

MISSION TO HAITI

FOR INTERNATIONAL MAIL :

USAID / HAITI

P.O. Box 1634

Port-au-Prince, Haiti, W.I.

For U.S. MAIL :

USAID / HAITI

Department of State

Washington, D.C. 20520

29 September 1988

Mr. Pierre Denizé
President
Association pour la Prevention de l'Alcoholisme
et autres Accoutumances Chimiques
Box 251P
Port-au-Prince, Haiti

Dear Mr. Denizé,

Subject: **Cooperative Agreement No. 521-0221-A-00-8034-00**
Awareness and Prevention of Drug Abuse

Pursuant to Section 104 of the Foreign Assistance Act, as amended, the Agency for International Development, (hereinafter referred to as "AID") hereby provides to the Association pour la Prevention de l'Alcoholisme et autres Accoutumances Chimiques (hereinafter referred to as "APAAC" or "Recipient") the sum of Four Hundred Eighty Six Thousand Two Hundred Eighty Eight United States Dollars (\$486,288) to help finance the Awareness and Prevention of Drug Abuse Project ("The Project"). The project will develop and disseminate information on drug abuse and its prevention through the media and personal contacts; assess public awareness of drug abuse in Haiti; and strengthen APAAC through training and technical assistance as a sustainable national drug awareness and prevention resource.

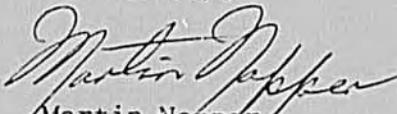
This Cooperative Agreement is effective and obligation is made as of September 29, 1988 and shall apply to commitments made by the Recipient in furtherance of program objectives through the estimated Project Assistance Completion Date (PACD) of March 31, 1991.

This Cooperative Agreement is made to the Recipient on condition that the funds will be administered in accordance with the terms and conditions as

set forth in Annex 1, the Schedule; Annex 2, the Summary Project Description; Annex 3, the Mandatory and Optional Standard Provisions; and Annex 4, Assurance of Compliance.

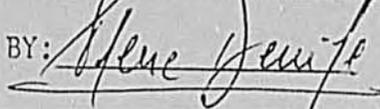
Please sign the original and six (6) of this letter to acknowledge your acceptance of the Cooperative Agreement, and return the original and five copies to this office.

Sincerely,


Martin Napper
Agreement Officer

ACKNOWLEDGED

Association pour la Prevention de l'Alcoholisme
et autres Accoutumances Chimiques

BY: 

Date: Sept. 30th, 1988

ANNEXES:

1. Schedule
2. Summary Project Description
3. Mandatory and Optional Standard Provisions, dated January 1, 1987
4. Assurance of Compliance

FISCAL DATA:

Project Number: 521-0221
Appropriation: 72-11X1021.8
Allowance: LDHX-88-25521-KG13
Total Grant Amount: \$486,288
Amount Obligated: \$486,288
FI0/T No.: 521-0221-3-80084
Funds Available: _____

Date: _____ *OS/unk 9/29/88*
FUNDS AVAILABLE 1/6 9/27/89

ANNEX I

SCHEDULE

A. Purpose of Agreement

The purpose of this Agreement is to develop and disseminate information on drug abuse and its prevention through the media and personal contacts; assess public awareness of drug abuse in Haiti; and strengthen APAAC through training and technical assistance as a sustainable national drug awareness and prevention resource, as more specifically described in Annex 2, Summary Program Description.

B. Period of Agreement

1. The effective date of this Agreement is September 29, 1988 and the estimated completion date is March 31, 1991.

2. Funds obligated hereunder are available for program expenditures for the estimated period September 29, 1988 through March 31, 1991 as shown in the financial plan below.

C. Estimated Cost and Financing

1. The estimated cost of the project for AID is \$486,288 and the total AID funds obligated herein to this Agreement are \$486,288.

2. During Phase I of the Project, payment will be made in accordance with Annex 3, Optional Standard Provision, "Payment - Cost Reimbursement," dated January 1, 1987. During Phases II and III, payment will be made in accordance with Annex 3, Optional Standard Provision, "Payment - Periodic Advance," dated January 1, 1987.

D. Financial Plan

1. Following is the Agreement Budget:

	Phase I (Mo.1-3)	Phase II (Mo.4-9)	Phase III (Mo.10-30)	Total
Salaries	\$14,589	\$ 23,664	\$182,147	\$220,400
Fringe Benefits	1,897	3,076	23,679	28,652
Consultants	15,000	3,800	8,300	27,100
Other Direct Costs	840	43,420	122,846	167,106
Travel and Transportation		18,900	4,725	23,625
Equipment		17,305	2,100	19,405
GRAND TOTAL	\$32,326	\$110,165	\$343,797	\$486,288

2. Revisions to the budget shall be made in accordance with Annex III, Mandatory Standard Provision No. 4, "Revision of Grant Budget." Within the budget, reasonable adjustments of line items not exceeding 15% of the line item may be made without prior AID approval.

E. Procurement of Goods and Services

AID requirements regarding source, origin and competitive negotiation for all goods and services procured with AID funds will be followed in accordance with Annex 3, Optional Standard Provision Nos. 6 and 7, "Procurement of Goods and Services" and "A.I.D. Eligibility Rules for Goods and Services."

F. Reporting, Evaluation and Audit

The Recipient will submit to USAID/Haiti the following reports over the life of the project:

1. Quarterly Progress Reports. Within 15 days of the beginning of each quarter, the Recipient will submit a progress report to AID containing sections on accomplishments during the previous quarter, planned activities for the next quarter, problems encountered and solutions applied.

2. Financial Reports. Financial reports will be prepared by the Recipient quarterly no later than 30 days after the end of each reporting period. For example, the first financial report will be due on or before January 30, 1989, for the reporting period October 1 through December 31, 1988. Requests for advance or reimbursement shall be submitted pursuant to Annex 3, Optional Standard Provisions Nos. 2 and 3, "Payment - Periodic Advance" and "Payment Cost Reimbursement."

3. Evaluation. A program review will be conducted during month 21 in order to assess progress to date and plan follow-on activities to the project. Attachment 1 to Annex 2, Summary Project Description outlines the data which will be collected and reviewed.

4. Audit. Annual audits shall be conducted in accordance with Annex 3, Mandatory Standard Provision No.2, "Accounting, Audit and Records."

G. Substantial Involvement Understanding

AID will collaborate with APAAC in the following areas:

1. Prior to disbursement of any funds under Phases II and III of this Cooperative Agreement, AID will review and approve the APAAC accounting system and procedures for financial management of the project.

2. AID will review and approve the scope of work for the contract for the design and implementation of the accounting and other administrative systems.
3. AID will assist APAAC in preparing, and will review and approve, the scope of work for the needs assessment study, and will review and approve the contractor.
4. AID will review and approve scopes of work for other technical services in excess of \$10,000 funded by this agreement.
5. AID will review and approve personnel for the following key positions: coordinator, counselor, accountant and other professional personnel which may be hired by APAAC.

Summary Project Description

I. OBJECTIVE.

The objectives of the Awareness and Prevention of Drug Abuse (APDA) project are to develop and disseminate information on drug abuse and its prevention through the media and personal contacts, assess public awareness of drug abuse in Haiti, and strengthen a local nongovernmental institution through training and technical assistance as a sustainable national drug awareness and prevention resource. The project's target group of beneficiaries will be the 10 - 12 percent of the active population who become drug abusers, an estimated 300,000 persons, and their family members, an additional 1,700,000 Haitians.

II. SCOPE OF WORK.

A. Background. The problem of drug abuse has existed for a long time in Haiti but in the last fifteen years, Haitian society has experienced greater and more intense penetration by illegal drugs. Haiti is a transit territory for shipments of cocaine between Colombia and the United States, and increasing numbers of Haitians are planting marijuana.

In November 1986, a non-profit organization, the *Association pour la Prevention de l'Alcoolisme et Autres Accoutumances Chimiques* (APAAC) was established in Haiti to promote the prevention of drug abuse and to provide limited treatment. APAAC has been operating with a small volunteer staff and a very low budget derived from local contributions.

APAAC's main purpose is to lead a nationwide campaign to prevent alcoholism and other chemical dependencies and offer moral support and useful advice to those who suffer from the disease or effects of chemical dependency. While AID recognizes that alcoholism is often involved with drug abuse, and that the two are synergistic, the focus of AID funding to APAAC will be drug abuse.

B. Implementation. The APDA project will:

- o Inform the Haitian public, an estimated 10,000 drug abusers or potential drug abusers, and their families, about the characteristics, causes, problems and treatment of drug abuse;
- o Compile vital statistics on the extent of the drug abuse problem in Haiti; and
- o Provide assistance and support to drug abusers and those close to them, of all ages and classes, develop services for physical and mental rehabilitation of acute drug abuse, and establish contacts with foreign hospitals for a future detoxification center in Haiti.

for physical and mental rehabilitation of acute drug abuse, and establish contacts with foreign hospitals for a future detoxification center in Haiti.

1. Phase I (Months 1 to 3). The project will begin with a start-up phase of three months during which a management specialist will be contracted to set up the necessary organizational systems. APAAC will contract a management specialist to design and put in place the accounting, personnel, organizational and other administrative systems necessary for APAAC to fulfill the objectives of the project and to become a sustainable national resource on drug abuse awareness and prevention. The systems will be compatible with relevant regulations and procedures of the AID.

Following are the activities to be carried out by the management specialist, in consultation with the APAAC Board of Directors:

- a. Establish a financial management system (including procedures, accounting system, reporting requirements) that will allow APAAC to meet the objectives of the project and that will be compatible with AID procedures and regulations.
- b. Establish a personnel management system that will identify the roles and responsibilities of the APAAC staff, including job descriptions, and flow of responsibilities, and personnel policies; and other organizational procedures and policies to promote smooth planning and implementation of tasks.
- c. Establish standards and procedures for APAAC to use when contracting for services or procuring equipment and supplies.
- d. Develop a statement setting forth the basic organizational policies and operational guidelines of the organization, and develop a manual for APAAC to use to ensure that work is undertaken within the proposed systems and procedures and that the necessary controls have been established.
- e. Brief the APAAC Board and members selected by the Board in the use of these systems and procedures as they relate to the daily operation of the organization.

During Phase I, while the financial management contractor is completing the above tasks, AID will reimburse APAAC, upon submission of vouchers, for costs of the project.

Once the necessary financial management systems are in place at APAAC and have been approved by AID, Phase II may begin, and AID will commence periodic advances to the project.

2. Phase II (Months 4 through 9). Once the necessary financial management systems are in place, the project will initiate project level staffing, procure necessary equipment and conduct a needs assessment study.

a. **Staff** will consist of: a coordinator; a counselor; an accountant (half-time); and a clerk typist-receptionist.

b. **Additional equipment** will be procured during Phase II, including an all-terrain vehicle.

c. A **technical assistance contractor** will be selected to conduct a needs assessment, which will pinpoint target groups by age, sex, class, and location, and measure awareness of drug abuse. APAAC, with AID assistance and approval of the scope of work, will procure a short-term consultant who will develop a scope of work and request for proposal for a limited study which will better specify:

o The actual prevalence of drug abuse, and its indirect effects in different sectors of Haitian society;

o Which sectors of the Haitian public show least awareness of drug abuse; and

o Which drug abuse prevention services are needed in Haitian communities.

The study will collect such data as: the number of drug abusers, classified by relevant demographic variables (age, sex, socio-economic condition, rural/urban residence, and degree of dependency); substances, quantities and frequency of drug and alcohol consumption; effects of the drug abuse problem on abusers, their families, and the general public; and the level of awareness of drug abuse among the general public and among professionals (physicians, clergy and teachers).

The objective of the study is to pinpoint the priority areas which the project should address in order to have the greatest impact in reducing drug abuse in Haiti. Such studies have been done in Peru, Bolivia and five other Latin American nations under the Pan

American Health Organization. AID will assure that the project's needs assessment study will be coordinated with FAHO's efforts to assure complementarity of information obtained.

APAAC will advertise locally for proposals, select a contractor and apply the study results to long-term planning. AID will approve the selection of the contractor. From the study, key indicators will be developed to use in evaluating the impact of both awareness and prevention efforts of the project.

2. Phase III (Months 10 - 30).

Additional staff will be hired in the Phase III: an administrative assistant-secretary, two writer-researcher-translators, an evaluator-researcher and a messenger. Preliminary job descriptions for all positions have already been developed; as described in Phase I above, the Management Specialist will refine the personnel strategy and the specifications for each position before new personnel are hired.

Equipment and supplies will be installed in the current APAAC location. These quarters will accommodate the proposed number of staff for the Phase I and II periods. With the addition of more staff for materials development, counseling, etc., however, a larger space may be needed.

Phase III of the project will be devoted to raising public awareness and prevention of drug abuse.

a. *Public Awareness.* The objectives of the Public Awareness activities will be to:

- o Provide pertinent, convincing and useful written material in the Haitian vernacular (Creole).
- o Provide a limited number of audio/visual materials to allow wider and more effective distribution of pertinent information.
- o Disseminate information on drug abuse to those sectors of the population most intensely concerned through use of media, conferences, meetings, presentations at schools, churches, associations, prisons, etc.) in response to requests for such services.
- o Develop or adapt written materials in Haitian Creole.

- o Develop an up-to-date library with trained staff who will provide documentation for training, public awareness and prevention.

The distribution of written information in Creole will be done by the Public Awareness Unit, headed by the Project Coordinator. This unit will also respond to requests for face to face presentations by periodically organizing conferences and lectures. The unit will also develop an adequate reference library.

Distribution of written material will consist of pamphlets, booklets, and posters addressing the problems of drug abuse. In order to safeguard copyrights on materials, when the project's writer-researcher translates and adapts articles, she must also notify authors, and arrange with writers and printers to propagate the material legally. Other materials will be produced as particular needs are identified by ordering from catalogs the required publications and adapting them.

In addition to the general information materials mentioned above, which are adapted, published and distributed under the project, five specially designed materials will be produced which are aimed at particular target populations. These items will be developed using approaches whose efficacy has already been proven.

(1) A coloring book emphasizing drug abuse prevention will be aimed at students in primary schools, where it will be distributed during educational presentations by project sponsored speakers.

(2) A photo novelette, modeled on *Drugs, Sex and AIDS* will be aimed at adolescents and adults. Reports from the developing world indicate that the impact of this type of material is very strong among illiterate people. Introducing the novelette for study and discussion to audiences addressed through the literacy campaign's bureau will make it a widely recognized publication. The wide popularity of novelettes suggests that a drug awareness publication in that format will reach into the literate population as well, particularly in high schools and universities.

(3) Throughout 1986-87, APAAC has been in contact with *The Educator*, a teachers' magazine published in 3,000 copies and distributed by subscription.

The editors of *The Educator* are very interested in publishing a series of articles on drug abuse. It is expected that such articles will generate questions and contacts with APAAC.

(4) In addition, a series of lesson plans on drug abuse prevention education will be produced by the project and published in *The Educator* with a followup manual of the same materials, produced independently, and available to a wider audience in the future. Project staff will also negotiate with editors and printers of government-produced schoolbooks to include short reading texts prepared by the project on drug abuse prevention.

(5) To underline the overall importance of the drug abuse problem, posters modelled on those of other awareness programs, will be distributed to all schools, churches and social and cultural centers.

Radio and television programs will be restricted to interviews on the subject of drug abuse, using donated time, until the professional cadre is trained which can respond to the requests for services which inevitably result from increased awareness. Radio will also be used to announce face-to-face presentations, symposiums, etc. to be given by project speakers.

Part of each professional staff member's week, and other interested persons as they are trained, will be devoted to visits to schools and for planning and implementing conferences, symposia, etc. for large or limited groups. During conferences or information meetings in schools, written materials will be distributed and questionnaires administered. Occasionally, these sessions will be accompanied by video materials procured by the project. It is expected that most of the face-to-face public awareness presentations will take place in Port-au-Prince, but the project intends to include at least one presentation per month outside the capital.

The Public Awareness Unit will acquire foreign films and video tapes, dub them in Creole and show them during information sessions. Individuals will also be able to view these films and tapes at the APAAC library, and those developing printed material may use them as references.

b. *Prevention.* The Prevention Unit, headed by the

project Counselor, will focus its activities in two areas: treatment and training.

The most effective method of preventing drug abuse is to rehabilitate a drug abuser. Nearly all drug abusers support their habit by recruiting others to whom they sell drugs. Informal estimates put the number of buyers at about five for each abuser-seller. Thus, rehabilitating one abuser diminishes commerce by that person and five others. Furthermore, once rehabilitated, the former abuser often becomes committed to helping other abusers find a way out of their abuse. The growth of AA and AlAnon in Haiti during the past two years demonstrates the power of attraction which a recovered drug abuser can exercise on his still suffering peers.

The specific objectives of the treatment activities are to:

- o Identify 250 families, destroyed or damaged by the addiction of one or more members, and direct them to treatment resources in the community.
- o Respond to 1,000 calls and emergencies, and at least 150 letters;
- o Assess the intensity of addiction, of co-dependence, and the scope of services needed through the study of 1,000 files of individuals requesting project assistance.
- o Establish guidelines for service, grant limited psychological and medical assistance, and follow-up 120 drug abusers to assist in their rehabilitation.
- o Collect and analyze information from treatment to define the future needs for treatment of drug abuse and co-dependence.

The Prevention/Treatment Unit will address these objectives by collecting information and providing limited psychological and medical support through:

- o an S.O.S. Hotline
- o mail
- o individual and group therapy sessions
- o referral services

o collection of statistics

o collaboration with community

(1) **S.O.S. Hotline.** The project will establish a 24-hour-a-day hotline service. The following system will be used. The Administrative Assistant will be on call 24 hours a day throughout Phase III of the project. During the day, the Administrative Assistant will function as project secretary and will refer cases to the appropriate service professional. After office hours, the Administrative Assistant will transfer calls to a volunteer member of AA or AlAnon, according to the nature of the caller's problem.

The AA and AlAnon volunteers will be on call at night, and scheduled weekly, each responsible for a different geographic zone. Communication will include a BIPCOM paging system. To ensure that the relay system works properly, and taking into consideration the fact that many volunteers do not own a telephone, the project will equip AA and AlAnon with two radio beepers each (BIPCOM paging system or equivalent). Report sheets will be completed by the operators and volunteers to document each case.

(2) **Mail.** Due to the limited telephone service throughout Haiti, and the fact that some people needing help may not want to use oral communication, the project will offer a mail service. Responses will be made by individuals selected by the Counselor. When needed, the Counselor will solicit assistance from AA and AlAnon volunteers to respond to certain mail requests.

(3) **Individual and Group Therapy Services.** The project-funded counselor will interview, visit, diagnose and refer persons requesting moral support or medical care for drug abuse. The Prevention/Treatment unit will develop and maintain lists of various human and institutional resources for the prevention of drug abuse, and will share the lists with the Prevention/Training unit as described below. The counselor will maintain close contact with persons and institutions on the list which can be used to assist the project with its direct activities and for the training of future staff. The Prevention/Treatment unit will promote, partici-

participate in, and follow-up individual and group sessions. With the aid of a clerk-typist, appointments will be confirmed, correspondence typed, and data compiled, tabulated and filed.

(4) **Referral Services.** After evaluation of patients, the Prevention/Treatment unit will be responsible for referring them, when necessary, to a consulting psychologist or consulting physician for proper care. Because many Haitians have very limited financial means, the project will finance the initial monthly referral cost in two ways. The psychologist will receive flat annual fee to conduct initial assessments of individuals who are referred by the project. The same mechanism will be used for the project's consulting physician. For limited follow-ups on referred cases, a modest sliding-scale charge for subsequent visits will be paid by the patient.

(5) **Data Collection.** All the data gathered as a result of the activities of the Prevention/Treatment and referral services will be recorded systematically in case files devised and approved by this section. These data, as well as that collected under the Awareness Unit, will be entered into the computer for filing, future reference, sociological, psychological, medical and other analyses (e.g., recommendations to the Awareness Unit to improve public awareness effectiveness).

(6) **Community Resources.** Regular contacts with AA and AlAnon will be maintained; these two groups offer free daily therapeutic service.

Although intensive long-term treatment is urgently needed in Haiti, the AID funding will not be used to finance long term treatment of individuals. APAAC will rely on other sources of funding to help needy individuals whose poor health may require urgent intervention.

The specific objectives of the Prevention/Training activities are to:

- o Train APAAC staff and community professionals to educate the public and their peers, to provide rehabilitation services, and to identify cases requiring hospital care and refer them abroad.
- o Establish contact with foreign hospitals for

training and referral.

- o Subscribe to available international publications on drug abuse and prevention.

The Prevention/Training unit will address these objectives with the following activities:

During the needs assessment study, a list of target professionals (physicians, educators, nurses, clergy and others) will be drawn up. Awareness of drug abuse among these "helping professionals" will be assessed from the study; the results will be fed back to APAAC to help define what types of information are most needed by which types of professionals. APAAC will develop printed educational materials targeted at specific professional groups and needs for information.

The needs assessment study may also identify specific persons who are already knowledgeable or especially motivated to learn more. As described above, the Prevention/Treatment Unit will develop a list of drug abuse prevention resources. The list will include community professionals whom APAAC has contacted prior to the proposed project, and persons who have volunteered their services to APAAC. The list, in conjunction with the baseline study results and candidates identified by the counselor from his treatment activities, will define a core group to whom APAAC will provide short term training in drug abuse prevention and education. Such training will be done by the APAAC professional staff and by a training contractor.

AID will assist the project to procure a short-term consultant who will develop a scope of work and request for training proposals. The request for proposals will be addressed to U.S. and Canadian hospitals which specialize in treatment for drug abuse. Respondents will be invited to visit a local hospital, which has already been contacted, to investigate implementation of a long-term treatment program, and assess training needs. The organization selected will provide professional training in drug abuse education, prevention and rehabilitation to 10-15 Haitian participants in Haiti.

The training contract will result in a long-term interest by the foreign hospital toward strengthening drug abuse prevention and treatment services in Haiti.

AID will assist APAAC to network with organizations in the western hemisphere who have experience addressing drug abuse. AID will assist APAAC staff, or motivated community members whom it identifies, to participate in conferences or workshops in which experience is shared.

4. Implementation Plan.

PHASE I

Month One. APAAC procures management specialist.

Month Two. Management specialist establishes financial management system and trains accountant and clerk typist.

Month Three. Management specialist certifies that financial management system to handle advances is in place. AID approves system.

PHASE II

Month Four. APAAC procures short-term specialist to define scope of work for needs assessment. Management specialist defines procurement standards and procedures. Submit first Quarterly Report.

Month Five. Begin procurement of equipment and vehicle. Institute personnel system and other organizational procedures. Advertise for needs assessment study.

Month Six. Select needs assessment contractor and complete contract. Management specialist completes manual for systems, procedures and controls, and briefs APAAC Board.

Month Seven. Begin needs assessment. Submit second Quarterly Report and Financial Report.

Month Eight. Analyze results of needs assessment study: prevalence, areas of low public awareness, services needed, professional awareness.

Month Nine. Report from needs assessment study. Develop list of drug abuse prevention resources.

PHASE III

Month Ten. Hire administrative assistant-secretary, two writer-researcher-translators and messenger. Contract psychologist and physician for referral services. Develop list of professionals for Preventing/Training. Submit third Quarterly and Financial Reports.

Month Eleven. Begin development of novelette and coloring book. Initiate 24-hour S.O.S. hotline. Train AA and AlAnon to receive hotline calls.

Month Twelve. Train writer and clerk typist on desktop publisher equipment. Meet with AID on networking with other drug abuse awareness and prevention resources in Latin America and Washington, D.C. and conferences.

Month Thirteen. Revise pamphlets on drug abuse. Estimate numbers of pamphlets and posters needed. Refine mailing list for pamphlets and posters. Presentation outside Port-au-Prince. Submit third Quarterly and Financial Reports.

Month Fourteen. Develop posters on drug abuse. Develop special materials for professionals. Presentation outside Port-au-Prince.

Month Fifteen. First printing of pamphlets on drug abuse. AID procures short-term consultant to develop request for proposals for training. First article to *L'Educator*. Presentation outside Port-au-Prince.

Month Sixteen. First printing of posters. Advertise for training contractor. Order audio-visual materials. Submit fourth Quarterly and Financial Reports. Presentation outside Port-au-Prince.

Month Seventeen. Select training contractor. Follow-up study on hot line and treatment. Second article to *L'Educator*. Complete coloring book. Develop list for distribution of coloring book. Presentation outside Port-au-Prince.

Month Eighteen. Mail out drug abuse posters. Hire evaluator-researcher. Training contractor visits Haiti. Identify core group of trainees. Print coloring book. Develop list for distribution of novelette. Presentation outside Port-au-Prince.

Month Nineteen. Training contractor conducts first training session. Third article to *L'Educator*. Distribute coloring book. Submit sixth Quarterly and Financial Reports. Presentation outside Port-au-Prince.

Month Twenty. Complete tabulation of statistics on S.O.S. hotline, individual and group treatment, public awareness, prevention/training. Complete novelette. Contract for printing of novelette. Evaluate public awareness presentations. Presentation outside Port-au-Prince.

Month Twenty-one. Program Review: Public Awareness, Prevention/Treatment and Prevention/Training. Lesson plans from

I'Educator articles developed. Begin dubbing audio-visual materials. Presentation outside Port-au-Prince.

Month Twenty-two. Training contractor conducts second training session. Negotiate with government textbook publishers for reading texts on drug abuse. Program Review report. Submit seventh Quarterly and Financial Reports. Presentation outside Port-au-Prince.

Month Twenty-three. Report from Training Contractor with plan for long-term treatment in Haiti. Second follow-up on hot line and treatment. Distribute novelette. Lesson plans printed. Reading texts to textbook publishers. Develop list of after project funding agencies. Presentation outside Port-au-Prince.

Month Twenty-four. Hire treatment trainees. Distribute *I'Educator* lesson plans. Second mailing of pamphlets and posters. Contact funding agencies for procedures to propose. Presentation outside Port-au-Prince.

Month Twenty-five. Develop proposal for post-project funding. Complete dubbing of audio-visual materials. Submit eighth Quarterly and Financial Reports. Presentation outside Port-au-Prince.

Month Twenty-six. Follow-up on treatment to abusers and training. Submit proposals to agencies. Evaluate reaction to coloring book and novelette. Refine distribution list for coloring book and novelette. Presentation outside Port-au-Prince.

Month Twenty-seven. Complete review of 1,000 requests for project services. Reprint coloring book and novelette. Evaluate public awareness presentations.

Month Twenty-eight. Distribute novelette and coloring book. Submit ninth Quarterly and Financial Reports. Presentation outside Port-au-Prince.

Month Twenty-nine. Tabulations on treatment, hot-line and public awareness. Begin final report. Complete agreement with agency for post-project funding. Presentation outside Port-au-Prince.

Month Thirty. Submit final report, inventory and final voucher.

C. End of Project Status. By the end of the 30 months of the APDA project, it is expected that:

1. The general public, in all social classes, of Port-au-Prince, will have measurably increased their understanding of the grip that drugs have on Haiti. Particular impact will be found for increased awareness among persons in the

age group most prone to drug abuse, those 15-35. The effectiveness of various public awareness approaches will have been evaluated.

2. Actual prevalence of drug abuse in Haiti will have been better defined.

3. The professional community nationwide will be more aware of drug abuse prevention and will know where to find out more. These professionals will be able to identify a larger number of drug abusers and will know what services are available in the community for referral or assistance. The community professionals educated by the project will have begun to plan how to effectively increase prevention and treatment services.

4. Treatment services will have expanded somewhat, though not enough to meet the expected demand, and will have been extended to drug abusers and their families. Effectiveness of existing services will have been evaluated.

In particular:

10,000 pamphlets on drug abuse will have been distributed;

1,500 posters distributed to churches and schools;

12 radio or television interviews will have been broadcast;

2 new publications will have been developed (coloring book and novelette);

1 lesson plan for teachers on drug abuse prevention will have been published;

1 24-hour SOS hotline established and responding to

1,000 calls and emergencies;

120 drug abusers assisted and followed-up on their rehabilitation;

150 families referred to community treatment resources;

1,000 professionals will have been contacted;

100 professionals trained in prevention;

- 10 persons trained to do treatment of drug abuse; and
- 1 continuing relationship established with an overseas long-term treatment facility.

*Attachment to Annex 2***Data for AFDA Program Review in Month 21**

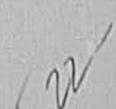
APAAC will conduct a program review during Month Twenty-one in order to assess progress to date and to plan follow-on activities to the project. In order to adequately assess progress, the project sociologist will establish a management information system to collect, tabulate and analyze the following data:

Public Awareness:

1. Title and number of publications written and printed;
 2. Title and number of works written but not yet printed;
 3. Public sectors that have received printed materials: type, quantity, frequency, geographic location;
 4. Reaction generated after material is distributed: evaluation of the quality of the material, and the number of requests generated by the distribution;
 5. Number of radio interviews aired;
 6. Number of television interviews aired;
 7. Number of radio and television spots aired;
 8. Number of requests generated in response to radio and television interviews and spots;
 9. Number of conferences, debates and discussion groups organized at APAAC and in the field;
 10. Type and quantity of information distributed;
 11. Number and type of audience addressed;
 12. Number of contacts made with potentially interested individuals;
 13. Location of conferences, debates and discussions;
 14. Number of spontaneous requests in response to conferences;
 15. Evaluation of the information sessions held from evaluation sheets distributed and completed after sessions;
- W

16. Number of visitors to APAAC library;
17. Frequency with which the various types of library materials are used;
18. Number of new books added to the library;
19. Percentage of books and catalogs correctly filed;
20. Thematic bibliographies prepared;
21. Number of reference works used by the project staff (for research purposes or during training; and
22. Numbers of documents by theme available in the library.

Prevention/Treatment:

1. Number of families reached by the program and means by which they were contacted;
 2. Number of families on which written data was obtained;
 3. Number of families who received guidance or treatment from the project;
 4. Number of co-dependents reached through these families;
 5. Type of treatment provided to each co-dependent;
 6. Percentage of beneficiaries by social class, sex and geographic area;
 7. Percentage of cases which have improved, been reunited into family units and reintegrated into the community;
 8. Number of individuals reached, and means by which they were contacted;
 9. Age distribution of drug abusers contacted by the program;
 10. Number of emergency or distress calls by telephone;
 11. Number of service requests received by mail;
 12. Number of visits to APAAC for services;
 13. Number of requests for service which were followed up;
 14. Rate of success for follow-up;
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15. Tabulation of various types of drugs and alcohol used, and intensity of use by type, toxicity, and age, class and sex of user;
16. Percentage of requests for service requiring: limited or intensive treatment: psychological, medical or hospital consultations;
17. Number of cases referred for medical treatment;
18. Number of cases referred for psychological treatment;
19. Number of cases receiving moral support at the APAAC headquarters;
20. Number of cases helped by AA;
21. Number of cases helped by AlAnon; and
22. Increasing or decreasing frequency of monthly services disbursed by counselor, psychologist, physician, AA or AlAnon.

Prevention/Training:

1. Number of professionals contacted and by what means;
 2. Number of community members and professionals trained and type of training;
 3. Title and quantity of professional training materials developed and printed;
 4. Effectiveness of training sessions based on pre- and post-tests administered during training;
 5. Long-term collaborative relationship established with foreign training institution;
 6. Exchange of data and training material between APAAC and foreign training institution; and
 7. Negotiations held and hospital project drafted.
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