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PROJECT ASSISTANCE
COMPLETION REPORT

DRUG ABUSE PREVENTION AND
CONTROL PROJECT NO. 532-0161

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Project Assistance Completion Report

Country: Jamaica
Project Title: Drug Abuse Prevention and Control Project
Project Number: 532-0161
Funding Period: 09/25/89 through 09/30/94
LOP Funding: US\$500,000

Implementing Agency: National Council on Drug Abuse
Jamaica Western Partners
Hi-Tech. International Corporation

PACD: 09/30/94

I. BACKGROUND AND PURPOSE:

The Drug Abuse Prevention and Control Project was designed in 1989 to provide assistance to the Government of Jamaica (GOJ) to address a gap in the spectrum of public and private sector drug abuse prevention programs in Jamaica by focusing on secondary and tertiary prevention. These levels of prevention target those individuals and groups most at risk for abusing drugs. The Project purpose was to improve the capability of the Jamaican public and private sectors to develop and implement drug abuse prevention programs aimed at high risk target groups, primarily youths between 12 and 25 years of age.

To achieve the Project goal the Project had three major components, each of which was designed to meet the Project purpose and contribute to the Project goal in the most cost efficient manner possible, given the limited resources available to the public and private sectors in Jamaica for drug abuse prevention. The components also were intended to help ensure that the GOJ meet its objectives with regard to the prevention of drug abuse in Jamaica. The three components of the Project were to:

- (a) develop human resources for drug abuse prevention;
- (b) administer community based secondary and tertiary prevention activities; and
- (c) improve drug abuse prevention information

The types of activities supported in each of these are described below:

(a) Develop Human Resources for Drug Abuse Prevention:

The Project provided support to the GOJ for short term in country and overseas training. Training met the urgent need for personnel who can identify those with drug abuse problems, refer them for appropriate health and social services, and provided basic counseling prior to referral for rehabilitation. Training was also provided to existing frontline personnel who already had some basic skills either in health services delivery or in social action programs.

Commodities purchased or produced through this component, and funded by USAID, were limited to informational and educational materials, including print and audiovisual materials (e.g., books, pamphlets, training guides, and videotapes). USAID assisted in the financing of manuals for use in the evaluation of secondary and tertiary drug abuse prevention programs. These evaluation manuals were adapted to meet USAID's reporting needs and also used directly by community groups involved in such programs and by the GOJ for planning and management purposes.

(b) Administer Community Based Secondary and Tertiary Prevention Activities:

In order to use both the opportunity to expand rapidly secondary and tertiary prevention efforts, and build upon a base of private sector initiatives, the Drug Abuse Prevention Project provided funds for community based small grants to support activities in centers or programs that already existed and which were providing related services. In order to help ensure a more coordinated effort and make maximum use of the resources available, the Project supported community groups through a Jamaican nongovernmental private voluntary organization. Involving these organizations made it possible to ensure the closest possible links with and among grassroots organizations which had direct contact with high risk populations. Within the first three months of the project, the GOJ was to award a subgrant to a Jamaican nongovernmental organization, selected through informal competitive procedures, to initiate, manage and implement a program of small grants to community based organizations for secondary and tertiary drug abuse prevention activities. AID funds under this project component were to finance the management costs of the selected NGO for this program.

(c) Improve Drug Abuse Prevention Information: Technical assistance and limited commodities have been provided to the National Council on Drug Abuse (NCDA) and the NGOs managing the community grants programs with ongoing collection and analysis of information useful for decision makers to: (1) determine the extent and type of drug abuse in Jamaica (i.e.,

community level epidemiology); and (2) determined changes in the need and demand for secondary and tertiary prevention (to assist the GOJ and private sector in planning comprehensive drug abuse policy and programs).

II. PROJECT MANAGEMENT

The National Council on Drug Abuse (NCDA) had the primary responsibility for implementation of the development of human resources and the improvement in drug abuse information components. The NCDA had the primary responsibility of implementing the Drug Abuse Project because they administered the National Drug Abuse program for the Government of Jamaica (GOJ). At the end of a mid-term evaluation which was conducted in 1992, the community-based prevention activities program was structured as follows: The major element was managed through a sub-grant issued by NCDA in October, 1990 to the Jamaica Western Partners (JWP). The second element consisted of the funds allocated to the NCDA to enable it to directly fund small, community based projects. By September, 1992, the mechanism was a sub-grant awarded to the Kingston Restoration Company (KRC).

An external evaluation completed in September 1992 revealed that the Project had experienced severe implementation problems. With only 20 months remaining until the Project Assistance Completion Date (PACD), significant progress had been made on only one of the project's three components. The organizational structure of the NCDA seemed insufficient to ensure effective and efficient operation of the Project along with its other numerous objectives.

III. EVALUATION FINDINGS

The external evaluation which was conducted in September 1992 concluded that at least some of the more notable problems in the implementation of the USAID/NCDA Project were possibly attributable to the lack of fit between the goals of the Project and the NCDA's commitment, as expressed in the NCDA's Integrated Demand Reduction Strategy (IDER). The IDER approach is based on the social and economic development of communities. The NCDA sees the latter approach, in and of itself, to be a deterrent to drug abuse. While there is much to recommend this position, it does not provide the infrastructure needed for the development of targeted programs addressing high risk populations. The intent of the USAID Project was to assist in the development of these targeted programs.

Economic development is important to overall demand reduction strategies and a comprehensive approach which embraces both direct and indirect strategies is a key issue for success. However, the very limited resources which were available for demand reduction programs could not address all the social and economic problems that contribute to drug abuse.

Instead of focusing on high risk populations as identified in the Grant Agreement, the NCDA had elected a national program organized by parish, without particular reference to high risk populations. Accordingly, many of the participants in the training programs were selected from parish committees in the Integrated Demand Reduction Program. There is no indication that these individuals were located in high risk communities or associated in any way with high risk populations. Consequently, it was difficult to see many of the activities funded under the USAID project ultimately translated into the desired, targeted secondary and tertiary prevention programs.

There was a lack of fit between the goals of the Project and those of the NCDA, therefore the fact that significant progress had been made on only one of the Project's three components was not surprising.

The current organizational structure of the NCDA was insufficient to ensure the effective and efficient operation of the Drug Abuse Prevention Project along the numerous other responsibilities of the NCDA. The goals of the Grant Agreement appear to have been overly ambitious. This was especially true given the management and administrative limitations of the NCDA at the time the award was made. The NCDA simply did not have the basic infrastructure to effectively cope with the infusion of approximately 25 new staff nor the demands of creating a new project organization within a short period of time.

NCDA records were incomplete and evaluation mechanisms employed to date did not provide information on the impact of local training. It was impossible to determine from existing records how many trainees had participated in local training workshops, or the impact of the training on participant knowledge and attitudes in subsequent community drug prevention activities.

Training did not address the needs of NCDA staff with respect to enhanced management, planning or evaluation; the needs of community projects with respect to evaluation. It also failed to address needs of management systems or the needs of the drug prevention, treatment and rehabilitation system with respect to training in the development and maintenance of a drug prevention information system or in drug abuse research. Training in these areas was mandated in the project agreement. Although grant funds have been disbursed for training under the information component, these funds were to have been used to train community, drug treatment, and rehabilitation workers in counseling and community prevention strategies.

In August 1992 a Financial Systems Review was conducted and identified a serious lack of internal controls at the NCDA and the JWP. Based on the Financial Systems Review coupled with the Evaluation, USAID had decertified the NCDA and JWP to receive further advances therefore counterpart contributions stopped. The Financial Systems review looked at counterpart funding from the NCDA. The figures which were provided by the NCDA were not reliable and this was one reason for terminating our support to the NCDA.

IV. TECHNICAL ASSISTANCE AND CHANGE OF IMPLEMENTING ORGANIZATIONS

An 8A firm, Hi-Tech International, along with Westover was contracted in September 1993 to administer the remainder of funds to provide technical assistance to strengthen the capability of public and private sectors to develop and implement drug abuse prevention programs in Jamaica.

Two community-based organizations were sub-contracted:

(a) Kingston Restoration Co. (KRC) Teen Center: Which provided a drug free recreational and educational environment for the YESS Youth Club members and other high risk groups who reside in the downtown Kingston area of Higholborn Street; and

(b) FORCE - Mount Zion Community: Which facilitated the process of empowerment, through information and education, to mobilize the community and adjoining areas to develop and implement drug abuse prevention programs, primarily aimed at youth between 12 and 25 years of age. This incorporated a mix of motivational talks, interactive seminars, counselling support and referrals.

In addition sub-contracts were also awarded to:

(c) Ernst and Young - an accounting firm who locally administered the funds to the community groups Kingston Restoration Co. Teen Center and FORCE International; and

(d) Market Research - an operational research study was conducted to identify which interventions in both treatment and demand reduction are working in Jamaica.

V. EQUIPMENT PROCURED

Equipment procured for this Project consisted of materials and supplies, data processing hardware and software and sewing machines. Approximately US\$20,000 in USAID funds was spent for procurement of this equipment.

Equipment procurement for the components of the Project were as follows:

(a) National Council on Drug Abuse: A computer/data processing system was procured in addition to computer hardware and software to support the development of a Management Information System for the NCDA. The GOJ supplied all other equipment and furnishings.

(b) Jamaica Western Partners: Three sewing machines were purchased under a PIO/C in December 1992 for three community projects under JWP as follows: (1) Hard United Youth Club; (2) Sheffield All-Age School; and (c) Fairy Hill.

(c) Kingston Restoration Company: Two Computers were procured for KRC in addition to hardware and software to support the development of the YESS students at the Teen Center.

(d) FORCE: One computer was procured for FORCE in addition to hardware and software to support the development of the Mount Zion Community and the surrounding areas.

All goods have been supplied, delivered and installed in the institutions.

VI. FINANCIAL STATUS

The Drug Abuse Prevention and Control Project was designed with a Life of Project (LOP) funding of a US\$500,000 grant contribution by USAID and counterpart resources to be provided by the Government of Jamaica of totalling not less than the equivalent of US\$204,000, including costs to be borne on an "in kind" basis.

The actual GOJ total contribution to the Project was omitted from the records in their Financial System. USAID's total obligation under the Project was disbursed as follows:

	<u>Date</u>	<u>Grant</u>
Obligation:	09/25/89	\$100,000
(Amendments)	09/29/89	\$ 53,552
	05/31/90	\$ 50,000
	03/28/91	\$ 50,000
	09/30/91	\$146,896
	02/11/93	<u>\$ 99,552</u>
		\$500,000
Less: Excess funds de-obligated		<u>US\$30,904</u>
Actual USAID contribution		<u><u>US\$469,096</u></u>

VII. PROJECT INPUTS

<u>Project Element</u>	<u>Obligated/disbursed</u>
1. Dev. of Human Resources	159,724
2. Community Based Small Grants	37,122
3. Improvements in Drug Abuse Information	33,598
4. Administration	0
5. Audits & Evaluation	9,993
6. Contingency/ Inflation	3,282
7. Evaluation	18,000
8. Research Grants & Admin.	207,377
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TOTAL OBL/DISBURSED	469,096
TOTAL PLANNED	\$500,000
DE-OBLIGATED	<u>\$ 30,904</u>

VIII. PROJECT OUTPUTS

	<u>Planned</u>	<u>Accomplished</u>	<u>%LOP</u>
- 4 training manuals and handbooks for prevention and program evaluation	4	.5	13%
- 16 community projects in place	16	6	38%
- 2 ethnographic studies completed	2	1.5	75%
- Training long-term	1	0	0%
short-term	540	1,224	227%

IX. CONTINUING AID MONITORING RESPONSIBILITIES

USAID/Washington and the Mission in Jamaica have taken a decision not to support further activities in the area of drug abuse prevention given staff and budget stringencies. There will, therefore, be no monitoring requirements. Under the AIDS/STD Prevention and Control Project there have been some drug abuse activities incorporated under the new Project design.

X. LESSONS LEARNED

Implementation of the Drug Abuse Prevention and Control Project made limited progress. Significant problems appeared after the Evaluation and the Management Systems Review were conducted in 1992. Several operational lessons may be drawn from the experience with this project.

- It is imperative that conceptual issues be clarified during the project design phase to ensure that all parties are working under the same assumptions regarding project purpose, content and structure.
- Project design must adequately reflect the institutional capabilities of the implementing agencies.
- If the institutional capabilities of the implementing agencies are inadequate, appropriate technical assistance should be provided.
- Where the research capacity of the country is insufficient, the project formative research and evaluation, the country cannot be expected to implement appropriate evaluation research. In these cases technical assistance should be provided from the onset of the project to assist the implementing agency to conduct such research. Training in evaluation research may also be required to institutionalize capacity in this area.
- Short-term training has far exceeded the LOP estimated output. However, if the project design includes locally provided training in subject areas for which expertise has not been developed, training should be provided for the necessary skills required to teach these subject areas; e.g., peer counseling techniques, to a cadre of trainers prior to the implementation of local training.

After the Evaluation and the Management Review were conducted it was imperative that the remainder of funds were channeled through Hi-Tech International. Because of this, the Project had some minor accomplishments.

However, it should also be noted that the very small funding levels in the Project were not sufficient to achieve success in such a complex area as drug abuse prevention and control.