# Regional Hub of Evidence-Based Prevention Practices



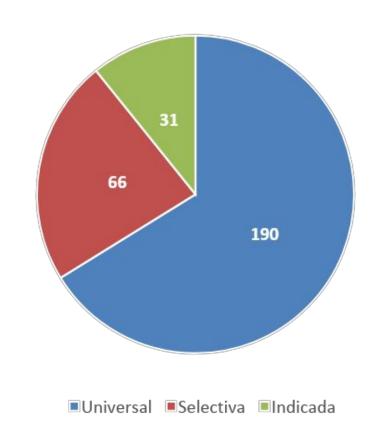
# Context: Evidence Based Prevention in LAC





#### Prevention of PAS use in LAC: MEM

- **278** Reported Prevention Initiatives in LAC.
- The vast majority of the initiatives are of a universal nature.
- 13% of the programs mentioned correspond to "trademark" programs.
- Most popular program: "Familias Fuertes" (SPA 10-14).
- Unfortunately MEM provides **limited information** to assess coverage, targeting or quality of supply.





#### Prevention of PAS use in LAC: Review

### Scoping review (2019): Identified 77 programs in 29 countries:

- 66% of the initiatives were developed by each country.
- 66% universal focus.
- 70% aimed at young people.
- 36% aimed at families.
- 71% develop social skills.
- 63% develop attachment to prosocial peers.
- 61% develop family attachment.
- Most cases are not easily assessable (lack of information)



#### Prevention of PAS use in LAC

Identified technical assistance needs (15 countries):

### Support to

- Advocate prevention to authorities (funding)
- Needs assessment
- Design comprehensive policies and programs
- Training and program implementation
- Source: Evaluation of developed programs



## Prevention of PAS use in Latin America and the Caribbean

- Although the reality among countries varies greatly, it is possible to state that there are uncertainties regarding:
  - Prevention programs scope (coverage and targeting)
  - Implementation quality (fidelity)
  - Effectiveness and efficacy, even in the case of "Trademark" IBEs (adaptations)
- Low variety in the availability of PBEs accessible to the region (language, adaptation and cost of implementation).
- A variety of initiatives implemented are later discontinued for various reasons.



#### A problem to be solved

#### Grades

Study proves theory that men cannot "walk and chew gum at the same time"

by Gabriela Ulloa

Thursday July 22, 2010 | 14:41



"We will have to be able to walk and chew gum at the same time."

Each initiative must integrate appropriate monitoring and evaluation strategies to assess its achievements and organize its learning.

## Regional Hub for Evidence-Based Prevention Practices: Key Components





### A Hub is

...A node that seeks to facilitate the exchange of knowledge, information, resources and capabilities...



#### **Objectives**



Contribute to increasing the **number of prevention programs** in active implementation in
the region that adhere to minimum quality
standards.



Contribute to **increasing** the **coverage** of actively implemented prevention programs in the region that adhere to **quality standards**.



Contribute to **increasing** the availability of prevention initiatives that can be transferred among countries in the region (**evaluation of effectiveness, efficacy**, manualization and training/advisory capacity).



#### **Program components**

Develop interest and map requirements and needs for the development of prevention initiatives in the region (GOs and NGOs).

Technical assistance for the implementation of EBPs that adhere to quality standards.

Learning
Community and
Regional
Prevention Mentor
Development

**Development of** 

**Knowledge Management** 

Articulation of resources and institutional capacities



**Strategic Planning** 

Organize work, seek funding, M&E, Manage knowledge, disseminate

Demand Reduction Unit (OAS-CICAD)

Liaise with Gov. and NGOs

**Raise Assistance Needs** 

Prevention Quality
Standards

Regional Mentor Network

**Learning Community** 





OG-NGO Orientation



Piloting and adjustment of prevention initiatives



Support for the effective implementation of prevention initiatives



Evaluation of prevention initiatives



Transfer of prevention initiatives across contexts and countries



Monitoring of progress and systematization of learning from initiatives



Dissemination of results



#### **Prevention Initiatives Quality Standards**

1. Explicit and Consistent Ethical Principles

2. Compliance

3.Sustainability of the Initiative

4. Financing of the Initiative

5. Competencies and experiences of the implementing team (staff) 6. Optimal
Organizational
Climate and
Opportunity for
Implementation

7. Performance evaluation linked to intervention objectives

8.Learning
Processes and
Continuous
Improvement.

9. Needs assessment of the target population and its scope.

10. Intervention Logic Model

11. Evidence of Effectiveness

12. Implementation Fidelity and Adaptation

13. Monitoring and Evaluation of Initiative Results (Outcomes)

14. Economic Evaluation of the Initiative

15. Adaptation



#### **Prevention Initiatives Quality Standards**

Each standard describes three level criteria:





#### **Structured Assessment Example**

C: The **policy specifies** that any implementation of a drug use prevention program requires staff to be **evaluated by objective performance indicators**.

7. Performance Evaluation
Linked to Intervention
Objectives

O: The organization defines **specific objectives and KPI** that are sufficiently clear so that they can lead to **specific activities** and expected performances at the individual level.

O: There is a clear **understanding** of the **competencies**, **procedures**, **tasks**, and performance expectations by the staff implementing the intervention.

O: Staff performance evaluations integrate the needs and expectations required to implement the intervention.

**I:** The original intervention **identifies key performance indicators** needed to achieve its objectives.



#### **Structured Assessment Example**

#### IV. Performance Evaluation Linked to Intervention Objectives

Performance appraisal can be defined as the assessment of a person's ability to achieve a standard when fulfilling an obligation or task. It is usually based on specific performance, over a certain period of time. Competency-based assessment assesses skills and abilities, as opposed to competency-based assessment, which assesses how those competencies are put into practice to achieve a goal. In other words, the person may have many competencies with a very good competency evaluation, but if they fail to complete the assigned task, they would have a poor performance evaluation.

Level	Criterion	Indicator	Source of Verifier
Р	The policy specifies that any implementation of a drug use prevention program requires staff to be evaluated by objective performance indicators.	* The public policy specifies in the guidelines of the programs, bidding bases and recommendations to external organizations, the critical indicators to achieve expected objectives.  *These guidelines include indicators of effectiveness, not just results.  *These definitions are provided as the basis for organizations to derive objectives to be achieved by the implementing team and therefore performance goals to be achieved by each person.	Identification of documents containing policies, regulatory frameworks, or laws.
Or	The organization defines specific objectives and key performance indicators (according to its objectives and the interests of public policies) that are sufficiently clear so that they can lead to specific activities and expected	*The sequence between general objectives, activities or tasks, and expected individual performances can be clearly observed. <sup>1</sup>	*Internal documents of the organization.  * Protocols, informational and/or performance evaluation forms.
	performances at the individual level.		evaluation forms.
Or	There is a clear understanding of the competencies, procedures, tasks, and performance expectations by the staff implementing the intervention.	*Written material is available on the competencies, procedures, tasks, and performance expectations expected in a given situation.	

<sup>&</sup>lt;sup>1</sup> For example, after an intervention, an indicator is the number of people who manage to identify the risks of a certain substance, the activity to be carried out is a game with that content, the person in charge deploys his or her skills to guide the game and the final performance that is expected of that person is that the participants of the game demonstrate learning.



### **Learning Community: Mentor Profile**

Professionals with academic and/or applied experience in the areas of:

\*Prevention Science.

\*Development or **implementation** of **specific programs**, plans or prevention policies

\*Implementation of SPA prevention programs at the governmental level in the cregion.

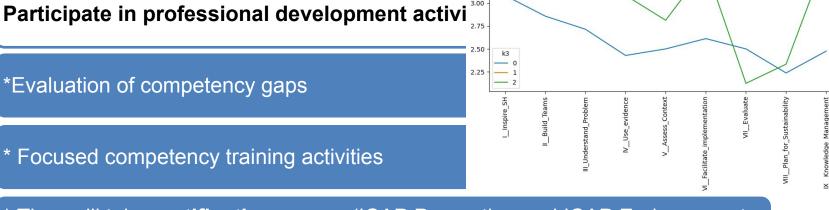
\*M&E + knowledge management with focus on PAS.



**Learning Community: What will the** mentors do?

\*Evaluation of competency gaps

\* Focused competency training activities



- \* They will take **certification exams** (ICAP Prevention and ICAP Endorsements, in addition to specific certifications according to the programs implemented).
- \* As part of the preparation, les experienced mentors will assist more experienced mentors in diverse projects.



## Learning Community: What will the mentors do?

#### They will create a Learning Community

\*Project lead mentors will deliver services and regularly present the progress of their implementation projects to the mentor network.

\*Participating mentors will contribute from their experience by providing comments, suggestions and constructive feedback in order to improve the chances of achieving the objectives of each project.

\* Mentors will work on Implementation Projects under the supervision of project leads.

### Advances so far..





First mentor cohort has been engaged in:

\*Initial Training and training in specific EB Interventions (E.g. Unplugged)

\*Demonstration Projects (Colombia, Uruguay, Ecuador, Caribbean)

\*Assessment of quality standards and development of improvement plans for specific programs in the region

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