed beforehand about the project – the staff was not consulted and hence no adjustments were made to the timetable, hence the clashes (with other lessons)", (School Liaison, School B)

The quotes above highlight lack of proper preparation and poor communication with teachers which can impact on their 'buy-in' and effective roll-out of the programme.

Effectiveness of programme duration

According to the implementation plan, the duration of the programme is six weeks. However, it was reported by The Future Factory staff that the programme was only rolled-out for four weeks in many schools because it started later on in the school year.

"Time frames were difficult because Ke Moja was rolled out in the third and fourth term which are difficult times in the school year.....in first term the focus is on athletics and from the second term it focuses on academics. If we go in while there are athletics, it would be much more of a success" (Staff Member, The Future Factory)

As the above quote indicates, the time of year is important to consider when implementing programmes in schools. This is confirmed by one of the principals.

"These organizations must realize that to come in the first week of school is not helpful. During exams they must stay away because it will not work then. The third term I would not recommend and the fourth term has no teaching days. The first and second quarter is the best time to come in the school year", (Principal, School G)

Whilst difficulty to find a gap in the school calendar is the key reason for the ‘late start’ of the programme, another reason given was the timing of the DSD financial year.

“According to DSD budget cycle, we can only get paid in August. This means that we can only start the programme in the fourth term. However, if we got paid earlier, we could be in the school by April and this works best with the school calendar. The DSD funding cycle is preventing us from going in earlier”, (Staff member, The Future Factory)

Furthermore, tensions amongst members of The Future Factory’s management were cited as another reason for the delays in implementation because it hampered effective decision making.

Interviews with the eight schools revealed that the duration of the programme ranged from two to six weeks. The Ke Moja facilitators were assigned an average of two to three lessons per week with the relevant grades¹⁴.

The duration of the programme had a significant impact on its effective implementation. For example, in schools where it was rolled out for six weeks, the facilitators were able to facilitate the full programme with both the theory (drug awareness information) and practical (physical activity) content being covered.

“As far as theory goes the facilitators appeared to cover quite a bit, they also gave personal experience. They fitted fine into the time frames – did not run out of time for the theory lessons. They did, however, ensure that they had equal amounts of theory and practical lessons”, (School Liaison, School F)

However, in schools where it was rolled out for only two or four weeks, it was reported that only some aspects of the programme were covered:

“All the theory was done but the practical/physical part was not done, so the time was not enough”, (School Liaison, School E)

“The challenges included too little time to make a real intervention. My timetable was cut short – I had to rush and wrap everything up. It was originally six weeks and then cut to four weeks”, (Facilitators focus group)

“Accommodation for the programme was not made in the school’s timetable structure, On the days that the Ke Moja facilitators came there were clashes with other learning areas and some teachers complained about this”, (School Liaison, School B)

¹⁴ In primary schools, grade five and six were targeted with grade four also being included at some schools. In high schools, grade eight and nine were targeted with grade ten also being included in some schools.

As the last quote suggests, some schools were also reluctant to assign time to the programme for fear of time lost on other subjects. Added to this is the fact that there are many other service providers offering similar or related programmes in the targeted schools and they are all competing for lesson time.

Effectiveness of facilitators

The facilitators were drawn from the DSD Siyabulela Volunteer Programme and selection was undertaken by the DSD district offices. However, it is unknown whether any clear criteria were established in order to guide selection. As the staff members at Future Factory noted:

“I don’t know, what, if any, was the criteria for the selection of facilitators”, (Staff member, The Future Factory)

“District offices just gave us names to work with and some of the facilitators were not skilled to work with children.....facilitators told us after training that they could not go to a school because they do not like working with children, others said they don’t know how to work with children – even though they went through the training”, (Staff member, The Future Factory)

It was also reported that two of the facilitators were still addicted to drugs when they began working on the programme and this was discovered by an Educator in one of the schools. Perhaps this situation could have been avoided if proper screening and assessment had been done during the selection process and this is an important key lesson to be learnt regarding the project model.

Principals and school liaisons interviewed at seven out of the eight schools described the facilitators in positive terms. Some of the key qualities which were highlighted include: professionalism in dealing with staff and learners, high levels of enthusiasm for the Ke Moja programme, being supportive of learners and good communication with learners. This is captured in the following quotes:

“She was fantastic with the learners, related well with them, she had a way of probing and getting the answers she needed from the learners. They were comfortable and could easily express themselves with her”, (School Liaison, School C)

“The facilitators were very enthusiastic about the programme. In terms of staff interaction they were very professional. Interaction with the learners was good and the learners enjoyed it”, (Principal, School H)

The learners interviewed at all eight schools also described the facilitators in positive terms with key qualities being good listening skills and being approachable. This is reflected in the statements below.

"They would always listen to us and gave us confidence to speak to them", (Learner focus group, School D)

"We could open up with her and we could share our experiences with her", (Learners focus group, School A)

Learners in all the focus groups also highlighted the importance of the facilitator being a positive role model for them. However, in two of the eight schools, learners described their facilitator as being a poor role model.

As the comments above highlight, the effective implementation of the programme is very much dependent on the personal and professional skills of the individual facilitator.

It was also noted that facilitators added to the content of the lessons by sharing their own life experiences.

"They speak to us openly and their experiences and they help you to make the right choices", (Learners focus group, School F)

"We were comfortable with her, she would talk about herself and she knew that if she didn't open up herself, we would not open up. This she did very well", (Learners focus group, School G)

As the above quotes indicate, facilitator self-disclosure led to the building of trust with learners – an important element in the development of effective learner-educator relationships. In four of the eight schools learners reported that the facilitator fulfilled the role of 'counsellor' at their school. This was confirmed by members of the facilitator's focus group:

"Drugs are related to HIV and I bring drugs and HIV together and that is what I do, I talk to them about transmission. I bring this to the programme, I also act as a counsellor - we fulfil the role as counsellors", (Facilitators focus group)

This finding could indicate that there is also need for psycho-social support and counselling amongst learners at these schools.

Effectiveness of content

The content of the Ke Moja programme refers to both the theory (drug awareness information) and practical (physical activities). The combination of both has been highlighted as essential in the effective fulfilment of the programme purpose which is to inform young people on drugs and to offer them alternatives to using drugs.

Given that the full six week Ke Moja programme, including both theory and practical, was only facilitated in two of the eight schools, it is difficult to provide thorough insight into the effectiveness of its content in achieving the purpose. However, some key themes emerged from the interviews.

The principals and teachers at six of the eight schools reported that the content of the programme complemented the life orientation curriculum. As one principal noted:

“Yes it fits into the broader life orientation (LO) curriculum. We do cover drug awareness and physical activity activities but Ke Moja was good because they brought this to the learners”, (Principal, School H)

The learners across all eight schools reported that, besides drug awareness information, other related life skills topics were also covered during the lessons. These included: gangsterism, sexuality and teen pregnancy, HIV/AIDS, peer pressure, goal setting and problem solving.

Effectiveness of methods

The data reveals that, on the whole, the facilitators made use of interactive games, drama and ice-breakers to deliver the programme and this impacted positively on the effective delivery of the programme purpose. This is because they improved learner interest and participation as is highlighted in the following statements:

*“Games got the learners involved and they enjoyed it – they were appropriate”,
(Principal, School D)*

“Interaction with the games. I could see full participation from learners as well as their thorough enjoying the activities. This was good because getting learners to participate in physical activities at high school is very hard”, (School Liaison, School D)

Furthermore, it was noted by interviewees that the methods used also facilitated the learning process.

“The methods used were motivating and inspiring, they really helped the learners to understand the content”, (Principal, School E)

“The activities kept learners interested and involved and kept them coming back for more – in this way they got the learners to learn without them (learners) realizing it”, (School Liaison, School B)

Six of the eight learner focus groups identified the interactive games and teamwork activities as the most enjoyable aspect of the programme.

Effectiveness of branding - identifying with the ‘Ke Moja’ brand

Whilst all learner focus groups remembered the facilitator and programme, there appeared to be very little awareness of the ‘Ke Moja’ brand. Only one out of the eight learner focus groups remembered the brand and gave some evidence of brand-consciousness by offering the English translation of the term ‘Ke Moja’ – ‘I am fine without drugs’. Whilst a clear explanation for this was not identified, the facilitators mentioned one possible reason for limited brand-consciousness is the fact that the facilitators were not clearly and visibly linked with the Ke Moja brand in schools.

“There was nothing for the trainers – sweaters, tracksuits etc. There was no visibility at the school, they thought that we are parents”, (Focus Group, Facilitators)

“The appearance of the facilitator is very important – people can’t see who we are”, (Focus Group, Facilitators)

Other challenges

Access to equipment and facilities also presented challenges to the effective implementation of the programme. For example, a Future Factory staff member noted that equipment for indigenous games cannot be easily sourced and therefore the facilitators had to make use of their own ideas in the class. Furthermore, it was also noted that lack of classroom facilities was another challenge and that the programme worked particularly well in the few schools where the facilitator was provided with a “dedicated Ke Moja room”.

5.2 Discussion

The Future Factory has effectively implemented most of the activities planned for the roll-out of the Ke Moja programme for the period of March 2008 to February 2009.

Whilst school staff and learners reported that they knew the key objectives of the programme to be drug awareness and education, many of them had no knowledge of the key intervention strategy of offering alternatives to drug abuse for young people.

Making contacts and establishing 'buy in' from schools was done via the principals and key liaison educator from the LO department. In some schools this was not done properly and this impacted negatively on effective programme implementation.

Interviews with schools revealed that the programme was rolled-out for a period of two to six weeks. The main reason cited for the cut in programme time was that it occurred at the end of the year which is not an ideal time to enter the school environment.

Feedback on facilitators from learners and school staff in all but one of the eight schools was positive.

The full content of the programme was not effectively covered in most schools because of the cut in programme time; however, some important themes emerged. These include the fact that the content complemented the LO curriculum and that other related life skills topics were covered. Also, facilitator self-disclosure led to greater levels of trust between them and the learners and the interactive methods used during the lessons also facilitated improved learner interest and participation.

Whilst learners remembered the facilitator and the programme, there was very little memory of the Ke Moja brand at all of the eight schools interviewed.

6 Impact

In this section we assess the changes that have come about as a result of the programme. We particularly explore the changes for the learners, school staff and facilitators on three levels; changes in knowledge and skills, changes in attitude, and changes in behaviour. These are depicted in the diagram below.

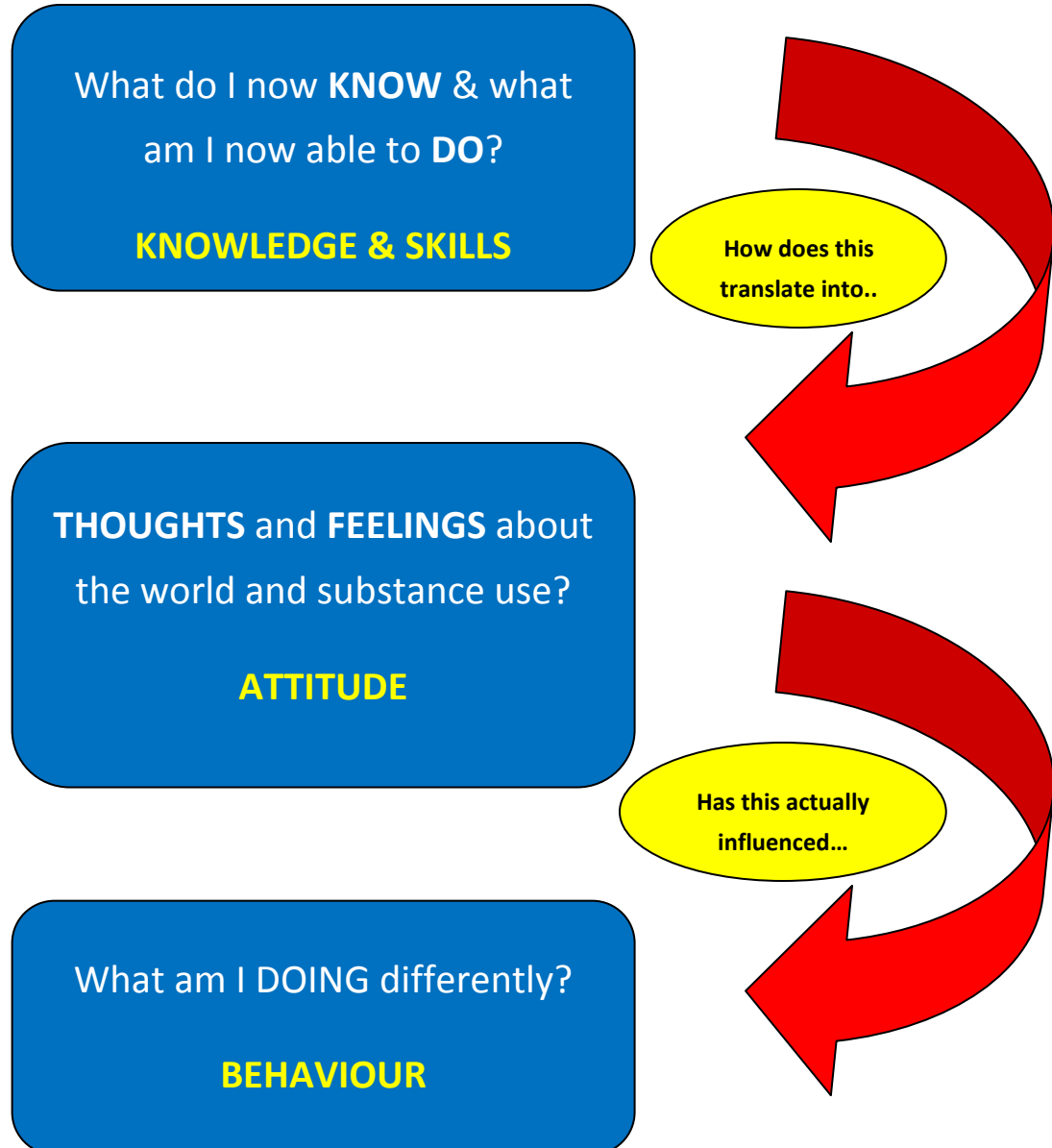


Figure 1: Impact diagram

6.1 Key messages for Learners

Learners were asked about the key messages they received out of the Ke Moja programme. These key learnings represent what learners remember most about the

programme, the assumption being that these are the lasting messages that they took out of it.

Some learners out of each focus group indicated that the key message for them was around saying “**Ke Moja...I am fine without drugs**”. Only one group of learners did not indicate that they received this message.

While most groups indicated that they had learnt something about saying ‘no’ to drugs, a recurring and more prominent theme emerging as a key learning for learners was around how to **treat others** with respect, honesty and love. This often included their friends, family and educators.

Another key message for learners was about **appreciating life** and the opportunities that accompany that it. Learners learnt that setting **goals** for themselves are important.

A key learning was also around having **alternative ways of coping** with life, and that they have various options to choose from. Learners showed that they learnt the importance of appreciating life and making the **right choices**:

“Life can go ahead without drugs and you can reach your goals without it. There are lots of people who do not do drug and they are successful” (Learner, School F)

“Sometimes things are hard at home, but you do not need to find an escape” (Learner, School F)

“I could use my life in a meaningful way” (Learner, School C)

“If there is something I don’t want to do, I have the right to decline it because the choice is mine”, (Learner, School C)

Only one learner mentioned sport as an alternative way of coping.

A key message around making the right choices for learners was about **choosing the right company** to associate with. This included being aware of the effects of peer pressure and gangsterism in influencing drug-related behaviours and ultimately hindering the achievement of goals.

“Alcohol and drugs play a big part in gangsterism”, (Learner, School F)

Learners in more than one of the focus groups also mentioned that a key learning was around the importance of **self control**, particularly controlling anger.

Taking the responsibility for **sharing the information** and educating others was also a key message for learners from a number of focus groups. These learners saw it as their role

to discourage people from using drugs. They indicated that the key message was around being a role model to those in their community, their friends and family.

The learners in one focus group indicated that the key message for them was around issues of **reproductive health** such as contraceptives and delaying sex. It seems like the facilitator focussed on reproductive health in this school.

6.2 Impact on learners

Changes in knowledge, skills and awareness

Learners had, through their involvement in Ke Moja, increased their knowledge about drugs, the effects of drugs, and the situations that could lead to drug use, such as peer pressure and gangsterism. They gained knowledge around some of the life skills needed to cope with challenges:

“...she (educator) could see on learner’s faces that they had faced similar situations and had the same kinds of conflict of life choices and peer pressure. Learners could identify with the situations and role play and they learnt that there were other methods and ways to handle situations and make decisions...” (School Liaison, School D)

Ke Moja also seemed to create a space for learners to reflect on their lives, goals and aspirations:

“We think about our future – when we sit in the sun and talk with our friends we dream about the future and what we want to be”, (Learner, School B)

The ‘key messages’ above also reflect the changes in knowledge which happened for learners.

Changes in attitude

Some Educators reported that learners were positive and excited about the programme.

Some learners also took more ownership of the drug problem and so expressed the need for police inspection from time to time, and reported cases of drug abuse they were aware of in their schools.

Changes in behaviour

Learners indicated that they had some behavioural changes.

Sharing information

The most prominent behaviour change evident was that learners were now able to speak to others (e.g. family and friends) about drugs and related issues:

"I tell my mother everything they tell us about drugs..." (Learner, School H)

"I asked my friend why he takes drugs, 'How do you feel after drugs?' And he said that it helped in escape..." (Learner, School H)

In some cases the sharing of information led learners to influence others to change their behaviour:

"I had a friend who used dagga and we spoke to him and now he has stopped and he only smokes cigarettes" (Learner, School H)

Treating others with respect

Another significant change was that learners treated their friends, fellow learners, educators and families with more respect and tolerance. Learners also showed that they were more disciplined generally:

"There was this one kid who initially caused a commotion in the class and said that we are always judging him and no one really cares for him. I explained to him what we were doing and in the end he was the one who would tell the other children to keep quiet and listen because what I had to say was important..." (Facilitator focus group)

"...because they respected the ground rules laid down in the programme and carried it through outside the class. Things like confidentiality, respect for each other and giving each other a chance to speak" (School Liaison, School D)

"...learners were better with each other because they played together. Usually break times boys played with boys, girls with girls, one group one side another group another side. But the Ke Moja Programme got them all to interact with each other" (Principal, School H)

"Now and then I am in trouble, before this programme I was rude and sometimes naughty... I am not so rude anymore" (Learner, School A)

"My home life changed – and now I am not so rude to my parents anymore" (Learner, School B)

Some learners showed that they could now control their emotions, particularly anger, more:

"...I used to fight with a boy every day, and now I try to ignore him. I learnt a lot at Ke Moja...they taught me to walk away." (Learner, School B)

A couple of learners indicated that they learnt to be more honest through the Ke Moja programme:

"I used to tell a lot of lies and now I try to tell the truth – I stop myself and tell the truth" (Learner, School B)

"My uncle was a 'robbie' a number 26 and we would keep his stolen good and he would influence us to sell the things for him. Now I have stopped doing that since Ke Moja. I decided that I am not going to do this anymore" (Learner, School F)

Academics

A key change noted by Educators was that learners improved their academic work through being more focussed. They were also more confident and able to express themselves in class. An example was made of a child who used to be shy but was now interacting more in the classroom.

Use of drugs

Some learners changed their drug using behaviours due to the Ke Moja programme:

"I used to smoke until Ke Moja; I have now cut down on the smoking"

"I used to smoke glue...but now I have tried to stop"

"I used to drink – but not now anymore. Somebody came and told us that drinking and drugs are not alright and it was clear that these things are not for us and I have now stopped" (Learners, School E)

Some learners not only stopped using drugs, but also now chose to occupy their time doing physical activity:

"I worked with a boy who is now a captain of the (some sports) team and he told me how difficult it was to stop and yet now he is not doing it any more" (Facilitator focus group)

“I used to smoke dagga and then I learnt from them (Ke Moja) to stop and now I have started doing gym to build up my body again” (Learner, School F)

It was not however evident that Ke Moja had a direct influence on them using exercise as an alternative coping mechanism.

Learners also indicated that being involved in the Ke Moja Programme enabled them to walk away in situations where they were faced with using drugs, including cigarettes, and was therefore effective in diverting them from drug use.

6.3 Impact on Educators and Principals

School representatives were asked whether the programme had changed them in any way. Even though there were only a few changes on their part, the following changes were evident.

A few schools indicated that the value added for them was learning about how to deal with drug related issues, which was enabled through their increased knowledge about drugs. They also reported that they learnt how to identify learners who were using drugs.

A few of the Educators indicated that they had learnt alternative teaching methods for learners:

“...by seeing how the learners and facilitators interacted, I know that the move is now away from being a disciplinarian...the facilitators met the learners on a different level – could get good interaction with learners. This is the aim of teachers as well” (School Liaison, School D)

Some of the Educators indicated that they no longer were in denial about the reality of drugs at their schools.

Even though the programme did not target school staff directly it is clear from the above that there were some unintended, positive consequences for some of them and this could lead to them reinforcing the key messages taught by the Ke Moja facilitators.

6.4 Impact on the Ke Moja Facilitators

A number of changes occurred for facilitators/facilitators due to their involvement in the programme. Considering that part of the aim of the programme was to build community capacity to cope with drugs through the use of volunteer facilitators, this is important.

Knowledge, awareness and skills

Facilitators gained knowledge about drugs, particularly the symptoms and effects of drugs. This knowledge increased their awareness and ability to identify the signs of drug users, not only among learners but also among their own children.

Behaviour

Being involved in the Ke Moja Programme resulted in a number of changes for facilitators.

One of the key changes was the way in which facilitators **supported friends and family** who were using drugs. Some facilitators indicated that they were now more supportive through openly listening to them and sharing information with them. One facilitator related an experience which she had with a family member:

“My twin brother is on drugs. We used to shout at him and call him names like ‘druggie’, etc. My mother died and I was left with him. After doing Ke Moja I realised that we were doing the very thing that was driving him to drugs – we were not accepting him into the family and treating him properly. I have realised that what he needed was guidance and that we should be there for him. I explained to them (the family) and asked him what was the problem and he gave me the answers of peer pressure, gangsterism and the fact that he just resorted to this because he needed someone to speak to. He has now stopped and I check up on him all the time. I went to school to check up on him, and he was sitting with girls and not the naughty guys”, (Facilitator Focus Group)

Facilitators have also become **sources of information in their communities** and families. Not only did they take on the responsibility of sharing information, but they were also recognised as sources of information by community members who often came to them for advice:

“People come to me and ask me a lot of questions. The man came to me and told me about the problem with drugs and I was able to direct him where to go. They recognise the role that I can play in the community”, (Facilitator Focus Group)

Personal changes for facilitators were that they felt empowered through the skills they applied, and more confident in applying these skills in their communities. Another change for a facilitator was that they learnt to be more sensitive to others.

One facilitator indicated that the skills learnt through Ke Moja enabled them to start a support group in the community.

Another facilitator indicated that as a **parent** she learnt to apply the skills learnt through the programme with her child at home, and so became a better parent:

“I am a single mother – I could speak to my daughter and implement what I was teaching at schools and I could influence her thinking and behaviour...I couldn’t do it before the programme – I came to her level. It taught me to be a better parent”, (Facilitator Focus Group)

6.5 Other impacts of the Ke Moja programme

In a few instances it was reported that the Ke Moja programme had extended impact in **communities** through the information shared by those participating in the programme. One example of this was that parents wanted to start a support group for families of substance abusers – this was apparently influenced by an educator who spoke to parents about the programme¹⁵.

Furthermore, The Future Factory also reported that they gained *“credibility and insight into...young people on the Cape Flats”* (Staff member, Future Factory)

6.6 Discussion

The most prominent message conveyed to students was about treating others with respect. The majority of learners got the messaging around saying “no” to drugs. Some other key messages were about having the power to make choices around one’s own behaviour (for example around anger management, friends and drugs) and the importance of making good decisions.

Learners increased their knowledge on the effects and factors that influence drug use, for example, peer pressure. They also gained knowledge around the types of skills needed to

¹⁵ This was reported by a facilitator, but wasn’t however verified.

cope with challenging situations and became more aware of the goals they wanted to achieve. Changes in learners attitude was evident in the ownership which some of them took in relation to the drug issues at their school and also with their families.

The key change in learner's behaviour was that they shared the information received by Ke Moja programme with their family and friends. Another prominent change is that learners treated their friends, fellow learners, and family, particularly parents with respect, which some of them struggled to do before due to anger management issues. Educators indicated that learners were more focussed on their work and showed more confidence through being more expressive in class. This was attributed to the Ke Moja Programme.

Even though it was only evident in some learners, direct behaviour change or diversion from drug use was reported. Some learners decided to stop smoking, drinking or using harder drugs, while others indicated that when they were faced with an opportunity to experiment, they refused.

A few changes were reported by Educators/Principal. These were around increasing their knowledge about drugs and their ability to identify learners using drugs. Teachers also learnt alternative teaching methods. Furthermore some teachers shared the information they learnt with others, particularly parents.

Ke Moja facilitators themselves gained knowledge about drugs through their involvement in the programme. Facilitators became more understanding and supportive of those in their personal circles who were using drugs. Some facilitators were also more recognised in the community in terms of the information they could provide, and as a result became a source of support and advice. Facilitators applied their facilitation skills gained (e.g. confidence, sensitivity, etc.) to the way they interacted with the community and their family.

A couple of changes (related to drug use and community involvement in drug awareness) in the broader community were also reported, but because the broader community did not form part of the sampling group, these changes could not be verified.

7 Sustainability

This section explores whether the positive effects of the programme persist beyond its cessation.

7.1 Sustainability of the impact on learners

This evaluation has found that some of the impacts of the Ke Moja programme may be sustained over time. Evidence of this was found when learners were still able to report on its impact six months after its completion. However, most of these impacts are related to an increase in knowledge rather than a sustained impact on behaviour.

7.2 Sustainability in schools

There are a number of factors which inhibit the long term uptake of Ke Moja as a methodology in the schools. Firstly, there was never an explicit agreement with the school that they would take up the programme methods. Hence, for most schools, it was simply viewed as another life skills programmes. The short term intervention of Ke Moja in the school (2 – 6 weeks) left the impression that Ke Moja was a once-off programme.

In general, school staff indicated that, in order for the Ke Moja programme to be sustainable in schools it needs to be integrated into the school curriculum and syllabus. For example, a number of participants suggested that to prevent clashes, Ke Moja should be formally integrated into the school curriculum (at the National level) before it is adopted as part of school syllabus (at school level).

The service provider, The Future Factory, also reported that the programme should be integrated into the Life Orientation classes. This would prevent clashes with time set aside for other subjects and would also provide much needed human resources to the schools (Ke Moja Facilitators). It was also felt that should Ke Moja be integrated into the school curriculum and syllabus, it would encourage teacher participation in sessions.

The Department of Education reiterated that Ke Moja could also be integrated into the Department's peer education programme, and that peer educators at schools could also be trained as facilitators.

It was also suggested that integration of Ke Moja into the Life Orientation class should also be simultaneously combined with the training of educators and learners in Ke Moja in order for the programme effects to be reinforced in learners long after the facilitators leave.

School staff in general agreed that Ke Moja should continue to be implemented in schools. The majority of them indicated that in order for Ke Moja to be successful, it would require community involvement combined with parent involvement as a management tool to make the programme sustainable. The role of parents and Educators was emphasised by all schools involved in the programme.

In order to maintain some semblance of the programme, some schools have adopted voluntary facilitators who serve as Physical Training/Education (PT) coordinators under The Future Factory's Sports Academy. This system serves as an exit strategy in which the Ke Moja programme's Facilitators do not just disappear, but remain behind for other purposes. The service provider also suggested that in place of ending the project cycle, one Facilitator should be placed at the school in order to continue with the project.

7.3 Sustainability in the DSD

The Department of Social Development is currently in the process of developing a sustainability strategy for Ke Moja and is currently consulting with other Departments who can be brought on board as partners in the endeavour. The financial sustainability of Ke Moja will require funding approval from Provincial Treasury. Subsequent to the end of the first roll-out of Ke Moja 2, the Department of Social Development has provided The Future Factory with funding for the roll-out of Ke Moja for the next two years. This is the Department's third year implementing the programme and since the anticipated timeframe for operating Ke Moja in the Western Cape is included in the Department's ten-year strategy. This suggests that Ke Moja is an integral part of Departmental planning strategies for the next few years.

The service provider, The Future Factory, noted that their programmes implemented in schools are "once off" and inconsistent. The service provider suggested that in order to counter this Ke Moja should become an umbrella body under which all awareness raising campaigns and programmes for issues such as HIV and AIDS, teen pregnancy, and so forth, are branded.

7.4 Discussion

The findings of this study have revealed that the sustained impact of the programme on learners is limited mostly to their knowledge of key messages. The integration of Ke Moja into the curriculum and syllabus will go a long way to improve the sustainability of the programme in schools.

Closely tied to this is the importance of training of educators, Peer educators and parents in drug awareness because it is believed that their influence on learners and other young people could enhance the long term impact of the programme, particularly after the Ke Moja facilitators have left the school.

8 Project Model – lessons learned

This section highlights the key factors which contribute to the success of the Ke Moja project model. It is based on two questions which were put to the stakeholders, namely:

- what are the key things that need to be in place for a project of this nature to work?
- what are the key lessons you would like to share with other schools who may implement a project like this?

8.1 Establishing ‘buy-in’ from the school community

The Ke Moja model of intervention is school based and targets learners in primary schools (grades five to seven) and high schools (grades eight to ten) and therefore establishing proper ‘buy-in’ from schools is essential for its success.

However, the programme needs to be properly co-ordinated. The school setting is very structured with clear time-frames and deadlines being set out a year in advance and therefore proper planning and communication with relevant staff members is crucial to ensure their support and buy-in. Staff members at all of the schools highlighted this as a key lesson. As one principal stated:

“You need to plan way in advance – not just get notified one week before. It is best to plan before the school year starts”, (Principal, School D)

Another key lesson is that aligning the Ke Moja programme with the curriculum, particularly the LO curriculum, facilitates its integration into schools. This, in turn, also leads to a closer working relationship between the facilitators and Educators, which was highlighted as another key factor which ensures successful implementation.

8.2 The role of facilitators

The use of facilitators to facilitate the programme is another central aspect of the Ke Moja model of intervention.

“Ke Moja survives because of its personal touch with the facilitators in each school. It also brings awareness to other people in the community”, (Staff Member, Future Factory)

The skill and expertise of the Ke Moja facilitators was therefore highlighted by stakeholders as a key factor which needs to be in place in order for the programme to work well. Relevant selection criteria need to be strictly applied in recruiting facilitators. These include: ability to work with children; police clearance; good facilitation skills; knowledge or ability to gain knowledge on core curriculum; good organisational skills

“Selection of the right facilitators is key – they are the main drivers of the programme and need to be passionate with helping young people. Ke Moja gives them the tools to assist young people”, (Miles & Associates)

“People who are suitable to work with children – we also need to ensure proper screening of the facilitators”, (DOE)

8.3 Including Educators and parents on the programme

The inclusion of Educators on the programme is another key lesson regarding project model.

“Teachers could be more involved, so brief the teachers so that they can monitor progress. Also, perhaps involve the teachers in the process. The programme was very one-sided – just these outsiders coming in and doing their thing”, (School Liaison, School B)

This was confirmed as a key lesson learnt at another school:

“Teachers need to interact with the programme to see and observe what is being done – as a teacher you can learn”, (School Liaison, School D)

Besides working closely with Educators, it was also suggested that the parents should be informed of the content of the programme so that they can reinforce the key messages which were taught to learners in the classroom.

Interviewees across all stakeholder groups believe that drug awareness programmes should include parents in their target group.

“A parent component is needed in the programme to help them to help their children remain without drugs. If they start using, how can the parents stop them”, (DOE)

“Parents must be educated too as I feel they are too permissive in terms of letting young people do what they want”, (Principal, School G)

“The gap is that parents need help – the parents need interventions aimed at them. The problem learners come from homes where there is a substance abuse problem”, (School Liaison, School A)

As the above quotes suggest, the inclusion of parents should focus on providing them with education and support for dealing with drug abuse in the home environment. It could also assist in reinforcing the messages provided by the Ke Moja programme:

“Parents are not up to date on programmes....we try to change children within school environments and then children go home to parents who don’t know that their child has been exposed to this information”, (Staff member, Future Factory)

8.4 Six key elements of the programme

The findings of this study reveal that there are six key elements which, when combined, create a powerful tool to increase the ability of young people to say “No thanks I’m fine without drugs” and then choose a healthy alternative.

These six elements which are captured in the diagram below include (1) quality not quantity (2) strong project management systems including proper planning, monitoring and evaluation (3) strong cooperation between DSD and DOE and buy-in of district offices of DOE (4) integration into the curriculum and school system (e.g. extra-murals or PE lessons) (5) skilled and appropriately selected facilitators (6) a supportive environment which includes working with educators and parents.

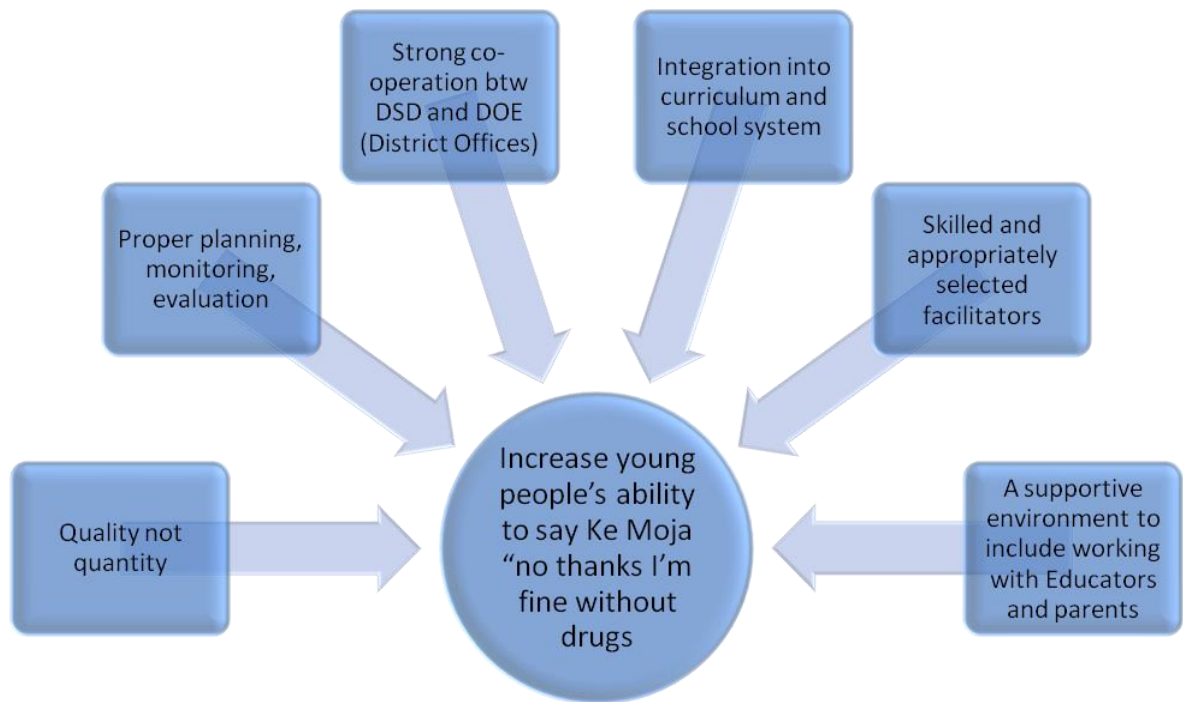


Figure 2: Six key elements of the Ke Moja programme model

8.5 Discussion

Establishing proper buy-in from schools is one key to the success of the Ke Moja project model and the programme therefore needs to be properly planned and co-ordinated from the outset. Good communication with school staff and working in close collaboration with Educators needs to be in place in order for the programme to be a success.

The skill and expertise of the Ke Moja facilitators is another key to programme success. Clear criteria therefore need to be established beforehand in order to ensure that they are properly screened and selected. Including parents and Educators on the programme will also strengthen the project model. Lastly, six key elements which need to be in place to ensure programme success were highlighted.

9 Conclusion

Drug abuse was identified as a problem by school staff and learners in all of the schools covered in the study and young people are constantly exposed to drugs in their homes, schools and communities. Furthermore, drug abuse impacts negatively on learner behaviour and learner focus groups all indicated increased levels of violent behaviour amongst those abusing drugs.

Given the high incidence of drug abuse, school staff indicated that the Ke Moja programme is relevant and, because the facilitators live in the same community as the learners, the programme is more culturally relevant.

A gap in meeting learner needs has been identified because it was found that the facilitators often played a psycho-social support role for learners for which they are not properly equipped to fulfil. Another gap in programme relevance is that parents and Educators are not included in the programme.

The overall management of the Ke Moja programme has been a key challenge. This includes challenges related to financial resource management and project co-ordination. Whilst some monitoring of the Ke Moja programme took place, this was limited because systematised institutional arrangements to ensure the effective monitoring and evaluation of the programme were lacking.

On the whole, interaction between stakeholders worked well despite funding issues which negatively impacted on relationships with the facilitators.

The Future Factory has effectively implemented most of the activities planned for the roll-out of the Ke Moja programme for the period of March 2008 to February 2009 and school staff and learners reported that they knew the key objectives of the programme to be drug awareness and education.

Making contacts and establishing 'buy in' from schools was done effectively in some schools but not in others and this impacted negatively on effective programme implementation.

The programme was rolled-out for a period of two to six weeks and the main reason cited for the cut in programme time was that it occurred at the end of the year which is not an

ideal time to enter the school environment. Due to this cut in programme duration, the full content of the programme was not effectively covered in most schools.

Feedback on facilitators from learners and school staff in all but one of the eight schools was positive. It was also found that facilitator self-disclosure led to greater levels of trust between them and the learners and the interactive methods used during the lessons also facilitated improved learner interest and participation.

Whilst learners remembered the facilitator and the programme, there was very little memory of the Ke Moja brand at all of the eight schools interviewed.

Findings on the impact of the programme on learners found that the most prominent message conveyed to them was about treating others with respect. The majority of them got the messaging around saying “no” to drugs. There has been an increase in learners’ knowledge on the effects of drugs and factors which influence drug use. They also gained knowledge around the types of skills needed to cope with challenging situations. Changes in learners’ attitude was also evident in the ownership which some of them took in relation to the drug issues at their school and also with their families.

The key change in learners’ behaviour was that they shared the information received by Ke Moja programme with their family and friends. Even though it was only evident in some learners, direct behaviour change or diversion from drug use was reported. Changes were also reported by Educators, Principals and the facilitators as a result of the programme.

The findings of this study reveal that the sustained impact of the programme on learners is limited mostly to their knowledge of key messages. The fact that it is not integrated into the curriculum and syllabus also leads to a lack of sustainability of the programme in schools.

In terms of the project model, this study concludes that there are six key elements which need to be in place to ensure programme success. These include (1) quality not quantity (2) strong project management systems including proper planning, monitoring and evaluation (3) strong cooperation between DSD and DOE and buy-in of district offices of DOE (4) integration into the curriculum and school system (e.g. extra-murals or PE lessons) (5) skilled and appropriately selected facilitators (6) a supportive environment which includes working with educators and parents.

10 Recommendations

This section deals with recommendations that arose from the study. These are a combination of respondent's recommendations, as well as those made by the research team.

10.1 Implementation in schools

The findings of this study prove that the full six week programme, which includes Ke Moja 1 (theory) and Ke Moja 2 (physical activity) needs to be facilitated in order to maximise its impact on the school community.

The following recommendations are made around integration of the programme into the school setting:

Firstly, the programme should be implemented during either the first or second school term and contact with school management should be made long before programme roll-out so that it can be integrated into the school curriculum.

Secondly, it is essential to establish strong buy-in from Principals and Educators at the outset. It is therefore recommended that school staff be properly informed on the programme objectives, content and methodology. An introductory meeting by the facilitator with all staff members at the school has proven to be a useful means of doing this. Mandate from the DOE to conduct the programme in schools also increases support and buy-in.

Thirdly, it was recommended by the DOE that the programme link up with the peer education programme in schools. The Peer Educators could be trained as Ke Moja coaches or 'ambassadors' and this will also improve programme sustainability. Discussions could be held with the Western Cape Youth Peer Education Association to see how this could work.

Lastly, the Ke Moja programme needs to be aligned with the Life Orientation curriculum at each school and the facilitator therefore needs to work closely with the Life Orientation Educator to make all the necessary plans. Involving the Educator in the planning and implementation will also improve the programme sustainability in schools.

10.2 Programme content and methodology

Recommendations around programme content and methodology are made below. They will also serve to strengthen the relevance of the programme to learners' needs.

Whilst drug awareness should remain the core focus of the Ke Moja programme, it is recommended that other themes be included in its content as they are inextricably linked to substance abuse. This includes: gangsterism, anger management, self-respect, choices and decision making teenage sexuality such as pregnancy and HIV/AIDS.

It is also recommended that a wider range of activities be offered to young people as alternatives to drug taking. Learners suggested the following as ideas: drama and plays, arts and culture, musical groups, music programmes such as Hip Hop, gospel or choirs, more games, camps, sports, dancing/jiving/break-dancing, outings to prisons, outdoor activities, creative activities, Chess.

Furthermore, the language and content of the Ke Moja training manual needs to be adapted to suit the needs of learners. It should therefore be translated into Xhosa and Afrikaans and the literacy levels and urban/rural differences amongst the learner population needs to be taken into account.

Lastly, it is recommended that parents and educators be included as a target group in order to inform them on the programme content and methodology and to improve their knowledge and awareness on drugs. One way of doing this is to establish support groups or workshops for parents in the communities.

10.3 Programme management

Facilitator recruitment and training

Clear criteria need to be developed for the screening and selection of appropriate facilitators. For example, it would be important to select facilitators who have good organisational skills and experience in working with young people.

The findings of this study indicate that the success of the Ke Moja programme depends largely on the skill and expertise of the facilitators. It is therefore recommended that they receive ongoing training in order to build their capacity.

The following training needs have been identified:

- Facilitations skills
- Planning, monitoring and evaluation skills
- Counselling skills
- Input on other topics related to substance abuse (eg. teen pregnancy)

Noting that currently facilitators are volunteers, it is important that a volunteer management strategy be in place which should cover the expectations regarding volunteers' roles and responsibilities, times, allowances and so on. This may help with volunteer retention, although it is typical to have a high turnover of volunteers (at least 6 months).

Expanding partnerships

Building stronger partnerships with the DOE on a district level is recommended. These multidisciplinary teams could provide ongoing support and monitoring of the programme in schools and this will also contribute to its sustainability.

Other partners identified are: The City of Cape Town and local youth organisations - drawing on their local knowledge and expertise will improve programme relevance and sustainability.

Planning, Monitoring and evaluation

Planning needs to take place well in advance, and very clear implementation plans need to be developed for each implementing agent, which can be rolled up into a Provincial Wide Plan. It is recommended that a monitoring and evaluation plan for the Ke Moja programme be developed with full participation of stakeholders from all levels. This will ensure that more structured monitoring and reporting will occur at set intervals and that key learnings and recommendations will be used to improve programme implementation. Participation also ensures that the indicators are more relevant.

Monitoring tools should build on those currently being used by The Future Factory (e.g. learner reflective feedback, evaluation questionnaires for Principals, etc.) and should include time sheets and structured reports to be used by the facilitators.

Monitoring activities such as site visits to schools need to be conducted regularly and facilitators need to have periodic review and debriefing sessions to provide feedback on the programme, share learnings and obtain the support that is needed.

Timing, resources and funding

Funding from the DSD needs to be released on time (possibly in December to be spent in the following year) to ensure proper implementation at convenient times for schools.

It is also recommended that the amount of the stipend paid to facilitators be reviewed, particularly as this is not sufficient to cover their travel and food expenses for the time that they spend at schools. This will also prevent the high turnover of facilitators. One could also consider appointing facilitators on a part or full time basis which would make the programme more sustainable.

The Departments could also consider contracting a number of private social workers, or ensuring that the District Social Workers are available, who could be provide support in the schools where the programme is running when the facilitators identify a need for their services. I.e. during the 6 week programme, they could visit the school for one day a week and see children who need support. Further referrals could then be made.

Organisational development

As the project is to be expanded to be implemented by local NGOs, the Department could consider building in a capacity development component for the implementing organisations particularly around project management, co-ordination, financial management and monitoring and evaluation. This could be done by partnering with the Directorate of Institutional Capacity Building and Support. The model of mentoring developed by the National Department of Social Development called 'Capacity Building and Mentoring Model for Home and Community Based Care organisations' could be considered.

10.4 Ke Moja branding

Ke Moja branding needs to be strengthened to improve brand-consciousness, particularly amongst learners. It is therefore recommended that the Ke Moja coaches wear branded clothing to increase their visibility in schools. The distribution of promotional items bearing the Ke Moja brand could also fulfil this purpose and it was recommended that local businesses could assist in the sponsorship of these items.

Annexure one: List of schools in which Ke Moja programme was rolled-out

District	Area	School
Eerste Rivier	Eerste River	Melton Primary
		Helderkrui Primary
		R.R. Franks Primary
		Kleinveld High
	Strand	Rusthof Primary
		Rusthof High
	Somerset West	Danie Ackerman Primary
	Kuilsriver	Sarepta High
	Blackheath	Blackheath Primary
	Wesbank	Wesbank High
Athlone	Manenberg	Phoenix High
		Silverstream High
		Manenberg Primary
		Red River Primary
	Hanover Park	Crystal High
		Mountview High
		Summit Primary
		Blomvlei Primary
	Heideveld	Heideveld Primary
	Langa	Kulani High
Bellville	Elsies River	Range High
		St Andrews High
		Eureka Primary
		Clark Primary
		Elnor Primary
	Delft	Voorburg High

		Leiden High
		Welwitchia Primary
	Bishop Lavis	Nooitgedacht Primary
		Kalksteen Fontein Primary
	Delft	Kairoo Primary
Khayelitsha		Kuyasa Primary
		Isophiwa Primary
		Vuzamanzi Primary
		Vuselela Primary
		Sizimisele High
		Chuma Primary
		Isikhokele Primary
		Sivuyisen Primary
		Sivile Primary
		Soyisile Primary
Mitchells Plain		Aloe High
		Princedon High
		Lentegeur High
		Westridge High
		Heinzpark Primary
		Oval North Primary
		Springdale Primary
		Spineview Primary
		Mitchell Heights Primary
		Yellow Wood Primary
Gugulethu		Sitembele Mutiso High
		Fezeka High
		Andile High
		Nomliganiselo Primary
		Dr Nelson Mandela

	Nyanga	New Eisleben High
		St Mary Primary
		Hlengisa Primary
	Phillipi East	Phakama High
		Vuyiseka High
		Klipfontein Primary
Paarl		Orleansvale
		Amstelhof Primary
		Noorder – Paarl High
		Paulus Joubert High
		PC Pietersen Primary
	Stellenbosch	Cloetesville High
		Luckhoff High
	Wellington	Hillcrest Primary
Wynberg	Muizenberg	Steenberg High
		Steenberg Primary
		Hillwood Primary
		Zerilda Primary
	Grassy Park	Fairview
		Parkvale Primary
		Montague Primary
Cape Town	Atlantis	Robinvale High
		Proteus High
		Atlantis High
		Saxonsea High
		Hermeslaan Primary
		Brezelia High
	Mamre	Mamre Primary