

**Guidelines**  
**for**  
**Participatory Action Oriented Research in**  
**Assessing the Situation of Children in the**  
**Production, Sales and Trafficking of Drugs**

**(Based on Lessons Learned from Indonesia,  
the Philippines and Thailand) - 2005**

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## **Executive Summary**

The International Labor Organization's Convention on the Worst Forms of Child Labor (No.182) considers the use of children for illicit activities, such as the use of children in the production, sale and trafficking of drugs, as one of the worst forms of child labor. This new ILO Convention (No.182) calls for "immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour as a matter of urgency."<sup>1</sup>

The rapid spread of drug use and sale among children in schools and out-of schools in recent years requires urgent action. Preliminary researches reveal the reasons for drug use among children are not always the same as for their involvement in the drug trade. Novelty, inability to cope with psychological pressure, influence from peers, domestic violence, and lack of future prospects are often raised as the principal reasons for drug addiction. On the other hand, poverty, the need for income, and opportunities created by lax law enforcement encourage child participation in the drug trade. Dangers faced by children engaged in the drug trade go beyond the physical, psychological, and mental disorders prevalent among drug addicted children since children in the drug trade lead a day-to-day life in a criminal environment.

There is little information on the nature and conditions of this involvement. There is insufficient knowledge on the causal relationship or dynamics between drug use and addiction and the involvement of children in drug sales and trafficking. Children involved in drug sales and trafficking are difficult to trace and identify, as is often the case with other worst forms of child labor. Social and political sensitivity to the issue, the illegal and hidden nature of the trade, associated security risks, and the potential difficulties in addressing the problem, make it necessary to use a cautious and process-based approach.

To respond to the ILO Convention (No.182) calls for "immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour as a matter of urgency, Indonesia, Thailand and the Philippines have tried to implement a cautious and process-based and action-oriented approach to provide increased understanding and information on the problem of children's involvement in drug sales/production/trafficking. The so called PARTICIPATORY ACTION ORIENTED RESEARCH (PAOR) approach consists of a process whereby research and documentation goes parallel with the effort to build/enhance capacity of partners and the community to deal with drug related issues and strengthen direct interventions with direct beneficiaries. The process of PAOR was also intended to contribute to the process of establishing network among agencies in tackling the issue of children in drug trafficking.

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<sup>1</sup> C.182 is regarded as one of the ILO's "core Conventions" that covers the four areas of "basic workers' rights". These principles and rights are spelt out in the Declaration on Fundamental Principles and Rights at Work and its Follow-up, adopted by the International Labour Conference in June 1998. The Declaration is a pledge by all member States, even if they have not ratified the relevant Conventions, to respect, promote and realize the principle of the effective abolition of child labour, as one of the four fundamental principles and rights.

To see research results and synthesis of the whole process please refer to the output reports on those subjects. This report refers only to the PAOR approach used to understand the situation of children in the production, sale, and trafficking of drugs in Indonesia, Thailand, and the Philippines.

Due to the nature of the issue, the project objectives were carried out through a Participatory Action Oriented Research (PAOR) methodology. PAOR was implemented with and through action programs by implementing agencies in each of the region. Action programs were seen as intervention for beneficiaries as well as entry points to reach children involved in drug trafficking. As a direct intervention, the implementing agencies of the above action programs as well as the target group themselves were capacitated with applicable skills to deal with drug related issues and at the same time gather information on the use of children in the production, sale and distribution of illegal drugs.

This PAOR succeeded in providing models which is applicable to approach the problem of children involved in the production, sale, and trafficking of drugs (CDT) and related issues. The approach succeeded to:

- Identify children at risk and those already involved in the drug trade
- Maintain contacts with them throughout the project duration
- Provide/strengthen alternative options to the children
- Follow up on progress, development, progress (or set backs)
- Look for feasible options for the prevention and withdrawal of children from trafficking and distribution of drugs

Based on experiences in these three countries, there are many similarities but also differences in applying PAOR based on each of the particular country situations. Similarities were found among others in the effort to involve implementing partners and beneficiaries at the highest level possible according to the ladder of Participation. The three countries succeeded in coming up with lessons learned and good practices in applying PAOR in order to gain an understanding on the involvement of children in drug issue.

Slight differences were also found in the process as well as results in applying PAOR. Each country interpreted the concept of PAOR differently. For example, Indonesia interpreted the participatory approach as the involvement of direct and indirect beneficiaries from the commencement of the project. PAOR was defined as parallel research with actions/interventions by implementing partners (IP). A participatory approach in this example is implemented by involving, as much as possible, ideas from the level of IP staff and ideas from the community and tried to combine research and interventions on a parallel track. Thailand tried to intertwine the participatory approach throughout the project – both in ‘research’ and ‘action’ elements including project partners and beneficiaries (see Vanaspong, 2004: 7). The Philippines used actions as an entry point for beneficiaries to do research. The activities of research partners provided the entry point for children and their families to become partners with the facilitation of the implementing NGOs and CBOs (see Porio, 2004: 8). In sum, each country had

different levels of participation and different targets (implementing partners, beneficiaries) and thus, reached slightly different results.

Based on the experiences we derived lessons, best practices, opportunities and challenges in implementing the PAOR approach to understand and get ideas for intervention (prevention and elimination) of the problems related with children involved in production, sale, and trafficking of drugs. All these give result in the development of guidelines in implementing PAOR in similar situation or context.

## **Chapter 1:**

### **1. Project Overview**

#### ***1.1 About the Report***

This Sub Regional Output Report is prepared for the ILO-IPEC Sub Regional Office as one of the three regional outputs from the implementation of ILO projects to combat worst forms of child labour in three countries: Indonesia, Thailand, and The Philippines. This sub-regional output report titled: “*Guidelines on the participatory action oriented research methodology developed on the use of children in the production, sale, and distribution of drug*” is based on the analysis of all the three country reports, especially on the parts on methodology (see: Intended Outputs of the project).

#### ***1.2 Regional Framework Design***

ILO-IPEC has started executing an action-oriented research project of “***Participatory Action Oriented Research in Assessing the Situation of Children in the Production, Sale, and Trafficking of Drugs***” in Thailand, Indonesia and the Philippines since the end of September 2002 to the end of September 2004. From this, 12 Action Programme have been implemented in 3 countries.

The project aims to develop and demonstrate an action-oriented research methodology that provided better understanding and information on the use of children in the production, sale and distribution of illegal drug. The development objective of the project is to contribute to the prevention and elimination of one of the worst forms of child labor – the use of children in the production, sale and trafficking of illegal drugs in Thailand, Indonesia, and the Philippines.

Like other worst forms of child labor, children involved in drug sales and trafficking are difficult to trace and identify. The social and political sensitivity to the issue, the illegal and hidden nature of the trade, associated security risks and the potential difficulties in addressing the problem, make it necessary to use a cautious and process-based approach.

#### **Immediate objective and output**

At the end of the project, public institutions and stakeholders in Thailand, Indonesia, and the Philippines have enhanced their understanding on the targeted recruitment and use of children in the production, sale, and distribution of illegal drugs. The project also aims to propose models of intervention for future replication.

#### **Intended outputs**

There were three major outputs:

1. *Output 1:* Guidelines on the participatory action oriented research methodology developed on the use of children in the production, sale, and distribution of drug developed and tested.

2. *Output 2:* Synthesis report produced on the nature, magnitude, and possible interventions on the problem of involvement of children in the production, sale, and trafficking of drug in Thailand, Indonesia, and the Philippines.
3. *Output 3:* Model of direct action intervention on children involved in drug sales/production/trafficking designed in all countries with pilot implementation in one urban community in Thailand

### **Project activities:**

The project consisted of the following activities:

- Identification and development of regional working partnerships with regional collaborating agencies and partners including on-going projects of ILO-IPEC, UNDCP, UNESCAP
- Direct action through youth mobilization, community and families' mobilization, Non-formal education, counseling for families and children, referral services for families and the child victims
- Strengthening local networks (NGOs, community leaders, police, teachers etc.)
- Building capacity of partners, empowerment, and awareness rising at community levels and at the national level
- Identification of models for future intervention and methodology

Three research institute partners were appointed to take the role of research coordinator and focal points for the other implementing partners, i.e:

- Thailand: NCYD (National Council for Child and Youth Development)
- The Philippines: Ateneo de Manila University
- Indonesia: Yayasan ARTI (Action Research and Training Institute)

### ***1.3 Project Profiles in Three Countries : The overall approach and strategies, objectives, outptus***

#### **Thailand**

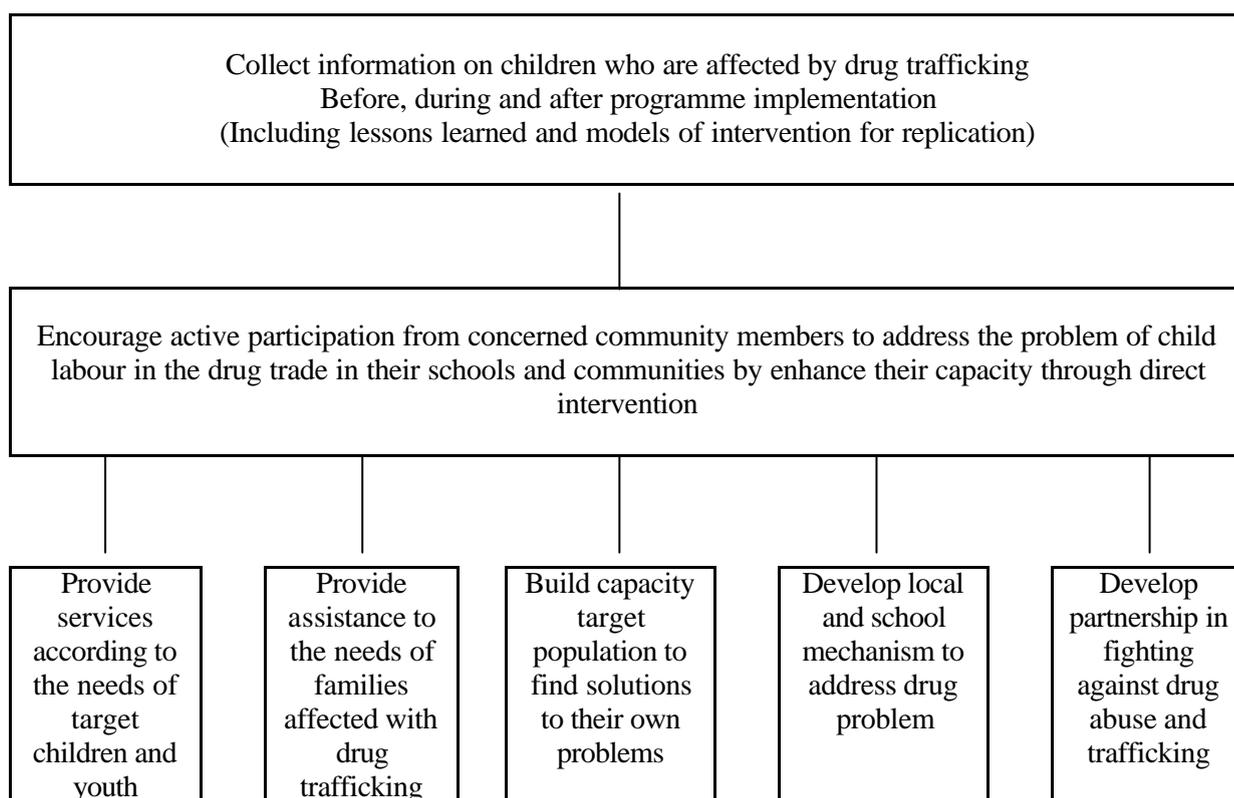
The overall approach of 'the Participatory Action Research on the Use of Children in the Production, Sale, and Trafficking of Drugs in Thailand' is:

- Developing and demonstrating an action-oriented methodology that provides increased understanding and information on the use of children in the production, sale, and distribution of illegal drugs.
- Strengthening direct intervention at the community level, including youth mobilization, non-formal education, family counseling, and provide referral services for treatments and care of children involved in the sale and trafficking of drugs.
- Generating a reliable database and to support the formation of a strategic set of interventions to strengthen networks that can contribute to curbing the use of children in the production, sale and trafficking of drugs.

**Strategies used by the team are:**

- Identification of pilot interventions and target groups
- Local networks strengthened
- Youth and community mobilization
- Follow up on the child development, progress, or setbacks
- Raising awareness and advocacy campaigns

***Chart: Drug trafficking project strategic framework for intervention***



**Expected outputs:**

1. Project framework and process developed, efficient coordination among research partners established
2. Research guidelines and indicators developed and used
3. Extensive networks for project implementation enhanced
4. Preliminary results of the project implementation/ information collected and analyzed
5. A series of workshops/ meetings on action oriented research conducted
6. A collection of community-based models documented
7. A collection of school-based models documented
8. Lessons learned and community-based and school-based models of action oriented research and direct action synthesized

## Project intervention

**Table: Targets of project intervention by location**

10 schools in Bangkok	4 urban communities in Bangkok	2 rural communities in Chiang Mai & Chiang Rai
<p><u>Target</u> <b>Primary Beneficiaries:</b> 150 vulnerable children and youths in 10 schools.</p> <p><b>Secondary Beneficiaries:</b> Other students, parents, teachers, and communities through training, consultation, support services and advocacy sessions conducted by research partners.</p>	<p><u>Target</u> <b>Primary Beneficiaries:</b> 100 children and youths who have been affected the drug businesses in communities.</p> <p><b>Secondary Beneficiaries:</b> Other children and youths, parents, community members through consultation and advocacy sessions conducted by the research partners.</p>	<p><u>Target</u> <b>Primary beneficiaries:</b> 30 vulnerable children and youths in Baan Likhai of Chiang Rai province and another 60 in Baan Pongpom of Chiang Mai province.</p> <p><b>Secondary beneficiaries:</b> Other children, parents, teachers, community members through training, consultation, support services and advocacy sessions conducted by research partners.</p>

## Indonesia

The overall approach of the project is:

1. To develop and demonstrate a participatory action-oriented research (PAOR) methodology that provides increased understanding and information on the problem of children's involvement in drug sales/production/trafficking.
2. To strengthen the implementation of community and street based intervention as part of the research methodology
3. To generate a replicable model of intervention.

Phase 1 of the project to build/enhance capacity of partners and the community dealing with drugs related issues and to strengthen direct intervention with street children of concern. Under Phase II the process of establishing the network, its activities, as well as the implementing agencies was documented and their effectiveness in tackling the issue of children in drug trafficking were assessed.

### **PAOR Strategies**

The Participatory Action Oriented Research (PAOR) strategy aims to solve identified problems and meet the needs of the children and community affected by children involved in drug sales, production, and trafficking problems (CDT). Research was done simultaneously with action (direct interventions) to understand child drug traffickers and to develop models of intervention to be replicated elsewhere.

1. Develop and implement community and street based intervention that provides alternatives/ options for children involved in drug abuse and traffic and their families:

- a. Children, youth, family empowerment to deal with drug related problems through several methods such as trainings, discussions, consultation, mobilization that will increase their knowledge and skill to avoid and or withdraw from the problem and through the provision of vocational training.
  - b. Organizing community actions (children and local leaders) to respond the problem of children in drug abuse and or in drug trafficking.
  - c. Developing networks for future actions (Advisory Board, Task Force, and Referral System).
  - d. Ongoing documentation of children and the family that participate in the program.
2. Build capacity of Implementing Partners' staff as research partners:
    - a. Providing hands-on technical assistance on each project design (weekly periodical meetings),
    - b. Providing trainings, series of workshops to have a greater participation of IP staff in the research process (from developing the framework, instrument, and data analysing).

### **Immediate objectives**

1. At the end of the project, the research process and documentation on the use of children in the production, sale and trafficking of illegal drugs in Indonesia will have been developed
2. At the end of the project, partner organizations will have developed capacity through action research to help communities identify and implement more effective interventions to address the use of children in the production, sale and trafficking of drugs.

### **Intended output**

1. An Advisory Council to be established, where national organizations working with drug-related issued was represented (*conducted in the 1<sup>st</sup> and 2<sup>nd</sup> Phase*)
2. A Task Force on child involvement in drug trafficking set up (*conducted in the 1<sup>st</sup> and 2<sup>nd</sup> Phase*)
3. Research framework developed, outlining the research activities to be taken within the existing action program framework and methodology.
4. Training for research partners to carry out information gathering regarding children involved in drug sale, production and trafficking (*conducted in 1<sup>st</sup> Phase*)
5. Facilitation of information gathering by research partners
6. Analysis of results of information done progressively and preliminary result will be available in each month during the project duration
7. Some feedback developed from information analysis to be provided to the implementing agencies of action program to fine tune their activities
8. One day workshop with implementing agencies to discuss feedback and to facilitate implementing agencies fine tuning their activities (*conducted in the 2<sup>nd</sup> Phase*)
9. Documentation on intervention models in combating the use of children in drug production, sale and trafficking (*conducted in the 1<sup>st</sup> and 2<sup>nd</sup> Phase*)

## **Beneficiaries**

Direct Beneficiaries of ARTI: Implementing partners' staff (YKAI, YPI, and SEKAM),  
Indirect Beneficiaries:

- 200 street children who are at risk and or who already involved in drug trafficking/sale/production.
- 200 children from the community who are at risk and or who already involved in drug trafficking/ sale production.
- 300 families whose children were at risk and or who already involved in drug trafficking/sale/production.
- Community leaders in which it has a huge risk of involving children in drug trafficking/ sale production.

**Table: Beneficiaries of Implementing Partners**

	<b>YKAI</b>	<b>YPI</b>	<b>SEKAM</b>
<b>Direct Beneficiaries</b>	200 parents whose children were at risk and or who already involved in drug trafficking/ sale/ production.  Community leaders in which it has a huge risk of involving children in drug trafficking/ sale production.	200 children from the community who are at risk and or who already involved in drug trafficking/ sale production.	200 street children who are at risk and or who already involved in drug trafficking/ sale/ production.
<b>Indirect Beneficiaries</b>	Children from the community who are at risk and or who already involved in drug trafficking/ sale production.	<i>Kampong</i> local government officials, key persons, and other relevant local institutions through awareness raising and meetings for planning, monitoring, and evaluation.	100 parents whose children were at risk and or who already involved in drug trafficking/ sale production.

## **The Philippines**

The purpose of the action research is to generate reliable, appropriate, and timely data to support the formulation of a strategic set of interventions to build the capabilities of working children (as well as their families and communities) engaged in the production, sale, and trafficking/pushing of drugs. A key process and by-product of this action research are the capability-building initiatives and services that will be given to service providers, mediating stakeholders/actors, and working children with their peers and families. These capability-building activities include advocacy, community mobilization, networking, and training. The community-based partners will also provide counseling, referral, and other support services

The project aimed to prevent and remove children/youth, at risk and/or who were already involved in the use, sale and distribution of drugs in three urban poor communities in Metro Manila. The participatory action research was implemented in collaboration with partner NGOs/CBO who provided direct interventions/services through family/child

counseling and support, community awareness and training, youth mobilization and referral services.

Three areas served as pilot sites for this project, namely, Paco-Pandacan in Manila, Tatalon in Quezon City and Barangay 91 in Pasay City. The Urban and Community Studies Program of the Department of Sociology and Anthropology at the Ateneo de Manila University served as the research organization in partnership with NGOs (Child Hope-Asia and Addictus-Philippines) and CBOs (Kapatiran-Komunidad People's Coalition and Barangay 91 Local Development Council) in implementing this project. The NGOs/CBOs conducted the direct interventions and activities with the children's groups and community-based organizations as well as provided research support to the research organization conducting/coordinating the research activities.

### **Target Groups/Beneficiaries and Partners**

The beneficiaries of the project were: children and youth population (7-17 years of age) at risk of engaging in drug-related activities reached through community awareness-raising and youth mobilization activities. Through these activities, parents/guardians of the target children, barangay (lowest political unit) officials, other community leaders, and members of other civil society groups were also reached.

### **Direct beneficiaries**

The direct beneficiaries were 260 children and youth engaged in the use and trafficking/pushing of dangerous drugs like *shabu*, rugby, and marijuana in three-selected research sites.

### **Indirect beneficiaries**

Aside from research staff, the direct recipients were the officers and staff of the partner organizations (Child Hope-Asia, Philippines and its sister NGO, Families and Children for Empowerment; Addictus-Philippines, Kapatiran-Komunidad People's Coalition, and the Dangerous Drug Board). These research partners were anti-drug organizations and/or child-focused and child labor concerned organizations.

Total number of indirect beneficiaries: About one thousand and five hundred (1,500) parents, children, youth, community leaders, and residents reached by information and education campaigns (IEC), advocacy sessions/training, and support services.

## Chapter 2:

### 2. Participatory Action Oriented Research (PAOR) Methodology

The programme tried to implement Participatory Action Oriented Research (PAOR) methodology aimed at solving identified problems and meeting the needs of the children (and community related to children) involved in drug sale, production, and trafficking problems (CDT). Research was done simultaneously with actions (direct interventions) to understand the problems of child drug traffickers and to develop models of intervention to be replicated elsewhere. Children and relevant adults (parents, local leaders, and other stakeholders) were targeted for direct action.

#### 2.1 *Participatory Action Oriented Research : What is it?*

From the beginning, this Project is designed to be a Participatory Action Oriented Research. But what is actually Action Research, Participatory Action Research or Participatory Action-oriented Research?

**Action Research** is social research carried out by a team encompassing a professional action researcher and members of an organization or community seeking to improve their situation. Action research promotes broad participation in the research process and supports action leading to a more just or satisfying situation for the stakeholders. Together the professional researcher and the stakeholders define the problem to be examined, co generate knowledge, learn and execute social research techniques, take actions, and interpret the results of actions based on what they have learned. The first step is thus always defining a problem that they seek to resolve through actions. Action research is research practice with a social change agenda. Action research is thus a form of research that generates knowledge for the purpose of **taking action to promote social change and social analysis**.

Action Research refers to the conjunction of three elements: Research, Action, and Participation. Unless all three elements are present, the process cannot be called Action Research. (Greenwood & Levin, 1991:4-7; Selener, 1997:12; McTaggart 1997) Based on the above principles, Action Research will always involve Participation.

**Participatory action research** can be defined as "collective, self-reflective enquiry undertaken by participants in social situations in order improves the rationality and justice of their own social practices". The predominant driving force of it is the **creation of a positive social change**. PAR grew out of social and educational research and exists today, which embraces principles of participation and reflection, and empowerment and emancipation of groups seeking to improve their social situation. It **aims** to increase the ability of the involved community or organization members to control their own destinies more effectively and to keep improving their capacity.

There is a need to have a common and clear understanding towards the use of PAOR at the initial stage. The term in the research framework was highlighted since Action

Research (AR) and Participatory Action Research (PAR) have quite a different perspective with consequences on the research methodology. **Action Oriented Research** is used to denote research that is oriented to increase knowledge in order to improve professional performance or some other field of actions. What has been proposed then is the use an Action [oriented] Research, which incorporates participatory approach and values as much as possible. This lays the basic foundation of why three-research organization from Indonesia, Thailand, and the Philippines agreed to use the term PAOR or Participatory Action Oriented Research.

Consideration in PAOR is not whether we use a survey or group discussion or other methods. The essential questions are “whose interest does the PAOR serve”. Our task in participatory approach is to be inventive about the range of methods that can be used by the people (see Tandon, 1985 in Servaes et.al. 1996:21-22). In this kind of approach, **validity** lies in its ability to take subjects at the level where subject become aware of their situation and try to transform it. It does not lie at the neutrality of researchers or outsiders, but on the acknowledgement of the subjects/ participants/ beneficiaries themselves about the impact of change they experience through their involvement in the PAOR process.

### **Basic principles**

Principles of PAOR set it apart from traditional research methods and other modes of Action Research. These principles are Participation and Collaboration, Empowerment, Knowledge, and Social Change.

Participatory Action Oriented Research (PAOR) has the same basic principles as Participatory Learning and Action (PLA), Participatory Rural Appraisal (PRA) or other methods of this kind. It is an approach that enable local/ indigenous people or in this case – research participants - to find, analyze, share and enhance their knowledge of life and its condition, and to plan, prioritize, act, monitor, and evaluate based on this knowledge (Shah et. al, 1999; Chambers, 1997; Narayan, et.al, 2000; Fernandes et.al, 1993).

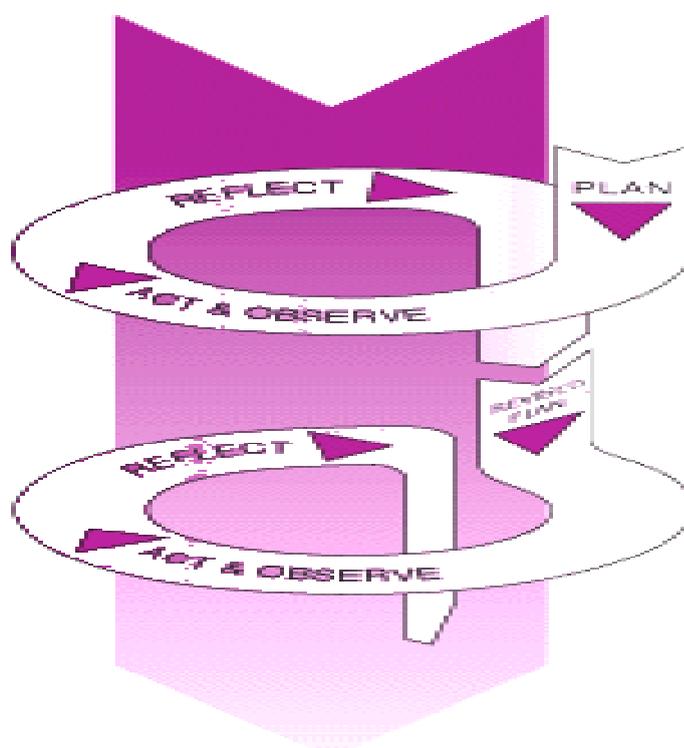
Some key requirements to meet those basic principles are among others (see Chambers in Shah, 1999; Freire, 1985, Fernandez, 1993):

1. Reversal of learning so that outsiders can learn from the local community,
2. Learning with conscious exploration, flexible use of methods, improvisation and cross-checking, being adaptable in a learning process;
3. Seeking and listening to marginal groups within the community to learn their concerns and priorities;
4. Triangulating results by learning from several methods, disciplines, individuals, groups, locations, and/or types of information in order to crosscheck, compare and verify;
5. Seeking diversity by enabling expression and analysis of complex, diverse information and judgments
6. Let local/indigenous people analyze, present, and generate the outcomes of the information collected. This requires confidence that “they can do it”. The facilitator may initiate the process of analysis and presentation but then let local people take over the process
7. Self-critical awareness of outside facilitators

- Partnership and sharing of ideas, information and experiences among “insiders” (local people) and “outsiders” (facilitators) and between different communities and organizations.

## 2.2 *The Participatory Action Oriented Research Cycle<sup>2</sup>*

Research using the PAR approach occurs in the four moments of action research, namely **reflection, planning, action and observation** (see also McTaggart, 1997:27). These research moments exist interdependently and follow each other in a spiral or cycle. "The approach is only action research when it is collaborative, though it is important to realize that the action research of the group is achieved through the critically examined action of individual group members".<sup>3</sup>



**Reflection** in PAOR is where participants examine, construct, then evaluate and re-construct their concerns (problems). Reflection includes discussions among participants about their common concerns or problems. Reflections can be stimulated through many forms such as formal and non-formal discussions and interview with participants.

**Planning** in PAOR is not a single activity but is constructive. It includes a series of discussions among participant. Planning in PAR is constructive and arises during discussions among the participants. A plan must be able to be critically examined by each of the participants. Participants must also be able to evaluate the changes in the plan.

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<sup>2</sup> Most of the description in this part are quoted from © Kaye Seymour-Rolls & Ian Hughes (1995), Participatory Action Research: Getting the Job Done.

<sup>3</sup> (Source: <http://www2.fhs.usyd.edu.au/arow//reader/index.htm> see also: Hope & Timmel, 1992:13, Fernandes & Tandon, 1993).

**Action** is implementation of the planning and occurred when there is change or transformation. It is here that PAOR differ from other conventional approaches i.e. change or transformation actually happened, not created through experimentation or in a laboratory. Action happens when the Plan is put into place and the hoped for improvement to the social situation occurs. This action will be deliberate and strategic. It is here that PAR differs from other research methods in that the action or change is happening in reality and not as an experiment 'just to see if it works'.

**Observation** in PAOR is part of the research process i.e. when the planned actions are observed, recorded, or documented. What is really documented are the changes or impacts of actions on the intended situation (problems). In this moment research tools, such as questionnaires, can be used to ensure proper scientific methods are followed and results have meaning. Observation and Action often occur simultaneously.

Whatever the origins of such a project it will begin with a group acknowledging a shared concern (see table below). This group may not even be able to define this concern concretely but the PAR cycle has, nevertheless, begun.

<b>Cycle</b>	<b>Moment</b>	<b>What's happening</b>
<b>Cycle One</b>	1. Reflection	The group and thematic concern are identified through discourse.
	2. Plan	The group Plan to undertake an examination of the thematic concern and the social situation, in order to define and describe both accurately. As well as getting ALL stakeholders together and deciding how much participation constitutes collaboration
	3. Action, and 4. Observation	The plan is put into Action and the group collect their Observations to reconvene
<b>Cycle Two</b>	1. Reflection	The group will now Reflect on their findings to more accurately define their thematic concern. This reflection would also include self-reflection by the participants.
	2. Plan	The group can now plan a change in practice to improve the social situation. It should include the methods of critical examination to be used. Potential problems need to be dealt with and approval sort from the Ethics Committee, where applicable
	3. Action, and	A change in practice is affected and the research is commenced
	4. Observation	The group observes the consequences of the change in practice and use the research method outlined in the plan to examine the results.
<b>Cycle Three</b>	1. Reflection	It would be unusual for the project to only go through 2 PAR cycles. The cycles would continue until the group was satisfied with the outcomes. The possibility of the project not reaching an end is realistic. This does not mean the original problem remains same or that the group never finds any social justice in their situation

During the entire research cycle the group keeps individual journals in which they observe and reflect upon the processes going on. These journals can become a source of data for analysis. A PAR project is only research when proper scientific methods are used to collect and examine data.

#### **The Cycle of Reflection, Planning, Action and Observation**

The implementing agencies identify the concerns or problems to be solved through reflections and discussions with beneficiaries.

The problem is then identified and translated into a common goal by the beneficiaries and implementing agency.

Beneficiaries are then empowered to plan and take actions together with the implementing agency in order to make needed changes (in achieving the common goal)

Observation (using all possible research tools) is needed to make sure those changes and impact of actions are directed to realise the common goal. Beneficiaries then have to evaluate the process and results (changes or transformation).

By participating in the whole cycle, beneficiaries are empowered (through knowledge and skills) to lead their own actions and interventions.

### **2.3 Levels of Participation in PAOR**

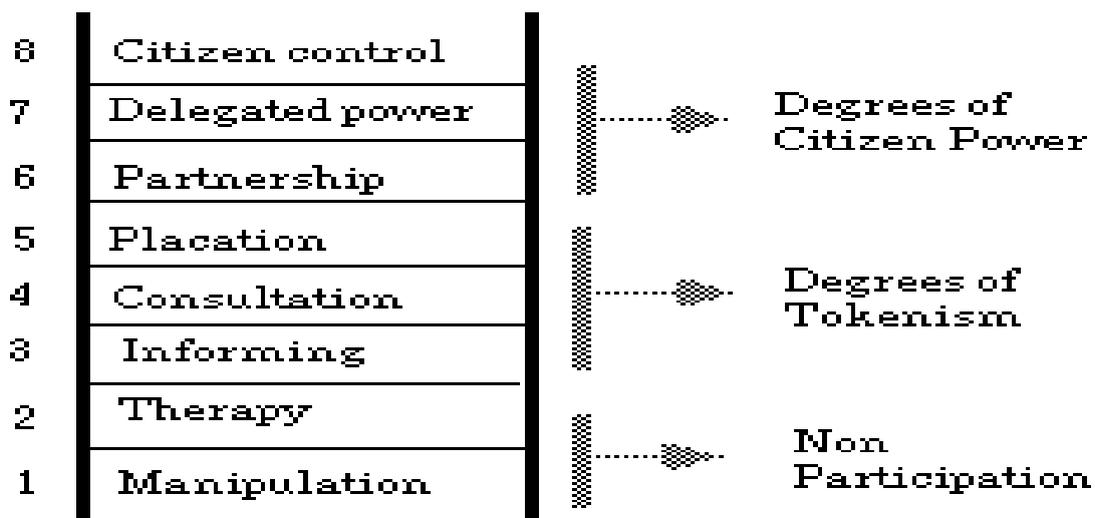
Participation is a process, through which stakeholder's influence and share control over development initiatives, decisions and resources, which affects them. Participation can take different forms, ranging from information-sharing and consultation methods, to mechanisms for collaboration and empowerment that give stakeholders more influence and control (Rietbergen-Mc Cracken, Deepa Narayan 1988: 4).

Discussing participation means discussing also levels of participation.<sup>4</sup> Using the Ladder of participation of Sherry Arnstein's writing in 1969 about citizen involvement in planning processes in the United States that described a ladder of participation, there are 8 steps/levels of participation to take into consideration in implementing PAOR.

In a participatory action oriented research we have to ask at what level we are implementing the participatory approach. We have learned that each of the counties involved in this project have interpreted PAOR differently. They have also applied different levels of participants in their projects.

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<sup>4</sup> Arnstein, Sherry R. "A Ladder of Citizen Participation," Journal of the American Planning Association, Vol. 35, No. 4, July 1969, pp.216-224.



**1 Manipulation and 2 Therapy:** Both are non participative. The aim is to cure or educate the participants. The proposed plan is best and the job of participation is to achieve public support by public relations. **3 Informing:** A most important first step to legitimate participation. But too frequently the emphasis is on a one-way flow of information. No channel for feedback. **4 Consultation:** Again a legitimate step attitude surveys, neighborhood meetings and public enquiries. Arnstein still feels this is just a window-dressing ritual. **5 Placation:** For example, co-option of handpicked 'worthies' on committees. It allows citizens to advise or plan ad infinitum but retains for power holders the right to judge the legitimacy or feasibility of the advice. **6 Partnership:** Power is in fact redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared e.g. through joint committees. **7 Delegated power:** Citizens holding a clear majority of seats on committees with delegated powers to make decisions. Public now has the power to assure accountability of the programme to them. **8 Citizen Control** Have-nots handle the entire job of planning, policymaking and managing a programme e.g. neighborhood corporation with no intermediaries between it and the source of funds.

#### ***2.4 Implication of Participatory Action Oriented Research (PAOR)***

If PAOR is implanted consistently according to the ideal principles and phases, then PAOR will have positive impacts on beneficiaries. The whole process becomes a process of empowerment. To ascertain the positive impacts on beneficiaries and their situation (achieving the intended goals) beneficiaries must be involved in the reflection on “What changes has the PAOR results on them?” Transformation and empowerment may be identified at least in three domains i.e.

##### **Increase of knowledge (cognitive domain)**

Beneficiaries may see their daily situation as unproblematic. But they will gain a new insight and knowledge on their real situation, problems and needs when the problems and needs are discussed seriously (reflection of the situation). Based on knowledge of the problems, they were then involved in planning actions and implementing those actions.

Again knowledge was increased. In the process of reflections, beneficiaries are put at a level of awareness on their “real” situation. A good facilitated reflection process will bring them to the awareness of the importance to change the problematic situation (transformation)

**Increase sensitivity on the situation (Affective Domain)**

During the PAOR process beneficiaries may be confronted with the real problems they live in which affects the quality of life of their children, family members, or the whole community. They learned the impacts of the problems on their own life. This awareness may increase their sensitivity, empathy, solidarity and desire to help and support each other in the problematic situation. This sensitivity in turn may lead to the spirit to make changes and thus takes action

**Initiate changes through action (Behaviour Domain)**

Concrete ideas for action will not only discussed but also put in action. Beneficiaries may consolidate and organize themselves to take needed actions and interventions to transform the problematic situation. If this happen then PAOR has achieved its ideal objective i.e. empowerment and transformation.

## **Chapter : 3**

### **3. A Comparative Analysis of PAOR in Thailand, the Philippines and Indonesia**

In this part, three experiences of PAOR will be described individually before conveying a comparative analysis on some thematic methodological issues.

In the course of conducting the research, the project reached children at risk, children who already were involved in drugs, and children affected by the drug trade via the family. This outreach was done through awareness raising, the provision of counseling, organizing group dynamic activities, and referring them to appropriate services awareness raising & youth mobilization in communities, in schools as well as in the work related environment (i.e. on the street). The action research follow up on their development, progress or set backs in order to identify with the children and implementing partners the feasible options for the prevention and withdrawal of children from the trafficking and distribution of drugs. As such, the tracking system will naturally be part of the research process, but not as an independent intervention.

#### **3.1 *The PAOR process in the three countries***

This part will describe some detailed country specific methods and techniques used, including sequence and phases, in relation to the simultaneous action taken.

##### **3.1.1 Indonesia**

***Strategy for PAOR implementation :*** For Indonesia, the Action Oriented Research Framework is basically defined as “Action done through and simultaneously with research” or with other words “research parallel with and through actions”. The term “participatory” refers to the efforts of involving research partners as much as possible where the cycle of action – reflection – action was applied through the consultation and continued dialogues in the research design, research process, analysis and reflections. On the level of research participants (children and parents of the community and street), the participatory approach was applied whenever possible.

***Quantitative and qualitative data collection :*** Information collected through qualitative methods such as an unstructured interview or FGDs may be sometimes quantified at a certain level, while in the so-called quantitative approach, interviewers may be making qualitative decisions and interpretations to the responses to standard questions. Within this PAOR process, both quantitative and qualitative data were used to get a sense of the magnitude in the local context and at the same time to get insight and understanding of the situation in relative depth. Through listening to children and relevant stakeholders, the qualitative approach in PAOR provided a deeper understanding and insight into the problem of CDT where local context, environment, risk factors contributing to child’s vulnerability, social, cultural and economical factors were tried to be critically examined.

**Research framework and phases :** Research framework development was carried out in tandem with intervention. By August 2003, ARTI together with all IPs and ILO-IPEC (Jakarta) started to discuss the framework as following (see figure Research Framework).

*Three rationales for framework development are:*

- There was not enough information on the nature and the magnitude of the problems, especially those in urban poor community,
- The NGOs partner involved in the program are relatively new to the issue of drug trafficking. Their innovative programs will be used to reach and gather information on child involvement in drug trafficking.
- There has not been any built-in documentation system in their program.

*Based on those rationales, we decided to put the objective of PAOR process as follows:*

1. To build implementing partner's capacity in conducting PAOR (as research partners),
2. To generate a more profound understanding on the problems of the use of children in drug sale, trafficking, and production, especially those who come from a very poor society.

*The methodology undertaken by the team concerned five main areas, which were:*

- Building capacity for social workers to develop participatory tools and to collect information with participatory techniques as well as to implement their intervention program.
- Documenting process of intervention, results of intervention, and lesson learned as well as CDT related issues by Implementing Partners; Data collection through Formal and informal (Focus) Group Discussions, an in-depth interview, observation and field notes, and other PAR techniques & tools by Implementing Partners.
- Monitor the progress and achievement in both approaches – community and street based (regular meetings among youth, local leaders, peer group, home visits).
- Coordinating data collection, reflection, and analysis,
- Reporting.

## **Two Phases of PAOR**

### ***Phase one: trust building, PAOR training, framework development***

At this phase, ARTI consulted the research framework with NGO's staff which were to be research partners. Simultaneously, research partners conducted assessments as part of their project cycle, implemented their program, documented existing interventions, develop beneficiaries' database. At this phase, FGDs and Informal and in-depth interviews with children and parents were conducted to identify knowledge and ideas, behavior and attitudes of children, parents, and local leaders on the drug related issues (directly and indirectly related). After we gain very basic understanding on the local context and problems, research guidelines were discussed with implementing partners during the Training workshop on October 2003.

### ***Phase two: identifying lessons of intervention to closely focused on CDT***

Phase two begun after fine tuning workshop and sub-regional mid term evaluation. The second phase of PAOR was done focusing primary on specific CDT issues. Guidelines were adjusted to existing results to fill in gaps and get profound understanding on specific CDT issues. In this phase, researchers from the research institute (ARTI) with assistance of the implementing/research partners conducted FGD and semi-structured interviews with relevant groups and individuals such as group of children identified as CDT, and parents of identified CDT.

### ***Methods and tools applied***

All participatory approaches should use a variety of methods appropriate to circumstances. Appropriate methods used with current research participants, especially children were: (Focus) Group Discussion, semi and unstructured interviews, in-depth interviews, observation, mapping and drawings. Participatory Research Tools such as mapping drawing, and role playing by research participants were only used at certain occasions wherever possible i.e. during discussion session and during children/CDT workshops.

### ***Major steps conducted during the two phases of PAOR***

Since Implementing Partners have designed their programs prior (and separately) from the overall Research Framework, research framework was adjusted to the ongoing intervention process comprising six steps whereby each step may comprise some sequence of activities i.e.:

1. ***Developing Grand Design of Research and Intervention Programme*** with the consultation of research partners.
2. ***Needs assessment on research partner's capacity related to PAOR methods.***  
ARTI conducted needs assessment to find out how is the level of understanding, skill, and capacity, as well as their experience of about twenty staff of the three NGOs (all NGO staff assigned for the ILO project) and later regarded as the research partners. The main result was they have no experience in conducting data collection in participatory ways. Training on PAOR was then tailored in such a way to be able to also overcome the huge variation of:
  - a. Level and education background (from high school graduated to social worker diploma holders or S2/master degree).
  - b. Experience, especially experience of working with children, community, and of becoming part of research activities. Several of them (about 10 staff) have experienced on the research activities as data collector, especially on interviewing, facilitating discussion, and transcribing.
3. ***Training Workshop on PAOR*** methods, techniques, and instruments to be used during the project. This workshop was held on 21-23 October 2003 attended by 30 participants. Based on the needs assessment findings, we modified the training curriculum in a more experiential learning process to ease the difficulties caused by the high range of education, skills, and experience, especially in research field. Real cases from two different research approaches were discussed to understand the need and benefit of applying participatory approaches for the people under study (research participants), especially for children who are involved in drug sale/production/ and trafficking. Some methods and tools were also trained and

exercised. “Documentation” forms and methods to collect information were discussed to be agreed upon together. The participants also agreed that even though they realized their intervention program were not designed as fully participatory but they tried to always “incorporate” or consider the participatory spirit along the way.

*Ethical issues* were also discussed using simulations and cases to expose researchers on the importance of following ethical research standards. Ethical issues involved adhering to a child’s perspective, respecting child’s rights, promoting the best interest of the child, non-judgmental attitude towards subjects, informed consents, avoiding harm/risks, etc.

4. Almost once in every two weeks ARTI arranged a meeting with at least one of the Implementing/research partners to follow the progress and help to solve problems and obstacles. In some cases, ARTI also took part on assisting module development prior and after consulting it with ILO. These extra activities put ARTI sometimes in a difficult position due to the difference of perspectives with ILO. However, ARTI never make the last decisions for internal matters. Instead ARTI leave it to partners to decide and choose which ideas they are going to adopt.
5. ***Technical assistance for Implementing partners on documentation*** consist of: developing instruments, training on the use of instruments, developing case management system, peer-review on modules for activities by implementing partners, assisting in data collection and data analysis (quantitative and qualitative). This assistance also includes introducing SPSS format, data entry, and data cleaning. Though documenting beneficiaries information on SPSS format (case based) became a challenging process and was an added burden at the beginning (starting on October 2003), at the end of the PAOR research partners finally realized the importance of keeping a good record for each beneficiary as a start to monitor progress.
6. ***Establishing a continuous action-reflection-action-reflection process during the project cycle.*** This cycle consists of: data collection, data analysis, reflection on interventions and research results, responses to research results, reflection on the results, etc. Those steps take the forms of:
  - a) **Periodical peer discussions with implementing agencies**
  - b) **Fine-tuning workshop to draw lessons learned and program recommendations.** Held in March 2, 9, and 10, 2004, Fine-tuning workshop has succeeded in drawing out achievement so far, challenges, and lessons from almost 8 months of program implementation. All research partners and stakeholders (including some governmental organization holding a mandate of the ILO C. 182) participated in the workshop. The workshop was planned for only one day, but during the session, we agreed more time was needed (March 9 and 10) to complete our analysis of the lessons (Please review matrix on lessons and recommendations in the attachment)
  - c) **Two-day data collection workshop** was held on July 29 – August 1, 2004. Participated in by all research partners, the workshop has succeeded in learning from previous research (one recently published), and to examine some parts of quantitative and qualitative data collected and determine what needs to still be collected. The workshop was facilitated to fill in gaps on CDT and

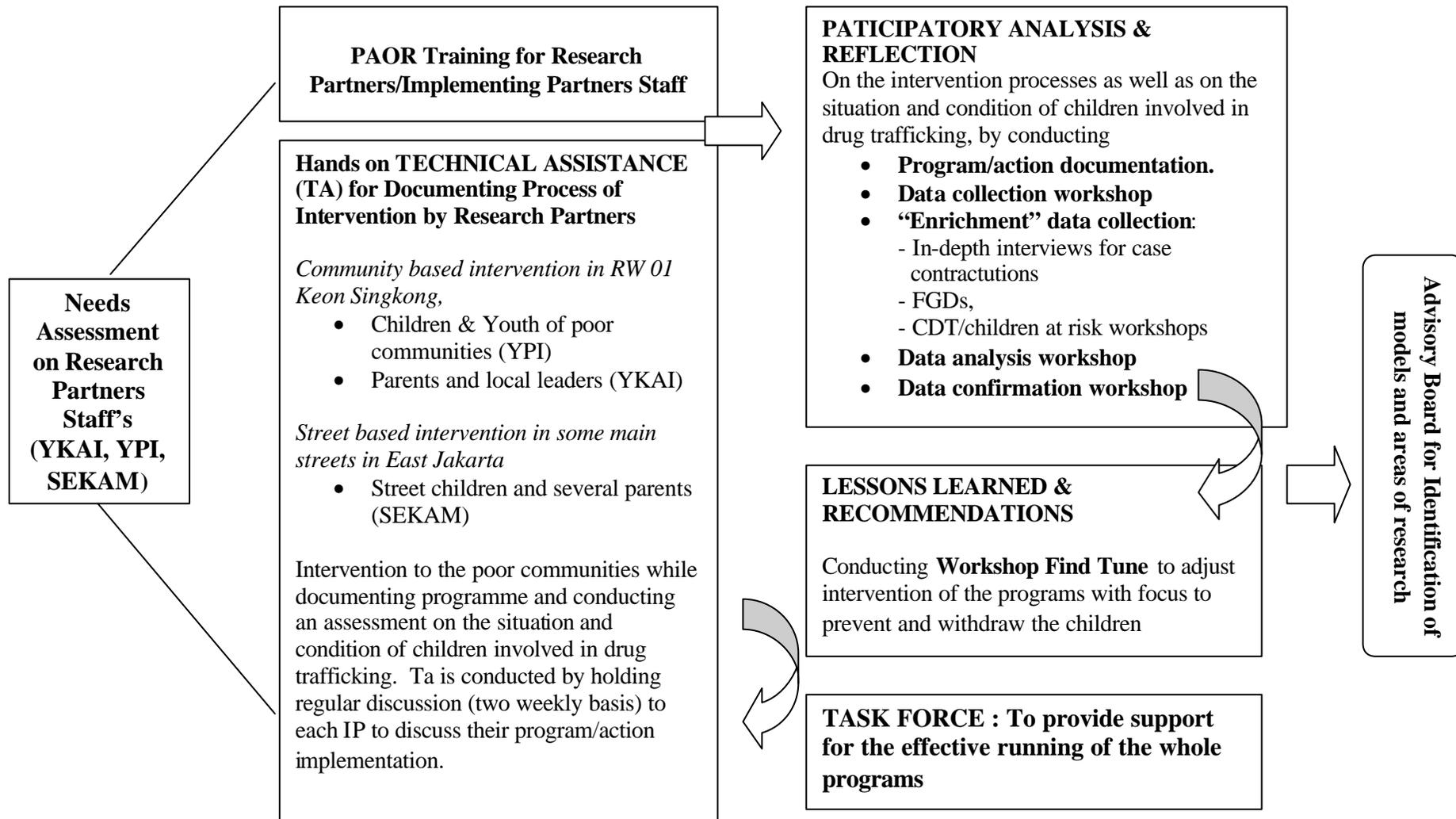
relevant issues, and to draw more lessons learned and recommendations. **Enrichment data collection** was arranged in the last session of the workshop resulting the following methods:

- d) **Two CDT/Children workshops** were held on August 7 and 8, 2004 involving around 78 children. The children participating in the workshop were those identified as CDT or in a highest risk to become CDT. The workshop was held in order to enhance understanding of the problems child drug traffickers face in their own voice. Another objective was to give new understanding upon the position of child drug traffickers as part of the victims. During the workshops, we discussed some issues on children from urban poor and drugs related activities and problems by applying:
  - Group discussion (interpreting two pictures of children working on the street, pictures of teenagers who uses drugs, and the case of recent execution of death penalty upon one foreigner),
  - Games to figure out the position of child drug traffickers and to dig more information about the causes and effects, and games were applied to achieve the objectives;
- e) **Additional group discussions and interviews** conducted right after data collection workshop until the end of 2<sup>nd</sup> week of August 2004:
- f) **Group discussion with parents and interviews with local leaders** (2 FGD that is each participated by 15 months whose children identified as CDT or at a highest risk to become CDT, and interviews with four local leaders),
- g) **Depth interview** with six identified CDT, three among them were further triangulated with their significant others (10 participants).
- h) **Data analysis workshop** to generate preliminary analysis on actions and research finding through peer review among implementing partners on August 13, 2004.
- i) **Data confirmation workshop** (September 2-3, 2004) to discuss and confirm the preliminary findings and to reflect on the whole PAOR process as part of capacity building process to better integration of participatory research and actions.

### **Level of Participation**

In the Indonesian study, PAOR was unable to achieve the higher levels of the ladder, and only reached the 4th (consultation), 5th (placation) and 6th (partnership) stages. The Indonesia team at least tried to build equal partnerships on every level of implementation: at the design phase of the project among stakeholders at the country level, among implementing agencies, and between implementing agencies with research participants. Opportunities remain for higher levels of participation to transfer the control/power towards the community and towards research participants in order to maintain sustainability of the project.

**RESEARCH FRAMEWORK**



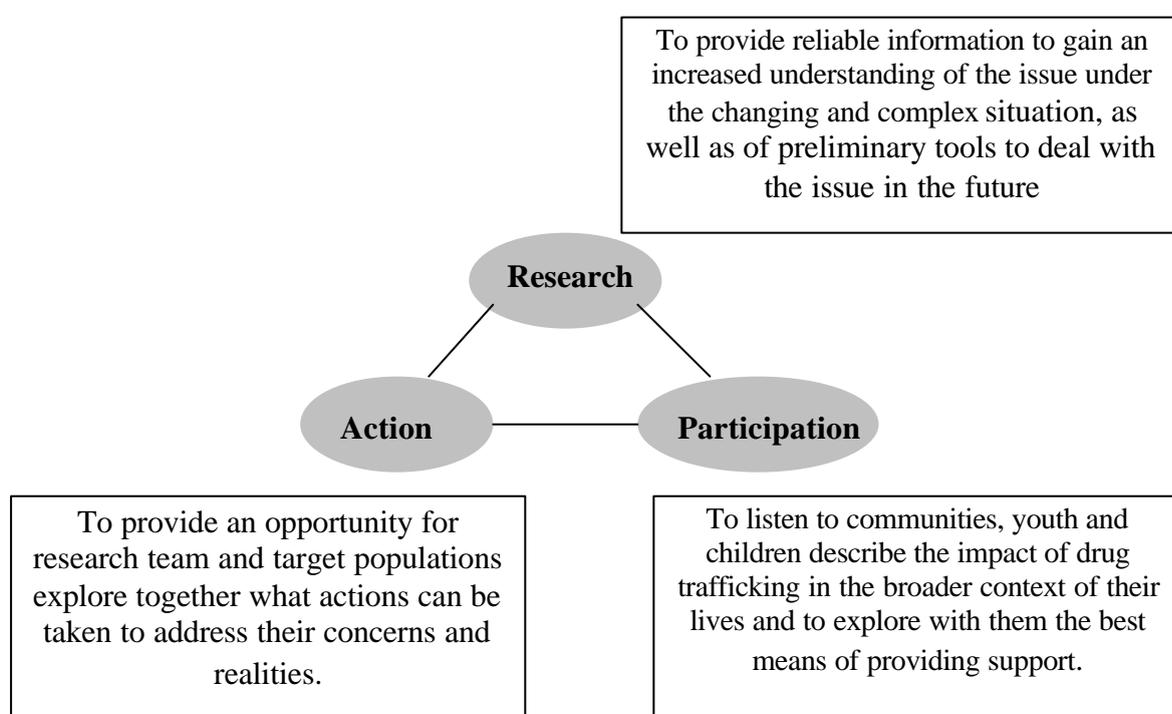
### 3.1.2 Thailand

#### General Strategy and Approach

Action research can provide reliable information to gain an increased understanding of the issue as well as of preliminary tools to deal with the issue in the future. The enhancement of school-based and community-based networks will serve as the framework for future action. Lessons learned from action research and pilot interventions will be applied to the formulation of recommendations for key strategies and programmes to prevent and eliminate the use of children in the production, sale, and trafficking of drugs.

#### Component of PAOR

Participatory action oriented research in this context is a research process that composes of three major components: Research, action and participation.



#### Level of participation

An important element of this research project is “participation”. Participatory approach was considered a major strategy and was intertwined throughout the project – both in ‘research’ and ‘action’ elements including:

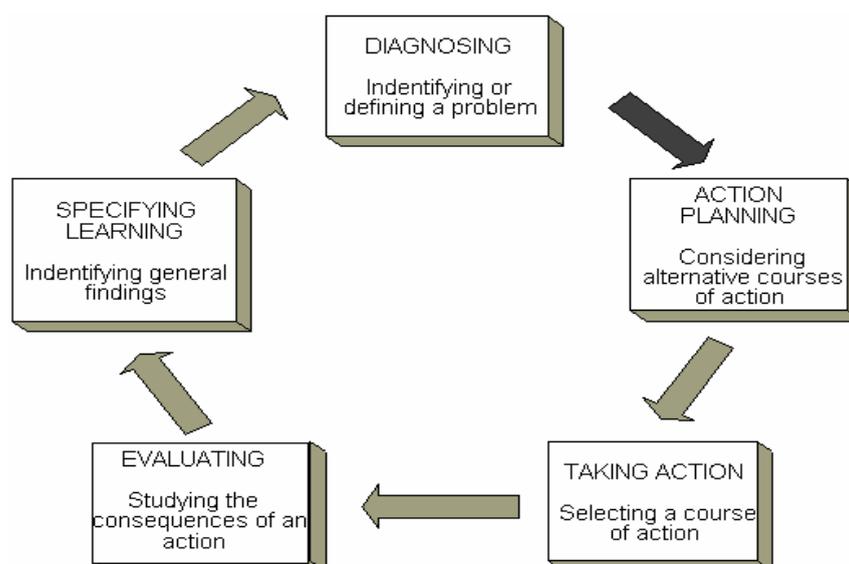
- Project partners were motivated to participate in the project at the planning stage. 10 schools, HPDN, and VDRA were consulted prior to action programme development. They were encouraged to analyze situation of drug uses and trafficking in their fields, and identify needs and appropriate interventions respond to the situation. The project proposals were developed on the base of these consultations.

- Children and youth participation: The project listened to voices of children and youth both during the fact-finding process and interventions. Young people had a say on impacts of drugs and their needs. They were encouraged them to take part in anti-drug actions through capacity building camps for children in all three project areas; support to develop activities and financial support allocated from the project to enable them to really make a difference.
- Participatory review through meetings, workshops, and informal consultations was designed throughout the project to gather perspectives and views from research partners including midterm review meeting and end-project participatory review consultation.

### **Implementation Strategy**

PAOR method is used during the project. The research team has worked closely with other three research partners in 10 schools, urban communities, and communities in northern Thailand. The project would be implemented in the following five phases:

**Chart I: Five Phases of PAOR**



### **Phase One: Diagnosing/identifying problems**

During the first phase, project preparation focused on data collection on situation of drug trafficking in each project site and what needs to be done. Plan for developing the project and project proposal started in May 2003. The following items have been undertaken by NCYD:

- Established research framework, identified definitions and understanding of terms used.
- Desk review on situation of drug trafficking in Thailand and specific locations
- Research partners are identified and networking with potential target schools and communities was developed.

### **Phase Two: Action planning**

In cooperation with research partners, frameworks for PAOR intervention were developed in each project site. NCYD supported research partners to identify problems and needs as well as develop project proposals. The following activities were undertaken under the second phase:

- Background of communities, schools, and target youth population was documented through visits and networking trips during June – August 2003.
- Strategic framework and areas for intervention were established in consultation with each research partner, namely schools, northern communities, and urban communities during June – August 03.
- Project proposals of schools and communities were developed and submitted to ILO-IPEC.
- Research guidelines and indicators were developed and used in cooperation with research partners.
- Orientation workshop and training on PAOR was organized for all project partners during 28 - 29 August 03.

### **Phase Three: Taking action**

Each research partner (10 schools in Bangkok, Northern communities and urban communities) have been implementing action programmes in each project location (see details of activities in part 4) while research and monitoring trips were timely made to document development and changes occurred. NCYD played a coordinating and managing role and provided them technical support during the implementation stage.

### **Phase Four: Studying the consequences of the action**

The research process (including monitoring & documentation of models and lessons learned) has been ongoing during the action programme implementation. Different tools such as questionnaire, interview, and focus group were used to collect data. Participatory review was also used to gather perspectives and views from research partners, some participatory review activities include:

- Review of research results was conducted in December 2003, and May 2004
- In January and February 2004, monitoring and information collection trips were made to ten schools, 2 northern communities, and 4 urban communities to follow up activities among youth groups in participating schools, and update with schools on their models and mechanisms developed.
- A series of review workshops among 10 schools were conducted on a regular basis during project period
- A midterm review workshop for urban communities in February 2004, and northern communities on May 4, 2004.
- A fact-finding workshop was conducted for eight children affected by drug in northern communities with four facilitators during 4 – 6 June 2004.
- A final evaluation workshop among three research partners was planned to organize in September 2004.

### **Phase Five: Specifying learning**

During the last phase, general finding of the research process was to be identified. Models of intervention used in the project and lessons learned were to be documented. A research report with recommendations for future action to address drug trafficking problem and initial was to be the major outcome.

- Documenting outcomes & impacts of intervention
- For urban communities, Lessons learned from Klong Toey community was extracted and documented. Some good practices have been piloted in other three urban communities in Bangkok (Pravase, Nong Jok and Wattana) during the project implementation
- Documenting models of interventions (school based and community based)
- A national seminar to disseminate research findings and advocacy at policy level was to be conducted in early October 2004

### **Ethical/safety considerations**

The ethical and safety considerations for conducting research and working on sensitive issues with vulnerable populations were discussed during the project preparation stage, and appropriate approaches were developed for each location. They include:

1. *Security of those involved in the study was one of the most important aspects of this research.* This project focuses partly on communities living along the border where drug trafficking activities were rampant. Participation and documentation depended on the extent to which it could be done without risk to the participants.
2. *Strategy for assuring confidentiality was established.* The project focuses on collecting information of how children are affected from drug trafficking, but not who are affected. In general, researcher and research team carefully explained the project to every respondent and the means established for ensuring confidentiality before requesting their participation. All data collected from participating children was coded by using numbers and false names – leaving out the respondents' names and personal details.

### **Data collection tools**

A variety of research tools were used for this project to capture both quantitative and in depth information from project partners and target groups. Data collection tools used in this project included:

1. *Desk review* on relevant reports, studies, national policies, news clippings, and other documents relating to the research topic.
2. *Survey* conducted with schools' management team, teachers and students in 10 schools in Bangkok and 2 schools in Chiang Mai and Chiang Rai.
3. *Observations:* Direct and participatory observations were used during the youth activities such as youth camps to engage their participation in such activities.
4. *In-depth interview.* After building a rapport with communities as schools, researcher and team conducted semi-structured in-depth interviews with children and youth affected by drug use and trafficking. Interviews were also conducted with teachers in 10 schools in Bangkok. (The main categories of interview guidelines can be viewed in the annexes.)

5. *Focus group discussion*: FGD was conducted among students in 10 schools in Bangkok, and leaders and volunteers and youth in participating urban communities.
6. *Participatory review*: through meetings, workshops, and informal consultations was designed throughout the project to gather perspectives and views from research partners including midterm review meeting and end-project participatory review consultation.

### **3.1.3 The Philippines**

The purpose of action-oriented research is to generate reliable, appropriate, and a timely database to support interventions building capabilities of working children (as well as their families and communities) engaged in the production, sale, and trafficking/pushing of drugs. A key process and by-product of this action-oriented research were the capability-building initiatives and services given to service providers, mediating stakeholders/actors, and working children with their peers and families. The capability-building activities provided by the research partners included advocacy activities, community organizing/mobilization, training, and networking/link aging. The community-based partners also provided counseling, referral, and other support services like tutorial, library, and limited livelihood and education support.

The research project aimed to (1) identify and construct a profile of children/youth (including their families, peer networks, and communities) involved in drug-related activities; (2) understand the pattern of recruitment into the drug network and the strategies used by drug pushers to get them hooked; (3) explore how these children could be "weaned" or dislodged from the network and become part of the mainstream institutions of work, education and social networks of the community and (4) identify a strategic set of policy and program interventions to reduce the demand for drugs at the community, peer and child level. The last objective was realized through an "efficacy assessment" of the intervention strategies used by research partners in the three research areas.

To achieve the above objectives, the research probed the context of the sale and distribution of drugs and the social networks and hierarchical structures underlying the involvement of children in drugs. The research then, explored how these are related to contextual factors, in particular, community and family structures/processes such as poverty, unemployment, living conditions, and access (or lack of it) to social services and opportunities. Informed by this analysis, the research partners piloted some feasible interventions to mitigate the effects of some of these factors that push children to drugs.

The organization of the research and training of research partners started in June 2002 while fieldwork and data collection for the small-scale survey in the project sites started in June 2002. The feed-back on the above research goals, yielded the following outputs and activities: (1) profile of working children, their families, peer networks and their communities; (2) pattern/cycle of recruitment and integration to the drug network and the risks involved for the working children, employers, peers, and families; and (3) set of policy and program recommendations designed to formulate more timely and effective

sets of interventions for children, their peers, families and communities. The recommendations were partly derived from the assessment made with the community-based research partners as to the efficacy of their activities/interventions with children engaged in the use, sale, and trafficking of drugs. The research organization collected the above data sets by "piggy-backing" on the series of activities organized by the community research partners (see detailed project proposal of each partners in the appendix).

**Research as entry point for intervention.** The research project became an entry point in providing support services for children/youth. These interventions included community mobilization and organizing, training, limited provision of support services such as education, livelihood, referrals to other services provided by other agencies, advocacy and networking.

The participatory action-oriented research was geared towards filling some of the data-gaps about children in drugs. The data-set and insights gathered from the action research and the program activities of community-based partners led to the identification of a strategic set of preventive and rehabilitative interventions. It also built the capabilities of the partner NGOs/POs with the children and their families served by the program activities. This action-oriented research used strategies and techniques associated with participatory research in urban areas (PAR-UA)<sup>5</sup> such as sample surveys and socio-technical profiling of children beneficiaries and their families/communities, key informant interviews (KIPs), focus group discussion (FGD), social mapping and narratives of children's life stories.

The central principle here is putting the research process in the hands of research partners so that the process becomes a tool for their planning and implementation of activities that will redound to their benefit and ultimately their empowerment. The activities of the research partners became the entry points for the children and their families to become partners with the facilitation of the implementing NGOs and CBOs. Moreover, these activities served as the venue for the children/parents/peers to understand the social, political, and economic conditions of themselves, their families, and their communities in relation to their involvement in the sale, trafficking/pushing of drugs. This understanding led the program implementers to formulate strategies and techniques to respond to the risks that they experience in the drug use cycle and the drug network.

**Research steps and project implementation.** The first step in this action-oriented research was the production of a situation (i.e., situation analysis) of the children engaged in the use/abuse, trading and trafficking of drugs and the contextual factors surrounding their drug-related practices. The situation analysis was accomplished through a small-scale sample survey, key informant interviews, focus groups, narratives of children/parents and community social risk mapping done in collaboration with the NGO/CBO research partners in each of the project site. These methods produced a profile

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<sup>5</sup> For an elaboration of this methodology, please refer to the Participatory Research Action Handbook published by the team of Robert Chambers at the Institute of Development Studies (Sussex). Other references include RRA Notes on Participatory Tools and Methods for Urban Areas (1994) published by the Institute of International Education and Development (IIED).

of communities in terms of their availability/lack of resources and social services, social risk maps of the community and profile of children in drugs.

The results of the situation analysis guided the formulation of feasible interventions in the planning session(s) conducted by the community-based research partners. The project activities were assessed through an internal midterm and final evaluation of the interventions of the research partners. The insights gained from the process documentation partly became a basis for fine-tuning or re-calibrating the project interventions.

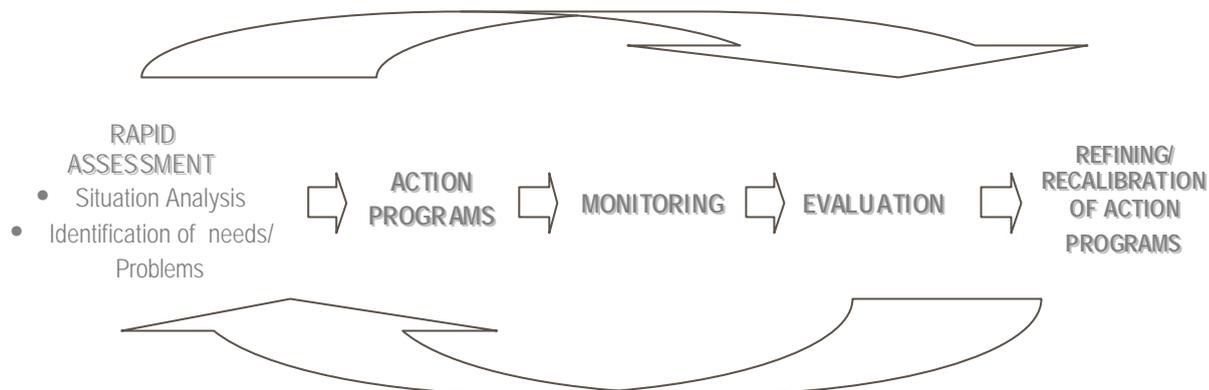
It should be noted that the sharing and feed backing of information was done selectively because of the sensitive nature of the project data. Thus, the profile of children in drugs and their social situation was only shared with the program implementers because of the risks involved. Some members of the community expressed their fear of being reported to the police. They were assured of complete confidentiality regarding the data collected from them.

**Research Monitoring and Evaluation:** Process monitoring and documentation was done during the course of the project. The research and implementation process of the support services provided by the project was documented through monitoring visits and the accomplishment of monitoring forms (see sample of monitoring form in the appendix).

The monitoring visits/forms tracked the situation of the children with regards to: 1) domestic status as whether the family is supportive to the child or fraught with tensions/problems, 2) school (out-of school or continuing schooling), 3) drug status (highly at risk to drug use/trafficking because their family, friends and relatives are engaged in it; low risk because they are not using and know only someone not too close to them who is engaged in drug sale/trafficking), and 4) the services provided by the community-based NGO/PO and the outcomes of these interventions.

The project also conducted internal midterm and final evaluation to assess the efficacy of different activities and interventions made by the community-based partners. These evaluation sessions focused on examining the status of the children and the effects of the NGO/PO's support services on the children, their families and communities. These sessions also identified the accomplishments and risks/challenges facing the project in each community as well as provide opportunities to learn and refine some of the project strategies and techniques.

### ***The Participatory Action-oriented Research Design:***



### **3.2 Comparative analysis**

Description in the previous part has shown us how each country implemented their PAOR approach into their methodology. In this project, participating countries and Implementing partners in each of the countries shared a common understanding that “participatory” means involving participants (stakeholders and beneficiaries) as active partners in the project. However, the term “Participatory” in this project were interpreted and applied slightly different by each of the participating countries and Implementing Partners in Indonesia, Thailand and Philippine. They also have to adjust or modified their original plan of methodology due to their own challenges and limitations coming from local context, characteristics of participants, and other local factors.

In this part, some important issues will be highlighted to emphasise the lessons, good practices, and some initial possibilities to apply to PAOR in the prevention or elimination program in dealing with the recruitment and involvement of children in drug sale, production, and trafficking.

#### **3.2.1 Cyclical phase of PAOR: a common model of PAOR in three countries**

Cyclical phase of **reflection, planning, action and observation** has emerged as a common model of PAOR across countries. Assessments in the beginning of the project, through various methods, have been undergone to design and or refine action program. Variations mainly appear in the steps taken and methods chosen. However, the spirit of empowerment appears in the capacity building process for NGO/ PO’s staff and strengthening local capacities (children/ youth, teachers, parents, and community leaders).

**The table below shows comparison between PAOR models**

	<b>Thailand</b>	<b>Indonesia</b>	<b>The Philippines</b>
Research cycle	Research was conducted before during and after programme implementation (Including lessons learned and models of intervention for replication). Results of the research used to	Research started at the same time with the implementation of intervention part. Information is collected during program implementation, analyzed, and confirmed done until the program completed.	Research was conducted prior and during the intervention.
Level of participation	<ul style="list-style-type: none"> <li>• On the level of schools, NGO, PO: Consultation, placation, and partnership step.</li> <li>• On the level of children and youth: Consultation step.</li> </ul>	<ul style="list-style-type: none"> <li>• On the level of research partners (NGO's staff): consultation, placation, and partnership step.</li> <li>• On the level of Children, youth, parents and local leaders at the level of consultation and placation</li> </ul>	On the level of research partners (NGO's staff): consultation, placation, and partnership step.
Major findings	<ul style="list-style-type: none"> <li>• Understanding of Children affected with drug problems in the community and schools (urban and rural)</li> <li>• Models of intervention (school based and community based)</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of Children (Drug User &amp; Trafficker, Drug Trafficker, Children at risk), the family, and the urban poor community.</li> <li>• Models of intervention (street based and community based)</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of children with drugs (drug users and traffickers) and family in urban poor community</li> <li>• Models of intervention (community based)</li> </ul>
Methods used	<ul style="list-style-type: none"> <li>• Literature review</li> <li>• Survey (10 schools)</li> <li>• Observations</li> <li>• In-Depth interview</li> <li>• Focus group discussion</li> <li>• Participatory review</li> </ul>	<ul style="list-style-type: none"> <li>• Literature review</li> <li>• Observations</li> <li>• In-Depth interview</li> <li>• Focus group discussion</li> <li>• Social mapping</li> <li>• Semi structured questioners for beneficiaries data basing</li> <li>• Participatory analysis review</li> </ul>	Sample surveys and socio-technical profiling of children beneficiaries and their families/ communities, key informant interviews (KIPs), focus group discussion (FGD), case studies <sup>6</sup> , social mapping, narratives and other projective techniques (e.g., drawing). The last technique is experimental and will be done only with a small group of children.

<sup>6</sup> Cases will be selected according to types/levels of risks experienced by children and their families.

### **3.2.2 Sequencing of research and intervention**

Some differences occurred in the sequencing of research and intervention as follow:

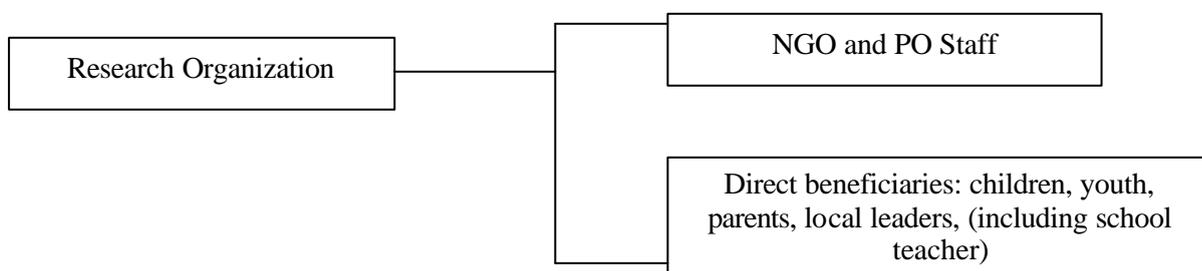
- In Thailand, a participatory approach was interpreted as involving the beneficiaries during needs assessment to plan interventions in the community. On going data collection were still carried out during the program implementation
- In the Philippines, research design was completed prior to intervention planning. Direct beneficiaries are involved in planning and sharing ideas during the project implementation.
- In Indonesia, during the design phase of the overall framework for the project, ILO invited and involved stakeholders to contribute to the design. Stakeholders consist of: the university, NGOs, Narcotic Boards, Rehabilitation Centers, and representatives from implementing partners. Participation was applied at the level of “Think Tanks” in designing the project. Starting with inputs from participants, a grand design for PAOR project was drafted for Indonesia. Implementing partners are assumed to represent some of their beneficiaries i.e. children involved in the production, sale, and trafficking of drugs. Indonesian team, tried to adjust the cycle of PAOR to the ongoing program implementation.

However, although research design varied from one another, they share the same spirit that is to empower beneficiaries through research and actions.

### **3.2.3 Level of Participation**

Before making a comparison between the three countries, we need to understand who has been invited to participate: is it NGO/ PO staff or Direct Beneficiaries.

In PAOR, stakeholders are those affected by the outcome - negatively or positively - or those who can affect the outcome of a proposed intervention: directly affected groups (children involved in drug use and trafficking of drug, the poor, disadvantaged, community) or indirectly affected (NGOs, private sector organizations etc). All three countries seem to apply both as described in the chart below.



Each of the countries endeavoured to achieve the highest ladder of participation as possible, but political, social and community situation may hinder their aspirations. The three countries seem to have achieved at least the 4th (consultation), 5th (placation) and at the highest the 6th (partnership) ladder of participation during the project cycle. Partnership level is achieved in terms of collaboration between research organization and

NGO/ PO staff, while in the direct beneficiaries the highest level is in the consultation level. However, we saw that all three countries have tried to create agents of change (as the aim of PAOR) through the activities of capacity building for all stakeholders in the form of:

- Trainings (on PAOR, drugs issues, life skills, vocational skill, leadership, income generating, etc) and
- Workshops (data processing, data analyzing, data confirmation, workshops with children).

### **3.2.4 Methods used**

All three countries used variation on methods to gather quantitative and qualitative data, i.e.: survey (structured and semi structured), FGD, depth interviews, observation, and social mapping. Data were collected directly (holding workshops, interviewing, organizing group discussion) or indirectly (social workers collected information about children while they're doing activities, such as sports, libraries development, etc. Social workers, then, wrote the information in children's database).

All of them also show huge efforts to invite participation in terms of:

- Designing instruments (in the level of NGO's staff),
- Answering questions (in the level of NGO's staff, community, children)
- Data processing (in the level of NGO's staff),
- Data analyzing; including drawing lessons (in the level of NGO's staff, community, children and school teachers)
- Drawing lessons (in the level of NGO's staff, community, and children),
- Evaluation (in the level of NGO's staff, community, and children).

### **3.2.5 Implications.**

Changes on beneficiaries as the implication of PAOR (based on each country's self assessment) can be seen as the results within the level of:

1. NGO/PO Staff,
2. Direct beneficiaries (children, community, school community)

Capacity building process for NGO/PO staff and direct beneficiaries occurred in exercising analytical thinking to understand the problem as well as to plan related actions and evaluate those actions. Being able to do so means that there have been some changes at the level of direct beneficiaries and implementing partners (NGO staff). To measure specifically and accurately the changes, there have to be specific monitoring and evaluation activities (instruments).

Capacity building process happening during the process was designed to implement some key principles of PAOR, which are participation and collaboration, empowerment, knowledge and social change. Though there were some limitations, the methodology was designed and implemented as much as possible to meet its aims i.e. "to increase the ability of the involved community or organization members to control their own destinies more effectively and to keep improving their capacity".

## Chapter : 4

### 4. Challenges, Lessons, and Good Practices

#### 4.1 Challenges

Common challenges, especially on the PAOR implementation, faced by three countries were:

- *Anti drug policy and campaign from the government*, especially in Thailand and Philippine. The national policy and anti-drug campaign in the countries has made it difficult to reach beneficiaries. This has hindered the implementation of both research and intervention.
- *The dimension of children involvement in drug trafficking is still new* to almost all the implementing partners, including research organization and government institutions. Consequently, we have to deal with limited experiences and resources to look and respond to the problems of CDT.
- *Illicit nature of the problem* that leads to complexity to implement both PAOR and intervention. It involved risks for researchers, research partners/ IP's staff, the children themselves, and the community. This raised another challenge: how to really invite active participation in the research process.
- *Issues not addressed/beyond the reach of the project*. Several issues could not be addressed nor were beyond the capabilities of the project implementers. This includes, among others, the rehabilitation and re-integration needs of children in drug use and trafficking.
- *Time limitation* to achieve the ultimate objective of PAOR, especially in the level of children and community as the direct beneficiaries. For Indonesian case, this challenge combined with the logic sequence of the project where research and intervention started at the same time.
- *Capacity building on research skills*. Different background of research partners (IP's staff) especially experience and skills to apply PAOR approach. More efforts were needed to address the problem such as closer assistance to the partners to become partners in research.

#### 4.2 Lessons learned

Lessons learned in conducting PAOR in the three countries:

- *Participation of children/youth, their parents, schools, and the community leaders* is key to project success,
- *Due to illicit characteristic of the CDT*, it was difficult in applying the appropriate participatory method starting with participant's full involvement from the beginning of the project. Using the medium of actions and interventions by NGOs, trust was built in the community and research could be done. Building trust/ a rapport with participants was the most important step at the beginning.
- *Instruments and tools* are more effective with fewer texts and more visual and/or illustrative (i.e. use maps, drawings, colors, symbols).

- *PAOR raises the awareness* of implementing actors of the significant connection between the data-base (regarding children/youth and families in drugs) and their implications to program action.
- *PAOR training* is proven to be a very effective tool to shift the perspective of social workers/ research partners on the need, importance, and possibility of research for emancipation/ empowerment.
- *Capacity building process:* During the research process, we have learned that capacity building for local partners is one of the main core activities, which will ensure the efficient project implementation. Areas of capacity building include:
  - Conceptual framework: child participation, child centered approach, and ILO Convention 182
  - Participatory approached research
  - Project implementation,
  - Project management and financial management
- *Capacity building can be a long process*, and sometimes the learning process occurred during the implementation of the project. The Action Programme also faced some resistance during the capacity building process.

### **4.3 Good Practices**

Some good practices of applying participatory methods identified from the experience of three countries. The methods have successfully been able to reach beyond conventional quantitative and qualitative data. They also give way to the empowerment of children and research partners.

#### **From Thailand**

**A fact-finding workshop** was designed and conducted for eight children with four facilitators during 4 – 6 June, 2004. Process of the workshop has been designed to profile case studies of children who are identified as ones who affected by drug use and trade the most. Several methods used to collect deeper data on factors that influenced them and how would they think to change the situation. Amongst were depth interviews questionnaires, watching film for discussion, molding sculpture, and make a mask of their sad faces. There was also session to built children's self esteem.

From this fact-finding report, the team found that impacts on children of drug addicts and traffickers have wider range than what was identified at the beginning of the project. While consultation with communities resulted in career development scheme identified as only one key tool to address drug problems, children – during the workshop – reflected other psycho social impacts and their needs for social support and inclusion. Social discrimination towards children of drug addicts and traffickers was found to be another area to be addressed within the community. However, this impact was not reflected from the questionnaire – which the researcher thinks that this concept was not well understood by children as well as teachers.

For the future programme direction, the project should go on with its preventive measure to reduce risk factors of children falling victims of being used in drug trafficking and/or

other worst forms of child labour. The project also needs to look at sensitization programme for communities, campaign for social inclusion, rehabilitation and reintegration of children, life skills for children, and parental skills for care givers of affected children.

### **From the Philippines**

Community social risk mapping was done in collaboration with the NGO/CBO research partners in each of the project site. These methods produced a profile of communities in terms of their availability/lack of resources and social services, social risk maps of the community and profile of children in drugs.

The results of the situation analysis guided the formulation of feasible interventions in the planning session(s) conducted by the community-based research partners. The project activities were assessed through an internal midterm and final evaluation of the interventions of the research partners. The insights gained from the process documentation partly became a basis for fine-tuning or re-calibrating the project interventions.

### **From Indonesia**

In the context of Research, this PAOR project in practice has two levels of research participants/subjects:

#### ***1. On the level of IP 's staff: successful capacity building***

- *Increased understanding on the need of PAOR.* In the first Training Workshop, ARTI facilitated three implementing/research partners (YKAI, YPI, and SEKAM) to increase their PAOR knowledge and skills through participatory approaches. To be able to discern between the conventional research approach and the Participatory approach, social workers representing the three implementing partners were confronted with two different projects design and results. By discussing the cases thoroughly, they could see differences in approach and results between conventional methods and the participatory action research approach. Subsequently, the general concepts of PAOR were discussed thoroughly.
- *Improved skills on PAOR techniques.* Having acquired a sense and recognizing the added value of this approach, participants were involved in practicing participatory research techniques and applying relevant instruments such as Problem Tree Analysis (to understand cause and effects of drug use and trafficking) and Social Mapping; simultaneously with focus group discussion techniques (to understand significant places, social groups and gathering of research participants), the river of live (to picture out life events of research subjects) etc.
- *Increased awareness and skills on documentation.* One of the best results of the workshop was that IP's have increased their awareness and skills to the

importance of documenting their ongoing interventions such as demographic data of subjects, details of drug use and their involvement, especially case based documentation to monitor the progress or set back of the child or parent. A good individual case documentation will be a good basis for case management in the intervention process, especially in doing monitoring and evaluation of each of the cases whether there have been changes or not. Without good documentation there would not be a good case management that is crucial for the future elimination program.

- Implementing partners have exercised some parts of the techniques and tools. IP ha used problem tree techniques with parents and local leaders to get a participants perspective on local and contextual problems related to drug use and trafficking and to identify people's thought about solutions of the problem. IPs also implemented mapping techniques with children to identify risk spots at each of their hangout places and neighborhood. IP acknowledged that by exercising the participatory techniques and tools they get more participation and involvement of the children and parents.

## **2. *On the level of beneficiaries: children, parents, Local Leaders:***

- *Beneficiaries: Gaining Insight and Ability to Analyze their Own Problems.* The other benefit from participants' point of view was that they themselves get insight and ideas on their real needs, problems, and alternatives to solve their own problems. Unfortunately, it was not possible for IP to fully apply the participatory approach as they 'were also doing intervention at the same time, and were limited by time and available resources.

During the Workshop with children at the last phases of research process, games and role-plays were used as one of the participatory approach. The aim was still to get data and information

## **Chapter 5:**

### **5. Guidelines for Participatory Action Oriented Research on Children involved in Drug Trafficking**

#### **5.1. Introduction**

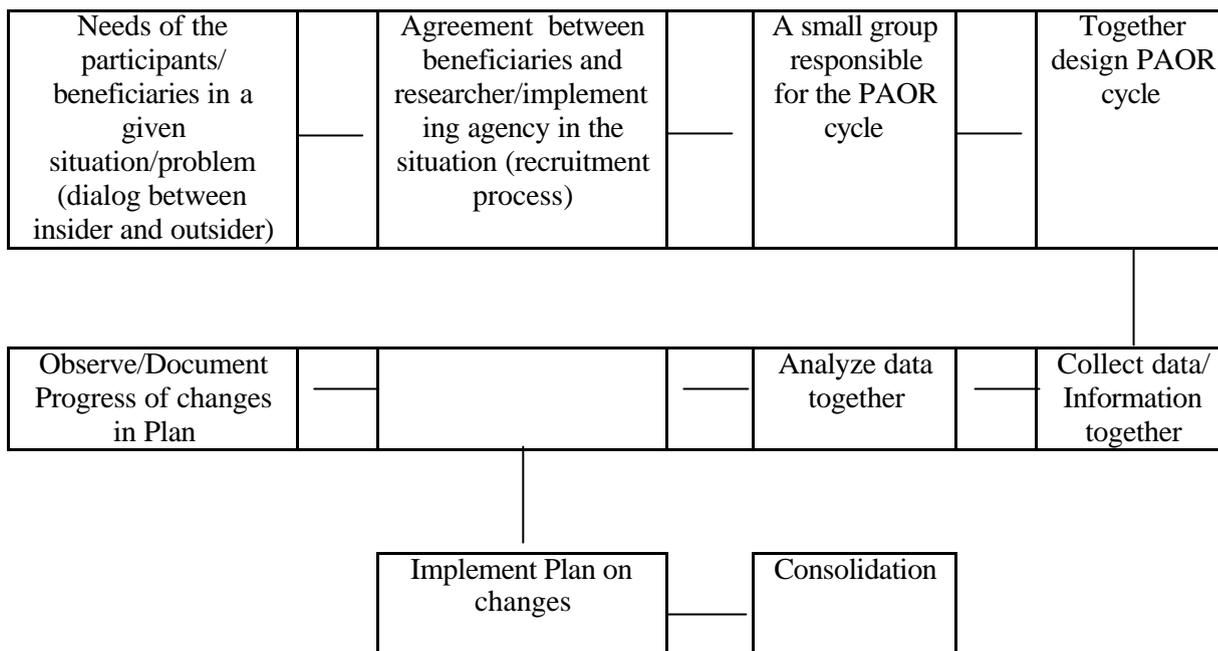
This guideline is mainly based on the experience of implementing PAOR with direct beneficiaries through Implementing Agencies such as NGO's and People's Organizations (PO) facilitated by a research institute in the specific region. Therefore, this guideline is more applicable for those persons (social workers, implementers, etc) who are going to implement PAOR directly with direct beneficiaries. If direct implementers (NGO, PO) do not have the needed experience, knowledge and skills to implement PAOR directly, then capacity building are needed. Facilitators (such as from research institutes or NGO) may capacitated social workers in doing the PAOR appropriately. Transfer of knowledge and power should flow from research institution towards NGO/ PO and from NGO/PO towards direct beneficiaries. However, it was clear from the initial parts that capacity building of implementing partners is a big challenge. This guide may be helpful for direct implementers as well as facilitators for capacity building towards direct implementers.

**In order to better replicate PAOR on CDT issues and problems, this report differentiate two guidelines i.e. 1) generic guidelines based on reviews on PAR and PAOR from various resource materials and 2) guidelines in implementing PAOR on CDT issues based on the lessons learned and experiences in three countries.**

#### **5.2. The core principles in PAOR on CDT**

Participatory Action Research is an approach. Therefore there is no "single technique" in doing a PAOR approach. There are many ways to do it. Flexibility in using techniques and tools in accordance to the local context and situation are encouraged. Flexibility depends much on the sensitivity and creativity of implementing agencies in identifying the real problems and needs of the PAOR beneficiaries. In Action Oriented Research, Action and research are combined in a single process that involves repeated cycles of planning, acting, observing, reflecting, re-planning and so on. Research using PAR as its approach will happen in the four moments of action research: **reflection, planning, action, and observation.**

Basic steps in implementing PAOR related on CDT may be very helpful. Basic steps (as described in part 2) must be translated into more detail steps (adjusted from Fernandes & Tandon (1993:14) as follows:



Related to the action-oriented research to combat Children Involved in Drug Trafficking (CDT), those steps may be translated as follows:

1. The group undertaking PAOR identifies a concern through discussion and reflection. Firstly and foremost, there has to be profound dialogues between implementing agencies (researchers) and beneficiaries (children, community, local leaders, informant) in the given situation/problem related with drug use and drug trafficking especially where children are involved. The dialogues between “insider” and “outsider” will give insight about the real problems and needs and insight on what actions are appropriate to combat (prevention, intervention, rehabilitation) CDT. When informants, subjects or beneficiaries participate in the definition of the problem or issue to be studied and in the methods to be used to study it, and the actions taken based on the study, then their agency is recognized: the approach is participatory (action oriented research).
2. Based on recurrent process of dialogues, concerns are integrated into a shared or common goal. Mutual agreement between beneficiaries and researcher /implementing agency in the situation must be reached on what will happen and how the involved parties may work together to solve the direct and indirect problem related to CDT in the situation.
3. If agreement is reached on what the real problem is and how to approach it, implementing agencies and beneficiaries may form a small group responsible for the PAOR cycle. They may include social workers, a “leading” figure from the community, and some representatives of the situation (community). The group agrees to collaborate and participate in a PAOR project because of this integrated goal.
4. The group and the members of the group are thus empowered to plan and act to create a social change. The established team may design the PAOR cycle together. Design and implementation of the design plan may comprise of :

- Preparation: Design, Build Partnership & networking, Recruitment of participants, Socialization of PAOR plan, Rapport Building with research participants / beneficiaries
  - Implementation of PAOR: Needs/problem assessment, Needs/problem-based planning (project plan), Research on the problem/issue, action planning based on the research issue, act on research-based problem, Reflect (monitoring) on the action results, follow-on action based on reflection/monitoring, etc.
  - Evaluation of PAOR and Follow-up based on evaluation
  - Recommendation (for intervention and further research)
5. Collect data/information together. Data collection (information gathering) can be done through various methods and techniques, quantitative or qualitative. Qualitative methods may consist of Focus Group Discussions, semi and un-structured interviews, participant's observation, group dynamics etc. Participatory techniques and tools are most appropriate to do with children. Children involved in drug use and trafficking may be more open to tell their stories through games, role-plays, mapping of significant places, drawing, story telling, etc. Data collection must include a process of Triangulation i.e. confirming data from various sources (parents, peers, local leaders, youth leaders, shop keepers in the surroundings) using various techniques (interviews, discussions, observations, drawings, mappings, etc). Consideration in PAOR is not whether we use a survey or group discussion or other methods. The essential questions are "whose interest does the PAOR serve". Our task in participatory approach is to be inventive about the range of methods that can be used by the people (see Tandon, 1985 in Servaes et.al. 1996:21-22).
  6. Research results may not be participatory if research participants i.e. children are not involved in the process of analysis of the results. Children drawings for example will only have meaning if children themselves are asked to interpret and explain the meanings and correlates with other aspect under study. Analyze data together with research participants/ subject may increase validity and reliability
  7. Findings may be brought back to participants/beneficiaries for clarification, confirmation, addition, and correction. Data shared with beneficiaries in the situation (problem) may increase awareness on the magnitude or seriousness of the problem (overall risks of being involved as CDT). Sharing data may also increase a sense of belonging on the problem and needs to take actions to solve the problem. In this kind of approach, validity lies in its ability to take subjects at the level where subject become aware of their situation and try to transform it. It does not lie at the neutrality of researchers or outsiders, but on the acknowledgement of the subjects/participants/beneficiaries themselves about the impact of change they experience through their involvement in the PAOR process.
  8. Based on shared data and discussions on the implication of data, implementing agencies in dialogue with beneficiaries may plan needed and relevant actions. Data on risk factors of CDT and its implications on CDT for example may give insights on what kind of actions are to be taken to combat the problems of CDT and how to do it.
  9. Action plans may come out from these discussions. Actions are further to be taken by implementing agencies in cooperation with beneficiaries (actors in the

situation). If it is found that some of the risk factors are “lack of parental skills, peer pressure and conformity to peer group”, than actions may be oriented towards increasing parental skills of parents, life skills education related to self esteem and negotiation skills in relations to peer pressures, etc.

10. While actions are in progress, participants and researchers/implementing agencies have to observe/document progress of changes in plan. Change in practice is affected and observed using an appropriate research tool. Documentation will be used as basis for improvement of on going actions. Beneficiaries critically examine the results. They will have new knowledge from which new insights may be developed. This knowledge may be focused on the observed effects of the change affected or the processes, which occurred, or both.
11. Consolidation among beneficiaries and stakeholders are needed in order to sustain ongoing actions. If local initiatives are found, networking is developed, interventions are established, than actions can proceed and sustained for the long run.

### **Basic Principles of PAOR on CDT<sup>7</sup>**

- PAOR include actions and research. Research may precede action, research may be the base for action, and research may also parallel with action. Whatever the process is, at each phase there have to be a cycle of action-reflection-action.
- PAOR on CDT must be Child centered and using child perspective
- Right based approach (CRC and Human Right principles)
- There are risks involved (children, family and the social workers): How to protect the participants (esp. in illegal issue). Need for extreme confidentiality
- Contextual (take accounts social, economic, political, cultural aspects)
- Participation of beneficiaries should start from the very beginning (design) to the end (data collection to dissemination and further action)
- Broad participation in research creates commitment, ownership and acceptance of findings (basic for future programming)
- Goals must be oriented towards Participation and Collaboration, empowerment, knowledge and Social change as part of action
- When taking a child centered approach to action-oriented research, it is important to remember that children are subjects of rights, not objects of needs: children are social actors and valuable contributors to society.
- Begin the research with children’s capacities – not their deficiencies and vulnerability.
- Consider all of children’s developmental needs, capacities, and abilities. Focus on concerns of CDT rather than on the preconceived concerns of the researchers, of government departments, donors, or NGOs.
- Question your own assumptions about children;
- Promote child-friendly approaches that are in children’s best interests;
- Children have the right to expression, information, and association. Consider children’s own perceptions. Listen to children to understand their views, perspectives,

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<sup>7</sup> ILO has already developed a detailed guideline on doing PAR with children. Please refer to: *International Labour Organization, International Programme on the Elimination of Child Labour (2202). Technical Intervention Area Summary Notes: TIA-C. ILO TICW-Project – TIA Papers: Action Oriented Research.*

capabilities, and concerns. Children are the main informants. Parents and other adults provide supplementary information. Learn from children, not just about children;

- Include all children and fight discrimination;
- Consider children in the broader social, economic, political context (holistic perspective). Research children in the context of the family, community, and labour market.
- Involves children in defining the research agenda, choosing research questions, designing methods, administering tools and taking part in analysis, documentation and use of the research findings;
- Puts children in charge and reduces researcher bias by handing more control over to children and relying less on directions from the researchers;
- Different children have different abilities. Verbal methods (interviews and discussions) may not work for some (especially smaller) children, but may be appropriate for others (older children). Visual representations (diagrams, photos, drawings, etc.) can be threatening, meaningless or misunderstood or disempowering (e.g. for illiterate children);

### ***5.3 Guidelines In Implementing PAOR On CDT Issues Based On The Lessons Learned And Experiences In Three Countries.***

#### **1. Clear definitions, Conceptual Framework, and research design**

- There is a need for clear definitions on terms used such as drug user, child trafficker, prevention of CDT, elimination of CDT
- Before implementing PAOR on CDT start from existing data & information and critically review them (prior assessments and relevant researches on the issue) as the issue is very sensitive and there is still lack of data on this specific issue
- Design mixes methods and data sources. Different children and participants have different abilities. One method or technique may/may not be appropriate for all kind of children/research participants.
- Implementing agencies have to be clear at what point research and actions come into play during the PAOR process.

#### **2. Gaining access and Rapport Building**

- Gaining access and building trust has been a very important phase to start the process. The three countries have used different ways in building contact and trust into the community. Ways may be different from each other depending on local situation and opportunities. However, the three countries started with looking for informants and trustful persons and use personal contacts to identify beneficiaries (direct or indirect related to CDT)
- Rapport and trust building were not only targeted to children but also parents and other significant persons considered relevant with the CDT issue
- Methods for gaining access were among others: building a base camp for relevant community activities and discussions with beneficiaries, holding activities in the research area. Only through in-direct activities, do researchers gain access to data that would be difficult to get otherwise;

- Formal and informal interviews and dialogues with key informants were seen crucial in approaching beneficiaries. Key informants were among others: youth leaders, community leaders, outreach workers, and health providers, etc.
- Researchers/implementing partners have to be flexible and adjust themselves to the needs, problems, habits, daily life, experiences and concerns of the participants/beneficiaries

### **3. The participatory Research Process**

- The three countries had difficulty in approaching CDT as CDT were under cover and were not disclosed by others as well as by themselves. Indirect research approaches were needed to uncover data on CDT such as through their peers, hangout places, and other situations where CDT is supposed to be.
- Developing activities which attract children and youth were found to be effective to approach children including some children related to CDT. During those activities children were approached for interview, discussion, and observation. Participatory techniques such as role-plays, case discussions, drawings were considered effective in providing data. Research methods must allow children to express their views, experiences, and perceptions.
- Different data collection methods produce different information and no single method can produce all necessary data, therefore triangulation of different methods was necessary.

### **4. A participatory Action Oriented research Analysis**

- Analysis were done in two ways i.e. by the researchers alone, and by involving participants in the analysis process. Data analyzed by the researchers themselves may lack clarification and confirmation from participants. But for certain situation this is the only realistic method. A better way should be involving at least representatives of participants in the analysis process to get better conclusions on research finding. Only the Indonesia team was able to have the general research findings shared with some informants / beneficiaries to get their opinions on the explanations of the researchers.
- Research data consist of data on CDT and data on actions (process and result). Researchers should determine how to analyze the data. The three countries seems to apply a standard analysis procedure i.e. compile, read all data, organize data by results, categories, identify and agree on a common list of key findings and analyze each key result. Different categorization on CDT and CDT related issues were found among the three countries.

### **5. Ethical Issues to consider in PAOR on CDT**

Each of the three countries follow ethical research practices. Ethical actions include among others: confidentiality of subjects, respects rights and privacy, non-judgmental, non-intimidating, and informed consent.

#### ***5.4 Opportunities and precautions of applying PAOR with Children involved in Production, Sale, And Trafficking of Drugs***

The category of children involved in Drug-use differ from children involved in Drug-Trafficking because the level of risks involved are different, especially related to legal issues and sanctions. Because the categories and level of risks are different, approaches to the two categories may be slightly different, risks involved may be different, and actions/interventions will be different. Actions and interventions will differ for prevention of CDT and elimination of CDT. Prevention may be targeted towards awareness rising on risks etc. (Micro and Mezzo level). However, elimination of CDT may comprise profound actions such as working opportunities, referrals towards rehabilitation centers, improvement, and advocacy on legal system, etc. (mezzo and macro level). Only PAOR, which can differentiate the two different categories and adjust the approach to each of the categories, will be beneficial for the beneficiaries.

The question still exists: *‘Is action oriented research an appropriate approach in the prevention and elimination of use of children in the production, sale, and trafficking of illegal drugs?’*

##### ***Opportunities***

- PAOR, if carried out carefully and in appropriately, can be a suitable approach to gain access to children in special situations such as CDT. Through and parallel with actions beneficial to the participants, researchers shall gain access and trust from children in general and CDT in particular
- PAOR can come up with original ideas from participants on relevant actions needed to combat CDT problems in a specific situation. Interventions based on real and factual problems posed from within the community will be more effective compared to that implemented from outside the community
- PAOR, which involve children & CDT as actors in their own situation allow program implementers to see them as potential agents capable to transform a worse situation and creating a better situation. Children are subjects having their own capacity to express their feelings. Children are not always helpless victims and object of concern
- Implementing partners may secure support from authorities as their job are usually seen as helping the government in relieving social problems
- Implementing partners may gain relative sustainability of their interventions with certain beneficiaries if they apply PAOR in the area
- Research-based Actions may be a good opportunity to prevent and/or eliminate CDT, as long those children are involved. Beneficiaries will experience increase of knowledge, awareness, and sense of urgency about their own problem if involved in the process of PAOR from the very beginning.

### ***Precautions***

Conducting research with children in general and CDT in particular requires additional precautions beyond the standard ethical considerations<sup>8</sup>

- Involving children/CDT or other beneficiaries (esp. marginal communities) may do harm to them if PAOR procedures and ethics are not implemented carefully and appropriately
- Researchers have to build their own capacity (empathy, patience, role reversal, etc) to face direct involved persons in CDT issues esp. children themselves (with their specific characteristics) as their resource persons: use beneficiary's/children's point of view/perspectives; always taking into consideration the possible harm of involving them in research / action; Respect beneficiaries'/children's rights, dignity and their competencies; Seek informed consent from children and adults;
- To get reliable data, researchers need to prepare and anticipate enough time to establish trust and rapport – don't expect children to trust outsiders automatically. To do so researchers and program implementer have to create favorable conditions (environment and venue) for research;
- To get reliable and valid data PAOR implementers have to involve different groups of people in the research (gender, age, ethnicity, disability) and as much as possible try to share the research findings with respondents (for clarification and confirmation);
- To get ideas and plans for appropriate interventions (prevention as well as elimination of CDT) PAOR needs to be carefully planned and designed from the very beginning. PAOR will not come with good program and policy recommendations if research and action objectives are not clearly defined beforehand.
- Children and the community involved in PAOR will demand concrete and sustainable results from the intervention. This possible demand has to be taken into consideration before, during, and after the PAOR. This means that at least local initiatives have to be found before the PAOR process ends and sustainability of the programs are well maintained.

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<sup>8</sup> **Refer also to:** *International Labour Organization, International Programme on the Elimination of Child Labour (2002). Technical Intervention Area Summary Notes: TIA-C.* ILO TICW-Project – TIA Papers: Action Oriented Research.

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