ISN 91989
file
Project ~~IV~~/306.0210.24
PD-ABK-073

D R A F T

FINAL REPORT
ON THE CONSULTANCY
FOR NARCOTICS AWARENESS
IN THE
NARCOTICS AWARENESS AND CONTROL PROJECT

HANS J. SPIELMANN
DEVELOPMENT ASSOCIATES, INC.
DECEMBER 1990

EXECUTIVE SUMMARY

This is an end of tour report on the consultancy for a Narcotics Awareness Specialist for the Afghanistan Narcotics Awareness and Control Project (NACP). The following observations were made:

- The Community Narcotics Awareness Program developed and pretested were positively received by the Afghan community. NAC can apply it with minor adaptations in its implementation.

- The media developed by AMRC are being evaluated through focus groups interviews and during awareness programs; they are also being integrated into NAC stock and activities.

- Through cooperation with IRU narcotics awareness and use questionnaires developed and pretested; comunity drug abuse profile proforma drafted.

- Crucial NAC staff identified and recruited and trained on-the-job.

- Implementation of NAC work should be structured and in stages.

The following recommendations were made:

- Provision of new premises to NAC
- Acquisition of reference resources - make inventory - etc, etc.
- Essential Prerequisites to successful implementation ?
- Development of detailed workplan Yes
- (1) Major thrusts for '91 identified Yes
- Institutionalizing the intra-project communication flow Yes
- Conduct of team building seminar - NACP-wide? or Nac

In addition to these, a number of recommendations were made for ongoing support to the NAC. Technical assistance is needed for xxx baseline data and needs assessment, for statistical advise, for development and conduct of training programs, production of AV media; development of state of the art communication strategy appropriate for the conditions under which NACP operates.

D.A for? How much / in, can be conducted locally

TABLE OF CONTENTS

EXECUTIVE SUMMARY i

I. INTRODUCTION 1

II. ACTIVITIES 1

Preparation and Pretesting of Community Narcotics Awareness Program
Evaluation of Awareness Materials Developed by AMRC
Integration of Audio-Visual Media Developed by AMRC
Development and Testing of Survey Instruments
Staff Identification, Recruitment, and on-the-Job Training
Structure of Future NAC Implementation

III. RECOMMENDATIONS FOR STRENGTHENING NAC IN THE IMMEDIATE FUTURE

Provision of New Premises for NAC
Workplan for NAC
Proposed Major Thrusts of NAC in '91

IV. RECOMMENDATIONS FOR ONGOING SUPPORT TO THE NAC

Assistance in Conduct of Baseline Data Surveys and Qualitative Studies and Needs Assessment
Development and Conduct of Training Programs
Production of AV Media
Development of
Development of NAC Communication Strategy

V. CONCLUSION

ANNEXES

ANNEXES

A SCOPE OF WORK
B BACKGROUND PAPER: NARCOTICS AWARENESS UNIT
C PROPOSED ADDITIONAL FEATURES IN 1991
D PROPOSED VIDEO ON NARCOTICS AWARENESS DAYS
E PROPOSED VIDEO ON LAUNCHING A NARCOTICS AWARENESS CAMPAIGN
F SUGGESTED NAU PRINT MATERIALS
G SUGGESTED NEWSLETTER LAYOUT (DUMMY ISSUE)
H SUGGESTED PREPARATORY STEPS FOR TRAINING PROGRAMS
I PROPOSED DRUG ORIENTATION COURSE
J OUTLINE OF BASIC NARCOTICS AND NACP BRIEFING
K PROPOSED FOCAL NAU ACTIVITIES
L NARCOTICS AWARENESS PROGRAM
M TESTING OF AMRC MATERIALS AND BASIC DRUG AWARENESS PROGRAM IN A REFUGEE CAMP SETTING
N COOPERATION WITH USAID/PVOS' PROJECTS
O DRUG AWARENESS QUESTIONNAIRE
P DRAFT NARCOTICS USERS' QUESTIONNAIRE
Q DRAFT BASIC COMMUNITY PROFILE AND COMMUNITY DRUG ABUSE PROFILE

I. INTRODUCTION

This paper is an end of tour report on the consultancy for Narcotics Awareness Specialist for the Afghanistan Narcotics Awareness and Control Project (NACP). The assignment began on September 11, 1990 with arrival in Islamabad. From October 1 through 14 and from November 10 through 18 the consultant was in Bangkok and Singapore respectively on duty for the Regional Narcotics Education Project (RNE/ANE) of USAID. The (revised) contract end date was December 9, 1990.

The scopes of work for the September, respectively the October/November assignments are listed in Annex A.
Upon taking up work in Peshawar, it was evident that additional tasks were relevant to the narcotics awareness consultancy.
Therefore, a tentative list of other tasks was drawn up to supplement the original scope of work. That list is also presented in Annex A.

Progress was made on all the tasks except the (formal) training of staff; though staff, currently on board, received on the job training. The main reason for the lack of progress on this item was that the Narcotics Awareness Unit which the consultant was assigned to help was overburdened with other tasks and no date could be fixed for the training and the more so, as the consultant for training which was to join in mid-November could not come to Peshawar and will only be available from mid-January '91.

Since the Project had just begun, the Narcotics Awareness Coordinator had just arrived the same time as the consultant, and the Implementation Plan had not yet been approved, this was a period of groping. There was, however, no dearth of tasks to be tackled: the consultant concentrated on assisting in developing and pretesting community narcotics awareness program, assisting in integrating the audio-visual media produced under the AMRC-RONCO contract, assisting in developing and testing survey instruments, and in assisting to define the structure of future implementation.

II. ACTIVITIES

Preparation and Pretesting of Community Narcotics Awareness Program

The purpose of the Community Narcotics Awareness Program for Afghans is, at this stage, to develop and test narcotics awareness materials and program components in a community/camp setting.
The AV media developed by Afghan Media Resource Center (AMRC) were tested within this program.

The program components:
- Posters, Banners, Brochures, etc.
- Inauguration (Mullahs' Speeches)
- Debate Contest
- Drawing Contest
- Sports Event (Positive Alternative

volleyball tournament)
- Anti-Narcotics Drama
- Closing Ceremony (Prizes Distribution)
(see Annexes L and M)

Duration of this program: first day 3 hours, second day (2 and) 3 hours.

To implement this program, NAC staff contacted the Afghan Commissionerate, Pakistani camp administration, Afghan camp leaders, in particular school teachers in one camp and 3 middle schools in 3 other camps. Involvement of elders/teachers/students of other camps was thought to 'open' these camps for conduct of subsequent programs. (This hope was confirmed: NAC received invitations from two camps to conduct a program).

The implementation of the program has demonstrated that such events can be presented to Afghan audiences (ca. 900, respective 500 participants on both days). The camp community organised and conducted a great deal of the event; degree of participation of community was more than satisfactory. Without such community backing-up and active involvement this kind of program cannot be implemented successfully. The test in Azakhel can be regarded as successful.
This the more so as it was the first event conducted by NAC Afghan staff who prior to this had been very much in doubt about the feasibility of such a program for Afghans and the camps and now have somewhat higher spirits.

At present, a similar program is being prepared for a district of Nangahar Province of Afghanistan.

Recommendation:

The Community Narcotics Awareness Program as presented by NAC with its mix of narcotics awareness, Islamic injunctions, sports and drama, debates and other contests is quite satisfactory. Nevertheless, additional components should be developed and tested. An arsenal of 12-15 activities/components should be at hand, so that local conditions and preferences can be accommodated. This program should be interlinked with the NAC Training Program and a School Drug Education and Mosques' Narcotics Awareness Program. This would enhance its impact greatly. At a latter stage of project the Community Narcotics Awareness Program should be embedded in a Comprehensive Community Narcotics Prevention Program.

Evaluation of Awareness Materials Developed by AMRC

Early in project the Narcotics Awareness Coordinator initiated an evaluation of the awareness materials developed by AMRC: posters, pamphlets, booklets, radio programs and the video tape were to be tested with focus groups and during conduct of awareness programs

(see above). The consultant's input as to this evaluation was barely needed. This evaluation is still in progress. The preliminary results for the posters and the video are positive. The posters were quite a success in Bangkok and Singapore when displayed in international workshops/conferences.

Recommendation:

The AMRC materials were not pretested prior to publication. For the AV Media and programs developed by NAC pretests should be conducted in time, e.g. before the media are printed/ published/released. This will pose no problems to the NAC, as the respective instruments and the procedure are in place.

Integration of Audio-Visual Media Developed by AMRC

As mentioned above the media developed by AMRC were utilized in the first narcotics awareness program conducted by NAC (vide Annex M). In fact, only through utilization of these resources could the program at this early stage of NAC be conducted. These materials have proven valuable assets and their integration into NAC stock and activities is completed.

Recommendation:

Certain portions of the booklets should be amended for a second printing. The results of the evaluation should be awaited and modifications made, if required (see also Annex F).

Development and Testing of Survey Instruments

The surveys required for the NAC work have not all been designed yet. Progress was reached (in consultation with IRU Coordinator and Consultant on Monitoring and Evaluation) as to what those surveys would be, the target populations and areas. For the work of the NAC it is important to determine the extent of narcotic use and the degree of narcotics awareness among the Afghans. Baseline data are needed on which to base and monitor the impact of NAC programs and interventions.

The proposed Narcotics Awareness Indicator (and a Narcotics Use Indicator) will facilitate to measure the impact of NAC activities. Several drafts of a Narcotics Awareness (and Monitoring) Questionnaire were jointly developed and are now being tested by IRU staff (see Annex O). At present, data of the first field trial (in the aftermath of the awareness program) are inserted into the computer and a statistical analysis is tried out.

The Narcotics Awareness Coordinator has defined appropriate samples for NAC interventions and surveys.
A first draft of a Narcotics' User Questionnaire is under test, as is the Community Drug Abuse Profile (see Annexes P and Q). With

these 3 surveys baseline data can be collected which will suffice for the NAC requirements at this early project stage.

Recommendation:

The present Narcotics Awareness Questionnaire (also containing a portion on basic media availability and usage) is somewhat lengthy and could be streamlined. In case the introductory 'softening' questions are not needed, these can be canceled. Appropriate weights need be developed to arrive at a valid indicator. This work should be commenced after the first trial run has been finalized. The Narcotics Users' Survey should be further developed and tested. These surveys should be conducted in the near future. Special attention needs to be given to the selection of interviewers (as to professional background, etc.).

Staff Identification, Recruitment, and on-the-Job Training

The first batch of NAC staff has been identified immediately upon arrival of the Narcotics Awareness Coordinator. These staff were prior to NACP engaged with the AMRC narcotics awareness media production. Unfortunately, two of these did, however, not join NAC; this is the more deplorable as the one of them having been exposed to a VOA narcotics seminar in the US and the other to a narcotics education workshop sponsored by USAID in Bangkok. The two other participants of this workshop joined up. Till now, these staff merely received informal on-the-job training. Formal training will be extended in January next (see also Annex I).

In the meantime, the Narcotics Awareness Coordinator has identified and recruited several other staff who joined up or will be on board soon. This staff had, in general, no prior exposure to narcotics issues;as the staff seems, however, capable enough this shortcoming will be remedied without doubt. There are some doubts, however, as to these and the staff' which joined earlier availability to return to Kabul once NACP shifts its headquarters to Afghanistan.

A general problem as to staff recruitment/satisfaction is posed by the fact, that the NACP is a latecomer and most of the competent staff is presently employed and also that the UN, here the United Nations Fund For Drug Abuse Control (UNFDAC) pays salaries at a level nearly twice that of NAC. UN per diem is several times higher.

Recommendation:

Special care should be taken to avoid that NAC is left with no/a few staff upon its move to Kabul. The staff to be recruited in future should be screened carefully. The ethnic composition of the team should be balanced. For certain jobs (at least temporarily) it ought be considered to hire Pakistani if no Afghan with the required skills is available. To compensate for the lower salaries as to UN and for the risks taken by the staff

no

conducting awareness programs in Afghanistan, a readjustment of per diem and a risk bonus and a kind of 'social package' (insurance, transportation, lunch) should be considered. The formal training of the NAC staff in narcotics issues and skills is a priority concern.

Structure of Future NAC Implementation

As the goals of the NAC are to:

- increase awareness of the implications of narcotics production and drug abuse issues among Afghans in both Afghanistan and Pakistan;

- produce and test the effectiveness of awareness materials and delivery mechanisms, and demonstrate the capacity to create awareness of narcotics problems related to both production and consumption;

- coalesce the donor community, organizations implementing assistance programs, and the leadership of the Afghan resistance movement to launch an effective anti-narcotics program.

the NAC implementation will be closely oriented at these goals.

The adopted methodology will be : resource accumulation - assessment - planning - manpower development - production - services and programs - reporting - evaluation.

NAC activities will be conducted according to the Implementation Plan which reflects objective needs assessed at project start-up. Foci and priorities will be adjusted during implementation according objective needs and observed changes, always keeping in mind the level of available expertise, quality of produced materials, target audiences, political developments and the like. Implementation has to closely reflect responses of the Afghans and their narcotic-related activities.

NAC implementation will be structured and phased. Progressing from simple to more complex activities the Project will strive to gradually develop its instruments and attain its goals. As many of its activities are interlinked and/or in sequential order much will depend on timely delivery of the respective output. (see also below under III)

Recommendation:

Plan in detail the NAC activities and programs keeping in mind the staging of the implementation steps. Without detailed planning the implementation of activities, in particular the synchroneous delivery of several interlinked activities is not attainable.

ANNEXES

A SCOPE OF WORK
B BACKGROUND PAPER: NARCOTICS AWARENESS UNIT
C PROPOSED ADDITIONAL FEATURES IN 1991
D PROPOSED VIDEO ON NARCOTICS AWARENESS DAYS
E PROPOSED VIDEO ON LAUNCHING A NARCOTICS AWARENESS CAMPAIGN
F SUGGESTED NAU PRINT MATERIALS
G SUGGESTED NEWSLETTER LAYOUT (DUMMY ISSUE)
H SUGGESTED PREPARATORY STEPS FOR TRAINING PROGRAMS
I PROPOSED DRUG ORIENTATION COURSE
J OUTLINE OF BASIC NARCOTICS AND NACP BRIEFING
K PROPOSED FOCAL NAU ACTIVITIES
L NARCOTICS AWARENESS PROGRAM
M TESTING OF AMRC MATERIALS AND BASIC DRUG AWARENESS PROGRAM IN A REFUGEE CAMP SETTING
N COOPERATION WITH USAID/PVOS' PROJECTS
O DRUG AWARENESS QUESTIONNAIRE
P DRAFT NARCOTICS USERS' QUESTIONNAIRE
Q DRAFT BASIC COMMUNITY PROFILE AND COMMUNITY DRUG ABUSE PROFILE

ANNEX A

SCOPE OF WORK

T: Narcotics Awareness and Control Project (NACP)

TION: Narcotics Awareness Specialist

ANDIDATE: Dr. Hans Spielmann

ESTIMATED START: 9 September 1990

ESTIMATED COMPLETION: 30 September 1990

A major objective of this consultancy is to pass Dr. Spielmann's extensive experience at AMRC with Afghan awareness projects to the NACP through the coordinator of the Narcotics Awareness Center (NAC), Mr. John Dixon.

Consultant will work with the NACP to assist in startup activities for a Narcotics Awareness Media Program.

Dr. Spielmann will assist in the planning and programming of NAC activities.

Consultant will help identify and train staff for NAC.

Dr. Spielmann will assist in the evaluation of awareness material developed by AMRC and assist in the development of additional materials for the NACP.

III. RECOMMENDATIONS FOR STRENGTHENING NAC IN THE IMMEDIATE FUTURE

Provision of New Premises for NAC

At present, all NAC staff is crowded into 3 small rooms, the av media and other resources are barely accessible, one computer and one Dari typewriter are available. Art work has to be done on the rooftop. There is no space for staff and focus groups meetings, not to speak of training courses.

Once additional staff (for training and field teams) is on board, it will be humanely impossible to work productively.

Recommendation:

New premises should be provided to NAC asap. If the 'C' in NAC is to mean something, then public should be able to visit the Center which thus should be easily accessible. The building should provide space enough for NAC staff, production sections, documentation and information sections, training and meeting requirements (see also Annex B).

Acquisition of Reference Resources and Audio-visual Equipment

The early acquisition of reference resources (books, documents, reports, training manuals) on narcotics/drugs issues in particular pertaining to prevention and awareness issues is crucial to full deployment of Project. Films, videos, slides and reference pamphlets, brochures, posters need be acquired, as well. Some of these materials comes free (NIDA, UN), the remaining needs be ordered from abroad (such orders usually take 4-5 months). To attain the help of the Drug Abuse Prevention Resource Centre in Islamabad will be crucial (see also Annex B). At present, a few books and videos are with the NAC. Certain audio-visual equipment has been ordered by NAC. As soon as the question is solved, whether NAC is to produce its own media, order for production equipment needs to be placed.

Recommendation:

Books and other printed materials, films and videos ought be ordered asap. DA to supply relevant materials, USIS the International Narcotics Information System (ININ). The remaining audio-visual equipment ought be ordered in January.

Essential Prerequisites to Successful Implementation

It is not possible at this time to define all of the essential prerequisites to successful implementation of NAC work. However,

some of those anticipated as being most important are:

-As at project onset reaction of the target audiences to narcotics awareness efforts is largely unclear, NAC should be open to a variety of responses using Afghan cultural heritage as well as modern western approaches modified to suit Afghan audiences. (Afghan project staff were quite surprised about what can be transmitted to Afghans).

- NAC cannot try to build its own independent infrastructure. Rather, the existing infrastructure serving Afghans ought be fully utilized: PVOs projects, the existing health, educational and agricultural infrastructure are indispensable catalysts for NAC efforts. These should be utilized, the more so as narcotics awareness is at best wrapped in a package acceptable to the target audiences.

- To utilize a 'vehicle', an issue about which there is no doubt: alcohol should be addressed, also cannabis; interpersonal communication with poppy farmers should not employ too direct messages concerning criminal behavior.

- The 'Afghanization' of the NAC should be a major concern; this ranges from employment of Afghan staff to Afghan 'look' of products and programs; 'mediocre' av aids preferable to excellent ones.

- Subcontracting where feasible.

- To be in a position to speed up provision of awareness programs field teams should be self-contained: provided with resources, funds and equipment.

- To meet the requirements of the IRU monitoring plan and of the USAID monitoring program and also to facilitate NAC internal monitoring the activities implemented should be carefully recorded and documented. An appropriate recording system ought be developed (see Annexes L and N). This would also facilitate replicability of activities and programs.

- As the situation in Afghanistan is highly volatile, the subject matter and the response on part of the target audiences being largely unknown, a flexible rolling-cum-planning approach should be adopted. Assumptions on which goal attainment are based ought be reviewed periodically to ensure that conditions defined under which the respective activity could succeed are still relevant or else required modifications need be enacted.

Workplan for NAC

The next six months will be crucial for the success of the NAC. More staff, more activities, more geographicasl areas to work in. more partners to accommodate: clearly, this can be achieved only

with proper planning. A detailed workplan is to be developed. For this exercise it is referred to the Background Paper (Annex B) written at onset of Project which needs modification once the Implementation Plan has been approved (see also Annex C), yet could still serve as basis for the workplan.

Recommendation:

In January '91 a more detailed workplan for the NAC needs be formulated (see Annex B). At the time the NACP Implementation Plan is approved, the work plan formulated for the NAC should be examined again, and amended as necessary. If specific directions for the NAC work is set, NAC staff under the Coordinator's direction should review the goals and purposes of the component, change them accordingly and set specific targets for measurement of target attainment. This exercise should be finalized with the concurrence of the CoP and of AID/REP. The Background Paper (Annex B) should be revised and finalized accordingly.

Proposed Major Thrusts of NAC in '91 Work Plan should fit w/ FY rather than for fiscal yr. purposes

The following major thrusts are proposed for implementation in '91 CY? (see also Implementation Plan NAC Component and Annex C).

Thrusts in the first quarter: or Dec. in Jan-Plan?

- staff training and on-the-job training
- training programs for USAID/PVOs and other impactors
- acquisition of reference resources
- production of audio-visual media and aids
- publishing of newsletter and press clipping service
- commencement of provision of standardized narcotics awareness programs (modules)
- collection of baseline and qualitative data
- studies on 'Afghanistan and the Narcotics' Issue'

Thrusts in the second quarter:

- development of a school drug education program
- development of a mosques' narcotics awareness program
- provision of training courses for secondary target audiences
- conduct of training (on district level) prior implementing community programs

Thrusts in the third quarter:

- conduct of narcotics awareness programs in areas requesting NACP assistance

Thrusts in the fourth quarter:

- conduct of community drug prevention programs in PEP areas

IV. RECOMMENDATIONS FOR ONGOING SUPPORT TO THE NAC

Some thought was given to ongoing technical support for the NAC. Listed below are descriptions of several tasks which will aid the NAC over the next half year of implementation.

Assistance in Conduct of Baseline Data Surveys and Qualitative Studies and Needs Assessment

To ensure that the NAC has timely relevant baseline and qualitative data at its disposal, the process of data collection needs be speeded up. To produce useful and reliable data, will depend on the instruments used, the calibre and training of interviewers and the procedure adopted for data collection. To aid in this task, the NAC at this stage needs the help of a social scientist with experience in the conduct of qualitative studies and the skills to assist in the development of an adequate strategy for narcotic data collection. This TA person should be in a position to guide monitors in conducting a needs assessment.

Development and Conduct of Training Programs

The early development and conduct of training programs is crucial to smooth deployment of NAC activities and programs. Technical expertise in narcotic/drug training programs is a prerequisite for the job. The TA person needs be familiar with training programs, manuals, curricula, syllabi, etc. and be in a position to adapt materials to the Afghan context (see Annex B; also Annexes H, I and J). International teaching experience is a must.

Production of AV Media

To provide the NAC documentation and information section (and the other units of NACP) with AV media, to support the conduct of awareness programs and training courses with audio-visual aids the help of a Media expert is required. This TA person could also advise on purchase of av production equipment, if so required (see Annexes D and E). The major expertise preferable at this time is in tv/video production.

Development of NAC Communication Strategy

Development of an appropriate communication strategy is required to match all the inputs, activities and programs with purposes and goals of NAC. To support NAC awareness programs and campaign the

early assistance of a communication expert is required (see Annex B). It will be her/his task to develop an appropriate and up-to-date communication strategy with which target audiences can be reached satisfactorily, avenues and messages will be transmitted adequately.

V. CONCLUSION

The observations and recommendations above represent the judgment of the consultant at this point in time in the Project. However, prior to approval of the Implementation Plan, many aspects and dimensions of the NAC cannot be completely defined. The present political situation in Afghanistan is extremely volatile. The NAC Afghan staff still professess a high degree of security concern. This all contributes to some confusion. Therefore, upon approval of the Implementation Plan, the entire narcotics awareness component should be reassessed and finalized.

At this point while waiting for this approval, the NAC team has begun to define its scope, priorities and activities and is starting , as we have seen, to develop and test the approaches and procedures required to reach its goals. NAC staff is to be commended for this early achievement.

There is, however, some confusion among the NAC team about its various tasks and responsibilities in respect to the overall NACP. This results from several sources: Implementation Plan not yet approved, absence of an institutionalized information flow and consistent intra-project communication system, a steady flow of new and sometimes contradictory directives and above all, the NAC staff being too few is constantly rotated and entrusted with another task, not connected with the one dealt with earlier.

The recent arrival of a NACP Coordinator gives hope the intra-project communication constraint will be alleviated in the near future and the approval of the Implementation Plan will lay to rest most of the confusion.

Recommendation:

To overcome this state of uncertainty, the consultant recommends that the Project Team set aside time (immediately after approval of the Implementation Plan) to chalk out lines of communication and securing a steady intra-project communication flow. This is the more important once there are several NACP facilities in place:
headquarters, NAC premises, and Quetta office and several field teams to be coordinated. Furthermore, the recommendation made by the Consultant for Monitoring and Evaluation, as to conduct of a team building seminar (see Susan Exo Report, p.11) is fully supported (see also Annex I: Proposed Drug Orientation for NACP staff).

file
ADM 200 20
PER 300 06

NACP
Narcotics Awareness and Control Project
Peshawar, Pakistan

MEMORANDUM

DATE: October 9, 1990

TO: Phillip Church, Project Officer

FROM: G.P. Owens, COP

SUBJECT: Short-term consultancy for Hans Spielmann

****

DAI/DA requests approval for Dr. Spielmann from 15 October to 1 December, 1990. This may be regarded as an extension of his previous consultancy, which ended 30 September, or as a separate request.

Enclosed are the CV, EBD and terms of reference for Dr. Spielmann.

CLEARANCE:

PILLIP CHURCH, PROJECT OFFICER DATE

APPROVAL:

JOHN MAY, CONTRACTS OFFICER DATE

Attachments

17

TERMS OF REFERENCE

Dr. Hans Spielmann

TITLE: Narcotics Awareness Specialist

ACTIVITIES:

- Assist the Narcitics Awareness Center of NACP in testing and evaluating anti-narcotics media products which he helped develop earlier this year

- Assist NAC in the preparation of its program plan for the coming year

- Assist NAC in the design of base-line data surveys

- Assist in pretesting additional program approaches and awareness activities for NAC

SPIELMANN CONSULTANCY OCT.- NOV.90

SCOPE OF WORK????

TOPICS

1. MANPOWER DEVELOPMENT

1.1 STAFF IDENTIFICATION
5 AMRC staff
outreach staff
temporary staff for research/awareness event
TA :Gabriele/Estella

1.2 TRAINING
prepare drug orientation nov. 21-26
prepare 2 days excursion to crop substitution programs
prepare Assil et al. for 1 day seminar on opiates in Afghanistan
prepare narcotics awareness course dec. 1-6
prepare speakers' panel dec.9-10
prepare master trainers dec.12-14

2. AWARENESS/OUTREACH

2.1 MULTIMEDIA AWARENESS (Nov. 5/6)
get UNFDAC film
for steps see ACTIVITY SCHEDULE/TIMETABLE

2.1.1 DRAMA
relig. text
identifying actors
rehearsal
film with U-matic AMRC (Alex??)
stage show first day outside camp??
for steps see ACTIVITY SCHEDULE/TIMETABLE

2.2 DRUG EDUCATION (SCHOOLS AND MOSQUES)
UNO Dunlap
AIG Min.Educ. (300,000 textbooks)
Mine Awareness .. master trainers

3. RESEARCH

3.1 BASELINE STUDY
design questionnaire, translate, pretest, revise
Interviewer Training (Thursday-Sat)
selection of Camps
for steps see ACTIVITY SCHEDULE/TIMETABLE

3.2 MONITORING
design basic questionnaire, translate, pretest, revise

3.3 COOPERATION WITH IRU
decide on responsibility as to research/studies

4. INFO SERVICES

4.1 TRANSLATIONS
select basic materials for translation
Australian guide, Pak/Austral. brochures etc.

4.2 PRESS CLIPPINGS SERVICE
obtain 90 press clippings
obtain Iranian and Afg. Press
obtain international magazines

4.3 NEWSLETTER
design first issue
write articles/obtain photos
produce dummy issue

5. RESOURCES

5.1 EQUIPMENT,TECHN.
select video equipm.
select audio equipm.
slide/oh projectors, etc.

5.2 DOCUMENTATION

5.3 REFERENCE RESOURCES

Books
DAPRC USA
get prevention plus II
Videos
DAPRC AMRC Gabriele

Posters
IBM Computer Program

5.4 DIRECTORY
Update/Afghanize Dir. Peshawar

6. PLANNING/COOPERATION

6.1 GENERAL PLANNING

discuss, revise, update background paper

6.2 COOPERATION

UNFDAC

ANNEX B

when written?[1]
why incomplete?

BACKGROUND PAPER

NARCOTICS AWARENESS UNIT

TABLE OF CONTENTS

ACRONYMS

A. Purpose

B. Strategy

1. Rationale
2. Outline of Strategy
3. Special Considerations
4. Credibility and Acceptance
5. Afghan Participation
6. Supportive Activities
7. Interlinkage of NACP Components
8. Communication Strategy
9. Target Audiences
10. Media and Messages

C. Methodology

1. Resources Accumulation
2. Planning and Production
3. Delivery of Services
4. Reporting
5. Evaluation

D. Organization

1. Physical Facilities
2. Outreach Teams
3. Cooperation within NACP
4. Cooperation with Afghan Institutions/Organizations
5. Cooperation with Pakistani Institutions/Organizations
6. Cooperation with AID Projects/US Agencies
7. Cooperation with UN Agencies
8. Cooperation with Donor Community
9. Sub Contracting

32

E. Staffing

1. Staffing of NAC
2. Staffing of Outreach Teams
3. Technical Assistance
4. Other Collaborators

F. Implementation Stages

1. Implementation Stages
2. Changing Foci and Implementation Dynamics
3. Timing of Activities

G. Expected Outputs

1. Outputs of Initial Implementation Period
2. Outputs of Second Implementation Period
3. Outputs of Third Implementation Period
4. Outputs of Final Implementation Period

H. Tentative NAU Budget

ANNEXES

A. SYNOPSIS OF STRATEGIC/CRUCIAL NAU CHARACTERISTICS
B. NAC ORGANIGRAM & STAFFING STRUCTURE
C. SCHEME: SECTIONS & FLOW OF ACTIVITIES IN NAC
D. SCENARIO: TENTATIVE PROPORTIONAL SHARE AND LOCATION OF DELIVERY OF NAC SERVICES
E. MANPOWER DEVELOPMENT
   a. TRAINING/STAFF DEVELOPMENT
   b. SECONDARY TARGET AUDIENCES TRAINING
   c. DRUG AWARENESS SEMINARS, CONFERENCES, AND WORKSHOPS
F. FUNCTIONS, COMPOSITION AND INTERACTION: DEMO TEAM AND FIELD TEAMS
G. PROPORTIONAL SHARE OF SERVICES/MESSAGES IN INTERPERSONAL AWARENESS CAMPAIGNS
H. FUNCTIONS OF NFCODA
I. PROPOSED INTER-AGENCY/-INSTITUTIONAL COOPERATION
J. OPTIONS FOR AV PRODUCTION
K. SCHEDULE FOR PROVISION OF ST/MT TECHNICAL ASSISTANCE
L. NAU IMPLEMENTATION SCHEDULE
M. IMPLEMENTATION DYNAMICS
N. OUTPUTS EXPECTED IN INITIAL IMPLEMENTATION PERIOD
O. EXPECTED OUTPUTS AND IMPLEMENTATION STAGES
P. JOB DESCRIPTIONS LOCAL NAU/NAC PERSONNEL
Q. JOB DESCRIPTIONS TA

ACRONYMS:

AAM	Activity Approval Memorandum
ACBAR	Agency Coordinating Body for Afghan Relief
ADEPA	Afghan Drug Education and Public Awareness
AFCODA	Afghan Foundation for Community Drug Awareness
AID	United States Agency for International Development
AID REP	dto , Office of the Representative for Afghanistan
AIG	Afghan Interim Government
AMRC	Afghan Media Resource Center
ANE	Asia and Near East Bureau, AID
ASSP	Agriculture Sector Support Project
AV	audio-visual
BBC	British Broadcasting Corporation
CEC	Commission of the European Communities
DA	Development Associates, Inc.
DAI	Development Alternatives, Inc.
DAPRC	Drug Abuse Prevention Resource Centre
DEA	Drug Enforcement Administration
ENG	Electronic News Gathering
ESSP	Education Sector Support Project
GOP	Government of the Islamic Republic of Pakistan
HSSP	Health Sector Support Project
ILO	International Labour Office
INCB	International Narcotics Control Board
ININ	International Narcotics Information Network
INM/NAU	Office of International Narcotics Matters, Dept. of State
IRU	Information and Research Unit, NACP
MSH	Management Services for Health
MT	medium-term
NAC	Narcotics Awareness Center
NACA	Narcotics Awareness Campaign
NACO	Narcotics Awareness Component Coordinator
NACP	Narcotics Awareness and Control Project
NAU	Narcotics Awareness Unit, NACP
NGO	Non-governmental Organization
NWFP	North West Frontier Province

24

PC-1	
PNCB	Pakistan Narcotics Control Board
PR	Public Relations
PREU	Poppy Reduction and Elimination Unit, NACP
PTV	Pakistan Television
PVO	Private Voluntary Organization
RNE	Regional Narcotics Education Project
ST	Short-term
TA	Technical Assistance
TV	
UN	United Nations
UNDND	United Nations Division of Narcotic Drugs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFDAC	United Nations Fund for Drug Abuse Control
UNHCR	United Nations High Commissioner for Refugees
UNO	University of Nebraska at Omaha
UNOCA	United Nations .....
UNSDRI	United Nations Social Defense Research Institute
USIA	United States Information Agency
USIS	United States Information Service
VOA	Voice of America
WHO	World Health Organization

A. PURPOSE

B. STRATEGY

1. Rationale

Several reasons support the importance of developing an appropriate narcotics awareness component within NACP and commencing a vigorous narcotics awareness campaign targeted to Afghans:

First, though there is a huge and increasing opium production in Afghanistan, and domestic consumption of traditional drugs such as hashish and opium, compounded by nascent heroin abuse among Afghans, there is little awareness and concern, not to speak of commitment to check or overcome these problems. Rather, a persistent 'double denial' and inhibition is prevalent, as manifested in such stereotype statements: 'no (or low) opium production' and 'no (or low) level of drug consumption'. This attitude signifies the prevailing complacency "for us Afghans there are no (sizeable) problems with drugs". To transform this attitude to one of concern about drug problems and to initiate viable control efforts will be major thrust of the NAU.

To achieve this is, however, not a simple task: experience gathered in other countries illustrates, that only concern about problems arising to the public and/or the elites from domestic narcotics production and consumption and particularly so, if perceived as a threat to national security, might lead to determined actions against this menace. Hence, awareness efforts targeted at leaders, public opinion shapers, etc. can make the difference in preparing the ground for Afghan efforts to curb domestic consumption and production.

Second, as a consequence of this 'universal' ignorance or attitude (denial), both the Afghan public and leadership presently seem more or less unaware of adverse effects to the Afghan people of illicit drug production, trafficking and even of consumption. Ironically enough, Afghans are well aware of the heroin epidemic in their host country. In particular, Afghans living in Pakistan have been confronted with heroin abuse prevalent among Pakistani and many young Afghans (among the camp population) have become dependent, as well. Given the special hardships and psychological strains on the camp population, this incipient wave of heroin addiction might easily go out of hands.

Seen in this light, the Afghan denial is the more deplorable, as in fact, in the near future Afghanistan might be experiencing a dramatic rise in abuse of culturally not adapted drugs such as heroin; alcohol - hitherto a drug of not much concern - is likely to pose problems, as well. Even psychotropic drugs might become drugs of future concern.

Pakistan's sad example offered a unique opportunity for Afghans to see with their own eyes how a sudden upsurge, a drug epidemic comes about.

Partly, ignorance and lack of concern towards Afghan drug issues stems from lack of information, partly it is a symptom of inhibition. The former attitude needs first be tackled with. Appropriate information activities and awareness efforts targeted to selected audiences can make the public, leadership and other groups aware of the problems/dangers associated with production and consumption of narcotics.

Third, Afghanistan's authorities might be confronted during the next decade not only with the gigantic task of rebuilding the country, re-establishing law and order, but might also face a serious erosion of local/regional power on part of the central authorities and their representatives. Profiteers of the opium/heroin trade who manage to assemble huge amounts of money/arms and thus power might become 'warlords' and exert local, even regional control in a post-war Afghanistan. Examples from pre-WWII China and present-day Burma are well documented and could servce as lesson. Anybody with interest in contributing to bring about an Afghanistan which is ruled by the official authorities and not divided and under the xxx rule of local warlords should be made aware of this grave threat lingering about.

Fourth, refugees in camps in Pakistan offer a unique opportunity and, at the same time, challenge for any awareness program. Whereas in the past Afghanistan's forbidding communication lines prohibited easy access to the rural communities, far away places where (except for radio) even the mass media did not reach, so has now the war and its consequences grouped together people from many differing ethnic and geographic origins in the compact situation of a packed camp. Here lies an unique opportunity to contact and reach an otherwise unaccessible population which at present is not that busy; the cmap population got enough time to listen. As the traditionally closed system of the communities has partly come down now comparatively, openness and frankness pervades the camps.

Moreover, these people have become used, that many 'strangers' and outsiders, facilitators with different tasks come to attend to them (doctors, nurses, teachers, social workers, etc.) As mentioned above, there is also the example of Pakistan, good or bad, in front of their camps, where their own future lingers. Such a climate is conducive to introduce new concepts and ideas, to propagate NACP goals and to wage an awareness campaign.

Fifth, as many farmers among the present camp population periodically return to their fields for growing poppies there is a latent knowledge and temptation among the others - those who are not yet involved in poppy cultivation - to join in such efforts once having returned home. They might be induced the more so as uncertainty looms over the camp populations about the near future and the financial problems to expect. Upon their return, a recourse to poppy cultivation might be all too tempting. For these high-risk/would-be producers and for those who are already into growing poppies, an appropriate campaign employing an appropriate 'subtle' approach should be waged.

Sixth, it is reported, that there is a 'growing recognition among Afghans that narcotic-related activities are contrary to the principles of Islam'. This concern is a heartening indicator of the possibilty to create an Afghan drug awreness. In deed, there are several examples, where AIG has spoken out against narcotics, commanders and local leaders have taken the initiative to seek alternatives to growing poppies.

Consequently, religious leaders are the natural allies of the NAU efforts. They ought be given adequate materials and training to be in a position to resourcefully counter drug-related activities. To make full use of Islamic injunctions against drugs could prove a crucial step towards creating awareness and finally reduce opium production, trafficking in opiates and opium/heroin consumption.

It is especially comforting that at present, general AIG awareness of the dangers of increased narcotics production and trafficking is perceived as being on the rise, as manifested through several statements condemning opium production and trafficking (primarily based on Islamic injunctions). This positive trend should be encouraged and appropriately be backed up.

Seventh, at present there seems barely any Afghan trained/experienced/ engaged in drug demand reduction strategies/programs/activities (with the exception of a few doctors who have gained some experience in treating heroin dependents).

In particular, the crucial drug prevention/awareness sector is terra incognita. Dependable manpower in these fields is virtually non-existent. Experiences from other Asian countries show that building up of manpower, resources and appropriate approaches requires efforts sustained over 5 years and more. To counter an escalation of drug abuse in time and effectively, the tools and manpower must be in place, before an upsurge in drug abuse occurs.

Thus, it is high time to start up the NAC which can serve as a sound base for developing a manpower and resource pool and at the same time as test lab for the different approaches to be adopted. This would mean, the NAC would constitute the nucleus of a future demand reduction program for Afghanistan or at least provide trained manpower and resource materials to authorities to resourcefully further such efforts.

Eighth, compounding the constraint of lack of trained manpower is the fact, that at present, there are no international reference resources available, no credible baseline data on drug consumption and attitudes towards drug production and consumption. Though UNFDAC has conducted a few drug awareness events in refugee camps in Pakistan, and is about to launch a limited training program, and USAID on its part, has sponsored a small-scale media production project with the AMRC, the current situation remains bleak.

Adequate and effective awareness materials cannot be produced without prior establishing a dependable data base, adequately training manpower and having access to meaningful resources and reference materials. Hence, it is the appropriate time for NACP/NAU to establish a Narcotics Awareness Center (NAC) which is to address all these shortcomings.

Ninth, all this .....to reach the target audiences effectively and mobilize the active participation of the Afghan public, leadership
..necessitates/requires to attribute to Afghan staff, collaborators and organisations a more active role in NAU. Only by involving .....

Tenth, without doubt, efforts to curb the narcotics menace carried out by the US alone would face financial and manpower constraints and meet with psychological obstacles of some sort. As the donor community braces themselves for the challenge of assisting in Afghanistan's rehabilitation, this is the time to mobilize donors to take a principled and coordinated stand on opium production and trafficking. To further this end the donor community needs to be informed about volume, prospects of drug production/consumption and the various adverse consequences associated with it. Hence, 'awareness' among the donors needs be addressed by NACP.

Eleventh, in sharp contrast to activities of those involved in the illicit drug trade, the actions by those charged with reducing and controlling this menace tend to be haphazard, sporadic, ill-timed, belated and, in general, not very well coordinated. Moreover, there is a constant tussle between the proponents of the two major aspects: 'demand reduction' vs.'supply reduction '. There can, however, be no doubt that only a concerted approach addressing the needs of both these aspects can be successful. It is deplorable that such integrated efforts are rarely ever taken. In the Asian context NACP is the only project which institutionally interlinks

supply reduction (poppy crop substitution) with demand reduction (here narcotics awareness) as foci in the context of one single project. This provides unique opportunities to tackle both aspects of the narcotics menace simultaneously.

2. Outline of Strategy

To spell out the desired impacts of NACP/NAU negatively, a listing of missing components in demand reduction and its consequences will illustrate the crucial components of NAU:

(i) Without sound basic reference/resource materials and adequate data base and needs assessment with subsequent resourceful planning neither adequate av materials can be produced nor appropriate activities, programs and services performed.

(ii) Without adequate and dependable manpower (pool developed through provision of appropriate training) all the consecutive steps cannot be taken resourcefully: neither assessment, planning, production nor distribution of these materials and programs and services rendered to the appropriate target audiences.

(iii) Without proper distribution channels, supportive information and PR work project outputs might fail to reach their full potential.

(iv) Without the active participation of Afghan leaders, organizations and individuals the goals of the project cannot be reached.

(v) Without continuous cooperation/coordination with other such efforts and projects, agencies and donors involved in the same field target attainment would be even more hard to reach.

(vi) Without adequate organization, administration, reporting and evaluation findings/outputs of project would be haphazard at best, programs not replicable, etc.

Hence, in order to reach its goals - and in the absence of other such organized efforts/projects sustained over a considerable period of time in (part of) these sectors, NAU component in NACP will pay due attention to all these facets and sectors of drug abuse prevention/awareness strategies. Doing so it will help to lay a sound foundation for future Afghan demand reduction programs.

This is not so much a matter of choice: selecting two or three components of this chain. Rather, to reach the final target all the pieces of the chain have to be in place, all steps be taken consecutively.

5. Afghan Participation

To promote credibility and safeguard acceptance of NACP/NAU activities and services through its target audiences, active participation of Afghans is of utmost importance and ought be mobilized at all costs. Once 'real' participation has been established, the provision of NAU programs and services would definitely stand better chances to reach to their targets. In this way, credibility and acceptance of NAU efforts would be greatly enhanced. A.o. this could also provide a security buffer between NACP and a less benevolent target audience. Prior to arriving at the participation of crucial segments of the target audiences several preparatory steps ought be initiated, though.

a. Drug Awareness as an Afghan Cause

If creation of drug awareness will not become an Afghan concern and cause, then NAU efforts will eventually prove futile.
Therefore, a priority target is to irrefutably and effectively demonstrate both, to Afghan counterparts and target audiences that there is an Afghan drug problem (which is not confined - as is the general view - to narcotics production; on the contrary it encompasses that of drug consumption, as well) with potential for further escalation. Certainly, at present Afghans have other, much more pressing concerns. Yet early induction of this cause will certainly heighten the probability of any active future Afghan engagement in this field.

Creating drug awareness is the first stage of a series of steps which finally will transfer the NAU efforts into Afghan hands. Hence, in the initial project stage it will be the major target to create drug awareness among Afghans.

b. Afghan Concern

The next step will be to raise Afghan concern

-32-

c. Mobilisation of Afghan Commitment

When drug awareness has been made an Afghan concern, participation of selected target audiences ought be mobilised. Avenues and programs need be introduced to give Afghans ample opportunities to join in developing of awareness concepts and implementing of campaigns targeted to the Afghan population at large and/or to specific segments. To reach such a commitment on part of target audiences, (or at least of some strategic groups) and their active participation in anti-narcotic efforts will be a major thrust of the NAU programs.

d. Creation of Sizeable Drug Expertise Pool

A persistent constraint that hampers full involvement of Afghans in anti-narcotic efforts is the lack of drug expertise.
However, without a sizeable and dependable pool of such expertise autonomous Afghan participation in drug awareness efforts is not feasible and, consequently, the development of autonomouts concepts and programs is not possible. NAU will facilitate creation of such a pool. (At present such a pool can only be developed in Peshawar. This bears certain risks as to future transfer of this expertise to Afghanistan. These can, however, be minimized, if this pool is sufficiently large/numerous and its members carefully selected).

e. Afghan NAU Staff

The local hire staff of the NAU will with the possible excemption of one/two staff be Afghans who will receive drug orientation and on the job training and long-term exposure to drug awareness programs. Once committed and (experienced) they will be the best asset of the NAU and its best propagators in mobilizing Afghan aareness, concern and commitment.

f. Establishment of an Afghan Drug Awareness Organization

One of the major drawbacks concerning involvement of Afghans in awareness programs is that at present, there is no Afghan (PVO/NGO) organization operative in the narcotics/drug field. Whereas in most other countries PVO's/NGO's since long have become involved and have joined in the anti-drug front, until now no Afghan organisation has made this field their cause. In general, PVO's are primarily involved in the demand reduction sector with emphasis on drug prevention and awareness issues. The advantages of such a non-governmental involvement in a structured form has been amply demonstrated elsewhere. Here in the present Afghan context, where there is no recognized central authority, such an organization

would offer even more advantages and could become a rallying point for the nascent Afghan anti-narcotic scene; and indeed could become the supportive institution for mobilizing Afghan awareness, concern and commitment, all of which are indispensable precursors to meaningful Afghan participation. For NAU, the existence of such an organization would be advantagous in that it might be delegating its outreach/awareness work to such an organization.

6. Supportive Activities

7. Interlinkage of NACP Components

NACP offers a unique opportunity to interlink reduction efforts (poppy crop substitution) with those in demand reduction (narcotics/drug awareness). Both these sectors are in fact interdependent: without growing awareness of the dangers of narcotics production and drug abuse a decrease in poppy cultivation is the more hard to reach. Without accompanying crop substitution programs a decrease might not be feasible for the farmers. On the other hand, without decrease in production and hence of availability of drugs all narcotics/drug awareness programs are bound to fight a losing battle in their efforts to reduce consumption.

Interlinkage in strategic planning and in the daily delivery of operations is indispensable. Beginning with an early stage in NACP project start up, the respective NACP personnel should hold periodical monthly meetings and relate their achievements, obstacles met and upcoming tasks.

8. Communication Strategy

Development of an appropriate communication strategy is required to match all the inputs, activities and programs with purposes and goals of NACP.

Based on problem definition, the results that are expected from the narcotics awareness campaign will be specified. The specific types of knowledge, attitude, and behavior changes to be produced will be defined.

For each objective the target audience will be specified as will be nature and content of messages to be delivered. Then the most appropriate media will be identified (mass, print, interpersonal and/or community outreach). The output which will be the end result of each activity will be indicated as will be the evaluation indicators that demonstrate that the objectives have been reached.

Drug awareness programs/ campaigns are a specific sub-category of social marketing. The aim of NAU social marketing is to deny potential producers and consumers access to two products: opium production and drug consumption.

This seemingly paradox task of negative marketing requires a subtle strategy, special skills and detailed planning, testing and patient implementation. Moreover, monitoring and evaluation plays an important role.

9. Target Audiences

a. Primary Target Audiences

Target Afghan audiences include:

- Afghans living in rural/urban communities in Afghanistan
- refugees in camps in Pakistan
- Afghan pol. leaders (AIG, commanders, party leaders)
- religious leaders
- devotees in mosques
- school students
- Afghan organizations (PVO's/NGO's)
- Afghan staff of internat. projects (donors, internat.organ. and PVO's)
- Afghan living in rural/urban communities in Afghanistan

- potential/factual poppy growers)
- potential/factual drug consumers) and their families/communities

and finally,

- donor community.

Contacts will be established and tests conducted to find out the best avenues to reach these audiences and create the desired drug awareness.

b. Secondary Target Audiences

Important secondary target audiences, - namely the potential facilitators, multiplicators and resource persons and the like, - will be professionals/members of the following groups:

- teachers/educationists
- doctors/nurses/paramedics
- social/community workers
- media practitioners
- religious specialists/leaders
- political leaders/advisers
- PVO's/NGO's.

Secondary target audiences constitute the crucial audience for the first stage of the NACP. These groups are the ideal propagators of incipient narcotic awareness efforts. Their social standing will permit them to influence their peers, the general public, opinion leaders, and the primary target audiences.

10. Media and Messages

NAU's av materials will be produced using various media and several avenues. These materials will emphasize a multitude of anti-narcotic messages.

a. Media

The following media will be utilized to transfer all materials, information, ideas, and messages of NAU:

	Mass Media	Interpers. Community Outreach	Communicat. Person to Person
Broadcast Media			
TV	x		
(Cinemas)		x	
Video		x	x
Radio	x		
Audio-cassettes		x	x
Slide shows		x	x
Print Media			
Newspaper	x		(x)
Brochures		x	x
Booklets		x	x
Educat. Materials/Textbooks		x	x
Posters		x	
Displays		x	
Drug Exhibition		x	x

NAU will test the media best suited for use with the various target audiences, under which condition, in which combinations and sequence.

b. Avenues

An awareness campaign solely relying on one channel, say mass media, is not very likely to be successful in its venture, particularly not in a society like the Afghan. Moreover, lack of TV,(radio) facilities combined with a comparatively negligible press circulation and a low literacy level in particular for the rural population prohibits exclusive recourse to such a simplified aproach.

There are a host of other avenues, application of which is certainly more tedious than broadcasting but also more effective and thus rewarding when it comes to attaining attitude/behavior changes. Still, experience shows the most promising approach is a

sound mixture of all of the following:

Radio, TV programs, video programs, newspaper articles, news letters, press information services, drug awareness events and personal visits, in short a mixture of several vehicles/avenues is being employed. School curriculum materials, health workers training programs, traveling narcotics awareness teams, individual counseling will be subjugated to a rigorous field trial. NAU will test all these avenues and monitor the impacts. At a later stage, when applying its programs on a larger scale, NAU might concentrate on the more promising ones.

c. Messages

NAU will develop themes and messages to be emphasized in data collection, material production and narcotics awareness programs and campaigns. These will be targeted to actual/potential drug producers/consumers and to the general public.

Some possible themes are:

(i) category - 'individuals/families/community':

- the social tragedy of drug addiction (adverse impacts on health/social-economic sphere of individuals, families and communities);
- the dangerous trend from traditional to modern drug abuse (and its most likely victims: educated urban youth);
- the deterioration of spouse relations for male heroin addicts (potency problems);

(ii) category - 'country':

- the corrupting influence of the drug trade (worldwide and in Afghanistan);
- the implications of increasing narcotics production for future stability of Afghanistan and its international relations;
- the destructive influence of drug involvement upon Afghan society's moral fiber;

(iii) category - 'negative effects of war':

- drug abuse problems pose additional constraints to the efforts to rebuild Afghanistan;
- increased opium production as another 'unwelcome gift' of the war (destruction, Trojan horses: mines, alcohol).

(iv) category - 'potentially escalating heroin epidemic':

- the correlation between poppy cultivation/processing of heroin and Afghan opium/heroin addiction;

- the probability of an escalating (domestic) drug abuse problem as cosnsequence of escalating drug production (lessons from Pakistan);

(v) category - 'socio-religious sanctions':

- religious injunctions/sanctions vs. drug production, trafficking and consumption;
-social mores vs. drug use (alcohol, hashish, opium, heroin in particular);

These and other messages will be developed and tested throughout project as to usefulness with various target audiences and media.

C. METHODOLOGY

General methodology of NAU is:

In a first step ('IN' or PREPARATION) references and resource base will be acquired (documentation, assessment) and the staff trained, the manpower developed;
in the second step (PRODUCTION) needs will be assessed, activities planned, av materials (images, radio, print) produced ; and
in the final step ('OUT' or PROPAGATION) services will be delivered (info and PR, materials distribution) and outreach performed (awareness campaigns and outreach programs). (vide Annex C)

1. Resources Accumulation (Documentation, Assessment and Manpower Development)

Prior to production of awareness materials and its subsequent distribution Narcotics Awareness Unit (NAU) will seek to acquire a sound resource and data base. Unless this has been accomplished, personnel of the other sections will face an up-hill task and definitely will lack the proper base to produce good results.

a. Reference/Resource Acquisition/Documentation

At present there are no reference/resource materials on drug issues available for Afghans. Hence, there is an immediate need to acquire adequate reference materials and set up a basic documentation cell - complete with catalogue (containing around 2000 books, documents, reports, journals; 1000 slides; 100 film units taped on video; a collection of brochures, posters etc.- for a listing of expected outputs of the activities summarised below vide Annex O).

b. Drug Research, Assessment and Pretesting

(i) As there are no base line data available on profile of drug users, volume of drug consumption with Afghans, their perception of drug problems and attitudes towards (illicit) drug production, processing and trafficking, conduct of appropriate studies will have priority throughout the first project year. One focus will be: situation in the camps, another: poppy-growing communities in Afgh. Certainly, these studies will be rather crude but will nevertheless provide first clues and orientation as to where to target materials and awareness campaigns.

(ii) Studies on media/leisure time habits and attitudes are needed at project onset to provide a sound basis for selecting the proper media and adopt approaches adequate to reach the respective target audiences. A study on possible positive alternative activities open to the Afghan male youth (living in refugee camps and in rural communities in Afghanistan) will be conducted as will be a companion study on peer influence and pressure. Studies on drug issues: traditional poppy cultivation and use of opium; cannabis cultivation and usage; use of psychotropic drugs and alcohol in present-day Afghanistan.

(iii) In the second year more detailed and professionally sound research (employing state of the art methodology) will be conducted. Topics could include studies on profile of drug abusers (first drug contact, continuation, discontinuation, detoxification and relapse). An epidemiological study on prevalence and incidence of drug abuse among certain Afghan subgroups will be needed, as well.
Behavior, attitudes and change in rural communities/refugee camps will need to be studied.

iv) Within this sector NAU products/programs produced/ developed by the respective sections of the Narcotics Awareness Center (NAC) will be pretested and modifications initiated, if so required.

c. Manpower Development

One of the crucial defects constraining all future Afghan efforts in the drug control field, is the total lack of trained manpower. To build up adequate manpower and thus create a pool of drug expertise, the NACP must develop appropriate training materials and manuals and provide adequate training, both through courses and on the job (vide listings in Annex E).

(i) Staff Training

Project staff will be trained in drug-related issues. This type of training encompasses formal training courses, excursions, and on-the-job training. (Given availability of non-NACP funds it will also provide limited study tours abroad.) Length, intensity and level of this training will vary according with topics and personnel concerned.

Early in project a drug orientation course will be provided for NAU- and non-NAU project personnel to familiarize them with drug issues.

(ii) Training for Multiplicators (secondary target audiences)

Members of the crucial secondary target audiences - professionals such as educators, media practitioners, health workers, social workers, political/religious leaders and others - who might become valuable multiplicators, catalysts for drug awareness programs will be selected and familiarized with drug issues and trained in drug awareness techniques.

2. Planning and Production

With the experiences gained from studying international reference/ resource materials and the findings obtained from studies NAU will produce adequate av materials, which will contain messages appropriate for the respective selected target audience.

a. Needs Assessment, Analysis and Planning

A needs assessment will be undertaken. With the reference resources procured, the data collected, needs assessed and findings produced, the manpower trained under the project can undertake a composite analysis of the status quo and of NAU activities needed to reach the projected goals. This general strategy for NAU activities will then be further broken down in its components. Media, avenues, messages, target audiences will be selected and a detailed implementation/work plan will be made.

b. Broadcast Media

Images

(i) Video/Films

Video cassette units will be produced for training/information, for eventual broadcasting, for usage in awareness campaigns, and for documentation of project activities.

Reflecting the broad range of its usgage topics will vary accordingly: documentaries, dramas, role plays, lectures, demonstrations, etc.

These video units will be produced in Dari/Pushto - as all the other materials mentioned below. (A few selected units will be dubbed into English for usage in donor/international PVO presentation).

A few films ought be produced as well, as video projection is obviously limited as to capacity/size of audience. Hence, production of awareness films to be shown to audiences exceeding 100 would be an appropriate supportive medium.

(ii) Tele-ops

A few tele-ops will be designed and produced.

(iii) Photographs/Slides

For displays, drug exhibitions, training and slide-shows, for PR work and for publications a collection of photographs/slides is required. A simple archive will be built up.

(iv) Sound-slide Shows

To better familiarize audiences with selected drug-related topics sound-slide shows will be developed for use in training, information and awareness campaigns alike.

Audio/Radio

(v) Radio Programs

Radio programs in Dari and Pushto will be produced. The themes selected will complement the ones presented in images. The specific advantages of radio will be fully utilized.

(vi) Audio Cassettes

On certain topics audio cassettes will be produced. Target audiences might be project staff, professionals undergoing training, school students, high-risk groups, and the like.

(vii) Production of Music Cassettes

Prior to venturing into this alluring medium, a careful analysis of the attitudes prevailing among Afghan elders/youth concerning songs ought be undertaken. No songs/music cassettes will be produced, even if there seems to exist only a minor chance to obtain adverse effects.

c. Print Materials

(i) Translation

There are no (up-to-date) materials available on drug issues in Dari/Pushto. There is also a definite deficiency on part of Afghans in understanding (drug-)technical English language, a translation service will produce needed materials in support of training, information, awareness programs and other purposes.

(ii) Drug Terminology/Slang

It is imperative for NAC to develop a standard terminology in Dari/Pushto. Otherwise, it could not be avoided that in all publications drug terms are translated (from English) in a different way and/or terms are used ambigiously.

In support of direct contact work with drug users the drug argot, the slang used by drug consumers, will be recorded.

(iii) Brochures, Pamphlets

In support of its information and awareness activities NAC will produce two sets of brochures (one simply-worded set for use of the general public and a somewhat more complex one for professionals/educated strata). Again, as with all publications listed here, both local languages will be used, where appropriate.

(iv) Booklets

A series of booklets will be produced which will present materials for professionals (teachers, doctors and social workers) and for high-risk groups, parents, the communities and the like.

(v) Educational Materials

A series of educational material, such as textbooks, will be produced to support outreach programs and cooperation with other related projects.

(vi) Dramas

A number of dramas, role plays, skits (and puppet plays?) will be written and enacted; these will carry drug awareness and educative messages. Their use will infuse a more entertaining accent into awareness campaigns.

(vii) Banners, Stickers

In support of interpersonal drug awareness programs, banners and stickers will be developed, the slogans of which will reflect the messages adopted by the Narcotics Awareness Campaign (NACA). A logo (which will be displayed on all other NAC materials published, as well) will be another distinguishing feature.

(viii) Posters

A set of 12 posters will be produced through which such issues are addressed like opium production, heroin consumption issues, religious injunctions, dangers to individuals, families, communities and the nation. These posters will be targeted in particular to high-risk groups, the youth in general, parents, the public at large, etc.

(ix) Drug Exhibition

In support of NAU drug education and awareness events a set of panels (each displaying a set of photographs with captions) will be produced that focus on major topics of drug problems and its control. To complement these panels, displays of drugs will be added, as will be brochures, other handouts; posters will be exposed, videos projected, etc. There will be one permanent version (displayed in the NAC) and two mobile, detachable sets for use with the Field Teams.

3. <u>Services/Distribution of Materials</u>

The materials thus produced will be transmitted to various target audiences (vide under B 9) by means of a variety of media (vide under B 10).

a. Information and PR

(i) Information and PR

An information and PR Cell will be constituted within NAC which will collate drug- and project-related information and pass it on to interested audiences.

Initially, drug resource directories will be collated (containing entries of institutions and individuals involved in the drug field). With these rosters of potential collaborators, speakers, invitees, etc.will be made and a speakers' panel constituted.

Direct media contacts will be established and maintained and, if feasible, an active PR conducted. Media practitioners will be periodically updated on the narcotics/drug situation in Afghanistan and on NACP/NAU efforts.

Through this Cell contacts between NAU and its partners will be made.

(ii) Brief for Personnel of other Projects/Organizations

Concise drug orientation/briefings will be extended to personnel of other projects/organizations.

Seminars, conferences and workshops will be conducted for members of the donor community, personnel of other projects and Afghan leaders/secondary target audiences.

(iii) Briefing on Drug Issues in Programs sponsored by other Projects/Organizations

The NAC training staff/ TA team might be invited to give briefings, etc. on drug-related issues and/or on NACP/NAU and the like. Such occasions offer a chance to increase basic drug awareness, and offers an opportunity to identify potential collaborators, trainees, for future cooperation.

(iv) Information Aids

A press clipping service, a newsletter (in Dari and English) and press releases will be produced.

(v) Distribution of Printed Material

These and other printed NAC publications and materials will be distributed according to the resource directories, rosters, etc.

A distribution system for printed material will be developed, maintained and upgraded.

45

The printed materials produced will be published in standardized form as NAC Publication Series :

- Translation Series
- Textbook Series
- Training Manual Series
  etc.

(vi) Broadcast of Produced AV Material

Certain TV and radio materials (produced under C 2 b) will be broadcast in such media as PTV, VOA, BBC (?), etc. These broadcasts will be arranged under the mass media portion of the NACA (Narcotics Awareness Campaign).

b. Drug Awareness Programs and Campaign

(i) Drug Awareness Programs and Campaign

The drug exhibition (produced under C 2 c ix) will be utilized in drug education and awareness events, which will be major constituents of the interpersonal NACA. Such events will be developed by the demo team and routinely performed through the NAU Field Teams within refugee camps and in Afghan communities (in poppy-growing and non-growing areas alike).

(Regarding the agenda and proportional shares of the various topics vide Annex G)

(ii) Integrated Community Drug Awareness Programs

Experience shows that hit-and-run (one time) activities might be able to create initial interest/awareness, yet in general it has been observed, that such activities are unable to change the tide and mobilize communities into action against the drug menace. Integrated community drug awareness programs will be developed which are to provide the whole array of awareness programs and services in one locality to all target audiences and sustain these efforts/programs over a considerable period of time.

c. Outreach Programs and Support

(i) Mosque Drug Awareness Programs

It would be a great asset for NAU/NACP efforts if in the mosques Islamic injunctions would be used against drugs. A pilot test will be made, appropriate materials produced and religious

leaders motivated to take a stand. Once met with success, a broad-based outreach program will be launched.

(ii) School Drug Education Programs

Among school students are potential drug users. Students can be made aware of dangers of drug abuse and hence production. A pilot test will be made, appropriate materials produced and teachers motivated to induce basic drug education. Once met with success, a broad-based outreach program will be launched.

(Cooperation will be established with UNO)

(iii) Outreach Support

To doctors/health workers, teachers/educationists, social workers and interested PVO's and NGO's outreach support will be provided through NAC personnel and Field Teams. Such support will entail provision of materials for information and referral, speakers (see next item) and conduct of awareness events.

(iv) Speakers' Panel

To facilitate provision of services and implementation of programs a panel of speakers will be constituted hailing from various professions (doctors, social workers, psychologists). These will be upgraded, provided with resources, and deployed to the field.

4. Reporting

As this is a pilot project for the Afghan drug field, special pains should be taken to record and document NAU activities. NACO will see to this matter and institutionalize a stringent reporting and documentation system.

Reporting will include:

- Staff/TA reports,
- Section reports,
- NAC reports,
- Technical reports,
- (Records/AV Documentation,) Reports on Activities and Services,
- Subcontractors' Reports,
- Periodical Reports,
- Reports from Demo Team, Field Teams.

To facilitate reporting and safeguard standard and compatibility of reports NAU will develop and utilize forms and guidelines. Early in project a staff workshop focusing on reporting issues will be conducted. These measures will assure replicability of activities.

Documentation will also encompass video recording of NAC, NAU activities and that of the other NACP units.

(For a reporting schedule see Annex R).

5. Evaluation

The materials acquired, produced and distributed and all other NAU activities will be systematically monitored, assessed and evaluated.

a. NAU-internal Monitoring

To safeguard quality and quantity of products, activities, programs and services and also to ensure timeliness of provision NAU will institutionalize an internal monitoring system. Periodical recording and monitoring of all activities will be conducted throughout the life of the project.

b. Monitoring/Evaluation through IRU

The quality of NAU products and the appropriateness of the awareness programs and campaigns will be monitored/evaluated through the IRU component of NACP. This will provide valuable tools to address shortcomings, measure impact upon the target audiences. Relevant findings of these monitoring and evaluation efforts will be passed on to the NACO who will initiate required revisions and modifications.

c. Project-external Monitoring

Throughout project AID/Rep will monitor project progress and achievements and request modifications.

d. Project-external Evaluation

At mid-project and prior to its termination thorough project-external evaluations will be undertaken.

D. ORGANIZATION

1. Physical Facilities

The NAU will have a center , at this stage to be located in Peshawar - separate from the NACP head-office (??). This Narcotics Awareness Center (NAC) will also provide the home base for the Field Team based in Peshawar.

The Field Team in Quetta will maintain a contact bureau in the NACP branch office.

During the second year of operations plans are to set up two small contact offices inside Afghanistan (possibly in joining forces with PREU staff). (??)

a. Narcotics Awareness Center (NAC)

The structure for the NAC and the organization of its functions reflects its major tasks. The following sections (sub-directorates) will be operative (for a detailed description see above under C 1-3 and in ANNEX B); the set up being as follows:

(i) Resources (Documentation, Assessment and Manpower Development)

This Section will receive the reference and other resource materials, will house the Documentation Cell , will obtain data from IRU research/studies and perform its own action-oriented research, testing of materials and programs. It will develop and conduct staff training and manpower development.

(ii) Planning and Production

Performing needs assessment, analysing the situation and required actions, this Section will plan the activities of NAC/NAU.
It will also receive AV production equipment and will house the AV Production Cell (??). Its staff/contractors will produce broadcast and print materials and will provide translation services.

(iii) Distribution and Services

This Section will house the Information and PR Cell, will be the contact point for media practitioners and any other visitors and will provide drug briefings/orientations. It will also serve as the home base for the Field Team based in Peshawar. This and other staff will conduct narcotics/drug awareness programs/campaigns and perform other outreach services.

(iv) Other Sections

In addition, the NACO will directly supervise the three other NAC sections: Organization, Cooperation, Reporting (vide ANNEX B). A general pool will provide translator service and a computer operator to support day to day activities of NAC staff.

b. NACP Branch Office Quetta

This Office will provide space for the Field Team based in Quetta and for a small Info and PR Cell.

(Concerning arrangements for provision of detoxification services in Quetta see under xxxx).

c. Contact Offices in Afghanistan (??)

These small offices would provide a base for 2 more Field Teams (??) operating inside Afghanistan. They would also serve as contact, information and referral centers.

d. Establishing Branch/Head Office in Afghanistan

Should at any given time during its implementation NACP move its office into Afghanistan, this would not create major obstacles to implementation of activities. Rather, it certainly would enhance NACP's outreach capacity and gain the project a new dimension. However, in view of technical limitations prevailing in Afghanistan certain NAC activities (such as av production) ought be retained in Peshawar during current NACP lifetime.

2. Outreach Teams

To promote delivery of its materials and outreach work and implement its awareness programs and campaign and certain other services NAU will establish and maintain the following teams:

a. Field Teams

The NAC will house a Field Team (covering the NWFP and parts of Afghanistan accessible via the NWFP). The NACP branch office in Quetta will provide space for the second Field Team (covering Baluchistan and adjoining provinces of Afghanistan).

The major tasks of these Teams are:

(i) Refugee Camps Drug Awareness Programs

The teams will conduct interpersonal/direct drug awareness programs, person-to-person intervention. With the cooperation of formal/informal camp leadership the teams will prepare, organize and provide drug awareness programs targeted at specific audiences:

youth (at risk), families, the community, drug abusers, (potential) poppy growers.

(As to phasing of activities and proportional share of segments vide ANNEX G)

(ii) Community Drug Awareness Programs
Within Afghanistan the teams will fulfill similar functions as indicated above (see under (i)). For rural communities the approaches adopted will differ somewhat.

(iii) Referral Services

The teams will informally act as mobile Referral Service. They will distribute info brochures and will inform the target audiences on NACP, NAC and its functions, detoxification services, etc.

(iv) Assistance to PREU

One of the major tasks of the teams in Afghanistan will be to back up activities of the PREU through providing awareness programs in PREU-assisted areas. Ideally, a Field Team should be active in a poppy-growing area prior to signature of the poppy reduction agreement to add a 'soft deterrent', to farmers violating their contract.

(v) Operational Cooperation with other Projects

Whenever feasible the teams are expected to cooperate with personnel of other projects who are active in the same camps/communities and related fields. This would certainly help improve likelihood of acceptance for NAU work and speed up the introduction phase.

(vi) Support/Conduct of Testing

With growing expertise, the Peshawar team might conduct/support (pre-) testing of materials/programs.

(vii) Support of Pilot-/Demo-Activities

Similarly, whenever appropriate the Peshawar Team will support the conduct of Pilot-/Demonstration activities.

(viii) Recording Feedback from Field

The teams will also assess perceptions of the target audiences towards materials/programs presented and perceptions and attitudes towards prevalence and incidence of drug abuse problems.

(ix) Recruiting Liaison Persons

To facilitate access to the camp/community the teams should identify potential liaison persons whose help would be enlisted in liaisoning between teams, NAC and the community.

(x) Follow-up Visit(s)

The Field Team should pay at least one follow-up visit to the camp/community.

To gain access to the camps/communities it would be useful if the teams are put in a position (both, technically and financially) to provide general/basic health/hygiene promotion and services. In particular, if such services would be provided during a first reconnaissance/preparatory visit, conduct of drug awareness activities during a second or third visit would be greatly facilitated.

(For a more detailed discussion see above under B 4).

The work of the Field Teams will be closely monitored by NAU and IRU.

(For proposed composition of Teams see under E 2).

b. Demonstration Team

Whenever required a demonstration team will be set up. This team is, however, no permanent organ of NAU; rather, it will be convened ad hoc. It operates directly under the NACO. The following tasks are entrusted to this team:

General Tasks:

- to advise on conduct of activities and implementation of programs
- to safeguard standard and appropriateness of products and services
- to liaise between the three sections of the NAC and the field and thus promote interlinkage of NAC sections and ensure appropriateness and adequacy of NAU operations.

Pilot Activities:

- to safeguard appropriateness and standard of activities/programs/services/campaigns
- to pioneer new approaches/programs/awareness events
- to act as test team in support of material (pre-)testing.

Demonstration Activities:

- to demonstrate for the field teams (which will not be composed of such high-calibred professionals) the conduct of activities in the field.

Henceforward, these teams will replicate these activities.

(Concerning proposed composition of the team see E 2 below).

Members of the Team might also be called upon on individual basis to perform specific tasks in their respective field of competence.

The demonstration team is the NAU institution with the greatest strategical importance. In this team, crucial NAC staff will meet with the crucial field staff, with high-calibred experts (Pakistani, Afghans and TA) and jointly develop/test materials/services. The impact of the involvement of this NAU-'power-house' as to vision and quality of project planning and implementation is expected to be very beneficial and a great asset to the NAU.

To form a 'team' out of individuals, a retreat at onset of their involvement would give the members an opportunity to attain 'team spirit'.

3. Cooperation within NACP

The NAU component of NACP will operate as a separate unit; it will, however, closely interlink with the other components, IRU and PREU. As these components are interdependent and functions are complementary and/or overlapping, the Chief of Party will see to it that interlinkage is established at an early stage and maintained throughout project.

As part of its general services, NAC will provide reference and av materials to the other NACP components. Ideally, NAC would also serve as depository for books, records, videos, photographs, etc. for the other components.

a. Cooperation with IRU

IRU will support NAC in obtaining certain baseline data on narcotics use. In applying its specific expertise, NAC will prepare the respective IRU studies. IRU staff will collect and analyse the data.

Once in the field, IRU and NAC field teams might closely cooperate, share information, and jointly perform certain tasks. The second task of IRU concerning NAU is to monitor all NAU field activities/delivery of services/impact of awareness campaign.

b. Cooperation with PREU

NAU will support PREU activities targeted to poppy growing areas within Afghanistan. In some instances, NAU awareness programs might prepare the grounds for PREU. Upon PREU's assessment and request NAU might also become active within the respective communities, preferably throughout the period between request for assistance and the commencement of the actual agreement period.

PREU teams will distribute NAC materials and perform basic drug awareness events to facilitate access to poppy-growing communities, to prepare the ground for their main tasks and also to increase outreach capacity of the NAU.

PREU might also request NAC to produce materials and/or to design/modify awareness events so that these can be clearly focused on creating awareness and concern among (potential) poppy cultivators about the negative aspects associated with their produce.

4. Cooperation with Afghan Institutions/Organizations

As has been outlined above (see under B 5) NACP activities will stand a far better chance of being accepted and achieve their goals if Afghans actively cooperate with NACP and/or on their own seek to attain similar targets.

a. Cooperation with Afghan Institutions/Organizations

b. Cooperation with Afghan Foundation for Community Drug Awareness

At present, no Afghan PVO/NGO is devoting its attention primarily to drug/narcotics issues. This constitutes another drawback for the NACP. In order to promote narcotics/drug awareness among Afghans and/or to mobilize Afghan participation it would be beneficial to promote the establishment of such a PVO/NGO.

A possible name for such an organization: Afghan Foundation for Community Drug Awareness (AFCODA),- or else, if fear of retaliations prevails: Afghan Foundation for Community Awareness (AFCA or AFCOTA). Other suggestions are: Society for a Drug Free Afghanistan (SODFA or SOFADFA) or Afghan Society for...

It might serve some of the following functions:

-Drug Information Service
-Drug Awareness Programs/Campaigns

-Drug Education Programs
-Positive Alternatives Programs
-Referral Service
-Intervention Service
-Counseling Service
-Detoxification Service
-International Contacts & Cooperation.

(Vide ANNEX H for a schematic overview on AFCODA functions, services and its role in NACP/NAU. For a more detailed discussion see also Background Paper: AFCODA).

Part of the outreach work of NAU could be entrusted to AFCODA: in particular its drug awareness programs. The organization could also serve as liaison to AIG/successor, commanders, rel./pol. leaders,etc. In short, in all contact situations with Afghan population/communities AFCODA could liaise on behalf of NAU. This would greatly enhance the credibility and facilitate acceptance of NAU efforts. It will however, be crucial to the success of such an attempt to have AFCODA act as an independent entity separate from NACP.

The organization should be based in Peshawar and in an Afghan Province adjacent to the NWFP border, ideally to be founded in Afghanistan around October 1990. It should be subsidized by NACP/NAU as to premises' rent, furniture, basic equipment, running of services and the like. This organization could also attract further funding through other donors (joint sponsoring and/or sponsoring of different sectors/activities).

5. <u>Cooperation with Pakistani Institutions/Organizations</u>

a. Cooperation with GOP Agencies

In particular, to gain access to refugee camps .....

b. Cooperation with Pakistani PVO's/NGO's

At present, a few Pakistani PVO's in Peshawar and Quetta provide services for Afghans (primarily in the detoxification field), as well. Through NAU support this involvement could be institutionalized, strengthened and intensified.

6. Cooperation with AID-Projects and US-Agencies

a. Cooperation with Drug Abuse Prevention Resource Centre (DAPRC)

The Drug Abuse Prevention Resource Centre (DAPRC) of the Pakistan Narcotics Control Board (PNCB) is located in Islamabad. The center received/receives inputs from US-INM, USAID, CEC and (limited support) from UNFDAC.

Its goals are related to NAC's. Now in its third year of operations, DAPRC is able to provide reference resources and guidance on how to proceed in setting up a center. At present, the DAPRC is, however, quite run down. Some progress is to be expected with the provision of long-term TA (through ANE) and the signing of the PC-1 through GOP which would set in motion a 5-years, $ 3 Mill. USAID funded project.

The cooperation between DAPRC and NAC will not necessarily remain a one-way street, as in the future there should be sharing of experiences, joint development of resources and activities, exchange of equipment and staff, etc. For example, DAPRC could print NAC materials and NAC could support video-editing of DAPRC materials. This cooperation would ensure better use of costly equipment/staff. To discuss and promote all these modalities/topics for/of (potential) cooperation, both institutions should appoint a liaison staff (vide ANNEX I).

The cooperation could be institutionalized through forming a 3-4 partite coordination committee (UNFDAC Afg. - UNFDAC Pak. - DAPRC - NAU).

b. Cooperation with other AID Projects

Cooperation will be sought with ongoing AID projects such as ASSP, UNO and xxxxx . NAU could offer briefings/materials and services to personnel/beneficiaries of these projects. At a later stage, joint activities and programs with UNO and xxx could be implemented, as well.

c. Cooperation with USIA

In particular the Documentation and Information Cells of NAC will benefit from a close cooperation with USIA. The American Center in Peshawar could support NAC through provision of resource speakers, hosting of awareness events, procurement of books and videos and of the ININ (International Narcotics Information Network - at present only available at its Islamabad branch). It could also give guidance both to the Documentation and the Information Cell and backstop cataloguing of NAC materials. Educational Tours to the USA could be extended to Afghan NAU staff and collaborators.

d. Cooperation with other US Agencies

Links will be established through Chief of Party with other US agencies working in the drug field and being represented in Islamabad/Peshawar, namely US-INM/NAU and DEA. Cooperation will be sought in matters of mutual interest.

7. Cooperation with UN Agencies

a. Cooperation with UNFDAC

Till to date, UNFDAC has undertaken some awareness events in refugee camps and is in the process of providing training as well as implementing several small-scale projects.

Coordination with UNFDAC Afghanistan represented through a Field Adviser with office in Peshawar, is indispensable.

Apart from coordination, there should be close cooperation on operational level, as well. Topics could range from providing joint outreach services, exchange of materials produced to joint provision of training, publishing a newsletter and the like.
As there are more than 250 refugee camps in NWFP alone and as speedy provision of awareness events is imperative, there is more than enough space for NACP and UNFDAC engagement. Either an agreement could be reached as to which party serves which camps and/or even better, jointly (funded?, or at least) operated awareness programs could be conducted.

Not in all countries with a sizeable UNFDAC and US engagement in the demand reduction field can an institutionalized day-to-day cooperation be observed. Here seems to be a chance to arrive at a mutually agreeable arrangement and reach a non competitive co-existence. This would be a beneficial partnership for both sides. In particular, as very likely UNFDAC will be the pioneer in the drug field in operating in and from Kabul, NAC products could be entrusted to UNFDAC and/or support UNFDAC's operations from within Afghanistan. An arrangement at higher level should be reached, if so required, to establish such a formal cooperation.

b. Cooperation with other UN Drug-Oriented Agencies

Other UN agencies involved in drug control are UNDND, INCB, UNESCO, WHO, ILO, UNDP and UNSDRI. Contacts will be made with these agencies in order to gain access to materials published.

c. Cooperation with other UN-Agencies

UNHCR and UNOCA are important potential partners of NAU. Both these agencies will be contacted.

8. Cooperation with Donor Community

a. Cooperation with GO's

The international donor community engaged in support of Afghans will be contacted through AID Rep and the Chief of Party, and will be briefed on drug issues, NACP and NAU activities.

NAC could perform briefings and/or drug orientation on the narcotics awareness issue for interested representatives of the donor community. Invitations could be extended to participate in seminars, workshops and conferences. Donors will also gain access to the NAC Documentation and Information Cell and will be periodically supplied with project publications. The English version of the NAC newsletter will a.o. be distributed to the donors. The NAC drug resource directories will be made available, as well. Given interest, periodical update meetings could be institutionalized.

In short, there are many occasions and ample avenues to exchange views and propagate the common goals.

b. Cooperation with PVO's/NGO's

Cooperation will be sought in particular from international PVO's/NGO's which are active with Afghans and/or operating inside Afghanistan. Their established contacts and experiences would constitute valuable assets for NAU. Briefings, training of staff, joint activities, and subcontracting could be likely fields of cooperation.

Cooperation with ACBAR, the coordinating instrument of the PVO's will provide an important means of promoting mutual concerns.

c. International Contacts and Cooperation with Organizations abroad

NAC will establish contacts with institutions/organizations abroad and strive to initiate cooperation (exchange of materials produced, study tours, etc.).

9. Subcontracting

Certain NAU activities (conduct of training, production of AV materials, translation, preparation of , etc.) might be subcontracted to Afghan and/or Pakistani PVO's, companies and/or individuals. International PVO's might become cusbcontractors of NAU, as well.

In case of such subcontract arrangements the concerned NAU staff is to guide, monitor and supervise the subcontractor closely throughout the implementation period. Wherever feasible, subcontractor's staff/members ought be included among training

course participants.

E. STAFFING

The staffing pattern of the NAU component will reflect its tasks and the volatile situation and hence be flexible as to national and professional composition as well as to duration of assignments (vide ANNEXES B, F and K).

Well trained NAU staff are the most valuable asset for promoting future independent Afghan efforts. Hence, great care ought be taken with staff selection. Apart from professional considerations, 'indicators' should serve as 'predictors' whether a candidate is likely to return to Afghanistan where there might be a chance for his continued involvement in the drug field or whether he stay back and most likely be lost to the cause.

1. Staffing of NAC

The NAC as the crucial institution of NAU will be staffed as follows:

Designation	Position (No.ANN. B)	Type Contr.	Duration (months)	Professional Background
NAU Coordinator	NACO	xxxx	35	
NAC Director	1	FTLH	33	
Assoc.Dir.Resources	2		33	
- Docum.Specialist	= 2		(24)34	
- Assessm.Specialist	6		(30)34	
- Training Specialist	7		(30)34	
Assoc.Dir.Production	3		33	
- Planning Specialist	= 3		(24)34	
- Broadcast Media Spec.	9		33	
- Print Media Spec.	10		34	
Assoc. Dir. Services	4		34	
- Info & PR Specialist	= 4		34	
- Awareness Specialist	12		34	
- Outreach Specialist	13		34	
Translator	14		34	
Secretary	15		34	
Computer Operator	16		34	
Guards (6)			33	
Drivers (2)			32	

(For a brief job description see ANNEX P) (???)

Depending on the final decision concerning the options for producing AV materials some/all of the following positions might be required for the AV Production Studio :
-cameraman
-photographer
-sound eng./ENG technician
-editor, etc.
If funds pose constraints to employing all of these personnel, (part of) functions under Nos. 5, 8 and 11 could be performed by Nos. 2, 3 and 4 respectively.

Personnel which in early project will be staffing the Resources Section can at a later stage be shifted to support Production and Services Section. This would not so much be a measure dictated by budgetary constraints, proceeding this way would rather add an edge to production and services. For without doubt, staff having been involved in reviewing and assessing resources and studies could provide additional depth to the products of the two other sections.

Suppose Afghan staff would face unsurmountable difficulties to work in the refugee camps Pakistani individuals/PVO could be asked to co-sponsor awareness programs in the camps.

2. Staffing of Outreach Teams

a. Field Teams

The two Field Teams in Peshawar and Quetta will be employed full-time and composed as follows:

Pos. No. P	Q	Designation	Profess.Background	Nationa-lity	Age
17	20	Team leader	doctor/social worker	P	35+
18	21	Team member	community/health worker	A	25+
19	22	Team member	media/communic.person	A	25+
		Team member	driver cum techn.assistant	P/A	

Given the great fragmentation on political and ethnical lines of the Afghans in the camps and the prevailing sense of insecurity of entering such camps on part of Afghans it seems advisable to follow this course:

One member of each team should be an experienced Pakistani with at least one year experience in providing/implementing drug awareness programs/events. Contacts with, access to, and/or familiarity with the refugee camps would be another important criteria for selection of candidates.

The teams will be provided with a vehicle and TV/VCR, public address system and carry along awareness materials (and one mobile drug exhibition set) and the like.

During the first experimental year, these teams should serve communities in Afghanistan, as well. To perform permanent cross-border work 2 more teams (and/or PREU teams) should be set up. This can be done in the second project year. One/two staff of NAC whose full-time attendance might not be required anymore within the center at that stage, could be deployed as team leaders.

b. Demonstration Team

This is an ad-hoc team composed of:

- Assoc.Dir. Resources
- Assoc.Dir. Production
- Assoc.Dir. Services
- Awareness Specialist
- Leader Field Teams
- (NAC Pre-test Expert)
- some additional Afg./Pak. experts
  (doctors, educators, communic.experts,etc.)
- the resp. TA(s).

This team will (in varying composition, though) pioneer awareness activities and will also serve as demonstration team for the Field Teams and in training programs.

3. Technical Assistance

For the NAU component DAI/DA will provide 30 person-months short-term and medium-term technical assistance (TA). Through this input it is expected that standard of NAU activities/outputs will be adequate, the project implementation follow the right course and any constraints/obstacles are resolved more resourcefully, timely and smoothly.

In providing specialized expertise to the NAU primarily through short-term assignments, synchronised with the status of implementation, DAI/DA opted for providing up to date specialized assistance of high technical standard rather than to merely deploy 2 or 3 experts for more general backstopping.
This short-term expertise will supplement the long- and medium-term expatriate staff of NAU. These staff will introduce, support, guide and backstop those TA assigned for the first time to NACP.

As to the major topics of their assignments and duration vide ANNEX K (for a brief job description see ANNEX Q). (???)

4. Other Collaborators

From time to time NAU might involve other collaborators in its activities. These could encompass:

- AFCODA (see above under D 4 b)
- Other Afghan PVO's/NGO's (D 4 a)
- Pakistani PVO's/NGO's (D 5 b)
- NAC Speakers' Panel (see above under C 3 b (v))
- DAPRC staff (see under D 6 a)
  and others.

These might provide their services voluntarily and free, under contracts and/or in exchange of services provided by NAU personnel.

F. IMPLEMENTATION STAGES

NAU activities will be conducted according to the implementation plan which reflects objective needs assessed at project start-up. Foci and priorities of implementation in the NACP/NAU will be adjusted according objective needs and observed developments, always keeping in mind, the level of available expertise, quality of produced materials, target audiences, political developments, and the like. Implementation always will reflect responses of Afghan target audiences and their drug-related activities (both, in the production and consumption field).

NAU implementation will be structured and phased. Progressing from simple to more complex activities the project will strive to gradually develop its instruments and attain its goals. As many of its activities are interlinked and/or in sequential order much will depend on timely delivery of the respective output.

The implementation stages of the NAU component will be as follows (for a more detailed listing vide ANNEXES L - O):

1. Implementation Stages

a. Initial Implementation Period (Start-up Phase, Project Months 1 - 6)

Primarily this will be the period where reference resources and equipment will be procured, personnel hired, and staff will receive initial training. Overall/implementation/communication strategies will be designed and, in general, further implementation of NAC activities will be prepared. During this period substantial portion of TA will be provided to set the project on the right course. The focus will be more on resources, assessment and planning and, to some extent, even at this early stage, on materials production. Obviously, the Services Section will stay behind, as most of the materials/programs will not yet be ready for usage. Initial testing of materials will, however, be undertaken.

b. Second Implementation Period (Settle-Down Phase, Project Months 7 - 12)

This will be the period where the project, now certain of its future course, will venture out into contacting other projects and organizations, identify more potential partners and provide training to those selected.

It will also be the period where initial data collection will be finalized. Material production of both, broadcast and print media will now accelerate greatly as will the distribution of materials/delivery of services (Information and PR as well as awareness programs/campaign). Manpower development will be at its peak. Trial runs/ testing of materials/programs will receive its

due attention. By now, the NAC will reach out to Afghan institutions/organizations to stimulate their participation.

c. Third Implementation Period (Take-Off Phase, Project Months 13 - 24)

During the second year of its operation NAC will focus on production of more (sophisticated) materials and, at the same time, on provision of additional (appropriate) services. Cooperation with other projects/organizations/institutions will receive full attention. Assessment and manpower development will largely be brought to an end. Monitoring and reporting will become systematized. The mid-term evaluation will take place.

The NAU will now venture more into outreach, more inside Afghanistan, and thus more into poppy-growing areas. The first half of this period will also see a peak in provision of TA. By end of this year NAU take-off will have been achieved, with NAU resources and materials being available; delivery of services will by now largely have become routine.

d. Final Implementation Period (Phase of Full Deployment, Project Months 25 - 36)

This is the final period where the remaining activities will be conducted with a clear focus on provision of awareness programs/campaigns.

Some final assessment activities will still be conducted, some more material be produced. However, during this period the first two NAC Sections will receive less attention than the third (,fifth and sixth).
Awareness campaigns will now be provided primarily inside Afghanistan with a clear focus on poppy growing areas/issues.
The final reports will be prepared and the final evaluation be conducted.

2. Changing Foci and Implementation Dynamics

NACP foci will change during the course of implementation, NACP will be subject to a dynamic 'evolution', fate of all development projects. Resource acquisition and production as well as manpower development will require NAU's attention in decreasing intensity: to more than 90% at onset of activities, at end of first year with 85%, at end of second with 65% and with project termination with 35%; concomittantly, the share of drug awareness programs/campaigns commencing with less than 10% will increase to 65%.

Seen from a geographical angle, at onset 90% of activities will be performed in Pakistan, with end of first year still 70%, at end of second year 50% and at project termination 20%; the share for Afghanistan rises from 10 to 80%.

(For a more detailed chart and diagram vide ANNEX M).

3. Timing of Activities

It is obvious that in delivering awareness programs/campaign corect timing and sequencing is of utmost importance. A few examples will be given below:

Due to the timing of project start-up (in August - with most of the crucial staff arriving in September and October and local hire staff thereafter) there is no opportunity to undertake an awareness attempt, not to speak of a concerted campaign directly targeted to the (would be) opium producers for 1990 (start of new season in the poppy fields in October).

This 'delay' gives the NAU breathing space sufficient to prepare the necessary activities and intervention programs by June 1991. In order to gain any meaningful impact, awareness programs for poppy growers should commence after opium tapping time, not merely start in September in the period immediately prior the new poppy season. At this time decision of the farmers as to which crop to grow in the new season has long since taken place.

Hence, in delivering its initial awareness programs during its first year of operations, NAU should focus more on problems of drug abuse than on those connected with production issues. An emphasis on these issues would also enhance the project's chances of comparatively smooth access and credibility (NAU's apparent concern about drug abuse problems among Afghans). Yet throughout this period production issues will be brought to attention mainly through indirect means as laying open the connection between availability of drugs (a consequence of production and smuggling) and drug abuse problems among Afghans. Such themes can constantly be stressed. Even indirect messages concerning the production issue promulgated in a subtle enough manner can hit home as long as it can be established that there is an Afghan problem of heroin abuse and it is increasing.

G. EXPECTED OUTPUTS

The NAU outputs will be produced by project personnel/subcontractors (under the guidance of the respective TA) through various activities using resources and other inputs provided by project. Some/parts of these outputs will be utilized in other project activities (for example av materials produced will be used in awareness campaigns), some outputs are final products (as is the actual conduct of such a campaign).

Categories of outputs expected to be produced within the respective implementation periods are listed below (vide ANNEX O for a detailed listing of outputs):

1. Outputs of Initial Implementation Period

As this is the start-up phase, most activities initiated during this early period might at its end not yet been completed. Reference resources and equipment will have been procured, personnel been hired and trained, implementation strategies been designed and implementation of activities been prepared. During this (and the next) period a substantial portion of TA will have been provided to safeguard standard and set the right course for a speedy take-off. (For a detailed listing of activities see ANNEX K; for a listing of expected outputs, status of implementation of activities, staff/TA responsible, see ANNEX N).

Note: If activities cannot be taken up on the date foreseen due to non-availability of staff concerned, equipment and/or resources, certain expected outputs might be produced within the next implementation period.

2. Outputs of Second Implementation Period

This is the period where the project, now distinctively more certain of its future course, has ventured into contacting other organizations, identified potential partners and provided training for those selected.

Initial data collection has been finalized and study findings provide now more clues on how to proceed further regarding material production and provision of awareness programs, - though in overall assessment, this still had to be a period of groping. With end of this period the (pre-)testing of materials/concepts/approaches has brought about a distinct grasp of the matter and a clear perception on how to continue and achieve take-off.

3. Outputs of Third Implementation Period

In this period, the second year of operations activities and hence outputs have focused on production of av materials and at the same time, on delivery of services, provision of awareness

programs/campaign.

Meanwhile, most of NAC training programs have been conducted. Contacts and cooperation had gained more and more importance, and are by now well established. Still, a few final reference resources have been procured during this period. Most of the assessment has come to an end, as more or less, has the project planning.

4. Outputs of Final Implementation Period

In this final period the remaining outputs have been produced with focus on conduct of awareness campaigns.

Rather few assessment activities were still underway at its beginning as well as av materials were under production; both these streams of activities have come to an end in mid-year. In general, it can be expected, that the NAU outputs will provide clear indicators on the future procedure and follow-up projects.

Note: Attainment of these outputs is possible. It has to be cautioned, however, statements regarding exact quantity and dates of production of expected outputs have been made under the assumption of a comparatively 'undisturbed' project implementation without NAU having to face too many unforeseen constraints.

H. TENTATIVE NAU BUDGET

The tentative budget for these activities, programs and services is given below. Factual budget requirements will be adjusted according to revisions and actual spending.

TENTATIVE BUDGET FOR THE NARCOTICS AWARENESS UNIT

Pos. No.	Budget Item	TOTAL	YEAR 1	YEAR 2	YEAR3
			(Amounts in US $)		
	Salaries	210,000	55,000	80,000	75,000
	Office Rent*	70,000	35,000	35,000	
	Equipment**	105,000	75,000	25,000	5,000
	Office Sundry	50,000	15,000	18,000	17,000
	PoL	25,000	7,000	9,000	9,000
	Misc.	20,000	6,000	7,000	7,000
	Transport	55,000	18,000	20,000	17,000
	Subtotal (Sal.,Off.,Adm.)	[535,000]	[211,000]	[194,000]	[130,000]
	Reference/Res.Materials	30,000	19,000	7,000	4,000
	Translation Services	8,000	5,000	2,000	1,000
	Afg.Narc.Res.Book Service	40,000	8,000	22,000	10,000
	Production Training Mat.	20,000	9,000	7,000	4,000
	Training	75,000	35,000	35,000	5,000
	Production AV Materials				
	(Images)	110,000	50,000	40,000	20,000
	(Radio)	30,000	10,000	15,000	5,000
	(Print)	90,000	35,000	35,000	20,000
	Production Drug Exhibit.	18,000	18,000		
	Seminars, Worksh.,Conf.	60,000	15,000	25,000	20,000
	Lecture Series	20,000	5,000	10,000	5,000
	(Study Tours***)				
	Press Clipping Service	13,000	4,000	5,000	4,000
	Newsletter	22,000	5,000	8,000	9,000
	Mass Media Campaigns	130,000	35,000	55,000	40,000
	School Drug Educ.Program	45,000	10,000	17,000	18,000
	Mosque Drug Awaren.Progr.	40,000	10,000	15,000	15,000
	Speakers'Panel	10,000	3,000	4,000	4,000
	Drug Awareness Progr.Afg.	85,000	18,000	27,000	40,000
	Drug Awareness Progr.Camps	80,000	37,500	30,000	12,500
	Pilot Integr.Com.D.A.Progr	50,000		20,000	30,000
	Subsidy to AFCODA				
	(Gen.Affairs)	75,000	23,000	23,000	29,000
	(Detox.Servic.)	80,000	20,000	30,000	30,000
	Subcontracts	120,000	30,000	50,000	40,000
	Subtotal	[1,251,000]	[404,500]	[477,000]	[365,500]

(Act.,Prod.,Serv.)				
TOTAL	1,786,000	615,500	671,000	495,500
(5,000 ??)				

Note: * Office Rent for 2.5 years (advanced in 2 instal.)

** Vehicles will be procured through logistics support. Cost estimates for establishment of basic radio/sound studio and S-VHS recording set have been entered, not the costs for a full-fledged video-editing studio.

*** ($ 40,000) funded by USIA and RNE.

ANNEX C

PROPOSED ADDITIONAL FEATURES OF NAU - PROGRAM IN 1991
(vide John Dixon's NAU Implementation Plan for 91)

I PLANNING AND ASSESSMENT

COOPERATION WITH IRU (as of Sept. '90)

TECHNICAL ASSISTANCE (as of Jan. '91)

II PRODUCTION

PRODUCTION OF TRAINING RESOURCES: MANUALS, AV AIDS, KITS (as of Jan.'91)

TRANSLATION SERVICES (as of Nov.'90)

PRODUCTION OF AV AIDS: POSTERS, BROCHURES, BOOKLETS, VIDEOS (as of Feb.'91)

PRODUCTION OF CAMPAIGN RESOURCES: BILLBOARDS, BANNERS,XXXX (as of Nov.'90)

ANTI-NARCOTICS EXHIBITION (as of April '91)

TECHNICAL ASSISTANCE (as of Jan. '91)

III PUBLIC SERVICES AND PROGRAMS

DRUG EDUCATION IN SCHOOLS (1st quarter '91)

NARCOTICS AWARENESS PROGRAM FOR MOSQUES (1st quarter '91)

INTEGRATED COMMUNITY PREVENTION PROGRAMS (as of second half of '91)

MEDIA ORIENTATION (1st quarter '91) AND UPDATES (PRESS KITS AND RELEASES, PRESS LIAISON)

PRESS CLIPPING SERVICE (as of January '91)

NEWSLETTER (as of January '91)

FIELD TEAMS (as of Feb.91) /DEMO TEAM (as of Jan.'91)

SPEAKERS' PANEL (as of April '91)

DONORS' BRIEFINGS (as of March '91)

UNFDAC COOPERATION (as of Sept.90)

SYNCHRONISATION WITH PREU (as of June '91)

[1) After request for assistance through PREU has been received, and initial screening through IRU was positive, conduct advance awareness programs in the area requesting the assistance.
2) Once the anti poppy agreement has been made, e.g. during anti-poppy contract period implement intensive community prevention programs which are to be accepted by the assistance receiving communities as official component of the entire PA package. This will, hopefully, contribute to increase the awareness of the (in)formal leaders and the willingness of the farmers to comply with the agreement.
3) As a welcome side-effect, the implementation of such an intensive program (with recurrent visits to the area, etc.) in the contract communities will offer IRU opportunities (not only to monitor the respective NAU activities, but also) to check on the farmers complying with the contract.]

TECHNICAL ASSISTANCE (as of Jan. '91)

john:
a) propose test for posters :
our three posters
5 unfdac posters
5 azakhel contest
our 3 new ones (ask focus group for text proposal)

b) propose test for brochures:
(including the new one 'Drugs and You' and 'Drugs and Community'
(Mahsood) new form???

c) propose test for radio programs (after the tv video)
according tv video form

d) Mahsood to continue translation of guide and brochures?
to join izatullah as observer and interviewer

e) promote RONCO tv issue

f) Propose VIDEO ON NARCOTICS AWARENESS DAYS IN AZAKHEL
(i) 50-60 min. version in Pashto (Siddiq text)
(ii) take 15 min. out of (i) for English version (john text)

editing sheet for (i):

Seg.No.	Topic	Narration	Shots	Day	Prop.	Duration
01	Title		Students marching in	7		0'20
02	Introduction Narcotics problems		AMRC drug video heroin addict doctor afgh.destruction opium fields mullah addict (who wants to be like us?)	-		3'00
03	Azakhel concern		elders discussing*	8?		0'30
04	Preparation		Ushna painting* taking out posters* packing brochures*		NEW	0'30
05	Prepar.teachers		siddiq with teachers azakhel, brochures pointing at posters* delivering ball etc.*		NEW	1'00
06	Teachers prepare students		show video, poster,*		NEW	1'30

DEMONSTRATION VIDEO FOR AID PRESENTATION AND NAU TRAINING

LAUNCHING A
NARCOTICS AWARENESS CAMPAIGN
FOR AFGHANISTAN

No.	Topic	Est.Duration	Source	Remarks
0.	**Title**	**1/3**		
1.	**Introduction**			
1.1	Asia's Opium / Heroin Menace	3/4	Spi/DAPRC	
1.2	Heroin hits Pakistan	3/4	Heroin hits	
1.3	War in Afghanistan	1/2	AMRC/NAU	
2.	**Poppies in Afghanistan**			
2.1	Poppy Production and Traditional Use	1	AMRC/NAU	
2.2	Production Increase	1/2	N E W	chart, map
2.3	Tapping Poppies and Farmers' Reaction	1 1/2	AMRC/NAU & N E W	farmer
2.4	Trends and Prospects	1/2	AMRC/NAU & AMRC Arch.	
3.	**Heroin from Afghanistan**			
3.1	Heroin Processing	1/2	DAPRC	DEA??
3.2	Heroin Trafficking	1	DAPRC	DEA, routes?
3.3	Heroin Use among Afghans	1 1/2	AMRC/NAU	
4.	**An Epidemic in the Making?**			
4.1	Increasing heroin use?	3/4	N E W	Pasht., Mufti, Cath.
4.2	Treating heroin addicts	1 1/4	AMRC/NAU & N E W	Pasht.
4.3	Prospects for Rehabilitation	1/2	N E W	Pasht.

TB

		etc. (in video addict talks about his mother)*		
07	Inauguration	students march in, sit down	7	1'00
		show banners,dais etc.		
		speaker announce start		0'15
08	Elder's Speech	quran recitation	7	0'30
		first elder	7	2'30
		(in between islamic banners)		
09	Debate	announcing debate	7	
		5-7 contributions		15'00
		(in between elders and audience and poster detail*) prize distribut.	7/8	
10	Drawing Contest	3 students draw and deliver drawing to teacher*	NEW	0'45
		show 5 drawings in detail		2'00
		(students explain voice only **)	NEW	
		jury ponders	8	1'30
		prize distribution	8	1'00
11	Volleyball tournament	semifinals	8	2'00
		(poster with ball)		
		final	8	4'00
		prize distribution	8	0'30
12	Drama		8	15'00
		(in between audience and elders!!!)		
13	Elder's Speech	second elder	7	3'00
14	Vote of thanks	elder from other camp	8	0'30
	End of program	give poster kits to other camps	8	1'00
15	Blessing		7	0'30
16	Audience leaves		8	0'30
17	End Title			0'30
		(with contact address) background voice from debate???		

5.	**Narcotic Control Efforts**			
5.1	Pre-war Afghanistan and Internat.Control Efforts	1 1/4	AMRC/NAU & N E W	Azil in Engl.
5.2	The narcotics threat: an AIG concern	3/4	N E W	Min.of Educat.
5.3	Crucial ally: Islamic Injunctions	1 1/2	AMRC/NAU & NAU Azakh. (& N E W?)	Mullah?
5.4	On the Production Side: Crop Substitution Programs	1	DAPRC	
5.5	Narcotics Awareness and Prevention Strategy	1	DAPRC	TV spot march, lecture role play
6.	**NAU in NACP: Laying the Foundation**			
6.1	NACP: Objectives and Organis.Set Up	1	N E W	chart
6.2	NAU: Focus of Initial Activities	2/3	N E W	chart
6.3	Reference Resources	1/3	N E W	
6.4	Baseline Data	3/4	N E W	
6.5	Production of AV AIDs	3/4	N E W	posters video radio progr. booklets banners
6.6	Preparation for Training	3/4	N E W	
6.7	Contacting Partners	1/2	N E W	UNFDAC, AID,PVOs (Media)
7.	**Launching the Narcotics Awareness Campaign**			
7.1	Target groups	1/2	N E W	pie ch. (photos)
7.2	Drug Education in Schools	1 1/2	N E W	
7.3	Mosques' Awareness	3/4	N E W	
7.4	Awareness Programs	1/2	N E W	chart
7.5	First Field Test: Azakhel	4	NAU Azakh.	

8.	**NAU Campaign Strategy**			
8.1	Strategy of Awareness Campaign	1	N E W	massmedia sec.target interpers. communic. interl. w PREU
8.2	Field Teams	1/2	N E W	film in office, Lalpur
8.3	Preparing comprehensive Community-based Programs	3/4	N E W	from one shot to.
9.	**Entering Afghanistan**			
9.1	Lalpur Program: A Pioneering Effort	2 1/2	N E W	
9.2	Outlook	1/2	N E W	(over Lalp.)
	E N D Title	1/3		

- -

Total Duration 33 1/3 min.

[N E W Materials 16 1/4 min.]

BRING DOWN TOTAL TO 20-22 min.!!!

Tentative Duration of Production:

Item	Days	Date	Resp.Staff
Script (Draft)	1 Day	Dec.2	JD HJS
Filming new segments	3 Days	Dec.4-6	HJS, Kam.,AMRC, Ikram
Assembling old segm.	1 Day	Dec.3	HJS, Kam.,Ikram
Editing	7 Days	Dec.7-13	Kam.,Ikram, HJS
Sound/Speaker	1 Day	Dec.15	Kam.,Ikram, HJS

xxxxx

VIDEO TAPE IN VHS PAL READY ON DEC. 16, PROVIDED AMRC STAFF IS WORKING USUAL TV PRODUCTION SHIFTS (EVENING HOURS, HOLIDAYS)

NTSC VERSION ???

TENTATIVE PRODUCTION PLAN FOR NEW SEGMENTS

Day	Time	Item	No.	Statement	Location
1	09.00	Drug Educ.	7.2	teacher school	Azakhel
	11.00	Mosque (altern. on Day 2 or 3)	7.3	mullah	Azakhel
	xx.xx	AIG concern (altern. on Day 2 or 3)	5.2	Dr.Farooq	Min.Educ.
	13.30	Reference	6.3		NACP
	14.00	Baseline	6.4		NACP
	15.00	AV Aids	6.5		NACP
	16.00	Training	6.6		NACP
	16.30	Field Teams	8.2		NACP
2	10.00	Farmer	2.3	farmer	AMRC garden
	11.00	Islam	5.3	mullah	AMRC garden
	14.00	Increasing heroin use	4.1	Pasht.et al.	AMRC studio
	14.30	Treating	4.2	Pasht.	AMRC studio
	14.30	Prospects	4.3	Pasht.	AMRC studio
	15.00	Pre-war	5.1	Azil	AMRC studio
3		Production Increase	2.2	trick	AMRC studio
		NACP	6.1	trick	AMRC studio
		NAU	6.2	trick	AMRC studio
		Partners	6.7	letterheads	AMRC studio
		Target	7.1	trick	AMRC studio
		Programs	7.4	trick	AMRC studio
		Strategy	8.1	trick	AMRC studio
		Community	8.3	tricks	AMRC studio
Lalpur			9.1		Lalpur
			9.2		Lalpur
			End		Lalpur
		(Field Teams 8.2)			Lalpur

SUGGESTED NAU PRINT MATERIALS

Sept.23,90

No.	Topic	Publ.	Lang.	Target Audience
	General Services:			
1.	Press Clipping Service	NAU	E,U,D	D J P Pr R
2.	Newsletter	NAU	D,E	D J P Pr R
3.	NAU Translation Service	NAU	D,P	J P Pr R
4.	Afghanistan Narcotics Publ.	NAU	D	J P Pr R
	Awareness Materials:			
5.	Posters	NGO	D,P	F G N P R S U Y
6.	Stickers, Buttons	NGO	D,P	F G N P R S U Y
7.	Banners	NGO	D,P	F G N P R S U Y
8.	Handouts, Flyers	NGO	D,P	F G N P R S U Y
9.	Pamphlets, Brochures	NGO	D,P	F G J N P Pr R SUY
10.	(Educ. Booklets)	NGO	D,P	J N P Pr R S Y
11.	Awareness Program Guidelines	NGO	D,P	J N P Pr P
	Materials for Professionals:			
12.	Role of Doctors, Soc.Workers	NGO	D	Pr
13.	Role of Teachers, Educationists	NGO	D	Pr
14.	Role of Rel. Practitioners	NGO	D	Pr
15.	Role of Pol. Leaders	NGO	D	P Pr
16.	Role of Media Practitioners	NGO	D	J Pr
	Training Materials:			
17.	Training Materials	NAU	D,P (U,E)	J N Pr S
18.	Training Manuals	NAU	D,P (U,E)	J N Pr S
	Studies and Reports:			
19.	Reports	NAU	E,D	D J N P Pr S
20.	Studies, Surveys	NAU	E,D	D J N P Pr S

Legend:
NAU Narcotics Awareness Unit
NGO Afghan NGO
D Dari
E English
P Pashto
U Urdu
(Target Audience:)
D Donors
F Farmers
G General Public
J Journalists
N NGOs

P	Pol. Leaders
Pr	Professionals
R	Rel. Leaders
S	Students
U	Drug Users
Y	Youth

Calendar? Book on Drug Issues??

ANNEX G

file:naunews

..... NEWSLETTER

No.1

January 1991
(eventsfromSept./Oct.-Dec.90)
DARI (and Engl.?)

EDITORIAL ..... NACP LAUNCHED ....

1 2

FOTO

Table of Contents

xxxx 1
xxxx 1
xxxx 2
xxxx 3
3
4
6
3 6
7
7
7
8

RNE WORKSHOP
IN BANGKOK

news in brief....news in brief...news

(IFNGO)
VOA Course in USA
AIG antidrug course

UNFDAC Boggs

Dr. Rehman attends
IFNGO

AN AFGHAN INITIATIVE: DRUG AWARENESS PROGRAM IN REFUGEE CAMP

6

IN FOCUS: HEROIN HITS AFGHANISTAN

The Afghan Heroin Addiction Problem

7

.....

(F O T O) inhaling heroin

.....

.....

INTERVIEW WITH HEROIN ADDICTS

8

(continuation)

83

(F O T O)
addict in treatment center

DRUG TREATMENT FACILITIES IN PESHAWAR

UNFDAC DRUG TRAINING SEMINAR SERIES

ANTI DRUG
RESOURCES
AVAILABLE

....

10

11

(F O T O)

UNFDAC training

.....

INTERVIEW WITH GEN. AYUB AZIL
(Former xxxxxxxxxxxxxx)

12

85

MEET THE PRESS:

(from the Internat.

Press)

13

STRENGTHENING OF INTERNATIONAL DRUG CONTROL EFFORTS

(UN Convention,decade against drugs....)

14

FIRST EVER NARCOTICS AWARENESS EVENT IN AFGHAN COMMUNITY

15

.....

(F O T O)

.....

Publisher:.....

16

87

OTHER TOPICS

voa course
afghanaid/unfdac program
facts and figures
ashna drawings

SUGGESTED PREPARATORY STEPS FOR TRAINING PROGRAMS

1.1 Establish Drug Terminology and 'glossary' in Dari/Pashto
1.2 Conduct Symposium on 'Afghanistan and Narcotics'
1.3 Translate basic reference materials into Dari/Pashto
1.4 Develop Training Manuals in Pashto/Dari (UNFDAC and NAU)

2.1 Copy DAPRC materials (150 books marked, .. 20 videos and 250 slides)
2.2 Order books (NIDA, DA, books in print)
2.3 Order UNDND films (copy)

3.1 Produce new videos (treatment, drug control issues= missing final segment of AMRC video, NAU)
3.2 Select videos and translate/dubb into Dari/Pashto
3.3 Write and produce new pamphlets, etc.
3.4 Design and produce new posters

4.1 Prepare and print first issue of newsletter
4.2 Launch Press Clipping Service

DRUG ORIENTATION or ORIENTATION ON DRUG PROBLEMS AND CONTROL

Day 1	am	Inauguration	xx	
		Drugs and Effects	Spielmann	O V S
		Pretest		
		History of Drugs		
		Drugs of Abuse		
	pm	Drugs, Users and Society	Spielmann	O V S
		Drug Use Continuum		
		Users Profile		
		Drug Users and Society		
Day 2	am	Laws and Enforcement		
		Legal Frame and Enforcement	PNCB	
		Heroin Processing and Trafficking	DEA	
	pm	Crop Substitution		
		General Issues	Owens	
		Pak.Projects	Suleiman	
Day 3	am	Treatment and Rehabilitation		
		Detoxification Techniques	Mufti	
		Detoxification Issues	Pashtoonyar	
		Rehabilitation Techniques	Jahanzeb	
		Rehabilitation Issues	Dadfar	
	pm	Prevention and Awareness	Spielmann	O V S
		Drug Epidemiology		
		Drug Abuse Information		
		Prevention Strategies		
		Community Drug Awareness		
Day 4	am	International Narcotics Problems and Control		
		International Narc. Problems	Spielmann	V S
		UN International Narc. Control	Conroy	V S
		US Intern.Narcotics Control	Limpert	
	pm	Afghan Drug Problems And Control	Owens	
			Azil	
			Pashtoonyar	
Day 5	am	NACP General Concept	Owens	
		Strategies		
		Implementation Plans		
		Cooperation with other Progr.		
	pm	PREU and IRU		
		PREU	Owens	
			Weerts	
			Miller	
		IRU	Vergos	
Day 6	am	NAU	Dixon	
		Post-Test		
	pm	General Discussion		
		Closing Ceremony		

(Days 2a and 2b) 1-2 days excursion Gadoon, Malakand, Dir
City Excursion LRH, Horizon

Date : Nov. 20 -25,90
Venue: Rural Academy ??

BASIC NARCOTICS AND NACP BRIEFING

No.	Topic	Duration	AV aids
1.	International Narcotics Problems		
1.1	Global Narcotic Problems in Historical Perspective	5	m,o
1.2	Narcotic Problems in Asia	5	m,o
	(video)*	5	
2.	International Narcotic Control Efforts		
2.1	Supply Reduction Efforts	5	o
	(video)*	15	
2.2	Demand Reduction Efforts	5	o
	(video)*	15	
3.	Afghanistan: Drug Problems and Control		
3.1	Pre-War Drug Problems and Control Efforts**	7	o
3.2	Current Drug Problems (video)	18	
4.	NACP		
4.1	General Overview	5	o
4.2	IRU and PREU	5	o
4.3	Narcotics Awareness Unit (video)***	25	
	Total Duration	120 min.	

Legend:

o overhead transparencies
m map

* material available, to be edited; script to be written...
** Sources: Gen. Azil, G.Owens' article, etc.
*** material partly available, partly to be filmed; script to be written.....

1. Initially we shall provide you with an overview on international narcotics problems, its historical perspectives, current developments and trends. Then we shall give you the Asian picture. Thereafter we shall illustrate the development of a recent severe heroin epidemics on the background of the events in Pakistan during the last decade.

1.1 Narcotics (sleep inducing drugs) are used since at least 4,000 years. All of you know poppies (the sleep bringing variety), from which raw opium is won. Historically used for....
then by consumers either through swallowing or smoking in pipes, continued use of the drug leading to dependence and adverse health, economic and social consequences for users, their families and society.
Since the beginning of last century morphine ( ) was .. from opium which was effectively used for ...surprisingly enough, its dependence inducing qualities were fully understood merely decades later. At the end of the last century heroin was synthesized - named 'heroic' because, again its .. believed its use would not cause dependence...
Since then aside from its medical use ... abuse has grown...
and currently heroin is recognized as the most dangerous of the narcotics, of all drugs.
Poppies are grown illegally in Asia, in two regions, dubbed the Golden Triangle and the Golden Crescent, respectively encompassing..... There is some minor illicit production in Central America, as well, but, generally speaking,..
Currently, there is a sizeable legal opium production, as well, for opium/morphine/codeine still has its medical value...
The volume of this legal production is 1,500 metric tons annually - which presently is much lower than that of the illicit crop: estimated at....
As is the production so is, of course, the consumption, the demand for narcotics in an upswing, in particular in Asian countries .....

1.2 The problem of narcotics in Asia dates back to.....
The Arabs..... In India..... The British...
China .... Opium Wars....
Opium Monopolies in British India, French Indochina, Dutch East Indies.....
In this region..... Turkey..... Iran.....
India..... Pakistan..... Afghanistan ...

Current producers and consumers are.....
Since more than two decades the trend is away from opium use (traditionally mainly in rural areas consumed by illiterate, middle aged population .....) to heroin.....
To illustrate the development of a heroin epidemic, let's take the example of Pakistan and see the events during the last decade:
1980: Iran/Afghanistan.... start
1981-3 spread to major cities and Baluchistan, then rural NWFP; finally, last Province to fall rural Punjab.
estimated figures

consumption volume
economic consequences
profile of users .... etc.
To gain some visual perspective .. video (on poppy fields, Asia, maps... opium to heroin, use of narcotics...)

2. So, we come to realize that throughout the world drug problems are on the increase. What can we do to effectively stem this flood? Let us see then what can be done against this scourge. The international community of nations is striving hard to check to menace. The range of countermeasures undertaken is vast: efforts are being waged in individual countries, through regional, international and global cooperation...
Basically, we have two options: reduction of supply of narcotics and other drugs and reduction of demand for these narcotics/drugs. Let's first have a look on the supply side.

2.1 This is the option usually taken first: Laws are made to give a legal frame to the efforts to stop supply. Law enforcing agencies such as police and customs are provided with regulations, equipment and training to check the narcotics flow from (the fields via) the heroin labs close to the fields till the illicit drugs leave the country's ports, airports, are transported across international borders, or via the sea. The other sector in this supply reduction equation ... is crop substitution. Poppies (and coca) are to be replaced by (some) other crop(s) and by providing farmers additional benefits and income .....

As we don't have material available concerning Afghanistan, let's now see a video which was made on supply reduction activities in Pakistan.

2.2 This is the other option mentioned before: once supply reduction has failed and drugs reach the consumers and those get addicted in particular to such a dangerous drug as heroin treatment of these addicts in clinics and other settings ...
First, detoxification... not sufficient, indeed relapse rate very high ... To improve the..... since more than one decade international experience shows: follow up, after care and other rehabilitative efforts.....
But even then the relapse rate is still higher than 50%, if seen one year after dismissal.... so the newest child of narcotics control family entered the scene. Prevention... first scare approach ..one-shot... then information... basic health education combined with positive alternatives... training of impactors.... multiple channels, multiple targets....grassroots ownership: active involvement of the families, schools, other segments of the community, finally of the entire community: awareness .....
To gain a better picture, let's see this video made in Pakistan and with Afghans.

3. Is present-day Afghanistan the sole island in the ocean of narcotic problems, are Afghans impregnated against..... How was the drug situation in pre-war Afghanistan and what were the control

efforts ..... and what is the current state of affairs?

3.1 [Sources: Azil, Owens, producers/users interviews, etc. ....]

3.2 As to the development within the last decade and the upcoming heroin problem in particular among Afghans currently living in Pakistan let's see this AMRC video most parts of which were filmed in 1990.....

4. The Narcotics .... (NACP)..... NACP is in a unique position to deal with both ends at the same time, supply and demand and thus....

4.1 The Units.....

4.2 The Narcotics Awareness Unit.....

support of training; assessment of status of drug demand reduction sector activities; Min.Econ.Coop./GTC - FRG.

1990 Thailand - assistance in evaluation NGO demand reduction activities in slum community; USAID/DA - Regional Project on Narcotics Education.

1990 Nepal - assistance in preparing qualitative drug study (NGO); USAID/DA - Regional Project on Narcotics Education.

1990 India - assistance to NGOs, feasibility study on establishing an NGO-Drug Abuse Prevention Documentation Centre; USAID/DA - Regional Project on Narcotics Education.

1990 Afghanistan - assistance to Afghan organization producing AV drug awareness materials; assisting in preparing implementation plan for Narcotics Awareness and Control Project; assisting in planning and initiating project activities; equipment procurement; drug awareness event, etc.; USAID/DAI-DA Narcotics Awareness and Control Project.

1989/90 (Thailand) - assistance in conduct of Regional Workshops on Communication Strategies, Drug Education and Community-based Drug Prevention Programs; USAID/DA Regional Project on Narcotics Education.

PROPOSED FOCAL NAU ACTIVITIES

Summary Factsheets and Outline of Activities for:

Narcotics Awareness Program

Mosques' Narcotics Awareness Program

Schools' Drug Education Program

Media Practitioners' Narcotics Awareness Program

Comprehensive Community Narcotics Awareness Campaign

Narcotics Awareness Briefings (for Pol.,Mil.,Rel.Leaders)

Narcotics Awareness Public Services

Mass Media Broadcasting/Distribution Program

NAU Training Program

NAU Narcotics Research Program

Acquisition of Reference Resources

Production of AV Materials

Pretesting of NAU AV Media, Services and Programs

NAC Documentation and Media Section

NAC Information and PR Section

NAU Demonstration Team

NAU Field Teams

ANNEX L

Title of Activity: Narcotics Awareness Program

Activity No.:
Code: NAUNAP
Sector: Public Services and Programs
Sub-Sector: Narcotics Awareness Campaign
Program Dates and Duration: Oct. 90 - April 93 (31 months)
No. of Sub-Activities: xxxx
Location of Program Activities: Afghan communities, refugee camps in NWFP and Baluchistan

Major Program Components:

Salient Features of Procedure:

Coordination/or: JD
Staff Involvement: Siddiq, Ikram, Ashna, Sher Aga
Cooperation: Afghan Commissionerate (Social Welf.Cell, Educat.Cell)
UNFDAC
USAID Projects/PVOs
Local Commanders, Shuras, etc.

Audio-visual Documentation: stills, videos
Reporting: 10 quarterly reports, 5 semi-annual reports, 2 annual reports, 1 final rep.

Monitoring: IRU with xx and pre-postsurveys

Program Sub-Activity Cost:
Rs. xx,xxx per program in Afghanistan,
Rs. xx,xxx per program in camps

Total Program Cost(estimated):
90
91
92
93
TOTAL

Current Status of Activities:
Pilot test program prepared and conducted in Azakhel, Nov.7,8,90 with 900 & 500 participants

Author of Fact Sheet: HJS
Author of Activity Outline: HJS
Date of Fact Sheet Update: Nov.10, 90

NARCOTICS AWARENESS PROGRAM

1. OBJECTIVES AND OUTPUTS

1.1 Objectives:

- prepare concept for narcotics awareness programs;
- develop and implement narcotics awareness programs;
-
-
- initiate and deploy field teams for conducting narcotics awareness programs;
- initiate interlinkage NAU - Afghan/Pak. Commissionerate;
- initiate NAU - PVOs collaboration;
- establish collaboration between Field Team and leaders of Afghan communities/camps
- test, review and revise (as required) av materials to be utilized in programs
- initiate production of new av materials.

1.2 Outputs:

- designed, developed and tested basic narcotics awareness program modules of 2 hours - 2 days duration;
- implemented xxx narcotics awareness programs in xx Afghan communities and xx refugee camps;
- deployed Field Teams and.....
- established and maintained interlinkage between NAU - Afghan/Pak.Commissionerate personnel and NAU - PVOs collaboration;
- established collaboration bewteen Field Team and leaders of Afghan communities/camps;
- designed, produced, tested (and revised) AV materials and program components.

2. BASIC ACTIVITY INFORMATION

2.1 Program Dates and Duration: October 90 - April 93 (31 months)

2.1.1 Design- and Test-Phase: October 90 - May 91 (8 months)

2.1.2 Implementation Phase: June 91 - April 93 (23 months)

2.2.1 Duration of Sub-activity: 2 hours - 2 days

2.2.2 Planned Overall Number of Sub-activities: xxx

2.2.3 Type of Communities:

2.2.4 Location of Program:

xx communities in poppy-growing areas in Afghanistan;
xx communities in non-poppy-growing areas in Afghanistan;
xx refugee camps in NWFP;
xx refugee camps in Baluchistan.

2.2.5 Selection Criteria:

3. PROGRAM IMPLEMENTATION

3.1 Program Components:

Inauguration
Debate/Drawing
(School Program)
Sports Event
Lectures
Drama

Prize Distribution;
Closing Ceremony

3.2 AV Materials:

Brochures: Drugs of Abuse
Teachers Brochure
Students' Brochure (Drugs and You)*
Positive Alternatives **
(Parents Info Brochure) *

Booklets: 2
Drugs in Afghanistan**

Posters/Maps: Afghanistan Map **
Drugs Wallchart **

TEACHER'S KIT: Posters

3 Model Anti-Drug Lectures ***
Sample Anti-drug Materials (for insertion into curricula for diff.subjects) ***

3 Audio Cassettes : Drama ** , Radio Programs, video film sound track

Teachers' Guidelines **
Referral List **

3.3 Procedure:

Establishment of Contacts

3.4 Follow-up:

Referral

---

4. MANPOWER AND COOPERATION

4.1 Training:

4.2 Coordination:

4.3 Staff Involvement:

4.4 Manpower Requirements:

staff, counterparts, volunteers

4.5 Cooperation:

---

5. DOCUMENTATION, REPORTING AND MONITORING

5.1 Audio-visual Documentation:

5.2 Reporting:

5.3 Internal Monitoring:
5.4 Monitoring Visits:
5.5 IRU Monitoring:
Summary Results:

Recommendations:

Responsible for Implementing Recommendations:

Status of Implementation of Recommendations:

---

6. COSTS

6.1 Unit Cost:

Option A

Option B

Option C

6.2 Total Program Cost:

Option A

Option B

Option C

6.3 Release of Funds/Installments:

---

7. SCHEDULES

7.1 Tentative Schedule:

---

8. CURRENT STATUS OF ACTIVITY

8.1 Current Status of Sub-Activities:

---

9. ANNEXES

see also:

Related Activities:

Correspondence, etc.:

Sample Letters:

28 Sep

TESTING OF AMRC MATERIALS AND BASIC DRUG AWARENESS PROGRAM IN A REFUGEE CAMP SETTING

Objectives:

- test AMRC materials in a camp setting
- develop awareness program and pretest
- (introduce Afghan NGO)
- test Afghan/Pak. interlinkage in camp
- prepare concept for Awareness Program
- prepare launching of Field Teams
- revise materials/initiate production of new AV materials

Outputs:

- revised AMRC AV materials
- set of questionnaires for testing materials
- Afghan/Pak interlinkage in camp awareness
- concept and basic awareness program developed
- Field Team concept pretested
- production of new AV materials initiated

Date	Topic	Resp.Staff	Participants
23 Sep	Conceptual DESIGN	JD	HJS
	Discuss AMRC posters	HJS	
	initiate add.posters		
24 Sep	Contact Jahanzeb Team	HJS	JZ, AG, Wah
	discuss approach		
	discuss event		
	select camp		
25 Sep	Revise Design	JD	HJS
	Assist AMRC in final.video	HJS	
26 Sep	INFORM UNFDAC	JD	
	discuss coop.		
29 Sep	WORKING GROUP MEETING (logo)	JD	JZ,ZS,AG,Wah,HJS
30 Sep	CONTACT COMMISSIONERATE	JZ	
	Soc.Welf.Cell		
	Educ. Cell		
	CONTACT CAMP LEADERSHIP	JZ	Wah, AG?
	Soc. Welfare Comm.		
	Shura		
	teachers, mullahs, doc		

	Budget Event	JD	JZ?,HJS
	Contact Afghan Leader	JD	
	Discuss Spi Drama	HJS	JZ, Mah, AG, ZS
1 Oct	INFORM CoP	JD	
2 Oct	review Spi Drama trsl.	ZS	JZ,Wah, AG
3 Oct	Finalize Questionnaires, (Posters, Pamphlets, Video, -Awareness Event) Translate and Pretest	JD	ZS, Mah
4-Oct	Design addit.posters, 2-4 T-shirt slogans	JD	Ashna
8 Oct	INFORM AID/REP Mrs.Oakley...	JD	
10 Oct	MOVE BUDGET	JD	
	issue advance to Waheed	JD	
-12 Oct	Supervise finalization of AMRC materials	JD	ZS
10- Oct	Rehearse Drama	JZ	....
16 Oct	JOINT WORKING GROUP-CAMP GROUP MEETING	JD	.....
-17 Oct	SET UP AN AFGHAN NGO ????	ZS	
18- Oct	Print T-shirts		
20- Oct	Prearrange Awareness Event in camp Soc.Welf.Cell/Educ.Cell teachers:discuss AMRC materials Soc: Welf.Comm....	JZ,ZS	Wah
20-Oct	Prepare Participants of Event Drama Doctor Mullah Inaug.Speech, Closing Speech	JD	AG
	Prepare Sports,Drawing Competition	JD	Wah
	contact teams,teachers	Wah	

in other camps

20-Oct	Prepare Materials mount posters banners shamiana.... sound system, etc. TV, Video (Peggy husband??) arrange video coverage with AMRC get posters from DAPRC, UNFDAC,Bangkok	JD	AG Salman,Masood, Tutta
-21 Oct	Invite potential field team leader for Quetta to...	JD	
26 Oct	REHEARSE PROGRAM	JD	
27 Oct	Launch Sports Tournament	Wah	
28 Oct	CONDUCT AWARENESS EVENT (video tape event pre test post test test AMRC materials record, file addresses)	JZ	AG, Wah, SWC Ashna Masood Masood Farh.,Ikram? Ikram
8.30	Inauguration (in Tent) Banners and Posters Display Pamphlets distrib.	SWC,ZS,JZ	
9.00	School Program awareness video competition	SWC	
11.30	Final Sports Tourna- ment	SWC	
13.00	Lunch for Core Team (discuss NGO)	SWC	
15.00	Awareness Event inauguration video drama doctor karate demonstr mullah	SWC/NGO	
17.30	Closing Ceremony prize distrib. launch SWC+NGO cooper.	SWC/NGO	

	Distribution of Posters to Volleyball Teams of other Camps (Teachers/Captains)	NGO	
29 Oct	Launch Debate Competition in various camps		
	REVIEW EVENT discuss awareness program discuss field teams	JD	ZS,JZ,AG, Wah,SWC
5 Nov	Discuss Findings of Materials evaluation	JD	ZS,AMRC,...
7-Nov	Revise AMRC materials	JD	ZS....
	Initiate PRODUCTION OF OTHER AV MATERIALS		
10-Nov	REVISE AWARENESS EVENT PROGRAM	JD	ZS,SZ...
	REVISE FIELD TEAM APPROACH/ CONCEPT		

bring in Siddiq, Masood when??
Maihanyar /?
AMRC role?

Mujadeddi, AIG, dignitary???
participation of expatr. in event???

SUMMARY FACTSHEET

Title of Activity: **Cooperation with USAID/PVOs' Projects**
NAU Participation in Training Programs

Activity No.: NAU 1.08 Code: NAUCOOP1
Sector: Planning & xxxxxx Sub-Sector: Training

Program Dates and Duration: Dec.90 - April 93 (29 months)
No. of Sub-Activities: currently unknown
Location of Program Activities:
Peshawar and Quetta

Major Program Components:

Salient Features of Procedure: develop outline, contact and establish dialogue with potential partners, reach basic agreement; form working groups, outline procedures/modules/materialsrequired, produce and test materials,lectures, etc., incorporate in training programs of partner organizations /projects; monitor and revise.

Coordination/oi: to be recruited
Staff Involvement: training staff, production and PR staff
Cooperation: UNO,MSH,ASSP.. and various PVOs

Audio-visual Documentation: required
Reporting: required (10 quarterly progress reports, 2 annual rep.)
Monitoring: required (5 semi-annual monitoring visits)

Program Sub-Activity Cost:
a) Preparation : $ xxxxxx
b) Implementation : $ xxxxx

Total Program Cost(estimated):

a) Preparation : $ xxxxx
b) Production of Materials: $ xxxxx
c) Implementation: $ xxxxx
d) Monitoring: $ xxxxxx

Current Status of Activities:
Designphase
Initial Contacts with UNO,xxx

Author of Fact Sheet: HJS
Author of Activity Outline: HJS
Date of Fact Sheet Update: Nov. 20, 1990

COOPERATION WITH USAID/PVOs PROJECTS
(NAU Participation in Training Programs)

1. OBJECTIVES AND OUTPUTS

1.1 Objectives:

- to establish and maintain interlinkage with x other USAID sponsored projects, with xx PVOs and others involved in training Afghans and willing to cooperate with NAU - (throughout 29 months).

- to form working groups and jointly develop training materials and lectures, develop 3 narcotics awareness training modules for insertion into training courses conducted by these partner organizations/projects in the fields of education, health, agriculture and social/community work - (within 6 months' period).

- to significantly increase knowledge and skills of direct beneficiaries ( ) as to drug related issues - (within the course of one year).

- to significantly increase awareness of direct ( ) and indirect beneficiaries ( ) of the problems of drugs and the dangers associated with production, trafficking and consumption of illicit drugs - (within the course of two years).

1.2 Outputs:

- oriented xx USAID/PVOs project staff on drug issues;

- trained xx master trainers/training staff in drug awareness/ training techniques;

- assisted in training xxx participants of xx training courses;

- produced and provided xx model lectures, xx av materials, 5 lecture modules of 1/4, 1/2, 1, 2 and 3 days duration and other materials contained in Narcotics Awareness Trainer's Kit.
- established interlinkage with USAID/PVO project

staff and contacts with course participants for further cooperation.

---

2. BASIC ACTIVITY INFORMATION

2.1 Program Dates and Duration:

2.1.1 Design- and Test-Phase: Dec. 90 - May 91 (6 months)

2.1.2 Implementation Phase: June 91 - April 93 (23 months)

2.2.1 Duration of Sub-activity: 2 hours - 2(3) days

2.2.2 Planned Overall Number of Sub-activities:

2.2.3 Type of Partner Organisations: USAID-sponsored projects, USAID-sponsored PVOs, and other interested projects and PVOs

2.2.4 Location of Program:

Implementation: Peshawar
Quetta
(Afghan.)
Monitoring: Refugee Camps
Communities in Afghanistan

2.2.5 Target Audiences:

2.2.6 Selection Criteria:

2.3 Planning Steps:

2.3.1 Needs Assessment	Jan. 91
2.3.2 Goals Development	Jan. 91
2.3.3 Objectives Development	Jan. 91
2.3.4 Resources Identification	Feb.91
2.3.5 Tasks Assignment	Feb.91

---

3. PROGRAM IMPLEMENTATION

3.1 Program Components:

3.2 Baseline Data/Research: get UNFDAC Training Lists, get Training Programs, Participants lists (professions, geogr. distribution of AID/PVO projects); observe functions, routine activities of former training participants of AID/PVO courses, etc.

3.3 AV Materials:

	Brochures:	Drugs of Abuse Teachers Brochure (Drugs and Your Students) Students' Brochure (Drugs and You)* Positive Alternatives ** (Community and Drugs Brochure) *
	Booklets:	2 AMRC A Guide to Drug Issues** Drugs in Afghanistan**
	Posters/Maps:	Afghanistan (Drug) Map ** Drugs Wallchart ** Posters
TRAINER'S KIT	Training Manuals:	UNFDAC materials NACP manual

3 Training Modules for 4 secondary target audiences ***

Sample Anti-drug Materials (for insertion into respective curricula) ***

3 Audio Cassettes : Drama ** , Radio Programs, video film sound track

2 Video Cassettes: Drug Problems and Control Issues**
NACP activities

Trainers' Guidelines **

NACP Brochure **

NAC Brochure **
NAU Programs and Services Handout **

Referral List **

3.4 Training Module for USAID Projects/PVOs

Module I (2 hours - Briefing)

No.	Topics	Duration	AV Aids	Educ.	Health	Agric.	Soc./other Com.Work.
1.	Narcotics Problems						
1.1	International Drug Problems and Trends	15	o	X	X	X	X
1.2	Afghanistan and Drugs	15	o	X	X	X	X
1.3	Drugs and Society	20	=v	X	X	X	X
2.	Drug Problems: General Issues						
2.1	Drugs and Effects	20	v,s,o	X	X	X	X
2.2	Drugs, Users and Society	15	v,s,o	X	X	X	X
3.	Narcotics Control						
3.1	International Narcotics Control	10	o	X	X	X	X
3.2	NACP: Components, Strategies and Programs (incl.Azakhel video)	25	v,m,s,o	X	X	X	X
		(120)		120	120	120	120

Module II (4 hours - Orientation)

No.	Topics	Duration	AV Aids	Educ.	Health	Agric.	Soc./other Com.Work.
1.	Drug Problems: General Issues						
1.1	Drugs and Effects	30	v,s,o	X	X	x	X
1.2	Drugs, Users and Society	30	v,s,o	X	X	x	X
2.	Afghanistan and Drugs						
2.1	Trad.Drug Problems and Control	15	v,m,s,o	X	X	X	X
2.2	Drugs and Society	20	=v	X	X	X	X
2.3	Current Drug Problems	15	v,m,s,o	X	X	X	X
3.	Intern.Narc.Control						
3.1	Intern.Narc.Control	15	s,o	x	x	x	x
3.2	Supply Reduction	30	v,m,s,o	x	x	X	x
3.3	Demand Reduction	30	v,s,o	X	X	x	X
4.	NACP	30	v,m,s,o	X	X	X	X

5.	Special Topics					
5.1	Poppy Producers' Issues	30	v,o	x	x	X	x
5.2	Consumers' Issues	30	v,o	x	X	x	X
5.3	Drug Education	30	o	X	x		x
5.4	Treatment and Rehabilitation	30	v,o		X		x
	Total (min.)	(335)		240	270	195	250

Module III (1 day - Basic Module)

No.	Topics	Duration	AV Aids	Educ.	Health	Agric.	Soc./other Com.Work.
1.	Drug Problems: General Issues						
1.1	Drugs and Effects	60	v,s,o	X	X	x	X
1.2	Drugs, Users and Society	60	v,s,o	X	X	x	X
2.	Afghanistan and Drugs						
2.1	Trad.Drug Problems and Control	30	v,m,s,o	X	X	X	X
2.2	Drugs and Society	20	=v	X	X	X	X
2.3	Current Drug Problems	30	v,m,s,o	X	X	X	X
3.	Intern.Narc.Control						
3.1	Intern.Narc.Control	30	s,o	x	x	x	x
3.2	Supply Reduction	45	v,m,s,o	x	x	X	x
3.3	Demand Reduction	45	v,s,o	X	X	x	X
4.	NACP	60	v,m,s,o	X	X	X	X
5.	Special Topics						
5.1	Poppy Producers' Issues	60	v,o	x	x	X	x
5.2	Consumers' Issues	60	v,o	x	X	x	X
5.3	Drug Education	60	o	X	x		x
5.4	Treatment and Rehabilitation	60	v,o		X		x
	Total (min.)	(650)		460	520	370	480

M o d u l e IV (2 days - Extended Module)

No.	T o p i c s	Duration	AV Aids	Educ.	Health	Agric.	Soc./other Com.Work.
	DAY 1						
1.	Drug Problems: General Issues						
1.1	Drugs and Effects	60	v,s,o	X	X	x	X
1.2	Drugs, Users and Society	60	v,s,o	X	X	x	X
2.	Afghanistan and Drugs						
2.1	Trad.Drug Problems and Control	30	v,m,s,o	X	X	X	X
2.2	Drugs and Society	20	=v	X	X	X	X
2.3	Current Drug Problems	30	v,m,s,o	X	X	X	X
3.	Intern.Narc.Control						
3.1	Intern.Narc.Control	30	s,o	x	x	x	x
3.2	Supply Reduction	45	v,m,s,o	x	x	X	x
3.3	Demand Reduction	45	v,s,o	X	X	x	X
4.	NACP	60	v,m,s,o	X	X	X	X
5.	Special Topics						
5.1	Poppy Producers' Issues	60	v,o	x	x	X	x
5.2	Consumers' Issues	60	v,o	x	X	x	X
5.3	Drug Education	60	o	X	x		x
5.4	Treatment and Rehabilitation	60	v,o		X		x
	Day 1 (min.)	(650)		460	520	370	480
	DAY 2						
6.	Drug Abuse Prevention						
6.1	Drug Abuse Prevention: Concepts and Strategies	30	o	X	X	X	X
6.2	Building Public Awareness on Narcotics Problems	30	o	X	X	X	X
6.3	Medias, Avenues, Messages	30	o	X	X	X	X
6.4	Impactors: Change Agent Roles	30	o	X	X	X	X

7.	Reaching Target Audiences					
7.1	Strategies for Parents and Families	30	o,v	X	X	X	X
7.2	Strategies for (School) Youth	30	o,v	X	X	X	X
7.3	Strategies for Community Leaders	30	o,v	X	X	X	X
7.4	Special Target Audiences	30		X	X	X	X
8.	Communication Strategies						
8.1	Communication Strategies	30	o	X	X	X	X
8.2	Media Practitioners	30	o	X	X	X	X
8.3	Working with Groups	30	o,v	X	X	X	X
8.4	Networking	30	o	X	X	X	X
9.	Community-based Drug Prevention Programs	60	o,v	X	X	X	X
	Day 2 (min.)	(420)		420	420	420	420

M O D U L E V (3 days - Skills Module)

((first 2 days vide Module IV, in third day add community outreach day, role plays, demonstrating change agent skills, etc.))

Legend: v - video
m - map
s - slides
o - overhead transparencies

X - major feature/topic (1/1)
x - secondary (1/2)

OUTLINE OF CONTENTS (for Module IV):

1. Drug Problems: General Issues

1.1 Drugs and Effects	(origin and history of drugs; classification; use of drugs, drug effects; basic concepts and use of terms)
1.2 Drugs, Users and Society	(reasons for drug use, drug use continuum, predisposing factors; socio-cultural aspects of drug use; youth and drugs; chemistry of everyday life; society and drugs)

2. Afghanistan and Drugs

2.1 Trad.Drug Problems and Control	(history of the problem; production and consumption; legal frame, law enforcement and control efforts prior to 1980)
2.2 Drugs and Society	(video)
2.3 Current Drug Problems	(production increase during last decade; heroin processing and trafficking; current control efforts)

3. Intern.Narc.Control

3.1 Intern.Narc.Problems and Trends	(global drug problems, Asian drug problems; heroin issue; observed trends)
3.2 Intern.Narcotics Control	(history; treaties and conventions; organs and instruments; regional cooperation; trends)
3.3 Supply Reduction Strategies	(history; laws and law enforcement; crop substitution programs; trends)
3.4 Demand Reduction Strategies	(history; treatment; rehabilitation; prevention; role of non-governmental organisations; community involvement; trends)

4. NACP (AID projects in Pakistan; precursor activities; UNFDAC activities; NACP concept and strategies; role and function of 3 NACP units; current status of implementation; further plans)

5. Special Topics

5.1 Poppy Producers' Issues	(
5.2 Consumers' Issues	(
5.3 Drug Education	(history;
5.4 Treatment and Rehabilitation	(history; intervention and referral; detoxification and medical treatment; overview of existing modalities; self-detoxification and the role of the family; relapse; self-help groups; rehabilitation programs)

3.3 Procedure/Steps:

a) NAU outlines plan for cooperation.
b) NAU to meet with UNO, MSH, ASSP and .... PVOs project representatives/staff;
discuss their training programs, mutual fields of interest, present NAU AV materials and plans for proposed cooperation, volume and topics of NAU involvement.
c) Project managements to give go ahead signal.
d) Form Working Groups between NAU and the respective project.
[e) NAU to prepare and conduct a symposium on 'Drug Problems in Afgh.']
[f) IRU/NAU to collect baseline data]
[g) NAU to produce additional AV materials]
h) Working groups outline materials needed /to be revised
i) Required additional materials to be produced by NAU (and sub-contractors)
j) Test materials and texts in a trial run
k) Review and revise if required
l) Provide copies of av materials and texts (modules) to partner projects.

3.4 Follow-up:

a) Update narcotics awareness modules when appropriate
b) Record and monitor utilization of modules
c) Revise narc. awareness modules if required
d) Periodically meet with representatives of USAID/PVOs projects to review program/constraints and avenues for further cooperation.
e) Integrate newly developed NAU training materials...
f) Monitor the utilization in the field of acquired skills on part of training course participants.

---

4. MANPOWER AND COOPERATION

4.1 Training:

4.2 Coordination:

4.3 Staff Involvement:

4.4 Manpower Requirements:

4.5 Collaborators:
UNO,MSH,ASSP, ... Vita, Mercy Fund
UNHCR CHW Program

---

5. DOCUMENTATION, REPORTING AND MONITORING

5.1 Audio-visual Documentation:

5.2 Reporting:

5.3 Internal NAU Supervision:

5.4 NAU Monitoring Visits:

5.5 IRU Monitoring:
Summary Results:

Recommendations:

Responsible for Implementing Recommendations:

Status of Implementation of Recommendations:

---

6. COSTS

6.1 Unit Cost:

Option A

Option B

Option C

6.2 Total Program Cost:

Option A

Option B

Option C

6.3 Release of Funds/Installments:

---

7. SCHEDULES

7.1 Tentative Schedule:

---

8. CURRENT STATUS OF ACTIVITY

8.1 Current Status of Sub-Activities:

---

9. ANNEXES

see also:

Related Activities:

Correspondence, etc.:

Sample Letters:

DRUG AWARENESS QUESTIONNAIRE
Revised November 4, 1990

Study No._____

Pre- / Post Narcotics Awareness Program Study ( ) Pre ( ) Post

Quest.No. _____

Province _____

District _____

Community/Camp _____

****

PART I DEMOGRAPHIC DATA ON RESPONDENT

1. Respondent's Sex: ( ) Male ( ) Female

2. Currently live: Pakistan ( ) in a camp ( ) outside camp

   Afghanistan ( )

3. Previously lived in Afghanistan: ( ) Rural ( ) Urban community

   If rural: So you know a lot about farming? ( ) Yes ( ) No

   If urban: Are you familiar at all with farming? ( ) Yes ( ) No

4. Position of respondent in household: _____

5. Occupation of head of household:

   a) Past (in Afghanistan): _____

   b) Current : _____

   Current occupation of respondent (if not head of household):

   _____

6. Respondent's age: _____

7. Highest education: ( ) none ( ) primary ( ) secondary ( ) higher

****

I want to discuss with you some matters we all are concerned with. I hope it won't take long. Thank you for your cooperation.

Have you ever been interviewed in a survey before?

( ) No

( ) Yes How many?_____

PART II MEDIA HABITS OF RESPONDENT'S HOUSEHOLD

8. Do you or any member of the household read a newspaper regularly?

a) Respondent: ( ) never ( ) sometimes ( ) regularly ( ) daily

If yes, which one? _____

b) Household member: ( ) yes ( ) no

If yes, which one?_____

9.a) Do you watch television regularly? ( ) yes ( ) no

b) How many hours per day?_____ per week?_____

c) Which program?_____

d) Other household members? ( ) yes ( ) no

10.a) Do you listen to the radio regularly? ( ) yes ( ) no

b) How many hours per day?_____ per week?_____

c) Which station?_____ d) Which program?_____

e) Other household members? ( ) yes ( ) no

11. Were do you usually get your information on local and other political or 'social' affairs from? (Interviewer, PLEASE CHECK ALL THAT APPLY)

a) ( ) newspaper ( ) radio ( ) tv ( ) elders

( ) Afghan or ( ) Pakistani friends ( ) mullahs

( ) teachers ( ) party leaders ( ) other_____

b) Which are your two most important sources? (Interviewer PLEASE CIRCLE)

****

Now, I am interested in your opinion on medical and social problems we are facing these days.

PART III MEDICAL AND SOCIAL PROBLEMS

12. Which major health problems do you face here in the camp?

( ) malaria
( ) diarrhoea
( ) chest/tuberculosis
( ) other _____

Can you get sufficient and good medicine to cure such diseases?

( ) yes always ( ) yes mostly ( ) sometimes ( ) rarely ( ) never

13. Which major problems do young people face in your camp? (Interviewer READ OUT THE FOLLOWING LIST AND CHECK EACH)

( ) unemployment
( ) illiteracy
( ) boredom
( ) diseases

Any other major problems? .....

14. In our community/camp we frequently face a lot of problems. Which among the problems I read out to you is the greatest/smallest in your community? (CHECK ONE ONLY FOR EACH COLUMN)

Greatest		Smallest
( )	Tuberculosis	( )
( )	Thefts	( )
( )	Disharmony	( )
( )	Drug Problems	( )

15. Have you ever heard about charas, opium and/or heroin problems in your camp?

( ) yes, very often ( ) sometimes ( ) a few times

( ) once ( ) never

Let's talk a little bit about problems associated with such drugs. Drugs are substances which veil the mind and/or change the mood of the person taking them.

16. Which are the three most harmful substances to the health of the person who takes it? (Interviewer: GIVE NUMBER 1 TO THE MOST IMPORTANT, 2 TO THE SECOND MOST IMPORTANT AND 3 TO THE THIRD MOST IMPORTANT)

( ) Charas

( ) Bhang

( ) Cigarettes

( ) Heroin

( ) Opium

( ) Alcohol

I shall now ask your opinion on 5 different substances.

	CIGARETTES	CHARAS	OPIUM	HEROIN	ALCOHOL
17. Do you know					
Yes		( )	( )	( )	( )
No		( )	( )	( )	( )

	CIGARETTES	CHARAS	OPIUM	HEROIN	ALCOHOL
18. Can .... be obtained here?					
Yes		( )	( )	( )	( )
No		( )	( )	( )	( )
19. Can people take ... and still work?					
No problem	( )	( )	( )	( )	( )
Easily	( )	( )	( )	( )	( )
Not too difficult	( )	( )	( )	( )	( )
Very difficult	( )	( )	( )	( )	( )
Impossible	( )	( )	( )	( )	( )
20. Can people give up use of....?					
No problem	( )	( )	( )	( )	( )
Easily	( )	( )	( )	( )	( )
Not too difficult	( )	( )	( )	( )	( )
Very difficult	( )	( )	( )	( )	( )
Impossible	( )	( )	( )	( )	( )

21. Have you ever tried .... yourself?

Never	( )	( )	( )	( )	( )
Once	( )	( )	( )	( )	( )
Several times	( )	( )	( )	( )	( )
Use regularly	( )	( )	( )	( )	( )
Use daily	( )	( )	( )	( )	( )
How many times a day?	_____	_____	_____	_____	_____
For how long?	_____	_____	_____	_____	_____
Use still at present?	_____	_____	_____	_____	_____

22. Did you ever chew Naswar ?

( ) Never ( ) once ( ) several times ( ) use regularly

( ) use daily

how many times a day?.....

for how long?.....

use still at present? ( )No ( ) Yes

23. Do you feel use of .. is at present a problem among Afghans ?

No problem at all	( )	( )	( )	( )	( )
Small problem	( )	( )	( )	( )	( )
Minor problem	( )	( )	( )	( )	( )
Major problem	( )	( )	( )	( )	( )
Very great problem	( )	( )	( )	( )	( )

24. Is it alright to use ..?

Very much so	( )	( )	( )	( )	( )
Quite O.K.	( )	( )	( )	( )	( )
Not quite alright	( )	( )	( )	( )	( )
Not alright	( )	( )	( )	( )	( )
Not alright at all	( )	( )	( )	( )	( )

25. Why do people take such drugs? (WRITE DOWN ALL REASONS MENTIONED)

_____

26. Who usually introduces young people to drug use?
(CHECK UP TO TWO OPTIONS!!)

( ) family
( ) dealers
( ) doctors
( ) friends
( ) others WHO?.....

27. Do you have any idea how heroin is consumed? ( ) no ( ) yes

IF YES, how?_____

28. Do you know what are the major effects of heroin and charas on the user?

heroin.....

charas.....

29. From which plants are charas and heroin made?

charas: .....

heroin: .....

30. Are these grown in Afghanistan?

	for bhang:		for 'poppies':	
	( ) yes	( ) no	( ) yes	( ) no
In your region?	( ) yes	( ) no	( ) yes	( ) no
In your (former) village ?	( ) yes	( )no	( ) yes	( ) no

31. Some people grow the plants from which these drugs are made not to use themselves but to sell for income. For each plant mentioned, tell me whether you think farmers should continue to grow this crop or not?

		BHANG	POPPIES
NO	YES	( )	( )
	because...		
	people need income	( )	( )
	abuse is not their problem	( )	( )
	it is a traditional crop	( )	( )
	it has no bad effects	( )	( )
	other reason	( )	( )
NO		( )	( )
	because.....		
	it destroys other lives	( )	( )
	it has a negative effect on society	( )	( )
	it is violation of Islam	( )	( )
	other reason.....	( )	( )

125

32. Which then of the following statements best represents your opinion? (Interviewer: PLEASE CHECK ONE OPTION ONLY)

( ) To grow poppies is the same as growing wheat; it's just for money

( ) To grow poppies is only permitted when there is no other way to feed one's family

( ) To grow poppies should not be permitted because a lot of problems arise from opium

33. Which of the following sentences reflects your opinion best? (Interviewer: PLEASE CHECK ONE OPTION ONLY)

( ) Afghans will never take heroin

( ) Some Afghans are taking heroin

( ) I personally know some Afghans who take heroin

34. Do you think heroin abuse might ever become a problem for Afghans ?

( ) Yes, has become a problem already

( ) Yes, will certainly become one

( ) Yes, could become one

( ) No

IF NO,
in other countries where there was production of this drug consumption of it always developed and became a problem. What makes you think Afghans are that 'special' that they can resist this temptation?

_____

_____

35. In your opinion has the level of abuse of heroin among Afghans (in your community) changed within the last two years?

( ) No ( ) Yes

IF YES,
has it increased or decreased?

( ) greatly increased ( ) increased ( ) increased somewhat

( ) decreased somewhat ( ) decreased ( ) greatly decreased

36. Any idea, what could be done to help a drug dependent person?

In your opinion should this be done? ( ) Yes ( ) No

37. Any idea, what could be done to prevent people using such drugs ?

In your opinion should this be done? ( ) Yes ( ) No

38. What could be done to prevent production of such drugs?

In your opinion should this be done? ( ) Yes ( ) No

39. According your view, should farmers be growing/be asked to grow some other crop rather than poppies even if this means financial losses for them ?

( ) No ....Why not?.....

( ) Yes....Why not?.....

if YES, do you think farmers will stop growing poppies?

( ) No ( ) Yes

40. What is your position towards a person who is dependent upon drugs?
You think he is a...

( ) very good person ( ) rather good person
( ) neither good nor bad ( ) rather bad ( ) very bad

What is your position towards someone who deals in drugs such as heroin? You think he is a..

( ) very good person ( ) rather good person
( ) neither good nor bad ( ) rather bad ( ) very bad

What is your position towards someone who produces such drugs? You think he is a....

( ) very good person ( ) rather good person
( ) neither good nor bad ( ) rather bad ( ) very bad

41. Which position does Islam have towards the use of any of these substances we were talking about?

	Permits	Does not Permit	Other
Charas	( )	( )	( ).....
Bhang	( )	( )	( ).....
Cigarettes	( )	( )	( ).....
Heroin	( )	( )	( ).....
Opium	( )	( )	( ).....
Alcohol	( )	( )	( ).....

42. Which position does Islam have towards the production of charas and opium?

	Permits	Forbids	Other
Charas	( )	( )	( ).....
Opium	( )	( )	( ).....

43. Have you ever seen, heard or read anything on drug problems?

	No	Yes	what was it about?
a film	( )	( )	.....
a tv program	( )	( )	.....
a video	( )	( )	.....
a radio prog.	( )	( )	.....
a poster	( )	( )	.....
a newspaper article	( )	( )	.....
a brochure	( )	( )	.....
a book	( )	( )	.....

44. Have you recently attended any program which was concerned with drug problems ?

( ) No ( ) Yes

IF YES, where?

( ) Camp ( ) Community Other:_____

45. Can you please tell me what the program was about?

_____

_____

_____

46. For how long did you attend? ..... hours

47. Did you just watch the program or did you participate yourself in a program part??

( ) just attend ( ) participate in .....program parts
in which parts?.....
.....

48. Of all the parts of the program you have seen which part did you like best?
.....

Was there any part you did not like? ( ) No ( )Yes
if YES,
which one?.....

49. Did the attendance in this program change your outlook?

( ) No ( ) Yes

(IF YES:)

50. What is the difference between your view before and after participating in this event?

You are now ( ) much less ( ) much more concerned about drug abuse problems

You are you now ( ) much less ( ) much more concerned about cultivation of poppies and its consequences

51. Do you now feel better informed on the drug issue?

( ) not at all () somewhat better ( ) better
( ) much better

52. Do you feel the need to receive some more information on how to overcome drug problems ?

( ) no, no need at all ( ) Yes, very much

IF YES, concerning which sector? (READ OUT LIST: CHECK AS MANY AS MENTIONED).

( ) Production
( ) Consumption
( ) How to prevent drug abuse
( ) How to rehabilitate people who have taken drugs

( ) other.....

****

PART I continued

53. Home Province: _____ and District: _____

54. Mother tongue:_____

55. Ethnic group:_____

56. Socio-economic status: a: income _____

b: social status in Afgh._____

c: social status in Pak._____

57. Community Position: (elder ,mullah, etc.).....

****

INTERVIEWER'S OBSERVATIONS

Place of interview:_____

Time of day:_____

Date of Interview:_____

How long did the interview take ? _____

In addition to you and the respondent, how many other persons were present during the interview?_____

Was the respondent cooperative?_____

Were there any sensitive questions?_____

Comments:

Suggestions:

First Draft Dec.2,90

NARCOTICS USERS QUESTIONNAIRE

Basic Demographic Data

Sex
Age
Marital Status
Educational Status

Status of Respondent in household
Size of household

Province of Origin
District of Origin
Mothertongue
Ethnic group
Residence in Afgh. (rural/urban)
Current residence
(Duration of stay in Pakistan)

Occupation in Afgh.
Current Occupation

Employment Status

(&&& Socio-economic status indicators)

Drug Data

((cigarettes, naswar))
Did you ever take one of the following: ((LIST)) ?
Did you take these without a doctor...telling you to do so?

When did you take xxxx (((REPEAT FOR ALL DRUGS TAKEN)))the first time?
  who introduced you to its use?
    how long before had you known this person?
  what was your major reason for taking it?
  what were the major effects?
  did you buy it the first time?
Did you continue?
Did you take it the last year?
the last month?
how many days a month?
how many times a day?
  in which way do you take it?
what is the quantity you use per day?
at what cost per day?
at present what are the major reasons for continuing its use?
Do you notice any effect on your working capacity which you believe

is mainly caused by this drug?
on your personal income?
on your health?
on your family relationship?
[if married] (on your marital relations?)
do you usually take xxx together with any other drug?

(((REPEAT THIS SET ABOVE FOR ALL DRUGS TAKEN!!!)))

(((IF POLY-DRUG USER)))
which do you feel is the main drug you use?

How much do you usually spend on all your drugs per day?
((per month?))
(((FOR ALL)))
How do you usually finance your drug expenses?

Do some of your friends use drugs as well?
how many? which drugs?
Do other household members use drugs as well? which ? who?

Do other household members know at all that you are using drugs?
How long after you started taking xxx they found out?
who found out first?
Reaction of household members?

Did you ever face problems to get supply of drugs (provided you had money available?
what was your reaction?
when was this?
Did you ever try to abstain from the drug(s) you take?
from which?
when?
what did you do?
what was the method of treatment if any?
for how many days?
which institution?
what's your opinion on the treatment regimen?
Were you able to stop the habit?
for how long did you abstain?
(Why) did you start again?

Do you know there are some places where you can get treatment to abstain from your habit ?
Are you interested to get such treatment?
(((If no heroin user himself)))) Do you know about heroin?...
do you know some people who take heroin? how many?

ADDITIONAL QUESTIONS FROM NARCOTICS AWARENESS QUESTIONNAIRE:
(revised version Nov.4, 90)

Q. No. 16, 23, (26), 29, 30 - 32, 34 - 35, 37 - 44, ((if 44 yes: 45-51)), 52

How many in your community you know are using charas,
opium
heroin?

TWO HEROIN USERS FROM BARAKAI CAMP WERE ASKED TO COME TO PESHAWAR. ALL OF THE ABOVE WAS COVERED AND SEVERAL 'QUALITATIVE' TOPICS WERE TOUCHED WITHIN 1.5 HOURS (INCL.INTRODUCTION AND TRANSLATION) WHICH A.O. LED TO INFORMATION ON HEROIN AND SEXUAL RELATIONS; ROBBING FATHER ON KALASHNIKOFF POINT RANGE OF RS.10,000, PARENTS FINDING OUT ONLY AFTER SEVERAL YEARS OF HEROIN USE, HEROIN USERS ARE LOWEST.. IN THE STREETS, OPIUM PRODUCERS WORST, THEY SHOULD BE KILLED, THEY ARE THE ROOTS, WE ARE THE BRANCHES, ETC. THIS IS REMARKABLE INSOFAR, AS THE ADDICTS HAD BEEN WITHOUT HEROIN FOR ABOUT 5 HOURSE, HAD 3 HOURS BUS TRIP, WERE CERTAINLY IMPRESSED BY OUR TIGHT SECURITY SYSTEM AND SAW
IZATULLAH AND SPIELMANN FOR THE FIRST TIME. THIS TO DEMONSTRATE: MUCH CAN BE DONE GIVEN PROPER APPROACH.

BASIC COMMUNITY PROFILE PROFORMA
(((ONE EACH FOR A COMMUNITY)))

Basic Demographic Data
ROUTINE IRU

Basic Social Infrastructure
ROUTINE IRU

Basic Economic Infrastructure
ROUTINE IRU

Aid Programs Infrastructure
ROUTINE IRU

Ex-Trainees of UNFDAC, NACP Courses

Suggested Contact Persons

COMMUNITY DRUG ABUSE PROFILE

Drugs abused in Community
    (((FOR EACH DRUG SEPARATELY)))
    Prices per unit
    No. of sources
      or distance to source
    first year of introduction (if less than 10)

    Drug availability
    Change in consumption level

Recent Trends in Drug Abuse
Position of Community in Drug Trade

Dispensaries within Community
    availability of drugs on Drug List

Peddlers and Dens
    no.; ethnic background; nos. of customers
    main occupation
    dens? which drugs ?
          nos. of customers

Source of supply for peddlers

Prices in Bulk
    quality differences

General drug consumption patterns
    source of drugs
    place of consumption of drugs
    any drug users subculture

QUESTIONNAIRE I : GENERAL RESPONDENTS

MAJOR AREAS:

1 General Demographic Background Data

sex
age
education
(read/write in family)
residence in Afgh
occupation (previous and present)
socio-economic status
(((land ownership)))
(((household gadgets)))
family size
position in family
(duration of stay in Pakistan)
duration of stay in camp
mothertongue
(ethnic group)
((party affiliation))
(((rel.)))

((((((similar to other IRU questionnaires))))))))))

2 Attitude towards Media, Availability and Habits

availability in household of newspaper
books
radio (battery?)
recorder (battery?)
tv (battery?)
vcr (accu?)
cinema
posters

(for men, children, women?)
access to these media

attitude towards these media

newspaper? which language? source? daily? who in family reads?
cinema?.....

reading habits? when what? how often?
type of articles
impression on contents

access to radio of whom, regular
stations, programs
usual hours
type of programs
dislike of which stations, programs

music?
songs?
access to tv.....
access to vcr.....

perception of usefulness
truthfulness

Suggestions:

who are best multiplicators

(((Youth: how do young people spent their days?)))

3 Drug Knowledge

Did you ever see in a movie or in tv.....
Drugs are.... which of the following are drugs?

What effects do these drugs have?

Which drugs have medical use?
Which drugs are common with Afghans?

From which plant is heroin made?
and Alcohol ?

What is the charas plant used for ?

What are valium...?

(SHOW PHOTO which is...?)

4 Drug Awareness

INSERT DRUG AWARENESS SCALE QUESTIONS

5 Attitude towards Drugs

To take drugs which the doctor/hakim does not prescribe is....
Are some drugs more potent than others?
Which of the following are more/less potent?

((USE MATRIX))

How do you feel about someone who takes ....?
once, frequently, daily
who is dependent/addicted to it?

and if this would be your son what would be your reaction?
why?

Is there any difference in whether young, old or women take these drugs?

In your opinion according the quran are use of alcohol, chartas, opium and heroin and tranquillizers permitted ?
.....production of.....
.....trafficking in, selling of.....

Do you think just to try once or a few times is permissive?

Do users of these drugs become dependent? none, some, most, all
If..... you would forbid a certain drug ? which ? why?

If you rank these social problems: tuberculosis
danger from mines
poverty
robbery
alcohol
opium
charas
heroin

6 Drug Use Issues

In the past what was opium and charas used for? and now?
how can you use heroin?
How is charas, opium, heroin used?
what drugs were used in your village? charas, bhang, opium....
anything else?
Why did people use these drugs?
- as a medicine
- as poison
- for enjoyment
- to forget about problems (and sleep)
- to keep company
- to make work easy

Have you ever met a drug user (.....)in your camp? or elsewhere?
What are your feelings towards such a man, a user of .....?
- upset
- pity
- anger
- worrying about my own family
- worrying about our community
- doesn't matter for me
- other

Suppose there are hundred men in your vill/camp how many use...

who is a typical charas, opium charas user ?
How do you call such a man?

Do you think you can recognize a charas, opium or heroin user?
what are the signs?

If one of your neighbors/friends/family members becomes a drug user
what will be your reaction and what will you do?

Can a drug user(...) ever be cured?

What/who in your opinion is responsible for people using drugs?
Do you think using such drugs is harmful?
why? because it makes dependent
- expensive
- harms the body
- destroys family life
- negative effect on society
- society repulses such a user
- against religion
- other

5

7 Drug Production Issues

There is much talk ..do you have any idea how opium (charas) is made?
From which part of the poppy plant is opium won? (chars)
In which part of the year are poppies (charas) grown?
In which countries is opium produced?
Which country produces more opium ? Iran, Pak or Afg ?

In which parts of Afghanistan?
in your own province? district? village?
Do you know the techniques required to grow poppies?
what are the reasons for growing such a crop which nobody can eat?
What is the result per jerib
what is the present price
which proportion of farmers in your village did grow/grow poppies?
Did you ever do?
on your own land?
on how much
since you are in pakistan?
and last year?
all on your own land?
what result per jerib? what income?
and you ? what
which part is this of your total income
so what else could you gow in your field if not opium?
would you do that ? why (not)?
and what will you do it next year
what do farmers do with the opium they produce?
sell to villagers, outsiders...
directly after harvest? when?
all? keep for selfconsumption how much?
medical or any other purpose?
are there any taxes on opium?
can the farmer keep all the income from opium?
can you get any credit for your opium field?
what do the buyers of your opium do with it?
Is there any heroin processed in Afghanistan? where else?
who makes the biggest profit from opium farmers,landlords, dealers or who?

Is opium production new to Afghanistan? since when?
and heroin since when?

has volume of opium production changed since the war?

increasedalot increased stable decreased decreasedalot none grown
What are the reasons for in/decrease?

8 Drug Availability

Is there any relation between opium and heroin abuse and poppy cultivation?

Do you think any of the following can be presently purchased in Kabul, your home village, in Peshawar, outside your camp, inside your camp?

How many in your old village/town /camp use these...?

What about Pakistan? Are drugs .....

9 Drug Control Efforts

Are you aware of anyefforts tocontrol drug production and or consumption ? which ?

Can drug abuse be prevented? how?
Have you ever received any (formal) information about drugs or drug abuse? where? from whom? when?
which aspects were mentioned?

In your opinion should the government permit this opium/charas production (commanders now, shura, central government in future)

What in your opinion should be done to reduce opium production, heroin processing and consumption?
what is the most important measure of these?
Have you heard of any control efforts concerning Afghan.....

Do you think Afghanistan has any commitments to the United Nations /to other countries/ its own people to control narcotics ?
if so ? which of the following? production, trafficking and consumption
To your knowledge are there any laws in Afghanistan concerning.....

In your own opinion.....should there be ??
Do you think production, dealing and consumption of these drugs.... should be legal?
or should there be any fines?
Which government authority should be responsible? for which sector? who else?

How do you rate a dealer of heroin as compared to a petty thief

robber
gold smuggler
murderer

What does Pakistan do to contain the drug problems ??????????????????

In your opinion... who are the people in your camp who could do a lot to prevent drug abuse?

Who of the following can contribute most/least to the solution of drug problems?

teacher
policeman
journalist
doctor
social worker
mullah
politician
commander
other.....

Have you ever seen any poster which had a message regarding drugs and narcotics?
any pamphlet
movie, tv, video
press report
awareness event for Afghans?
heard about treatment
rehabilitation
or some seizure of drugs, arrest
which of these would be most effectful?????

elders
family discussion
rel.leaders
pol.leaders

14

QUESTIONNAIRE II : DRUG USERS

QUESTIONNAIRE III : COMMUNITY PROFILE

and UNFDAC questions to Health Workers

A APPROACH

1. Profile of interviewer

2. Team 1 or 2 interv.?
   a SWC
   b IRU
   c a+b

3. Selection of Interviewees

4. Interviewee
   a leader
   b head of household
   c
   (sequence of interviewing: who first?)

5. Introduction
   a direct
   b Soc.Welf.Com.
   c SWC
   d Camp authorities
   e other

6. Place of Interview

7. Time/Day

8. Language

9. Participants
   a 1
   b 1 resp. and observers
   c group

10. Type of Interview
   a direct
   b self-administr.
   c memorizing answers

11. Cover
   a health
   b social welfare
   c other

12. Title of Questionnaire

13. Tea/Money for Resp.

B SELECTION OF CAMPS

those used for pretesting and awareness event
not to be used in...

three stage pretesting
  a approach
  b questionnaire
  c revised approach and questionnaire

C QUESTIONNAIRE

sequencing of clusters/questions
matrix/photos?
sensitive questions??
length/patience??

NAC EQUIPMENT LIST

I T E M (NOs.)	Est.Cost ($)
PUBLIC ADDRESS SYSTEM (2)	2,100

portable sound system (in- and outdoor use)
battery and 220 V AC power
outputs for external speakers
micro and stand
carrying case
unit to consist of:
amplifier with built-in cass.rec.
2 handtype wireless micro
and 2 lapel type micro

access.

such as TOA

National Panasonic WX-800 C		
Ampl./built-in cass.		600
2 handtype wireless micro	WX-470 AS	100
	WX-470 A2	100
2 lapel type micro	WX-480 A	120
	WX-480 A2	120

OVERHEAD PROJECTOR, PORTABLE (2)	1,500

250W lamp, 220V 50Hz
carrying case

access.: spare lamps(2)
roll film attachment,
transparency film role (3 each)
dust cover

such as 3M 2000
3M 2000 AGT
3M 4140
Elmo HP-285S
Elmo HP-L290 De Luxe
Bell & Howell 1705A

35 MM CAMERA (1) 1,300

single lens reflex camera
zoom lens 35-70-(90)mm, 1.8-1.4 50mm lens
tele 200 mm lens
fully automatic
automatic film handling
25 -3200 ISO
built in flash
with filters, case

access.: external flash

such as Canon EOS 630
Canon EOS 10
Nikon F 401s
Nikon F 601

AUTO FOCUS COMPACT CAMERA (2) 900

zoom 35-(70)-90 mm, date, built in auto
flash, auto exposure, auto rewind

such as Nikon TW Zoom QD
Prima Zoom F
Pentax Zoom 70-X Date
Minolta Zoom 90
Olympus AZ-300
Yashica Zoom 90
Konica MR 640 (weather-proof)

SUPER VHS VIDEO RECORDER (2) 2,500

multi-system compatibility,PAL(Pak),NTSC(USA)
400 lines horizontal resolution
(stereo sound broadcast facility)
flying erase head and insert editing circuit
still picture, frame-by-frame advance
slow motion, variable fast search
remote control
220 V, 50 cycles

such as JVC HR-S 5000

SUPER VHS VIDEO CASSETTES (30) 500

for use with S-VHS cameras and
video recorders, 3 hours

such as JVC SE-180
TDK SE-180

SUPER VHS CAMERA RECORDER (1) 2,200

1/2" CCD picture sensor with
320-470,000 light pixels
light sensitivity 7-10 Lux
8-10 times power zoom, macro
auto-focus with 3-step measuring
high speed shutter
date and time recording facility
editing and audio dubbing facility
built in micro
battery charger/power supply
rechargeable spare battery (3 each)
hard carrying case
soft carrying bag

access.: external micro

such as National NV-MS1
Hitachi VM-S7289E
JVC GR-S707

TRIPOD FOR VIDEO CAMERA (1) 250

25-32 mm tubular legs,
leg sections locked with positive
locking collets
three way pan head-pan
tilt and flip over-action
long panhandles

access.: dolly with 3" swivel wheels
automatic spring lock

such as Propod III
Vidipod CCF
xxxxxxxxxxx

STEREO CASSETTE RECORDER (1) 550

access.: earphones, stereo headphones,
microphones

such as	Sony Model WM-DC 6 C Walkman	350
	earphones MDR-E 484	40
	stereo headphones MDR-V	70
	electret condens. stereo microphone EC M 909	70

TRIPOD FRONT PROJECTION SCREEN (2) [available in Pak.?] 500

Tripod, aluminium legs, automatic
fabric lock; leg-lock
spring roller
glass beaded or mat white surface
masking borders

such as Dia Lite Picture King 70"
Protolite Tripod 72"

IMAGE SCANNER FOR COMPUTER (1) 400-800?

Optical Character Recognition(OCR)
hand held scanner, compatible with
IBM PC/XT/AT and compatibles
compatibility with
other software applications
(multi window scanning)
minimum 30 shades of grey,
Pixel density 100-400 dpi horizontal
resolution
256/512/840 dots per line
Read width minimum 105 mm
adjustable switches for brightness,
3 photo and halftone modes
range of edit/capture facilities

access.: OCR software and
desktop publishing tools,
software for editing greyscale
and vectorising line art.

such as Logitech Scan Man Plus
(with Catchword, Finesse
and Image-In software)
Logitech Scan Man
Genius GS 4500 Scanner and
Controller
(with Genius ScanEdit II Graphics
and Prodigy OCR software)
Canon IX 12
DFI Handy Scanner HS 3000

FLIPCHARTS/EASEL (2) 500

steel surface coated finish
plated paper pad clamp with thumb screws
eraser, chalk tray, spring padholder
positive locking aluminum folding legs
vinyl carrying case
carton of four bond paper pads (5)
overall size 69"x27"

such as Optivox Easel 1000-100
Oravisual J 177

VIDEO PROJECTION SYSTEM (2) xx,xxx?

portable video projector in PAL(Pak) [and NTSC(USA)] system
color sytem sources: video recorder (Super VHS, U-matic) or video tuner in the above mentioned broadcast systems
liquid crystal display technology
permanently aligned video picture adjustable to up to 100 inches
compact portable to be used on special projector screens, slide screens or on white walls
(built-in) loudspeakers

access.: remote control, hard carying case
extension cables (1x10,1x25 mtr.)
flat video screen

such as Sharp XV-100

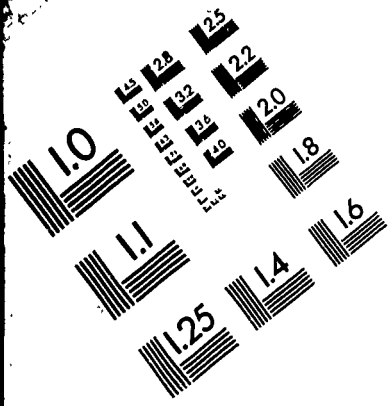
TOTAL 14,700 -15,100

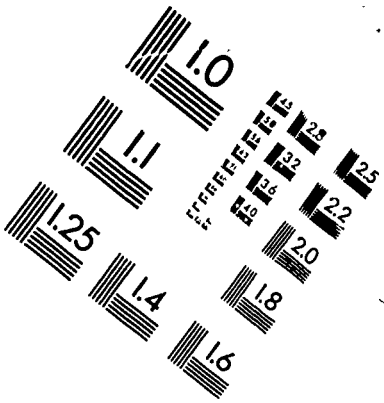
LARGE SCREEN COLOR TV, MULTI-SYSTEM (38-42") (2) 5,000
System compatibility for PAL(Pak.),NTSC(USA)
(Hi-Fi amplifier), two-way speakers
wide-band stereo, multi-function display
(100 Hz picture frequency)
S-Video Input Terminal
connection for one pair of extra speakers
remote control

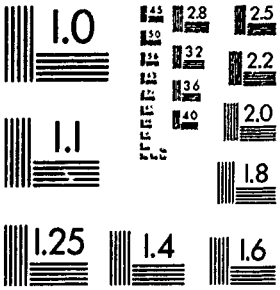
(no console model!!)

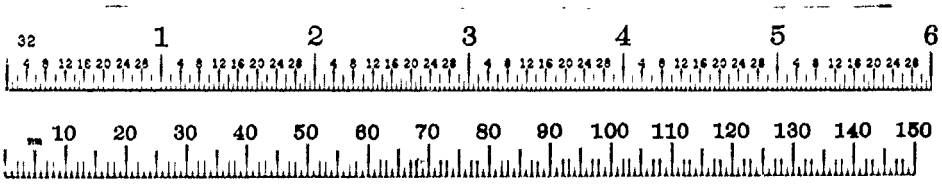
such as Hitachi CMT-4200
Panasonic 45" or 51"
Mitsubishi 40"
JVC 42"
Sony 36-41"

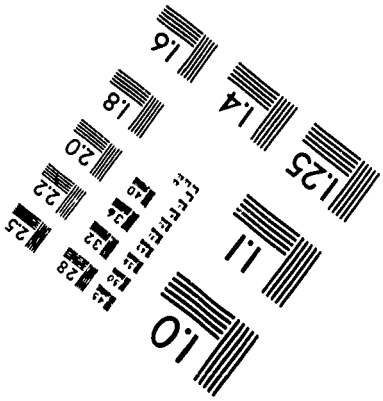
IMAGE EVALUATION TEST TARGET (MT-3)

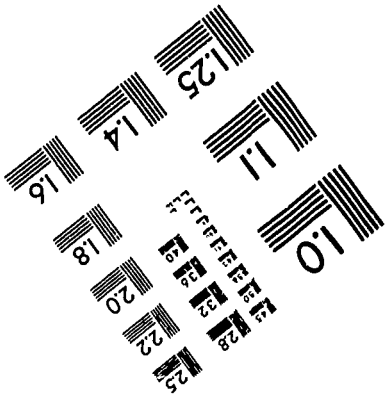












APPLIED IMAGE
1653 E. MAIN STREET
ROCHESTER, NY 14609
TEL (716) 482-0300
FAX (716) 288-5989

Precision IMAGE Products & Services

90