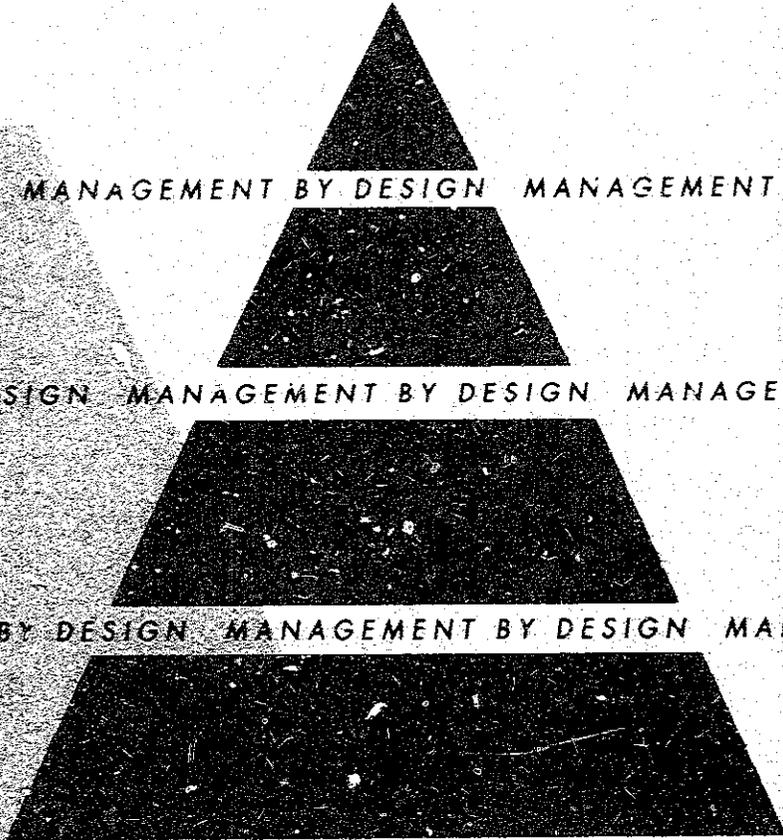


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Report on the Evaluation of the Haiti Drug Prevention and Control Project (APDA)

Volume 1 of 2



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Presented to USAID/Haiti
May, 1991

**Report on the
EVALUATION OF THE
HAITI DRUG PREVENTION AND CONTROL PROJECT
(APDA)**

Volume I of II

**Prepared by:
Datex Inc**

**Submitted to:
USAID/Haiti**

under Contract No. 521-0000-C-00-0050-00 (Delivery Order 5)

May, 1991

Datex Inc
Management by Design

Datex is an international management consulting firm specializing in *Management by Design*, an approach which brings practical solutions to critical management and decision-making problems in order to optimize organizational and individual performance. We offer client management expert assistance in strategic planning, organizational development, financial management, automated data processing, management information systems, project design, monitoring and evaluation, human resources development and training.

A certified **8(a)** and **Gray Amendment** organization, Datex provides services to public, private, non-profit, and international organizations, in a range of sector areas including health, agriculture, population, education, communications and industry. Some of our clients include the U.S. Agency for International Development, the World Bank, the United Nations, NCR, Save the Children Federation, TechnoServe, Salvation Army World Service Office, the International Institute for Rural Reconstruction, Planned Parenthood Federation, CODEL, and the Enterprise Program of John Snow, Inc.

Datex is headquartered in the metropolitan New York area, with offices in Washington, DC and Cairo, Egypt, and affiliate offices in Pakistan and India. Our full-time staff and consultants are especially qualified to manage projects in developing countries, through experiences providing technical services in 3 regions and over 30 countries.

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Volume II of this report contains 9 out of the 22 appendices, as well as a complete list of all appendices and their location.

EXECUTIVE SUMMARY

This report summarizes an evaluation of the USAID/Haiti Drug Prevention and Control Project (APDA), which was conducted by Datex Inc. The goals and objectives of this evaluation are to assess the work of the Association Pour La Prevention de L'Alcoolisme et Autres Accoutumances Chimiques (translated as The Association for the Prevention of Alcoholism and Other Chemical Substances), hereafter referred to as APAAC, in carrying out the APDA project. The evaluation specifically focuses on the areas of APAAC's effectiveness in implementing the proposed activities listed under the Cooperative Agreement between APAAC and USAID/Haiti, and in developing its institutional and financial capabilities to become a more self-sustaining organization.

To accomplish these purposes, the Datex evaluation team examined:

- The relationships between project goals and objectives; implementation plans and actual activities; program processes and outcomes;
- APAAC's information system, to determine: a) the effectiveness of this system; b) APAAC's capability to produce communication material; c) the content and effectiveness of material produced for the target population, including its cultural relevance and appropriateness; and
- APAAC's current plans to become self-sufficient.

The Datex team reviewed all documents available, and conducted both formal and informal interviews with members of the APAAC staff, governmental officials, recipients of services, and significant others.

Conclusions

Most of the APDA requirements have been met or surpassed by APAAC staff, who frequently go beyond what has been expected of them.

A few criteria were not met, however, and specific projects not completed, at least within the current timetable, due both to difficult circumstances in Haiti and the lack of personnel at APAAC. The lack of personnel is of special concern, especially in the constraints it places on grants administration and community outreach.

Currently, there is no formal and integrated governmental structure in place to address the nation's drug problem. With a lack of such official support, APAAC's efforts may be limited.

The team concludes that USAID/Haiti's support to APAAC should continue while APAAC formulates a plan for financial stability and sustainability, with the understanding that such a plan may reflect diversified funding sources rather than reliance on a sole source. The current increase in drug availability in the country makes it imperative that such support be available, while the official recognition of the problem makes the APDA program politically viable.



ACKNOWLEDGEMENTS

This report was prepared by Ketty H. Rey, J.D., Ph.D; Augusto Perez-Gomez, Ph.D.; and John Elder, Ph.D., MPH, consultants with Datex Inc., under A.I.D. Contract Number 521-0000-C-00-0050-00 (Delivery Order 5) with USAID/Haiti. The authors would like to thank the USAID/Haiti staff and all those who participated in the evaluation for their time and cooperation. The opinions expressed in this report belong to the authors, and do not necessarily reflect opinions of the U.S. Agency for International Development (A.I.D.) or Datex Inc.



I. PURPOSE OF THE APDA EVALUATION

The purpose of this trip was to conduct an evaluation of the USAID/Haiti Drug Prevention and Control Project (APDA). The goals and objectives of this evaluation are to assess the work of the Association Pour La Prevention de L'Alcoolisme et Autres Accoutumances Chimiques (APAAC) in carrying out this project, specifically in the areas of implementing the proposed activities listed under the cooperative agreement; and developing institutional and financial capabilities to become a more sustainable organization. This report presents the Datex team's findings and provides recommendations on the need to secure additional funding for a project amendment or for a new drug prevention project. (See Appendix I for the scope of work for this evaluation.)

To accomplish these purposes, the evaluation reviewed the following:

1. Relationships between project goals and objectives; implementation plans and activities; program processes and outcomes;
2. APAAC's information system, to determine
 - a) the effectiveness of this system,
 - b) APAAC's capability to produce communication material, and
 - c) the content and effectiveness of material produced for the target population, including its cultural relevance and appropriateness;
3. APAAC's current plans to become self-sufficient.

Other strategies to accomplish these purposes and obtain further relevant information included a series of interviews with representatives of USAID (the funding agency); the APAAC manager; APAAC program staff; APAAC Board members; individuals, groups and family members who are consumers of APAAC services; Human Sciences and Psychology faculty members; representatives of the National Association of Professional Psychologists; representatives of other agencies who have used APAAC services; and volunteers, both in and outside of Port-au-Prince. In order to further validate this information, the team also interviewed national officials to assess their perceptions of the needs related to and the extent of the drug problem in Haiti, as well as other individuals at large to assess their knowledge of APAAC's existence and services.



The specific, "in-house" assessment of APAAC's operations included a review of the following:

1. The APAAC staff's method of recording requests for services;
2. Staff tools for distinguishing between crisis and non-crisis situations;
3. The conceptual basis for APAAC's prevention plan, and the socio-cultural, epidemiological, and public health contexts in which it is cast;
4. The rehabilitation plan and its theoretical framework;
5. Integration into the community network;
6. APAAC's financial viability, short and long term plans, and plans for the organization's self sufficiency;
7. Quarterly reports;
8. Rehabilitation plans for individual clients as documented in randomly selected charts;
9. APAAC's activity log, including documentation of conferences, presentations at schools, radio and television interviews, participation in drug seminars, and working with a network of churches (Appendix II);
10. Previous consultant reports submitted by Ketty Rey, J.D., Ph.D. in 1989 and Augusto Perez-Gomez, Ph.D. in 1990; and
11. Materials developed by APAAC as well as other materials provided in their library (Appendices III and IV).



II. BACKGROUND

A. APAAC

APAAC is a private voluntary organization (PVO) started in 1986 to promote the prevention of alcohol and other drug abuse and to provide limited treatment intervention. APAAC has a Board of Directors comprised of eight individuals, all of whom are founding members (Appendix V). APAAC also has a paid staff of five and a core network of volunteers (Appendix VI). APAAC promotes alcohol and drug awareness by leading nationwide campaigns; intervenes with people at risk to encourage them to engage in low risk behaviors; and provides access to group or individual treatment for chemical abusers and their friends and relatives. (Appendix VII shows the APAAC By Laws).

APAAC entered into a cooperative agreement for "Awareness and Prevention of Drug Abuse" (APDA) with USAID/Haiti on September 29, 1988 for an amount of \$486,288. This contract was amended on April 19, 1990 for an amount of \$650,000. This total amount included the costs for an Incidence and Prevalence Survey conducted by Development Associates (for \$174,000).

On June 19, 1989, APAAC was granted NGO status in Haiti (Ref.:MPCE/1989/33). APAAC also has received official letters of support from various organizations (see Appendix VII for proof of NGO status and letters of support).

B. Extent of the Drug Problem in Haiti

In order to understand the scope of the current drug situation in Haiti, it is necessary to consider it in light of the larger political, historical, and geographical context of the country. First, there are no appropriate interdiction or repression structures in place in Haiti to combat drug use. Second, Haiti's geographical location is a central one in the South-North traffic route. These two factors contribute to make Haiti a focal point for international drug trafficking efforts.

Haiti has a 35-year history of negative, high profile leadership and political repression. The resulting anxiety and desire for psychological escapism among the population provide a fertile ground for the growth of alcohol and drug abuse. In addition, unemployment, migration, emigration, and an inadequate mental hygiene system increase the risks of familial problems and disintegration. Within this context, the growing consumption of alcohol and drugs in Haiti becomes readily understood, while, conversely, solutions appear difficult.



C. Needs Assessment Survey

From August to October 1990, Development Associates conducted a national survey on drug consumption. The final results of this survey were presented in April 1991 in a report entitled National Study of Drug Prevalence and Attitudes Towards Drug Use in Haiti. While a useful source of information, this report noted several limitations to the reliability of the survey. First, the results are biased by the prevailing national political situation in 1990, which caused the population to be especially guarded against giving information to outsiders. This undoubtedly produced an underestimate of the scope of the problem. Second, the survey emphasizes prevalence of drug consumption, but does not address other factors relevant to a full needs assessment, such as the existence and adequacy of treatment services. At some point, it will be necessary to conduct a full needs assessment.

D. National Structures for Drug Control

The Haitian Government appears to have developed an interest in curbing the trafficking of illicit drugs, not only through enacting legislation but also by creating a special section within the military called "Le Bureau des Narcotiques". Currently, at the national level, this bureau and three other organizations, Centre d'Information et Coordination Conjointes, Brigade Anti-Gang, and Dossier Drogues Pour le Gouvernement, are addressing Haiti's drug problem, primarily through supply reduction efforts.

Descriptions of these groups and their activities are provided below.

Bureau National de Narcotiques (National Bureau for Narcotics)

Lt. Col. Pierre-Cherubin, Director

This office is concerned with supply reduction, and is headed by Lt. Col. Pierre Cherubin, Forces Armees d'Haiti. According to Lt. Col. Cherubin (who had been in this position for only two months at the time this interview was conducted), the activities of drug trafficking, production, and consumption are more prevalent than recently believed. In his opinion, his four officers, 40 men and two vehicles are inadequate to deal with the problem. Lt. Col. Cherubin is developing a proposal to better equip the Bureau to deal with the magnitude of these problems. In less than two months, his unit has confiscated 35 kilos of cocaine and 74 pounds of marijuana, arrested 17 people and destroyed two marijuana plantations. He estimates that with more staff and resources, this control record would be much greater. As it is, there are insufficient resources to communicate with the base when all personnel are



deployed. Both technical assistance and financial resources are needed.

Centre d'Information et de Coordination Conjointes (Center of Information and Coordination)

Lt. Col. Antoine Athouriste, Director

A division of the Justice Department, CCIC has a number of functions, among which are to liaise with foreign organizations and to define and apply a national strategy for supply and demand reduction. Created in 1987, its staff includes both military and civilian personnel.

According to the director, Lt. Col. Antoine Athouriste, about 75 percent of all violent crimes committed in Haiti (vandalism, assault, etc.) are drug related, and there has recently been a 200%-300% increase in the number of these crimes committed.

About 30 to 40 Haitians are deported monthly from the U.S.A. for drug use. Once back in Haiti, they reestablish local, regional, and national contacts. Drug trafficking areas near Port-au-Prince have already been given the nickname "Medellin", in reference to the Colombian city noted for its heavy drug production. Representatives to Parliament from these areas near the capital were among the first to publicize concern about the drug issue, calling for a delegation to look into the problem beginning in May 1991.

In 1990, CICC also developed the "Plan National de Lutte Integrale Contre L'Abus des Drogues" (National Action Plan Against Drug Abuse). Like the Bureau Nationale de Narcotiques, however, CCIC also suffers from a lack of technical assistance and resources.

There was a limited amount of information available on the other two governmental agencies concerned with drug abuse prevention. They are:

Brigade Anti-Gang, Capitaine Neptune, Director

Dossier Drogues Pour le Gouvernement, M. Patrick Elie, Director

E. Other Efforts Directed at Drug Abuse Prevention

In addition to APAAC, there is a non-governmental organization "Jeunesse Contre Drogue" (Youth Against Drugs), a youth-oriented, voluntary and non-profit organization formed to



prevent drug abuse (see description in Appendix IX).

In 1975, a Penal Law was enacted addressing drug trafficking and use (see Appendix X). This law has since been amended twice. (editor's note: insert relevance of amendments?) Although this process represents official recognition of the drug problem, it is not accompanied by adequate manpower and training to actually combat use. For example, in the seven-year period required for medical study, only four hours of course work are devoted to "Toxicomanie" (drug abuse). The National Association of Haitian Psychologists has a total of only 23 members, none of whom has expertise in substance abuse. There are just 12 psychiatrists in the country, and only one specializes in this area.

III. DESCRIPTION OF EVALUATION ACTIVITIES

The team's activities included:

1. A series of meetings and interviews with the following:
 - a) USAID (the funding agency)
 - b) APAAC coordinator and selected staff (see Appendix XI)
 - c) City and national officials
 - d) Selected board members (Appendix V)
 - e) Selected volunteers (Appendix VI)
 - f) Service recipients: dependents and co-dependents, from individual or group therapy programs
 - g) Selected agencies
2. A review of APAAC's Cooperative Agreement with USAID/Haiti, including a timetable of deliverables and quarterly reports.
3. A review of original, adapted, and pre-existing audiovisual and written material, their adequacy for reaching the target population, and the process used to produce and evaluate the material.
4. A review and evaluation of community activities, including conferences and training. Criteria included the adequacy and relevance of content, attendance, and the consistency and quality of the documentation of these activities.
5. An evaluation of activities to expand linkages with other groups and communities, including groups in Cap Haitien, Jacmel, Gonaives, Jeremie, and Leogane.

6. A review of updated prevention and intervention plans and their framework.
7. A review of rehabilitation plans and activities through examination of treatment charts and screening methodology, and the network for diagnostic treatment and referral efforts.
8. A review of requests for services by examination of phone logs for the type of these requests as well as ensuing screening and follow-up.
9. A review of project procedure manuals, including documents related to personnel management and staffing, accounting plans, financial auditing, and plans for self-sufficiency.

IV. FINDINGS

A. Interviews and Meetings

During this phase of the evaluation, we found that:

- There is general concern and knowledge of the existence of an alcohol and other drug problems in Haiti;
- The knowledge of this problem appears to be more pronounced in certain social strata;
- There is general agreement about the needs for both supply and demand reduction through prevention and early intervention services;
- There is a recognition at governmental levels of the need for more control efforts, as evidenced by an increase in the numbers of seizures and arrests, and participation by officials in international narcotics control seminars.
- Adequate personnel resources are currently unavailable. There is a lack of expertise among professionals in this country in the area of treatment and prevention.
- There is inadequate personnel training for these areas available in Haiti.
- There are no drug detoxification or treatment facilities available.

- There are no systematic police or health statistics on the number of traffic accidents related to drug abuse, nor on the numbers of crimes, deaths, etc.
- Only about 10 percent of the population is aware of APAAC and its services.
- Middle and upper class families send their children to the United States for treatment.
- There is an overall awareness in Haiti that, because of the increasing problem in substance abuse, use among younger individuals, and the close connection between the drug problem and AIDS, primary, secondary and tertiary prevention must be priorities.
- There are general concerns that given the current political climate and severe fiscal constraints, drug abuse may not be seen in all quarters as a high priority problem. However, it is also recognized that drug-related problems interact and overlap with other national priorities, and therefore must be dealt with promptly.

B. Cooperative Agreement Deliverables

Table 1 presents a summary of the progress that APAAC has made towards producing the deliverables set forth in the cooperative agreement.



Table 1

COOPERATIVE AGREEMENT DELIVERABLES

APDA CRITERIA	EXPECTED	PRODUCED	DOCUMENT
Pamphlets	10,000	19,000	Appendix IV
Posters	1,500	1,500	Appendix VI
Radio & TV interviews	12	36	Appendix X
Coloring book	1	ready to print	Appendix XX
Novelette	1	ready to print	- - -
Lesson plan for teachers	1	Footnote ¹	- - -
Hotline	1	in progress	- - -
Calls & emergencies	1,000	1,483	Appendix XII
Drug abusers treated	120	134	" "
Drug abusers followed up	120	42	" "
Families referred	150	142	" "
Professionals contacted	1,000	1,444	" "
Professionals trained in prevention	100	143	" "
Professionals trained in therapy	10	0	" "
Relationships established with overseas treatment facility	1	1	Appendix XV

¹ Incomplete. See page 18.



Table 1 shows that, with the exception of the coloring book (currently at press), the novelette (canceled), the lesson plans for teachers (not yet completed), the training of 10 counselors and the hot-line arrangements (in progress), the APDA requirements were largely fulfilled. While in some cases, the numbers are somewhat under target, in most cases they are substantially higher than the levels required by the APDA criteria. The explanations for the outstanding deliverables are presented on page 18.

Table 2 synthesizes all specific results produced by APAAC; the criteria are those of the APDA project for the 21st month (see pages 13-17).

As in the previous table, APAAC demonstrates a fulfillment of almost all requirements. In some cases, the information is not complete, while in others APDA criteria proved to be too ambitious. On the whole, however, APAAC has produced more than had been expected.



Table 2

**PROGRESS ON PUBLIC AWARENESS, TREATMENT/REHABILITATION AND
PREVENTION ACTIVITIES**

CATEGORY/CRITERION	STATUS	DOCUMENT
A. Public Awareness		
Number of publications written/printed	59	Appendix IV, pp. 1-2
Number of works written/not printed	22	Appendix IV, p. 2
Public organizations receiving print materials	2,777; 1,645 in Port-au-Prince	Appendix IV, p. 6
Number of radio interviews	20	Appendices II & XII
Number of TV interviews	12	Appendices II & XII
Number of radio and TV spots	4 radio spots	"
Number of requests generated in response to spots	2,000 people have attended APAAC	Appendix IV, p. 7
Reaction generated after material is distributed	Evaluation in progress since 1/90; demand is continuous and growing	Appendix IV, p. 6
Number of conferences, debates & discussion groups organized	78 conferences /lectures to 3,347 individuals	Appendix XII, p. 4
Type & quality of information distributed	3,347 pamphlets distributed to 2,411 adolescents, 661 professionals, 140 adults, 135 children	Appendix XII, p. 4



Number/type of audiences addressed	78 presentations to different age groups	Appendix XII, p. 4
Number of contacts made with interested people	approximately 400	Appendix XII, p. 5
Location of conferences & discussions	most in Port-au-Prince; some in other cities	"
Number of spontaneous requests in response to conferences	approximately 1,800	Appendices II & XII, p. 5
Evaluation of information sessions	completed by participants	Appendix XII, pp. 7-9
Number of library visitors	2,000 visitors in 28 months	Appendix IV, p. 7
Frequency with which library materials are used	Daily	"
Number of new books added to library	1,284	"
Percentage of books & catalogs correctly filed	73%	Appendix IV, p. 8
Thematic bibliographies prepared	Categorized in library by theme	Appendix IV, p. 9
Number of reference works used by project staff	229	Appendix IV, p. 9
Number documents x theme available	Categorized in library	Appendix IV, p. 9-10



B. Prevention/Treatment		Appendix XIII
Number families reached by program, & how	Definition of 'reach' not clear, but 326 came for treatment	
Number families on which written data obtained	approximately 70%; no detailed info. for '88 & part of '89	
Number families receiving guidance/treatment	142	
Number co-dependents reached	142	
Type of treatment to each co-dependent	Individual & group therapy	
Percentage of recipients x age, gender, & region	80% male, 38% Port-au-Prince & 28% Petionville; 96% urban	
Percentage of cases showing success	Of the 19% of drug users and 12.7% of their families, all showed success, if not in all areas	
Number individuals reached, and how	184 (see 'families', above)	
Age distribution of clientele	All between 10 & 70; 70% from the ages of 21-35	
Number of emergency calls	1,483	
Number of requests for services by mail	0	
Number of visits to APAAC for services	5,213 (based on data incomplete before 11/88)	
Number of requests followed up	100%	
Rate of success for follow-up	Information is missing; estimated rate is 40%	



Tabulation of types and amounts of drugs used, by type of user	86% alcohol or cocaine; 20% used for 1-5 years, 44% 6-10 years, 22% 11-15 years. 70% between 21 & 35 yrs.old, 80% male	Appendix XIII, pp. 8-10
Percentage of requests by type of service		
Number of cases referred for medical treatment	36	
Number of cases referred for psychological treatment	0	
Number of cases receiving moral support at APAAC	326	
Number of cases treated by AA	No exact information, apparently most attend some AA	
Number of cases helped by Al Anon	No information	
Trends in monthly services, x service, clinician or AA	Decrease in number of patients in 1990 due to political situation. But number of hours increased	Appendix XIII, pp. 12-13



C. Prevention/Training		Appendix XII, pp. 9-12
Number of professionals contacted x method	1,444 through letters, pamphlets, flyers, conferences, seminars	
Number community members & professionals trained	562 participated in two day seminars	
Professional training materials developed	categorized	Appendix IV, pp. 1-2
Effectiveness of training sessions	Every seminar has a pre- and post-test. In most cases, follow up is arranged. Reports appear very positive.	
Relationships with foreign institutions	Contact with La Casa in Bogota	Appendix XVI
Exchange of data & training material with foreign institutions	same as above	
Negotiations & proposal for hospital project	no information	

C. Status of Outstanding Deliverables

Hotline

Although the hotline is not considered as a high priority compared to the supply of counseling services or prevention education, it may be very useful both for training volunteers to develop a referral network and as an easy and anonymous way to make first contacts. Currently, APAAC has made the necessary contacts with the Faculty of Human Sciences, and a formal agreement will be finalized soon. The first volunteer training seminar is planned for the 2nd and 3rd weeks of September. The hotline must be in operation by October of 1991.



Mail

This strategy should be abandoned, as similar experiences in developing countries have not succeeded. To date, APAAC has not received a single letter from a potential client.

Coloring book

As shown in Appendix XX, the coloring book is ready to print, awaiting evaluations by school teachers and directors.

Photo-Novelette

The photo-novelette should be replaced by 5 billboards located in different areas of Port-au-Prince or even in other cities of the country.

Lesson Plans for Teachers

Progress in this area still needs to be realized.

D. Review of the APAAC Library's Audiovisual and Print Material

Appendices III & IV present a complete list of the documents existing in APAAC's Information Center. It must be emphasized that most of the books are written in English, a fact which reflects a crude reality: an overwhelming majority of drug-related documents are in this language. As a consequence, APAAC's library is more appropriate for English-reading visitors than for the vast majority of the population.

E. Print Material Development

APAAC has produced a number of original texts, translations, and adaptations of previous material. At least 15 other documents are awaiting printing.

APAAC has also produced a set of 36 professionally-drawn panels for use in lectures. This material is of such high quality that it should be marketed for use with a wider audience, and in other countries.



F. Community-based Activities and Linkages

Prevention

The needs assessment survey is heavily relied upon in evaluating the scope of the drug abuse problem. The permanent contact of APAAC with the community, the everyday contact with reality as well as people coming to APAAC for lectures and help in the prevention field, provide a good sense of the activities which should be implemented. Prevention intervention activities have included lectures, seminars and workshops in schools, factories, community organizations, and religious groups. For more than a year and a half, APAAC has taken the lead in evaluating the success of these activities.

The team examined 10 different reports designed to evaluate these activities, all utilizing the same format (see Appendix XII) and information, including the schedule, number of participants, location, date, trainer, knowledge assessment, Likert-scale ratings of satisfaction with the seminar, open-ended overall comments, and finally a summary of ensuing resolutions, decisions, projects implemented, and leaders selected. The trainers write a final report and provide a copy to each participant. The reports that the team reviewed indicated an overall positive reaction and provide useful information and show a deep commitment on the part of the participants. The most recent Quarterly Report (1st Quarter, 1991; see Appendix XXI) shows that, during this period, four focus groups were conducted in four urban centers, in order to evaluate the community needs for prevention services. This strategy may be used consistently, as it offers optimum qualitative information.

All prevention activities are evaluated on a pre/post-test basis, which allows APAAC to systematically re-examine content for seminars, lectures, and workshops. Nonetheless, a long-lasting outcome and impact evaluation is needed, as well as specific follow-up data on attitudinal and behavioral changes. Obviously, this will require more staff time, and the team recommends that a researcher/evaluator be a priority for expanded staffing.

APAAC has recently developed a new project in the area of prevention (Appendix XII, part B). Activities under this project include:

- 300,000 flyers with information about drugs;
- Five publications addressing the effects of drug consumption;
- 10,000 posters, the design for which will be selected through a contest;
- A TV spot advertising APAAC services;
- A 20 minute TV documentary;



- Four radio spots (currently being aired)
- A newspaper advertisement;
- 12 radio programs;
- One radio interview every 3 months
- Acquisition of articles on drug abuse (in English, French and Spanish)
- Five lectures per month
- 6 seminars @ 2 days each
- Two booklets
- Five flyers with information on specific substances
- 20 training seminars (15 hours distributed over 5 weeks)

The implementation of this project will undoubtedly enhance APAAC's impact on the Haitian community. However, this component has yet to include a means of evaluating the long-term effects of these strategies.

Additional results, observations, and commentary from the evaluation of the prevention program include the following:

- APAAC's director sent 226 letters to schools in Port-au-Prince with an invitation to participate in the prevention poster contest. He followed this up with two phone calls to every school director. To date approximately 50 responses have been received.
- Every 15 minutes Channel 3 of the local cable TV transmits a message offering lectures to any school or social institution interested in these activities. The title of the digital advertising is "Information for Prevention". The message is changed every three months.
- The seminar "Training for Prevention" (see Appendix XII) has a pre/post-test evaluation system.
- Between 10-15 percent of the prevention activities are conducted outside of Port-au-Prince. This occurs outside of regular working hours, particularly on weekends.
- According to APAAC's director, the most relevant success of the institution is the nationwide attitudinal change toward the drug problem. A few years ago, mention of the problem was almost taboo, and was treated solely as a moral issue. Haitians now feel free to openly discuss the drug problem within



the context of it being a health issue.

- A primary weakness in the prevention area is in the difficulty in going beyond thinking that information alone will have a major impact on this problem. The training of prevention "agents" is of the highest priority, as this is the only way to ensure a lasting behavioral impact.

Treatment and Rehabilitation

APAAC's main areas of focus and expertise are not in the area of treatment, and its facilities are not adapted to use for medical or psychiatric attention. Two members of the team offer individual and group therapy (see Appendix XIII). The treatment and rehabilitation process is generally structured as follows:

- a) **Walk-in "Dialogue" Clinic:**
A number of hours each day are devoted to this activity. This service appears to be highly time-consuming and inefficient, as the bulk of individuals utilizing this "dialogue" service never return.
- b) **Problem Evaluation:**
If the team considers it a necessity, the client will be referred to a medical doctor, a psychiatrist, or psychologist. Otherwise, the person may be accepted into therapy if his/her main problem, or that of a relative, is alcohol or drug consumption.

APAAC's treatment philosophy is based on Alcoholic Anonymous's 12 Step model. There is no use of prescribed drugs, and the main targets are emotional, social, and spiritual deficiencies.

During its first one and a half years of operation, APAAC had only one counselor, and little documentation exists for activities during this period. Currently, however, charts are in perfect order, the strategy is clear, and the counselors have a heavy caseload.

Follow-up treatment is guaranteed by three means: a permanent contact with the AA group (which everyone admitted to APAAC services must attend), personal telephone calls with former patients, and occasional visits of these patients to the APAAC office. This allows for the collection of information on about 40 percent of all clients.

- c) **Medical Network:**
APAAC has a list of physicians, psychiatrists, psychologists and laboratories willing to accept referrals.
- d) **Individual/Group Therapy:**
Appendix XIII, Part A shows the numbers of clients reached by these activities and their theoretical framework, while Part B of the same appendix presents the forms used to record the process and the outcome of each case. Observations from the team's evaluation of this component included the following:

The typical APAAC client is a middle class male between 26 and 44 years old who uses both cocaine and alcohol. Following are profiles of some randomly selected charts of APAAC clients:

- A 22 year-old male who abuses alcohol and cocaine. He continues to attend AA meetings.
- A 29 year-old male multi-drug user, who has been in and out of treatment and has suffered several relapses.
- A 22 year-old male alcohol and cocaine abuser, who has dropped out of treatment and suffered a total relapse.
- A 31 year-old male multi-drug user who has completed the therapy process begun in October 1989 and has been abstinent since that time.
- A 44 year-old male who was in therapy from August 1989 until October 1990 and has not suffered a relapse.

It is important to note that all of these patient charts were complete, with comments on every individual and group session conducted as well as on a final evaluation (if applicable). Every patient has a special follow-up chart containing relevant data on age, profession, marital status, number of sessions and last contact, and number (if any) of relapses.

Although not obvious from their resumes, the treatment team apparently has the abilities required to do their job. The team has a weekly meeting to discuss and analyze every case currently in treatment. Due to a significant lack of trained counselors in Haiti, however, the two persons in charge must



deal with a growing demand for services, with their caseloads currently as high as 24 clients per week. Considering the relatively long duration of this kind of treatment, APAAC's capacity may be quickly overwhelmed if publicity increases demand for therapy. Even at the present levels, there is already the need for a waiting list.

Every individual attending APAAC is required to attend AA meetings. There is only one AA group in Port-au-Prince, but it is active seven days per week, through the efforts of an APAAC team member who has continuous contact with this group. There does not appear to be any other therapeutic resources in Port-au-Prince, except for private practitioners. Even the latter, however, are referring drug/alcohol problems to APAAC.

The team interviewed a group of six patients who were attending APAAC for individual and group therapy. Some of them had other therapy experiences - in Haiti and abroad - and without exception, they expressed a very positive view of their experience at APAAC.

Overall, the numbers reported in Appendix XIII, Part A show that a very high proportion of clients remain free of alcohol and drugs following completion of treatment. It seems that the required condition for abstinence is two-fold: 1) to remain in contact with AA; and 2) to complete at least the group therapy sequence.

f) Self-help Groups:

There is only one group in Port-au-Prince, which meets seven days a week. The number of attendees ranges from 8 to 20. In the past, two other groups have developed, but eventually were discontinued following participants lack of discipline and regular attendance.

g) Drug-Free Environment:

By the end of the therapy process, clients may continue to attend APAAC, but without any specific schedule. The general purpose of this continuing support is to offer better conditions within which to avoid relapse. However, a lack of physical space at APAAC makes it difficult to maximize this opportunity.

h) Re-integration:

After completing the 5th AA step, clients are invited to evaluate their potential in different areas, including work, family, and leisure. Usually, this is a normal but not compulsory part of therapy.



i) Administration:

1. Staffing:

APAAC professional staff, with the exception of one individual, (see Appendix XIV) do not appear to have had prior expertise in the field. According to the Director of APAAC, the staff completed APAAC in-service training to attain the necessary level of expertise. The two counselors attended seminars last year at the Johnson Institute and Hazelden (for 5 and 3 days, respectively). Each of the counselors is responsible for about 12 cases of individual or group clients. They also handle intake, which is time-consuming, inefficient, and often results in dropouts.

The APAAC Director functions as the administrator, chairs the Board (which meets once a week), and directs the APDA project. In all, this workload is excessive for one person.

APAAC has a small number of volunteers, but they neither receive training nor are utilized on a regular basis. Their help is sought only when specific activities are planned.

2. Financial Audit:

The firm of Merove-Pierre conducted the financial audit of APAAC. We quote from their report (see Appendix XV, p. 3):

- accounting records were not maintained properly;
- certain accounting procedures were not followed properly;
- APAAC's management did not document USAID and Board approval for three contracts;
- APAAC did not obtain quotes for procurements;
- APAAC's personnel files are not updated; and
- Payroll taxes are not withheld.

Logical explanations for each of these deficiencies are reported in the audit.

3. Plans for Self-Sufficiency:

Although APAAC does not have a written plan to become self-



sufficient in the immediate future, the APAAC Director has explored several possibilities and contacts:

- The printing of greeting cards might generate in one single promotion US\$10,000. This could eventually become one of the regular fund raising projects.
- The Cooperation Francaise may be a potential donor to APAAC in the future, but cannot donate at the present given their Eastern Europe focus.
- The Canadian Government (Fund Canadien pour les Petits Projets) was contacted. Also contacted were the Government of Martinique and the European Common Market (EEC).
- OXFAM - Canada is negotiating US \$30,000 for funds to develop self-sufficiency; and
- A group of businessmen are interested in backing APAAC toward this end, and could assist APAAC in developing the specifics of the plans per se.
- Finally, other ideas have included printing and selling t-shirts and in other ways diversifying for ultimate self-sufficiency.

To date none of these contacts has been followed by a written proposal outlining specific amounts requested, length of funding or specific projects to be realized. Follow-up plans are still vague, and community donations to APAAC are sporadic and insufficient.

G. Conclusions

The team reviewed all documents available, conducted formal and informal interviews with members of the APAAC staff, governmental officials, recipients of services, and significant others. Team members also visited Cap Haitien and met with representatives of USAID/Haiti. The following conclusions are based on the information gleaned from these efforts:

1. APAAC has met or surpassed most of the APDA requirements, and frequently went beyond specific expectations.
2. However, a few criteria were not met, at least within the current timetable,



due both to difficult circumstances in Haiti and to the lack of personnel at APAAC.

3. The lack of personnel is of special concern, especially in the constraints it places on administration and community outreach.
4. Most of APAAC'S clientele come from the middle or upper classes. The lower classes seems relatively unaware of the availability or opportunity of availing themselves of APAAC services.
5. With a few exceptions, APAAC files and reports are generally well organized and updated.
6. Currently, there is no formal and integrated governmental structure in place to address the nation's drug problem. APAAC is doing as much as possible in the field but, with a lack of official support, its efforts remain limited.
7. From a qualitative perspective, the team established that APAAC is the only organization working systematically in the area of drug abuse prevention and treatment. APAAC gives support (in the form of seminars, conferences, community organization meetings, and/or printed materials) to any persons or institutions who request it. Although the current level of activities is impressive, there is much more that is needed, especially in the area of prevention. The first step - public awareness and acknowledgement of the problem - is progressing, now making it imperative to modify the curricula of training seminars. These seminars need to be more technically focused, leading to the development of community health promotion/drug prevention projects. They also need to include more information on addressing high risk groups, for example, children of alcoholics, pregnant women, and juvenile delinquents, as well as on the connection between the risk factors associated with alcohol and drug abuse and with AIDS.

Having met with officers from the Armed Forces responsible for the supply reduction aspect of the overall control program as well as city officials, Health, Social Welfare and Finance ministers, directors, and recipients of APAAC programs (including community organizations and clients), the evaluation team strongly urges USAID/Haiti to continue its level of support to APAAC, at least until APAAC formulates a legitimate and reachable plan for financial stability and sustainability. The current increase in drug availability in the country makes it imperative that such support continue,



while the official recognition of the problem makes it politically viable. Provision of plans for sustainability should be part of an amendment to the Cooperative Agreement.

VI. RECOMMENDATIONS

It is obvious that the incidence and prevalence of alcohol and other drug use constitute real problems in Haiti, which have resulted in increased concerns among professionals, para-professionals and lay people about its seriousness and the need to provide treatment services, and to control the demand as well as the supply. The problem is further exacerbated by the increase in HIV infections and AIDS cases, mostly involving reproductive-age women.

Within this context, the team makes the following recommendations:

1. APAAC's director should hire an administrator. Mr. Denize is actually doing all of the administration as well as project direction, creating a severe work overload. The Director will have more time to promote the project and to explore funding possibilities and program expansion.
2. The therapy team needs further skill development and more efficient utilization of its resources. Possibilities in this area include:
 - a) Placing a limitation on the number of hours currently available for free contacts and "dialogue". As a large portion of people attending the initial interviews never come back to APAAC, this effort is largely wasted. The team suggests that APAAC organize two weekly group meetings for first-time contacts, except for crisis and emergency cases. Volunteers can be recruited and trained to lead these first contact meetings.
 - b) Putting into operation a hotline for giving information, organizing a referral network, and promoting APAAC services. As in a), volunteers, as well as psychology and social work students, can be recruited to operate the hotline.
 - c) Recruiting and training at least one more counselor.
 - d) Hiring an expert therapist on a two to three hours per week basis for supervision, case management, and more general conceptual discussions, as well as other technical support. Alternatively, an expatriate resident advisor



or half-time consultant could perform this support function for the time periods of one year or two one-month visits per year, respectively.

- e) Re-examining and, if necessary, reformulating the therapy structure. For example, not every client may need individual therapy. In cases where the individual approach is recommended, shorter-term intervention may suffice.
3. APAAC's linkages with other national and international institutions should be enhanced. This effort will produce an ongoing exchange of critical expertise, documents, and ideas on treatment and prevention.
 4. The prevention project is well-conceived and realistic. It should be wholly implemented as soon as possible, within the following suggested framework:
 - a) Work with two to three schools in order to follow up the effects of the prevention efforts, in order to demonstrate the long-term impact of this program.
 - b) Print and diffuse the story-board panels that APAAC has produced for training and lectures.
 - c) Produce new materials in Creole.
 - d) Purchase and/or develop new materials in French.
 5. APAAC should stimulate the creation of more self-help groups. The optimal approach to accomplish this goal would be to offer back-up and support to AA members interested in reaching out to others through leading such groups, with initial direct participation by APAAC staff.
 6. APAAC urgently needs to develop fiscal self-sufficiency. A successful strategy to achieve this goal should include fund raising activities within the country; coordination with governmental agencies for the implementation of specific efforts; coordination with the University for the implementation of specific of small research project and social development activities; and the establishment and implementation of bi-lateral agreements with institutions and organizations in other countries.
 7. APAAC should print and disseminate a brochure explaining its different services and activities.

8. A high priority should be placed on hiring an evaluator/researcher to join the team.
9. The evaluation team highly recommends that USAID/Haiti be a catalyst for and contribute to the organization of a National Council on Drugs. The main duties of this entity would be to formulate a national policy and plan to control supply and reduce demand; to coordinate plans developed by various governmental offices involved; and to oversee the implementation of a nationwide drug control policy.
10. Training for counselors should be developed with respect to the specific needs of the population and the characteristics of the country. Two implications of this recommendation are:
 - a) Promoting exchanges with professionals from other countries in order to expand quickly the pool of available experts, instead of sending counselors abroad for training. In addition, it will be more cost effective to train a number of people at the same time.
 - b) The public health prevention model in the individual environment appears to be most appropriate for Haiti. The training and deployment of para-professionals may prove more successful, given the country's existing realities. Additional drug use prevention training for community leaders should further enhance APAAC's effectiveness.
11. An urgent need exists for a major advertising campaign, which would include a) a TV spot similar to the one currently aired by TV-Haiti regarding AIDS control and condom use; and b) a new poster appropriate for the non-literate population.

Priority Recommendations

The team would like to emphasize two top priorities. The first is in the general area of national policy formulation, and the other is focused specifically on enhancing APAAC's effectiveness.

1. The team sees an overwhelming need for the creation of a National Council on Alcoholism and Other Drug Abuse, which would design and implement a short- and long-term prevention, treatment, and rehabilitation program as well as reduce drug supply. The mission of the Council would be as follows:
 - to formulate a national plan;
 - to determine short and long term goals;

- to coordinate the overall functioning of the council;
- to insure that the plans are implemented;
- to report periodically on the status of the plans.

This council should include representatives of Haitian government departments, such as Health, Social Affairs, Justice, Finances, Education, and Information and Communication; the Armed Forces, including the CICC, Bureau de Narcotique, Brigade Anti-Gang and Dossier Drogues; the non-governmental sector, including Jeunesse Contre les Drogues, professional women's organizations, schools, churches and APAAC itself; and international organizations, such as the Pan-American Health Organization (PAHO) the Organization of American States (OAU), the United Nations Children's Fund (UNICEF), and other agencies that address health concerns.

To effect empowerment of the popular masses and a sense of ownership of the problem and its solution, the Haitian people should have a voice in the planning of drug abuse treatment and prevention programs geared to meet their needs. This can be facilitated by having at least two community representatives on the Council.

Since most of the drugs coming to Haiti are ultimately destined for the United States, there is a growing international interest in supply reduction. In consideration of the health support they have provided in the past, it is vital that the USAID/Haiti Mission serve as a catalyst in this effort. The President of Haiti, the cabinet members and the U.S. Government all share a common interest in combatting and eradicating this problem.

2. The second set of priority recommendations addresses APAAC's operations. These include:
 - a) Additional, essential staff - especially an administrator - should be in place immediately to allow the director to promote the program in order to diversify funding sources.
 - b) A financial plan must be in place for each potential funding source, reflecting the goals and objectives, the amount to be sought, deliverables, and an action and evaluation plan.
 - c) Deliverables in progress should be completed.

- d) The program content should be expanded to include other high risk groups, such as persons with HIV infections and AIDS, women (especially pregnant women), juvenile delinquents, and those who drink and drive.