

# **THE COLOMBO PLAN**

---

Annual Report 2012 - 2013

PLANNING PROSPERITY TOGETHER



# CONTENTS

---

<b>INTRODUCTION .....</b>	<b>5</b>
<b>CHAPTER 1</b>	
<b>THE CONSULTATIVE COMMITTEE MEETING .....</b>	<b>7</b>
<b>CHAPTER 2</b>	
<b>THE COUNCIL .....</b>	<b>9</b>
<b>CHAPTER 3</b>	
<b>THE SECRETARIAT .....</b>	<b>11</b>
Staff of the Colombo Plan Secretariat .....	12
International Officers.....	12
Local Officers.....	13
<b>CHAPTER 4</b>	
<b>PROGRAMME FOR PUBLIC ADMINISTRATION / ENVIRONMENT (PPA/E).....</b>	<b>14</b>
Overview .....	15
Training Partners.....	15
Programme Activities.....	16
Funding .....	17
<b>CHAPTER 5</b>	
<b>LONG-TERM SCHOLARSHIP PROGRAMME .....</b>	<b>18</b>
Overview .....	19
Training Partners.....	19
Funding / Cost-Sharing.....	19
<b>CHAPTER 6</b>	
<b>PROGRAMME FOR PRIVATE SECTOR DEVELOPMENT (PPSD).....</b>	<b>21</b>
Overview .....	22
Training Programme Implementation .....	22
Implemented Training Programmes .....	22
The Second Chance Project .....	23
Economic Recovery of Drug Rehabilitated Persons.....	24
Economic Recovery of Single Women Headed Family .....	24
Funding .....	24
Staff.....	24

## **CHAPTER 7**

<b>DRUG ADVISORY PROGRAMME (DAP)</b> .....	<b>25</b>
Executive Summary.....	26
DAP Afghanistan Initiatives.....	28
DAP Regional Programmes .....	46
DAP International Cooperation.....	55

## **CHAPTER 8**

<b>ASIAN CENTRE FOR CERTIFICATION AND EDUCATION OF ADDICTION PROFESSIONALS (ACCE)</b> .....	<b>57</b>
Introduction .....	58
Activities Implemented From July-June, 2013.....	60
A. Curriculum Development .....	60
B. Training of Regional Trainers and National Trainers .....	63
C. The ACCE Cost Sharing Initiatives (Project 2012-17) .....	69
D. Training of Treatment Practitioners in Liberia (2012-43).....	73
E. Training of Pakistan Addiction Practitioners on Universal Treatment Curricula (Project 2012-39).....	74
F. Training and Technical Assistance for Afghanistan (Project 2012-12).....	76
A breakdown of the ACCE initiatives conducted during the reporting period is as Annex A: .....	79

## **CHAPTER 9**

<b>FINANCIAL REPORTS</b> .....	<b>85</b>
Introduction .....	86
Unpaid mandatory contributions .....	87
Financial Audit .....	88
Report of the Auditor-General.....	89
Opinion.....	91

## **CHAPTER 9**

<b>BUDGET</b> .....	<b>93</b>
---------------------	-----------

# INTRODUCTION

---

The Colombo Plan, born for the furtherance of economic and social development of the Asia and Pacific and fostered by our founding family back in 1951, continues with its efforts, collaboration, expertise and experience as an integral part of its vision for the future orientation.

As this vision is the basis for the Colombo Plan's strategy that is enabling the social and economic advancement of the peoples in the region and channelling their knowledge and skills into providing answers to the challenges and needs of our time.

In this year's Annual Report we would like to present the three projects that showcase our pioneering efforts in addressing these challenges in the proceeding pages.

The year 2012 also had a significant event in the agenda of the Colombo Plan. The 43rd Colombo Plan Consultative Committee Meeting was held in October 2012 hosted by the Government of the Republic of Indonesia. The special issue of discussion was the proposal presented by Indonesia and the consideration of Indonesia's Non-Paper regarding the Future Directions of the Colombo Plan. The discussions with the Indonesian authorities are underway for a plan of action for the revitalization of the Colombo Plan.

As emphasized in the recent Forums of the Colombo Plan, the Secretariat is spearheading to seek new formulas and strategies for the betterment of socially, culturally and economically marginalized community and their empowerment and economic recovery. The concept of the Second Chance programme is a result of a new approach by the Colombo Plan to enhance mutual co-operation among member nations. As a result the ground work for the Second Chance Programme was initiated and the Pilot project of the programme to be launched in the Mulaitivu District in the North of Sri Lanka is receiving the final touches for its implementation at the beginning of the next fiscal year.

The initial planning for an International Journal of Prevention and Treatment of Substance Use Disorders were formulated by the Colombo Plan Drug Advisory Programme with the collaboration of the National Rehabilitation Centre in Abu Dhabi. The services of leading

professionals in the respective field have been mobilized and the journal will be an ongoing project and will consider all the concerns related to substance use disorders in its future issues. The first edition of the Journal is planned to be launched in the beginning of the next fiscal year.

In addition, the Colombo Plan in the current year endeavoured to explore more opportunities to further strengthen the relations between the donors, member countries and beneficiaries in its programme of activities.

The Colombo Plan will pursue its unrelenting vision through new strategic plans and actions for the future with the continued support and guidance of the Member Governments. This Annual Report will not be complete if we do not convey our grateful thanks to all donors who are collaborating with the Colombo Plan for the meaningful progress of its programmes and make them a reality. For new thinking, we also need to focus on securing additional resources to make it happen.

# **Chapter 1**

## **The Consultative Committee Meeting**

## THE CONSULTATIVE COMMITTEE MEETING

---

The Consultative Committee, as the principal review, deliberative and policy making body of the Colombo Plan plays a crucial role in enunciating policies, strategies and programmes relevant to the needs of member countries

The 43<sup>rd</sup> Consultative Committee Meeting (CCM) was hosted by the Republic of Indonesia in Manado in 2012. During the 43<sup>rd</sup> CCM, it was decided to host the next Consultative Committee Meeting (CCM) in Kathmandu, Nepal in 2014. Preliminary negotiations have already commenced for the 44<sup>th</sup> CCM with the national focal point of the Colombo Plan in Nepal. The CCM draws participants from all member governments, non-member governments, regional and international organizations. Several important issues pertaining to the sustenance of the Colombo Plan and its future strategy will be discussed at this high-level meeting.



## **Chapter 2**

### **The Council**

# THE COUNCIL

---

The responsibility of the Council is to assist in the economic and social development of Asia and the Pacific region by way of technical co-operation and to promote the dissemination of information on the concept and operation of the Colombo Plan in general. The Council also discusses all matters relating to technical co-operation and information activities, while it ensures the smooth implementation of the decision of the Consultative Committee Meeting.

The Council President is elected from among member countries on an alphabetical rotational basis for a period of one year. At the 279 Session of the Council on 17 December 2012, H.E. Mr. Ashok Kantha, High Commissioner of India was elected as the 65<sup>th</sup> President of the Council for the FY 2012/2013 and chaired 279<sup>th</sup> and 280<sup>th</sup> sessions of the Council:

## **Major decisions of the Council for the FY 2012/2013**

- Approval of the Annual Report of the Colombo Plan for FY 2011/2012
- 15% increase on the salary scales for the local staff with effect from 1 July 2012
- Adoption of the proposed budget for the biennium 2013/2014 and 2014/2015

## **Chapter 3**

### **The Secretariat**

# THE SECRETARIAT

---

During the year under review, the Colombo Plan Secretariat headed by the Secretary General assisted the Colombo Plan Council in the discharge of its functions and responsibilities in an efficient manner. The Secretariat also implemented numerous projects under its different programmes and disseminated relevant information of Colombo Plan to all stakeholders.

The programmes of the Secretariat are mainly funded by voluntary contributions from member governments. The principle Member Government contributor for the FY 2012/13 was the United States of America while other member governments also made contributions to selected programmes of the Secretariat, details of which are given in the relevant chapters dealing with each programme.

## **Staff of the Colombo Plan Secretariat**

Members of the staff who served the Secretariat during 2012/2013 are as given below.

### **International Officers**

Secretary General	Mr. Adam Maniku (Maldives)
Director, Drug Advisory Programme	Mr. Riva Setiawan (Indonesia)
Project Director (ACCE)	Mr. Tay Bian How (Malaysia)
Senior Advisor, DDR (DAP)	Ms. Eastor Su (USA)
Senior Advisor, DDR (DAP)	Mr. Mohammed Ayub (Pakistan)
Programme Officers, DAP	Mr. Thomas Scaria (India)
	Ms. Ha Ngyuen (Vietnam)
	Ms. Dichen Choden (Bhutan)
	Ms. Shella Ruiz Marquez (Philippines)
	Mr. Narendra Narotama (Indonesia)
Trainers, ACCE	Ms. Susmita Banerjee (India)
	Ms. Winona Pandan (Philippines)
	Mr. Ibrahim Salim (Singapore)
	Ms. Zohra Bromand (Germany)
Programme Officer, ACCE	Ms. Gulmira Suleymanova (Uzbekistan)

## **National Officers**

### **Programme Officers**

DAP

Ms. Anjana Madanayake  
Ms. Ruwanthi Senarathne  
Ms. Gayathri Gamage  
Ms. Kanchana Sanahari (M & E)  
Ms. Heshanthi Bandarage (Prog. Asst.)  
Mr. Diyan Markandaraja (Prog. Asst.)

PPSD

Ms. Devika Karunaratne

PPA/E

Ms. Savini Sirikumara

### **Administration and Finance**

Chief Administration Officer

Mr. Eranda Kotelawala

Executive Assistant to SG

Ms. Chamari Welivita

HR/Admin Assistant

Ms. Shyami Siriwardena

Ms. Shereen Fernando

Registry Officer

Ms. Roshni Fernando

Finance and Accounts Officer

Ms. Nilakshi Weeraseskara

Assistant Accountant

Mr. Mahinda Gunaratne

Accountant, DAP

Ms. Rashmi Gunasekera

Accounts Assistant, DAP

Ms. Shamila Sathiyaseelan

Network Systems Administrator

Mr. Kishan Peiris

Mr. Nadarajah Kuganesha

Graphic Designer

Ms. Nimalka De Silva

Graphic Designer, ACCE

Mr. Nuwan Wickramasinghe

Librarian

Ms. Soma De Silva

Office Assistant

Mr. Muditha Ranasinghe

### **Supporting Staff**

Drivers

Mr. Ravindra Rupasinghe

Messenger

Janitor

Mr. Rohitha Lakmal

Mr. H A Premasiri

Ms. Sindivel Mallar

## **Chapter 4**

### **Programme for Public Administration and Environment (PPA / Env.)**

# PROGRAMME FOR PUBLIC ADMINISTRATION AND ENVIRONMENT (PPA / Env.)

---

## **Overview**

*The Programme for Public Administration (PPA) was established in 1995, following the revitalization of the Colombo Plan's structure and areas of focus. The primary objective of this programme is to develop human capital in the public sector of the Colombo Plan's developing member countries, through short-term training programmes in prioritized areas such as Public Governance, Strategic Management, International Relations, Empowering Women, Urban Planning, Economic Planning & Management, Teacher Training, Health Management and Research in Biotechnology, Sustainable and Environment Management and Bio-Medical Waste Management.*

The Programme for Environment was established in October 2005 with funding from the Royal Thai Government for a 3-year period, from 2005 - 2007. The programme offered short-term training courses which covers a wide variety of subjects such as climate change, environment planning, air pollution management and industrial ecology. Subsequently, this programme was merged with PPA in 2007 and this programme was renamed as the Programme for Public Administration and Environment (PPA/ Env.)

The PPA/ Env. has established good partnerships with centres of excellence and agencies in member countries as well as intergovernmental organizations to deliver relevant and up-to-date training programmes on relevant critical issues of development and management. PPA/Env. targeted participants are middle level to senior level public officials, many of whom hold key positions in both public and private sectors in their respective countries. Since 1995, PPA/Env. has trained more than 2,094 beneficiaries from developing Colombo Plan member countries.

## **Training Partners**

PPA/Env. established strong partnership with several centres of excellence and agencies as well as intergovernmental organizations to conduct relevance training programmes which meets with training needs of the member countries.

During 2012/2013, to anticipate its lack of funding to promote its programmes and to respond needs of Colombo Plan member countries, the PPA/E has always explore the possibilities and opportunity in expanding its partnership with new training partners, especially in advanced member countries. With regard to those, PPA/E has signed MOU's with several higher learning institutes and training institutions

in member countries. There were 8 training programmes implemented in 2012/2013 which were supported by India (3), Indonesia (1), Malaysia (3), and Thailand (1). Training partners for the fiscal year 2012/2013 included:

No.	Country	Training Institution	Courses / Area of Expertise
1	Malaysia	Regional Centre for Education in Science and Mathematics SEAMO-RECSAM Institute of Diplomacy and Foreign Relations (IDFR)	Short-term course on Professional Development Programme for Science & Mathematics Educators. Short-term course on Diplomatic Training Course for International Participants. Short-term course on Strategic Analysis.
2	Thailand	Mahidol University, Bangkok	Short-term course on water resource management
3	India	Indian Veterinary Research Institute Environment Protection Training and Research Institute International Centre for Information Systems and Audit	Short-term course on Gene Based Techniques for Research in Biotechnology. Short-term course on Bio-Medical Waste Management Short-term course on Environment Audit
4	Indonesia	State Secretariat and Centre for International Training and Collaboration – National Population and Family Planning Board (BKKBN)	Short courses on: Empowering Women through Social, Economic and Cultural Intervention

### **Programme Activities**

For the Fiscal Year (FY) 2012/2013, the PPA/E continued its collaboration with partners like, India Millennium Fund, Government of Indonesia, Malaysian Technical Co-operation Programme (MTCP), and also Thailand International Co-operation Agency (TICA). During the year, the PPA/E programme organized 8 joint training courses with these partners in India, Indonesia, Malaysia and Thailand.



No	Training Programme	No of Participants
1	Training Course on Empowering Women through the Economic, Social and Cultural Intervention, 4-11 November 2012, Indonesia	14
2	Training of Trainers Professional Programme for Secondary Science and Mathematics Education, 15 Oct – 9 Nov 2012, SEAMEO RECSAM, Malaysia	25
3	Training Course on Bio-Medical Waste Management, 1 – 13 October 2012, EPT&RI, India	12
4	Training Course on Integrated Water Resources Management and Climate Change Adaptation, 30 July – 17 August 2012 , Mahidol University, Thailand	16
5	Training Course on Strategic Analysis, 3 – 14 September 2012, IDFR, Malaysia	7
6	Training course on Diplomatic Training for International Participants, 1 -19 October 2012, IDFR, Malaysia	4
7	Training Course on Environment Audit, 7 January – 1 February 2013, International Centre for Information Systems and Audit (ICISA), Noida in India	11
8	Training Course on Gene-Based Techniques for Research in Biotechnology, 18 February – 9 March 2013, IVRI, India	15
Total		104

### **Funding**

Although PPA/E was still faced by limited fund, there was strong and committed joint collaboration and cost-sharing from several member countries which provide the local training costs and facilities. The programmes offered under Indian Millennium Fund were fully funded by the Government of India. The continuation of these programmes was made possible with the utilization of savings of the CPS. Nevertheless, the CPS continues to actively source new funds to sustain the PPA/E.

## **Chapter 5**

### **Long-term Scholarship Programme**

# LONG-TERM SCHOLARSHIP PROGRAMME

---

## **Overview**

*The Long-Term Scholarship Programme (LTSP) was a hallmark of the Colombo Plan during its early years until 1989. On the recommendations of the 38th Consultative Committee Meeting held in Colombo in 2001, the LTSP was re-established in 2004 as an important contribution of the Colombo Plan for the benefit of member countries. Recently, the LTSP is also made as a part of PPA/Env. In 2005 LTSP again started to provide opportunities for suitable candidates from member countries to pursue Master Degrees in prestigious universities in Korea, Malaysia and Thailand in a wide variety of subjects.*

Post-graduate scholarships are offered by the government of Malaysia at the Institute of Diplomacy & Foreign Relations (IDFR) and University of Science Malaysia (USM) Republic of Korea offers scholarships to study at the KDI School of Public Policy and Management in Korea.

Areas of study cover a wide range of subjects from Social Sciences, Diplomacy and International Relations and Public Policy. In total, Colombo Plan offered 17 scholarships during the fiscal year 2012/2013 to the member countries. From 2005 until June 2013, the Colombo Plan had sponsored more than 100 scholars in various fields under the LTSP.

## **Training Partners**

The Colombo Plan is partnering several universities and institutions of higher learning to implement the LTSP. During the fiscal year 2012/2013, the Colombo Plan partner institutions are University of Science Malaysia (USM) and Institute of Diplomacy & Foreign Relations (IDFR) in Malaysia.

During the year, the Colombo Plan awarded 3 scholarships. Two scholarships were offered in the Masters in Social Sciences in University Sains Malaysia and one scholarship was offered in Masters in Strategy and Diplomacy under the Institute of Diplomacy and Foreign Relations in Malaysia.

## **Funding / Cost-Sharing**

The Colombo Plan Advisory Committee of Eminent Persons Meeting (EPG) from 28 to 30 October 2009 proposed to terminate the LTSP by end of 2010. The issue of the continuation of LTSP also has been discussed at the 42nd Consultative Committee Meeting held in February 2010. However, the Council after several meetings did not agree to this decision. On 23 September 2011, a compromise was

approved with cost-sharing by the Secretariat and sending countries. The Colombo Plan only bears the return air-ticket while other incurred costs such as monthly stipend and book allowance will be borne by the sending countries. The local fee charges continue to be provided by the host country.

## **Chapter 6**

### **Programme for Private Sector Development (PPSD)**

# PROGRAMME FOR PRIVATE SECTOR DEVELOPMENT (PPSD)

---

## **Overview**

*The Programme for Private Sector Development (PPSD) established in 1995, aims at promoting economic growth of a country while reducing poverty and improving the quality of life of people. Since the establishment of PPSD in 1995 it has been playing a catalytic role by promoting a business friendly environment through the building up of capacity of those relevant government officers responsible to put in place supporting institutions, laws and policies as well as regulations which affect the private sector. As an integrated approach, PPSD also encourage the involvement of the private sector and the Chambers of Commerce in its programmes.*

## **Training Programme Implementation**

The scope of the PPSD training in the year under review has been on industrial development, SMEs development and promotion, finance, international trade and World Trade Related issues.

For the year 2012 / 2013, PPSD implemented 7 collaborative training programmes for 91 participants. PPSD collaborated with the Asian Productivity Organisation, Indian Millennium Fund, the Korea Technical Co-operation Programme and SME Corp, Malaysia for implementation of the training programmes.

## **Implemented Training Programmes**

No	Title of Training Programme	No of Participants
1	Training Course on Value Addition to Agricultural Products for Greater Access to New Markets, 9-14 July 2012, Philippines	15
2	Training Programme on Internationalization of SMEs: Malaysia's Experience, 3-7 September 2012, Malaysia	14
3	Training Programme on Industrial Development and SMEs, 4-20 October 2012, Republic of Korea	13
4	Training Programme on Small Business Planning & Promotion, 15September -9 October 2012, India	9

5	Training Course on Regional Perspective of Developing and Developed Countries Cooperation for SMEs Competitiveness, Marketing and Partnership, 12-23 November 2012, India	13
6	Training Course on Development Promotion and Marketing of Agro-tourism Products, 10-16 December 2012, Malaysia	15
7	Training of Trainers on Entrepreneurship Development for Women Trainers and Motivators, 25 February-15 March 2013, India	12
Total		91

**The Second Chance Project**

Beginning 2013, the PPSD amalgamated with the Programme for Public Administration for the commencement of an activity for the economically, socially and culturally marginalized communities called ‘Second Chance’. The Second Chance Project interventions outlined would take a different formula which will feature several effective implementation principles such as demands driven and result and target orientation. The programmes will be focused for the beneficiary participation considering their willingness to move forward with mediatory assistance available. It also considers the bottom-up applications mobilizing local potentials to support such initiatives as a very cost effective rural economic development approach.

In April of 2013, the Colombo Plan Council approved the implementation of two pilot projects. The identified areas of intervention for the pilot projects are on Drug Rehabilitated Persons and Single Women Headed Family. Two pilot projects Economic Recovery of Drug Rehabilitated Persons and Economic Recovery of Single Women Headed Family will be implemented in Sri Lanka.



### **Economic Recovery of Drug Rehabilitated Persons**

The National Dangerous Drugs Control Board (NDDCB) has been identified as the key stakeholder for the implementation of the pilot project on Economic Recovery of Drug Rehabilitated Persons in Sri Lanka. NDDCB has been briefed and has been made aware of the Second Chance Project of bringing the marginalized community of drug rehabilitated persons to the mainstream.

### **Economic Recovery of Single Women Headed Family**

The Ministry of Child Development and Women's Affairs has been identified as the key stakeholders for implementation of the pilot project on Economic Recovery of Single Women Headed Family in Sri Lanka. The Ministry has been briefed and made aware on the Second Chance project of bringing the marginalized single women who are heads of families to the mainstream.

### **Funding**

The PPSD appreciates the full scholarships received for the training programmes from the Indian Millennium Fund. Partial scholarships have been received from the Asian Productivity Organisation, Korea International Co-operation Agency and SME Corporation Malaysia.

### **Staff**

In the year under review the PPSD functioned with a consultant for Programme for Public Administration and Programme for Private Sector Development, Mr. J. Dadallage and one programme officer.



## **Chapter 7**

### **Drug Advisory Programme**

# DRUG ADVISORY PROGRAMME

---

## Executive Summary

*This executive summary of the DAP Annual Report 2012 provides an overview of the current drug trends among the populace of the world. It also highlights the projects and new initiatives that were implemented in the member countries of CP in 2012.*

*In 2010, UNODC estimated that between 153 million and 300 million people, representing between 3.4 and 6.6 per cent of the world's population aged 15-64, had illicitly used a substance at least once in the previous year ❶. Globally, cannabis is the world's most widely used illicit substance; there are between 119 million and 224 million cannabis users worldwide, and consumption is stable. The second widely used illicit substance is ATS, excluding 'ecstasy' ❷.*

*During the year 2012, DAP implemented six regional programmes and 19 projects under 13 project names. The year 2012, in many folds, was a successful year for DAP. The relocation and revamp of the CP Field Office in Kabul was one of the most significant changes as it helped better implement and monitor DAP initiatives in Afghanistan, 'the world's principle opium producer' ❸, and DAP's main beneficiary since the last decade. DAP continued to collaborate with local NGOs and government of member countries, and established new collaboration with communities, one of DAP's most effective partners, making most of DAP initiatives sustainable.*

*Six projects under five project names were carried out in the treatment arm. The treatment centres in Afghanistan were expended to 33 against 28 in the previous year. Administration and monitoring reforms were made in these centres which helped in transparent functioning, improved services, and increased the credibility of the project. With the establishment of five new drug treatment centres, the number of INL funded treatment centres operated by DAP increased to 44 which includes 33 residential centres, 10 out-patient treatment centres and one outreach drop-in centre. The annual treatment capacity of the country increased to about 20,000 clients. Now about 2.5% to 3% Afghan drug users will receive structured drug treatment services annually. Six projects under four project names were carried out in the prevention arm. Three prevention programmes including faith-based approach for DDR were continued from the previous year benefiting 1,600,000 Afghans (approx.).*

*DAP expanded its Preventive Drug Education to 15 provinces targeting 300 schools; funded four new NGOs under Afghan Women Shelter Fund; and initiated a new publication in DDR, the International DAP*

*Journal. Three surveys were undertaken to determine drug use pattern among the urban populace of Afghanistan making all DAP initiatives evidence based; and a new re-integration project for people with substance use disorder into mainstream society was also carried out.*

*DAP also expanded geographically in 2012 by participating in number of initiatives in Africa, mainly TICAD which provides a framework of cooperation for Asia and the Pacific to fight against trans-boundary development challenges, illicit drug being one of the major sources of conflict, insecurity and socio-economic retrogression. DAP also expanded in UAE by collaborating for DDR programmes with the NRC in Abu Dhabi. The five Central Asian countries were also introduced to DAP programmes through the 9th Asian Youth Congress in Osaka.*

- 
- ① Fifty-sixth session of Commission on Narcotic Drugs - World situation with regard to drug abuse, March 2013
  - ② Statistics are from the UNODC World Drug Report 2012
  - ③ Statistics are from the UNODC World Drug Report 2012

## **DAP Afghanistan Initiatives**

### **1. Counter Narcotics Public Information Pre-Planting Season Campaign (Project No: 2012-1B)**

As one of the longest and largest DAP programmes, the Counter Narcotics Public Information (CNPI) Campaign plays a major role in the DDR efforts of DAP in Afghanistan. It was implemented with the objective of informing, educating and deterring the general population from cultivating, producing, trafficking and consumption of illicit drugs by creating lasting behavioural changes and change in the perceptions of the general public towards illicit poppy cultivation.

The CNPI Campaign utilised media (radio, television and print), street theatre programmes, capacity building training for local activists in the field and provincial outreach activities such as conferences, agriculture events, religious events, youth events and events for at-risk communities. One of the most significant achievements of this project was the implementation of a clear and concise standard operating procedure (SOP) with regard to monitoring visits for Provincial Outreach Events. The implementation and adherence of this SOP ensured proper planning, documentation and disbursement of funds. Another significant achievement was the recruitment of a new local Coordination team headed by an experienced Project Manager and assisted by a Finance Manager, Lead Field Coordinator and 12 Provincial Coordinators. With the collaborative efforts of these staff including the Coordinating Officer in Colombo, the US Embassy in Kabul, MCN and all its Provincial Directorates, 153 outreach events were conducted during the period of this project reaching an approximate 15,903 people in various provinces of Afghanistan.

Outreach Events	Number of events	People reached
Provincial conference	18	4095
District conference	41	5136
Ulema conference	31	2957
Youth Event	10	2040
Agricultural event	24	2507
Community at risk	29	2831

Through these events key messages such as deterring local poppy cultivation, promotion of alternate livelihoods, and understanding of the connection between local drug addiction/corruption/security and poppy cultivation were promoted. In order to ensure a country wide exposure of these key messages and other key messages targeted through this project, a reputed local media company was hired to implement the required media awareness campaign. This media campaign carried out an approximate

of 234 broadcasts on television, 550 broadcasts on radio and created awareness through print media which included an approximate 55 billboards displayed.

There were communication and coordination challenges with Counter Narcotic directorates during the implementation of provincial outreach activities and media campaigns. These resulted in postponement or rescheduling of outreach events and cancellation of media broadcasts as the invited officials were unable to attend.

The need for closer monitoring of outreach events and the formulation of clear guidelines for human resource procedures were improvements identified during the period of this project. Necessary steps to implement the improvement are currently being taken.

## ***2. Afghanistan Woman Shelter Fund (Project No: 2012-1C)***

The vicious circles of poverty and gender inequality have made women in Afghanistan more vulnerable in their community. Afghan girls are forced to get married at a very early age. Cultural norms deprive them of their basic rights and they become victims of domestic violence, which increases each year. Therefore NGOs started to provide transitional shelters and assistance for these women, especially for the women and girls who run away from their families. As a result in 2007, DAP provided assistance to one of the NGOs, AWSDC, with funding from INL. In August 2011 Afghanistan Women Shelter Fund (AWSF) was established to compliment and expand the initiative taken by DAP in funding one transitional centre. AWSF started financially supporting more women shelters since 2012, addressing one of the major concerns of NGOs of not having a long term committed funds for their programmes, which limited their ability to serve women in long term. The aims of the programme were in few folds. One was to develop an Afghan led shelter guiding document, establish a multi-year funding for selected NGO's, and training and capacity building of shelter providers.

In 2012 seven women shelters were operated by four NGOs: AWSDC, VWO, WAW, and HAWCA. These women shelters served battered women by providing varied services that included immediate services in shelter, medical, legal, physiological and counselling, and skill training support.

AWSF committed financial support to VWO operated women shelters in Ghor and Farah provinces for two years, from October 2012 to September 2014. AWSF provided funding for AWSDC from January 2012 to December 2012. HAWCA was also provided funding support for a period of 7 months from June 2012 to December 2012. AWSF also committed funding for WAW for their 'Women Shelter and Family

Guidance Centre' in Kunduz province from March 2012 to February 2015. In addition, funding support was also committed to WAW operated Kapisa shelter from January 2012 to December 2014.

AWSF hired a defense lawyer in Afghanistan to work on development of a guidance document for shelter operations. The guidance document was formally approved by MoWA as a best practice and the consultant undertook the work of finalising the document obtaining comments from all stake holders, including international communities, relevant ministries such as MoE, MoWA, MoPH and the Attorney-General's Office, developing the Dari version of the document so that it can be launched to be taken up by the NGO's working in the field.

Apart from that, AWSF organised training programmes for the staff of the shelter. One major training was held in November 2012 on 'Empowering Women Shelter Providers through Training of Trainers', in Kuala Lumpur. 18 Afghan shelter providers attended the meeting which provided them the advance options in shelter operations and good net-working. 'Trauma Counselling Training' for shelter providers is in the pipeline.

During 2012, AWSDC provided assistance to 144 beneficiaries, out of which 46 cases were continued from 2011. All the beneficiaries were given psychological counselling services and medical aid. 59 beneficiaries were provided legal aid. While 42 court cases were resolved, 17 cases were pending. AWSDC facilitated 48 women and girls who were interested in learning to read and write. The beneficiaries were also provided training courses twice a week to learn different skills. 12 workshops were conducted for police men and women to get their views and suggestions on treating women who had experienced different violence.

WAW operated shelter in Kunduz province provided shelter to 241 new beneficiaries during 2012. These beneficiaries were provided psychological counselling, mediation, skills development, literacy development and vocational trainings. 78 beneficiaries were given legal assistance. WAW Shelter in Kapisa province provided shelter to 170 new beneficiaries and legal assistance to 36 beneficiaries.

VWO operated shelter in Herat province had 541 new registrations out of which 495 cases were resolved. 530 women and 132 children were provided psycho-social counselling sessions. 1,368 legal counselling sessions were conducted in 2012. Vocational trainings were provided to 129 beneficiaries. VWO shelter in Farah province started its activities in December 2012. Therefore, they have provided shelter to one beneficiary in December. The VWO shelter in Ghor province started their activities in November 2012 and facilitated two beneficiaries so far.

Among several others, monitoring of activities on regular basis was identified as one of the main challenges of AWSF. Though the stakeholders were provided a common reporting format, the reports submitted has been in different formats. Another challenge identified was the lack PMP system which easily provides the overall details of the project. Security in Afghanistan is a main concern among all the partners because of which uninterrupted communication between the stakeholders can be one of the major challenges in the future. Therefore, a stakeholder's meetings to clear these issues will be proposed in next year. The recruitment of one director and three field officers, who are conversant in Dari at the ground level to make frequent visits to shelters, will also be proposed next year. The PMP system will be introduced to the stakeholders to be collected monthly.

This project was transferred from CPDAP to PPA/E in February 2013. The project provides assistance to implement transit shelters for women and girl victims of Gender-Based Violence in Afghanistan. By the financial support through the Bureau for International Narcotics & Law Enforcement Affairs, U.S. Department of States, the project accelerated intensively. These transit shelters provide a safe heaven for women and girls who are in a risk.

### ***3. Assistance to Treatment Facilities for Drug Dependents (Project No: 2012-3)***

With funding from INL, DAP assisted 33 drug treatment centres (DTCs) during July 2012- June 2013 .All the DTCs mainly targeted opium and heroin users. The new centres for male adult patients were mostly established in Kabul City, being home to the highest numbers of heroin users. 33 DTCs are operational in 16 provinces namely: Balkh, Jowzjan, Nangarhar, Khost, Helmand, Wardak, Bamyan, Kabul, Badakhshan, Kandahar, Paktia, Daikundi, Parwan, Farah, Herat and Takhar. The DTCs have an annual treatment capacity of 4,540 in residential and 3,240 in home-based.

The stakeholders in this project are all NGOs, most of which were already DAP partners in other projects. While WADAN operated most centres (14), SHRO operated (11), SSAWO (4), KOR (3) and OSD (1). The residential treatment centres have capacity of 870 beds while home-based treatment programme provides treatment services to 450 beds.

The Kabul office monitored the functioning of the centres with five coordinators and one supervisor. The centres had a total of 318 clinical staffs constituting of project coordinator, counsellors, psychologists, social workers, and health workers.

All the 33 centres carried out residential treatment and out of which 23 centres carried out home-based treatment programmes also. The adult male centres followed a treatment mapping for 90 days of residential treatment whereas the female adults and children followed 45 days duration. The adolescents followed a six months treatment duration which also included vocational training, life-skills training and basic education. Some clients dropped out during the detoxification period.

Most of the centres had covered a large number of patients in pre-treatment counselling and motivation building than they have actually covered in treatment for which the centres have applied a Multi Disciplinary Model in treatment with a comprehensive approach. The treatment programme contains elements of Therapeutic Community, faith-based approach, and medical model with focus on using medicines for withdrawal management and psychological approaches in motivation building. The medical management also included appropriate medical references for further treatment of various ailments associated with substance use disorder.

Family therapy and community based rehabilitation were stressed as integral part of the drug treatment programme where in family members attended the therapy sessions. The aftercare programme aimed at re-integrating the clients with their family and society with a proper job placement as well. Many centres had a vocational training unit and others referred clients to such facilities. The centres also maintained self-help groups and family support groups to nurture ongoing sobriety.

The residential programme had a total of 870 beds during the year which admitted of 3,573 clients and home based treatment handled 2,527 admissions. The total number of clients who have completed treatment and discharged was 2,713 in residential programme and 2,192 in home based programme. A total of 433 clients dropped out from residential and 47 from home based. 10,214 clients underwent the pre-treatment services including screening and counselling in residential centres and out of which, 9903 clients were registered as waitlisted patients during the year and treated eventually. In home based treatment, 4,417 clients were given pre-treatment services, and out of whom, 1 947 clients were on waiting list and entered treatment from time to time. The centres carried out 5,606 home visits according to the monthly reports sent by NGOs.

As shown in the chart above, 1,995 male adult clients and 789 female adult clients were admitted to the Residential TCs for treatment and out of whom, 1,517 male and 558 female adults completed treatment and discharged. Among Adolescent centres, two centres catered to male and one to female who



admitted 178 male and 105 females, out of whom 159 male and 62 females completed treatment and discharged. A total of 506 children were admitted for treatment in 6 DTCs, out of whom 417 children completed treatment and discharged (221 male and 196 female). In home based, 730 male and 1,462 female completed treatment and discharged.

In After care services, the TCs maintained 561 Recovery Groups and 6,159 recovery group members during the year. They had 605 group sessions during the year. The 33 Centres referred 2,929 clients for either laboratory tests (2,233) or to the hospitals for specialized treatment (696) during the year. A total of 530 recovering addicts were referred for vocational training.

2012-13 was a year of dynamic changes in the administration of the DTCs in Afghanistan which underwent many reforms in administrative systems and accountability and transparency. With the new reforms, there were visible improvements in the quality of service as well as the administration of the DTCs by the Stakeholders by 2013.

Signing separate contracts with each treatment centre with its stakeholder and Project Coordinator as signatories; stakeholders' monthly meeting in Kabul office; and introduction of a weekly meeting system for Treatment Coordinators were some of the reforms. These improved the transparency in operations, improved the quality of service, and it also helped better understand the challenges in treatment. Regular reports were sent submitted to CP and INL.

DAP with a joint monitoring team comprising of MCN, MoPH and DAP officers, who followed a monitoring tool and checklist developed jointly by DAP and validated by the said Ministries, monitored all the centres. The major findings were shared with the stakeholders and remedial measures were suggested.

With an emphasis on training the treatment staff and their capacity building, ACCE, the training wing of DAP, organised a series of training programmes to develop a master trainers' team in Afghanistan who would train the rest of the staff. The curriculum on treatment were translated into Dari and Pashto and used as a text book for ready reference.

The introduction of the performance management plans (PMP) by INL and DAP helped proper documentation of the project with clear indicators for progress. Its auto calculation system helped closely monitor the developments and suggest remedial measures as and when required. It helped understand measurable outcome of the project with indicators on various aspects of treatment. The

emphasis on proper documentation, accountability and transparency helped develop clearer picture on the challenges of treatment scenario in Afghanistan, and to workout solutions.

#### ***4. 10 Outpatient Drug Treatment Centres in Afghanistan (Project No: 2012-4)***

In 2011 there were 50 residential drug treatment centres in 23 provinces across Afghanistan where annually a maximum of 16,000 drug users received treatment services which was provided as residential or home-based service. Additionally about 36 outpatient centres were also operational in the country mainly providing awareness, hygiene, and basic healthcare and counselling services to over 4000 drug users on monthly basis. However, clients for the outpatient centres were exclusively street-based drug users in Kabul, Herat and Nangarhar province and mainly receiving HIV prevention services. Only one-third of these centres had referral linkages with residential drug treatment centres. There was strong evidence about the increasing number of drug users in the country.

In response to this situation INL supported the establishment of 10 Outpatient Drug Treatment Centres (OPTCs) in the country under this project of DAP. While residential drug treatment programme captures the public's attention, outpatient drug treatment model helps thousands of people with their recovery every day from addiction, where an individual does not stay at the facility overnight, and attends meetings, counselling and other programmes throughout the course of the day.

Working in close collaboration with the MCN and MoPH, 10 outpatient drug treatment centres were established in eight provinces: Kabul, Nimroz, Faryab, Logar, Zabul, Laghman, Ghazni and Baghlan. In Kabul province three centres were established. For implementing partners, DAP selected WADAN for centres in Zabul, Logar and Ghazni; Shahamat Health and Rehabilitation Organisation (SHRO) in Nimroz; (Social Services for Afghan Women Organisation) SSAWO in Kabul and Laghman; Khatiz Organisation for Rehabilitation (KOR) in Kabul and Baghlan; Nejat Centre (NEJAT) in Faryab; and Organisation for Health and Social Services (OHSS) for centre in Kabul.

After the establishment of the centres, a five-day on-the-job training and attachment programme, arranged exclusively with support from project stakeholders, for 30 staff members of the 10 OPTCs was held in Kabul from 3 – 7 November 2012. Trainees were divided into three groups and each group spent two days in residential treatment centre and two days in outpatient treatment centre where they had specific learning objectives and were involved practically with the centre staff in service delivery. Two residential treatment centres of WADAN and an outpatient centre of OHSS in Kabul were the venues for

this programme. Speaking at the closing ceremony, stakeholders and DDR Director of MCN appreciated this effort of DAP in mobilising the resources of stakeholders in the capacity building of project staff.

A total of 3,850 individuals availed services from the 10 OPTCs from July 2012 to June 2013. The outreach programme alone reached 2,540 clients. 1,147 drug users were provided 45-day outpatient drug treatment services. The centres saw a turn-up of 1,021 clients for aftercare and follow-up services in 255 recovery support groups. The community support groups conducted 440 meetings in various targeted provinces which with the aim of providing community support for the programme.

In a resource limited country like Afghanistan where the gap between the services and need is very big, OPTCs have proved to be the best solutions for drug use problem which are low cost community-based services offering a range of accessible services and interventions, especially community outreach, awareness, motivational counselling, temporary shelter/food for homeless drug users, home-based or outpatient detoxification, community-based rehabilitation by establishing support groups in the community.

#### ***5. Assistance to Village-Based Treatment Facilities for Drug Dependents in Afghanistan (Project No: 2012-5)***

Afghanistan being the world's largest producer of illicit opium, most people has no access to healthcare; many have turned to opium as a means to control pain. One of the provinces most severely affected is Balkh in northern Afghanistan. There opium is often traded like tea and is largely considered to be a medicine rather than a dangerous drug. Many of the people who are dependent on opium in Balkh are women who use it to dull the pain caused by working for many hours on heavy weaving looms.

In 2011 it was learned that in Kaldar district of Balkh province in Afghanistan more than 75% of the population were drug addicts and among them 40% were adult male 20% adult female, 10% adolescent and 5% children. The majority of people addicted were in the villages of Kohna Kaldar, Ana Gilday, Qargha Eakarash (Joyia Jadid) and Bilek. Opium trafficking was also found very rampant in these villages. In response to this situation DAP initiated Village-Based Treatment Facilities for Drug Dependents (VBTF) project in the Kaldar district of Balkh province targeting the four villages mentioned above.

The VBTF project services started in mid June 2012 after the project team was hired and trained, which included village-based teams from the local community and technical team from existing treatment

centre of the implementing NGO in Mazar-i-Sharif. A two-day project orientation training was arranged for them on the project treatment modality. 19 staff members were trained on treatment mapping, case documentation, basic counselling skills and aftercare services. Along with project staff, local Shura (community group of elders) and local volunteers were also involved in delivery of project services in three phases i.e. pre-treatment, treatment and aftercare. As suggested in the implementation schedule of the project, activities in the four targeted villages started in different months: Ana Gilday village in June, Kohna Kaldar village in August, Qargha village in October and Bilek village in November 2012.

Activities under pre-treatment phase, which mainly included creating mass awareness about drug abuse and motivating drug users for treatment, were implemented in all the four villages as per schedule. Community trained volunteers and Shura members were mainly involved in these activities together with project staff. Over 9,000 villagers were reached through awareness sessions and about 450 drug dependants with motivational counselling.

Activities under treatment phase were mainly included the 21-day camp-based treatment for drug users, which took place in building located in the centre of the village identified by the local community. As per project plan 12 treatment camps was expected to be held in four villages (three camps in each village). This service was exclusively provided by a group of trained clinical staff mostly coming from the Women and Child treatment centres in Mazar Sharif. During the project period, 15 treatment camps were held where treatment services were provided to 180 clients including 100 adult men, 90 adult women and 90 children from all the four targeted villages. Of all the 15 treatment camps, 5 were for adult man, 5 for adult women and 5 for children.

Services provided in aftercare phase, aimed to provide ongoing community-based social reintegration support to recovering clients. It was expected that aftercare and ongoing support for recovering clients will mainly be provided by the local volunteers and shura members. However, project staff was observed providing more of the aftercare services compare to shura members and community volunteers. On average 30 clients were reached per month by the project staff compare to 6 clients per month in aftercare during the last six months of the project.

### ***6. Mosque-based Prevention and Aftercare Programme (Project No: 2012-6)***

Mosques play important role for successful DDR strategies in Muslim countries specifically in Afghanistan since mosque is more than just a place for worship but also provides an ideal setting to

organise community religious programmes including drug abuse prevention, pre-treatment and aftercare. Mullahs (religious leaders) traditionally had been and are still the dominant influencing factor particularly within the rural setting of Afghanistan as 99.9 per cent of people are Muslim.

Realising that the normal mass can be effectively reached by Mullahs in Afghanistan society, DAP in partnership with the MCN, and funding from INL implemented this initiative in collaboration with mosques and Madrasas (Islamic school) in 24 provinces of Afghanistan to tackle the problem of addiction, poppy cultivation and trafficking. DAP operated 26 mosque-based centres which aimed to promote drug prevention messages from the Islamic perspective among Afghan public.

In November 2012, an expert from Malaysia, Dato' Zainuddeen Bahari, and five Mullahs: Mullah Abdul Humid from Herat, Mullah Hassan from Farah, Mullah Said Masoum Shah Sadat from Paktia, Mullah Meer Rafiullah from Parwan, and Mullah Abdul Baser Saqib from Ghoran designed the guidelines for Mosque-based Prevention and Aftercare project (MBPA). The guideline comprises of five chapters which includes topics such as strategies, core components and implementation of Mosque-based DDR. Monitoring visits to five provinces: Kabul, Parwan, Kapisa, Baghlan and Panjshir provinces were conducted to evaluate the progress of the project.

Based on the proposal, at least one school-based and one community-based drug prevention awareness was to be conducted; however, the Mullahs had conducted programmes in school and Madras each month as well as community-based drug prevention awareness. They had also visited families and held community meetings with Jahadi commanders, elders and teachers to find the best possible solution way to address drug's issues. The number of direct and indirect beneficiaries has grown over the past year. The Mullahs and their assistants had put extra effort to increase the number of activities in drug prevention and aftercare programme field and assist needy segment in their communities. This corresponded to increased number of beneficiaries and positive effect of the MBPA project.

The success of this project is explained by the fact that Mullahs are now active in more phases of the programme rather than only focusing on prevention. In early stages of the programme, the Mullahs had focused more on prevention aspect only; later they were motivated to cover pre-treatment, aftercare programme and referral process as well. One of the programmes the Mullahs had taken on themselves is the aftercare programme for recovering addicts reaching out to those who had completed their treatment programme. In turn, these recovering addicts helped Mullahs and their assistants in relapse

prevention counselling, support group meeting, counselling and motivation programmes inside the mosques or community centres.

Most notably, they helped place youths and recovering clients in employment and as well as referred many people for vocational training in government and non-government organisations. These people are now placed in police, national army, security guard positions, driving, tailors, carpenter shops, construction companies, and in government. Corresponding to their aftercare engagement, the Mullahs had supported several support group meetings. They had visited treatment centres regularly and conducted Islamic classes for clients and staffs in treatment centres.

In 2012, most Mullahs reported having engaged in TV and Radio talk shows in various provinces of Afghanistan. As some of the programmes were live, a vast number of people had expressed their views on the MBPA to be expanded to all districts of their provinces to benefit more people as people in remote areas are optimistically taken and such facilities and programmes are inaccessible to them.

The major challenge during the implementation of MBPA project was the security constrain that directly impacted the performance of Mullahs as well as their safety. Several incidents occurred that threatened the personal safety of the Mullahs during this period of programme.

MBPA was officially closed-downed on 30 April 2013 due to security threat to Mosque-based operators. All relevant Ministries in Afghanistan and all the Mosque-based Operators (Mullahs) in the five zones: Herat, Balkh, Kunduz, Nangarhar and Kabul were informed.

### ***7. Mobile Public Awareness and Drug Prevention Exhibition and Street Theatre Programme in Afghanistan (Project No: 2012 – 7)***

The overall goal of the Mobile Public Awareness and Drug Prevention Exhibition and Street Theatre Programme (MEST) is to raise awareness and educate Afghans. It was found that the general Afghan populace were not aware of the ill-effects of opium, which were often used as medicines to cure ailments and also to baby-sit, increasing the number of child addicts in the world. MEST is intended to contribute and effect prevention in order to reduce the number of Afghan children and adults who would want to use and abuse drugs, and also to prevent mothers from using opium as everyday medicine.

MEST was first implemented in Kabul as a pilot project in 2011. The contents of MEST were well adapted to the local contexts; both from the physical layout and material construction, as well as cultural and logistical considerations. The planners and designers have made deliberate effort to make certain that the contents and the essence of the messages are well adapted, are well understood and received by children, youth and adults. Basic scripts in both Farsi (Dari) and Pashto were used to further add to the elucidation of the intended messages and images. A colourful brochure with images from the content panels of the MEST was distributed with small giveaways.

The primary target populations were school children between fifth grade and twelfth grade, women/mothers, orphans, youth, military and the public at large. MEST was taken to specific venues to make sure that a diverse population from Afghan society was exposed to drug education and prevention measures that it had to offer. Some of the locations that were visited in the three provinces included: public schools, private schools, public and private universities, women's gardens, religious shrines, public parks, the Kabul Zoo, a prison, orphanages, and the Afghan National Security Forces. At all of these venues, the reception, reactions, and responses of the people towards it were exceedingly positive.

In 2012 the Kabul pilot project was continued as a full project. Eighty one thousand three hundred and sixty one (81,361) individuals viewed the Exhibit in Kabul. With the success of the MEST during the pilot project in 2011, DAP with the funding from INL expended the project to two additional provinces, Balkh being one of them. The pilot project in Mazar-i-Sharif of Balkh served eighteen thousand (18,000) individuals. In Herat, second province chosen for the pilot project served twenty one thousand two hundred and seventeen (21,217) individuals.

DAP Officer conducted two monitoring visits to the provinces of Balkh (Mazar-i-Sharif) and Herat to evaluate the pilot projects. This resulted in the decision to continue the two pilot projects as full projects in 2013 like the Kabul project.

One of the biggest challenges was securing local government approval and cooperation to hold the exhibit in particular schools and locations which resulted in last minute change. However, the change in locations didn't affect the objectives of the programme and a new target group (university students) was reached. Security was also a major concern when the exhibit was held in remote provinces. To avoid such problems in future it was recommended to work closely with the government and local police force.

The new project proposes to cover Kabul, Balkh and Herat as full projects, and Sar-e Pul and Takhaar as pilot projects.

### ***8. Colombo Plan Field Office in Kabul (Project No: 2012-11A)***

CP began its DDR activities in Afghanistan in the year 2005 (approx), however, the CP Field Office in Kabul was officially established in 2010 as a branch organisation of the MCN, Afghanistan in order to ensure proper implementation and close monitoring of DAP projects in Afghanistan. This office takes on the role of providing administration and coordination support to all officers overseeing DAP programmes in Afghanistan by providing a base of operations for local coordinating staff to work from. However, over the years the staff of the Field Office in Kabul not only focused on carrying out the duties of their respective projects but worked towards reaching out and developing relations with local ministries and governing bodies to better implement all DAP initiatives in Afghanistan

One of the most important goals achieved during the period was the solidification of CP as an organisation with full international status in Afghanistan which allows CP to conduct its affairs as an officially registered organisation recognized by the MoFA, Afghanistan. This was a significant achievement as it enabled CP to establish an independent office premises, communicate and liaise directly with other local and international organizations, as well as establish independent official bank accounts. This goal was accomplished through the generous cooperation of MCN, Afghanistan who also provided all necessary support during relocation of the Field Office in Kabul.

Another achievement which resulted from gaining international status was the increased capacity to conduct programmes and projects in Afghanistan. Due to this, there was an increase in the number of staff employed in Kabul Office. This included the recruitment of a DAP Chief Officer in Kabul.

Through the efforts of the newly recruited Chief Officer and the employed staff, DAP conducted over 15 long term and short term programmes which included treatment programmes, PDE programmes, faith-based prevention and aftercare programmes, pre and post treatment counselling and support programmes, transit shelter for women programmes, research programmes and programmes to create public awareness through media and street theatre.

In an effort to align all procedures of the Field Office in Kabul with the procedures followed by the CP Head Office, in the first half of 2012, DAP engaged in reforming administrative system to strengthen the institutional framework to deliver effective and efficient services. In February 2012, a consolidation



meeting was held to orient the staff in the Kabul Office on the standard operating procedures. An 11 member delegation comprising of Programme Coordinators, Administrative and Finance Coordinators from the CP Field Office in Kabul arrived in Colombo, Sri Lanka for a one week meeting that commenced on 15 February 2012. This meeting also provided a forum to finalise the annual work plan for the Afghanistan initiatives. Among other activities were the development of monitoring and evaluation tools and guidelines to ensure effective implementation of programmes and measure the outcomes and impacts that enable formulation of evidence-based programmes/projects and influence policy decisions. Several databases were also developed to systematically record the grass-root level progress and statistics. Programme management performance indicators were also established to instruct the Programme Officers which enabled the Field Office in Kabul to maintain the expected standards of transparency in all aspects of reporting.

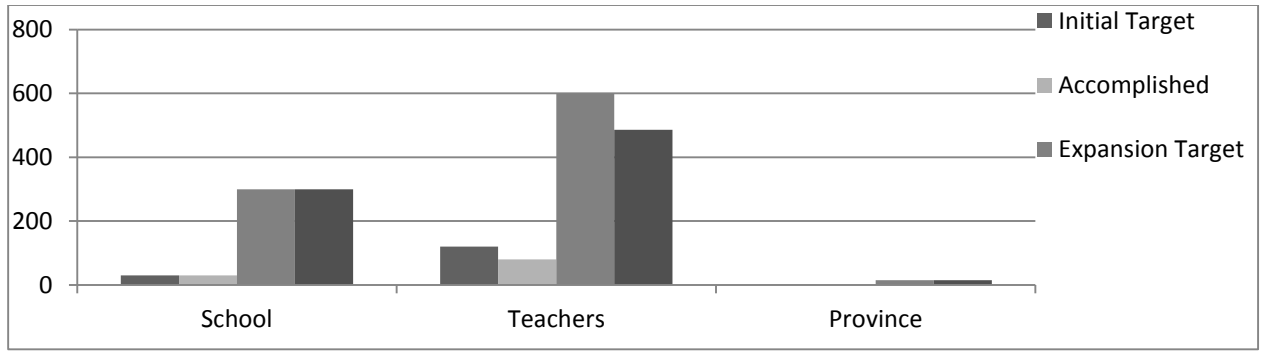
The lack of international presence among staff was identified as a challenge. Steps to recruit personnel to provide such a presence and foster an environment of international understanding and cooperation are currently underway.

## ***9. Preventive Drug Education***

### ***a. Afghanistan (Project No: 2012-21, 2011-1 & 2012-28D)***

Along with the many programmes DAP introduced in Afghanistan in early 2010 to address the drug menace in the country, the Preventive Drug Education (PDE) was initiated. DAP understands the role of the school in rebuilding a society and its influence in educating the younger population on the negative effect of drug and substance abuse. Therefore, providing skills training for teachers to effectively deliver the message of healthy lifestyle and staying away from the influence of drugs can greatly create a positive shift on the mindset of the next generation.

PDE is aimed at developing DDR instruction to be integrated into the school curriculum and lessons delivered into the science subject targeting the three mainstreams of education in Afghanistan: Islamic, Literacy, and Basic education in order to equip the younger generation with knowledge and skills to resist the temptation of abusing drugs, boost their morale, and be able to find their worth in the society. It mitigates the effects of psycho-social trauma by providing children a sense of routine and normalcy.



*Initial target and final accomplishments of PDE initiative*

The initial pilot projects implemented in Kabul, Herat, Balkh, and Nangarhar were to target 30 schools, 120 teachers. After further review of the project's successful implementation, DAP decided to expand PDE as full project to 300 schools in 15 provinces of Afghanistan: Badakhshan, Baghlan, Balkh, Bamiyan, Farah, Helmand, Herat, Jowzjan, Kabul, Kandahar, Kapisa, Laghman, Nangarhar, Parwan, and Paktia. Under the expansion of the PDE project, 486 teachers were successfully trained in 2012.

As a commitment to promote the positive well-being not only of the teachers, but also for the future generation, DAP integrated a holistic approach by providing more opportunities for the youth to provide a chance for students to interact and express themselves outside of their classrooms. Therefore, several extra-curricular activities for young people such as: sports, art workshops, training, and school magazine were introduced, providing young people an avenue to act together and exchange ideas with their peers. This programme was initiated to lure young people's attention away from the tendency to abuse drugs and encourage them to become achievers and be able to find their worth in the society. The best example of this initiative is 43 students were selected and sponsored to watch a football game of Afghan Premier League on October 18, 2012 at the stadium of the Afghan Football Federation.

It was during the expansion project that development of the curriculum and printing of the educational package were accomplished. The collaborative effort of the teachers was the source of strength of the project that enabled the team to come up with lessons that was tailored fit to the culture, context and needs of Afghanistan and its people. A total of 148,761 different sets of teaching aids such as flip charts, teacher's manuals, comic books, story books and work books for different levels (4-6, 7-9, 10-12) were printed, out of which 55,641 had been distributed in schools in 2012.

As PDE continues to fare well in Afghanistan and provides opportunities to teachers and the youth, DAP with funding from INL, developed a more comprehensive programme that will give more emphasis on the role of teachers and students in preventing the proliferation of drug and substance abuse in the region. Furthermore, a strengthened partnership with MCN in combating the DDR in Afghanistan were pursued through the Kandahar Food Zone initiative which is scheduled to be implemented in the later months of 2013.

#### **b. Liberia (*Project No: 2013-28B*)**

In 2012, DAP in collaboration with INL and UNODC, a team of experts from drug prevention and treatment was deployed, to Liberia to conduct an assessment study on the drug situation of the country. The group documented various substances that are being used and abused, the worsening condition of

young people living in ghettos which is considered to be the venue for drug trade and abuse. The team also learned the government 'slack of capacity to address drug problem of the region where its negative impact spills-out to its neighbouring countries that greatly affects large number of young people in Africa. These prompted DAP to introduce the PDE programme in Liberia.

In mutual agreement with the Ministry of Education (MoE), DAP, with funding from INL, decided to integrate PDE lessons into the school curriculum of the basic and secondary level. An MoU was duly signed by the Minister of MoE, Liberia, and the Secretary-General of the Colombo Plan.

In May 2013, twenty three (23) stakeholders, curriculum developers, and experts in the field of DDR started to draft the framework of the curriculum tailor-fit to the needs and culture of the school-going children of Liberia. The two (2) weeks curriculum development meeting concluded with the following understanding:

- i. Agreement to develop PDE lessons for grades 1-12.
- ii. Four (4) lessons for each grade level were conceptualised.
- iii. 48 topics for basic and secondary education were drafted.
- iv. The drafted lessons need to undergo review, editing, and proofreading before it can be presented for approval.

### ***10. Vocational Training for Recovered Drug Addicts in Kabul city, Afghanistan (Project No: 2012-37)***

One of the most significant aftercares for recovering people is re-integration into the mainstream society. Attaining an appropriate professional qualification could positively change a life of a person. Besides, employability is a key concept in social reintegration process of drug addicts where as having lower income being one of the major influencing factors to relapse.

Subsequently DAP, in its network linking components of prevention-treatment and social re-integration, established the vocational training facility as a part of treatment programme in 2012. This programme aimed at integrating the recovered drug addicts who had been locked out of the employment market, into the economic cycle. DAP thereby aimed to provide a path for them to a prospect future. Both male and female clients who underwent through the treatment programmes were referred to the vocational rehabilitation programme and were trained in an assortment of marketable skills. The vocational

training project is implemented to encourage sustainable and drug-free lives for drug dependants who pass the treatment phase.

The programme empowered the DTCs clients to be self-reliant by providing vocational skills form the basis of economic independence of the individual, which is essential for the growth of social inclusive society. In fact, it is a prerequisite for productivity and competitiveness and an asset to a functioning economy in the country.

DAP established the vocational training facility in Kabul with the involvement of MCN and MoLSA in Afghanistan with funding from INL. The centre is located in the Kabul city, where most of DAP's treatment clients have easy access and the centre is outfitted with necessary facility to train 200 clients at once in eleven functioning trades of beauty parlour; tailoring of curtains, beads and embroidery; tailoring; carpentry; masonry; repair of mobile phones, radio/television; plumbing; and building and managing of green house. The curriculums for the training were adopted as per standard curriculum provided by the MoLSA and other technical assistance was offered by MCN. The programme successfully served four hundred (male and female) in 2012 and is to be continued next year.

The project will contemplate on improving the capacity of the country project staffs in the coming year which has been a challenge during the pilot phase.

As per the data reviewed, 41% of the trainees engaged in income generating activities by the month of June 2013 and 57% of the trainees were seeking income generation. The project is extended following successful implementation of the pilot project and the new batch is scheduled to start in August 2013. The new project is designed to serve 600 clients in Kabul province.

### ***11. Drug Demand Reduction Research in Afghanistan (Project No: 2012-8, 2012-9 & 2012-10)***

DAP is in the process of facilitating a National Drug Use Prevalence study in Afghanistan with funding from INL with the aim to provide first scientific drug-use statistics in Afghanistan to compile in the Afghanistan National Drug Abuse Survey (ANDAS) report..This survey comprises of urban drug-use prevalence study and rural drug prevalence study. Within these surveys a special survey was designed to study the drug use prevalence and exposure to drugs among Afghan children. The Urban Drug Use Prevalence study was completed in 2012.

Even though drug use has been a major issue in Afghanistan, there was no concrete data available to assess the total number of drug users and the subsequent need for services before this survey.

Therefore, the key objective of the survey is to estimate the number of drug users, patterns and the prevalence of drug use in Afghanistan. The results of the survey can be used by those who work to create a drug free Afghanistan as well as the treatment care programme.

DAP conducted the survey in partnership with intercontinental team. NES global was the main contractor for sustaining the process while Spectre Group International was involved in collecting biological samples and JMJ Technologies and Alvarze Association tested the samples. The survey was designed by noted epidemiologist, toxicologist and NIDA researchers Linda Cottler, Bruce Goldberger and Mark S. Gold and over sighted by Multiple Institutional Review Boards –MoPH of Afghanistan, Washington University, University of Florida and Chesapeake IRB.

The survey covered all the districts in 11 provinces – Kabul, Ningahar, Parwan, Badakhshan, Balkh, Minmanar, Fariyah, Heart, Farah, Nimroz and Bamyan in Afghanistan.

The urban drug use survey was implemented under three specific projects:

Opium Survey among Children in Afghanistan: The purpose of the study is to elucidate the origin and potential severity of drug use or exposure in Afghan children who are receiving drug treatment to help develop more effective prevention and treatment plan by testing biological samples obtained from children in six (6) Afghanistan drug-treatment centres. The testing was conducted with the coordination of a team of researchers, scientists and technical staff. The study is divided into planning, scheduling, and preparation – sample collection, sample testing, and reports.

A total of 235 samples (67 hairs, 82 oral fluids and 86 urines) were collected from 87 children from the six treatment centres in Herat, Balkh, Kabul, Farah, Badakhshan and Nangarhar were tested.

Opium Prevalence Study in Kohnar Kaldar, Balkh Province, Afghanistan: The purpose of the study was to assess the use of various drugs in the Kohnar Kaldar, Balkh, Afghanistan through the collection and biological samples and a survey of households to determine the prevalence of drug use. Biological samples were collected and tested from 2,500 individuals from 250 families.

Opium Prevalence Study in Kabul City, Afghanistan: The purpose of this research project is to assess the use of various drugs in the City of Kabul through the collection and biological samples and a survey of households to determine the prevalence of drug use, to include in the Afghanistan National Drug Abuse Survey (ANDAS) report. Total of 9,225 samples were collected, tested and reported to compile in the final report.

The result of the Urban Drug Use Survey was released in December 2012. It was planned to be submitted to the Afghanistan National Drug Use Survey along with the ongoing rural drug use survey in 2013/2014.

## **Dap Regional Programmes**

### ***1. Outreach Drop-in Centre Programme (Project No: 2012-27, 2012-16, 2012-27A & 2012-27B)***

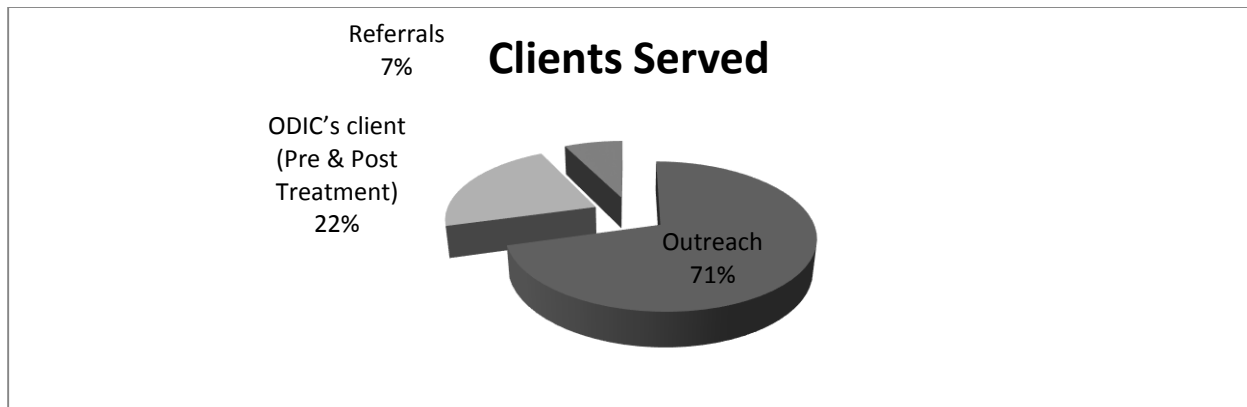
#### **a. Asia-Pacific (2012-27 & 2012-16)**

DAP developed a new approach to ODIC programmes. The new developmental of ODIC programme consists of pre and post-treatment, a facility that caters to the marginalised people with substance use disorders, including men and women as well as high-risk populations of adolescents and children; provides services that are non-residential in nature; is located in high drug prevalent areas which has limited access to drug-intervention services. ODIC started with an initial design of guideline manual as reference for the member countries that were selected to implement the programme. Besides, the guideline manual can be utilised as base line to evaluate the progress of all implementing partners which can be modified depending on the cultural background of its partner.

Prior to implementing the programme, a four day Orientation Training, conceptualised by DAP to standardise and strengthen the effectiveness of the ODIC programme by building capacities of the service providers and to introduce operational practices of ODIC, was conducted in Davao, Philippines in conjunction with the launch of ODIC programme by three international trainers and attended by 25 participants from the 13 selected organisations. As a result each partner organisation developed one year action plan towards this ODIC programme. The ODIC stakeholders excluding the Children Programme developed brochure and booklet with the same content tailored to their local languages and traditions.

Different countries have different competencies, understanding and knowledge of addiction, hence it is difficult to develop the same standard of assessment tools even though orientation training has been conducted and the assessment tools are already introduced.

Monitoring or un-announced inspections were executed in four countries keeping up with the guideline of the ODIC. A total of 6,456 clients were served by the 13 ODICs. A total of 4,562 clients were served through outreach programme out of which 478 clients were referred to other organisations for treatment. 1,416 clients had registered at the ODICs to avail help.



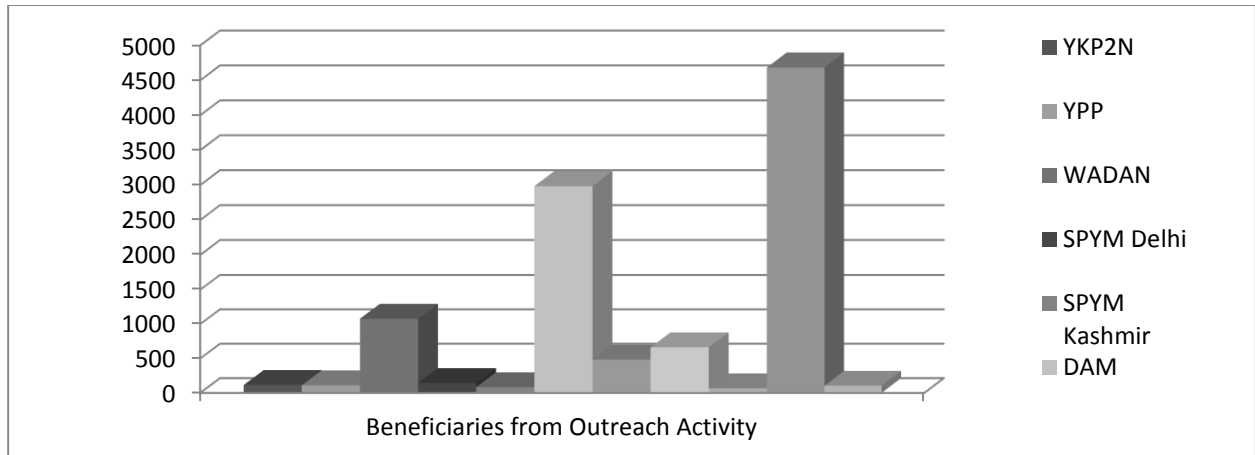
The new approach of ODIC programmes plays an important role as a front-liner in comprehensive continuum care spectrum. ODIC not only focus on the outreach activities but with the development of this new approach, services will be broaden into case management and referral as well.

The first year period of the ODIC programme was July 2012 – June 2013. Due to budget constrain DAP decide to cut down the ODIC partners from eight (9) to five (Maldives – Open Hand, India – SPYM Delhi and Kashmir, Bangladesh – APON, Thailand – Pattani and Philippines – CHDXI) member countries with six (6) centres. It was based on the availability of budget and performance of the partners.

Yearly evaluation meeting which aimed to measure the progress and achievement of the partners was attended by representatives of ODIC partners (ten centres). All the partners had achieved the quantity targets of ODIC services; specifically outreach activity, Individual and group counselling, psycho education and family session. Several centres also had also developed network with hospitals, vocational training provider and job placement, and residential facility for referral purposes. Different countries have different source of networks and referrals. The achievement of this programme can be measured with the quantitative output based on the received reports. This outcome also justifies why ODIC, as pre and post-treatment, can be also called “the Heart of Continuum Care Model”.

**i. Outreach Beneficiaries**





## ii. Referral

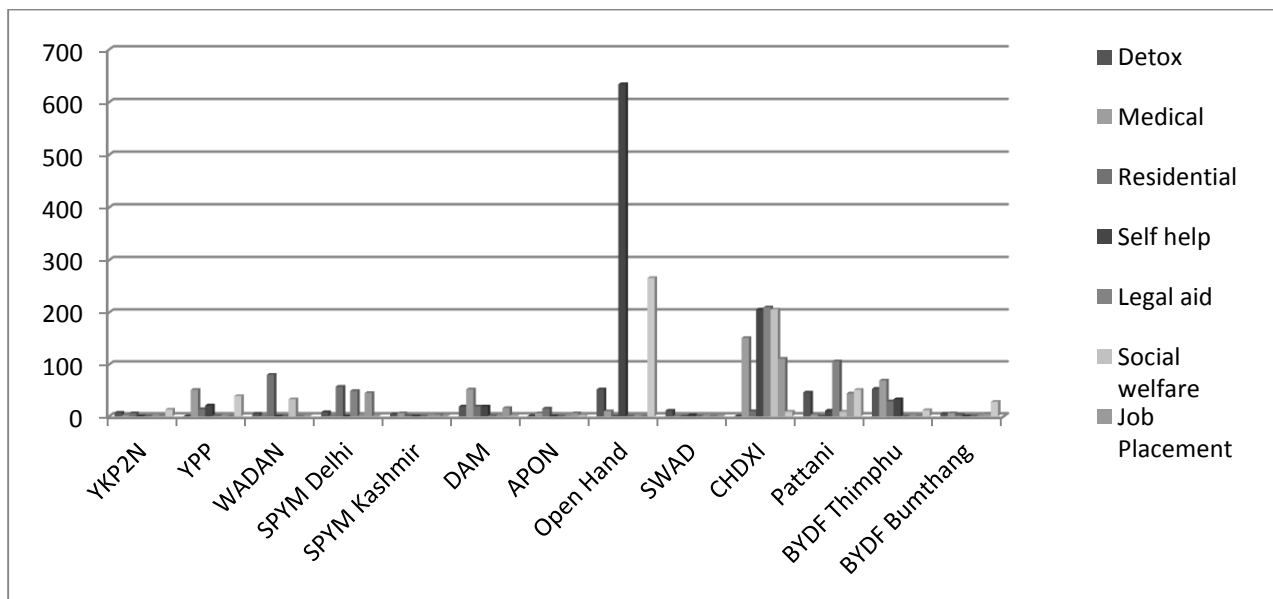


Table of Referral Services

### b. Liberia (2012-27A)

In an effort to reach out and treat drug dependence through ODIC Programme in African countries, DAP, funded by INL has expanded the support into Liberia for two (2) organisations.

A joint Tailoring Visit and Assessment in Monrovia, Liberia was undertaken on 12–15 November 2012 to develop a clear assessment and also seek recommendation from government (Ministry of Health and Social Welfare and Drug Enforcer Agency Liberia) to establish partnership with two organisations in Monrovia. Two organisations were identified for ODIC partnership in Liberia:

- i. *Liberian United Against Drug Abuse (LUADA)*
- ii. *Teen Challenge Liberia (TCL)*

The orientation meeting on the project inception strategy and implementation plan for the implementation of ODIC programme was held on 24 – 25 February 2013 in conjunction with the launch of ODIC programme in Monrovia and attended by representative from both organisations. The meeting also aimed to develop basic understanding of core service delivery skills and standard operational procedures for the ODIC programme among the participants. It was concluded that the ODIC programme to be implemented on 1 April 2013 in partnership with TCL and LUADA.

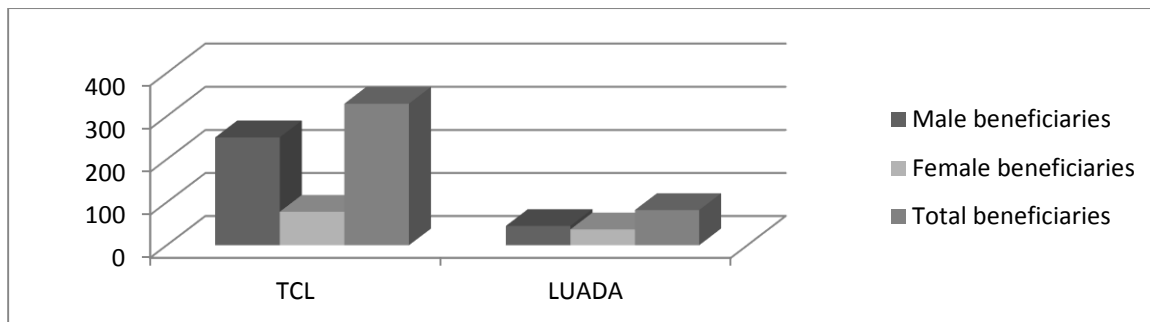
The two organisations reported the following activities and progress in the first quarter (April – June 2013).

iii. Outreach

Outreach was carried out regularly in the ghettos being one of most high risk areas due to amount of drug trafficking and substance use. Safety of the outreach workers was also a concern and the NGOs made it the first priority in their outreach procedures. The most challenging situation the NGOs experienced was convincing substance use disorders to visit the ODICs.

TCL also carried out their outreach activity in prison since most of their clients were arrested.

iv. Referrals



**a. Outreach and Drop-in Centre in Iraq (2012-27B)**

Following the successful implementation of ODIC programme in Asia-Pacific as well as in Africa, DAP expanded the support into Iraq for two (2) organisations under the Project 2012-27B: Outreach and

Drop-In Centre Programme for Iraq. Funded by the Bureau for International Narcotics and Law Enforcement Affairs (INL), U.S Department of State, this expansion was made considering and accessing the needs of service model that can comprehensively implement outreach activities for the hidden population, who have difficulty accessing correct information regarding addiction treatment as well as intervention in Iraq.

This initiative of ODIC programme begun with the Tailoring Visit and Consultative Meeting with Iraqi government in Baghdad and Erbil, Iraq on 22 - 24 April 2013. The mission was intentional to develop a clear assessment and also seek recommendation from government (Ministry of Education) and other expert Iraqi organisation (Community Epidemiology Work Group). The mission resulted in considering four NGOs for ODIC partnership in Iraq based on the result of the assessment.

1. Together To Protect Human and The Environment Association (Erbil)
2. Peace Academic Organisation (Baghdad),
3. Child Future Organisation (Baghdad), and
4. Zhian Health Organisation (Erbil).

## ***2. 9th International Training Course on Precursor Chemical Control for Asian Narcotics Law Enforcements Officers, Bangkok, Thailand 15 to 22 October 2012 (Project No: 2012-GEN2)***

This regional training programme took place on the 15 – 22 October, 2012 and was conducted in collaboration with the Office of the Narcotics Control Board in Bangkok, Thailand whose support, dedication and cooperation ensured the successful implementation of this training.

This programme was attended by 37 participants from 16 CP member countries. As knowledge on the control of precursors and essential chemicals is limited and comparatively new for Narcotics Law Enforcement Officers in Many Asian and Asia Pacific countries this particular training was developed to enhance the knowledge of narcotics law enforcement officers in the member countries of Colombo Plan and better equip them to deal with the said problems.

The primary objective of this programme was to provide knowledge and an overview of illicit traffic of precursors and essential chemicals for drug production in Asia through expert training, creation of a

platform for participants to share views and experiences, and the promotion of a network among narcotics law enforcement officers to enhance further cooperation in the future.

Participants were selected through nominations received from the respective focal points of member countries under strict criteria to ensure the planned output of preparing the participants to apply the knowledge, skills and experience gained through this training would be possible.

### **3. 9th Asian Youth Congress (Project No: 2012-20)**

DAP, with the motive to promote peer-led drug prevention programmes in Asia-Pacific region, organised the 9th Asian Youth Congress with funding from INL. The overall goal was to train youth in project proposal writing and create a network of Asian youth through which the best practices in DDR field are to be shared.

The congress, with the theme 'Stay SMART', was successfully implemented in Osaka, Japan on 9 – 11 July, 2012 with 62 representatives (35 of whom were university students) from 22 countries, the highest numbers of countries represented so far. Member country Mongolia was represented in the congress after a gap of many years. The five non-member Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan were represented for the first time in AYC's history.

The recruitment process and participant criteria was changed for 2012. Unlike in the past where even treatment practitioners attended the AYC, in 2012, it was made exclusively for prevention practitioners. All focal points were asked to nominate three participants from the same city unlike in the past AYCs. This was done with the view to allow the participants to work together in groups of two/four and write project proposals to compete for the 'Asian Youth in Drug Prevention Award – 2012'. In case of failure, applications were invited through DAP network and Skype interviews were conducted. 9th AYC was the first AYC to have recruited participants in this manner.

The congress not only trained the participants in project proposal writing, they were also trained in Life Skills Education such as: Self Esteem, Assertion, and Decision Making and Communication skills. The plenary sessions provided information on successful practices in youth led initiatives in Asia and how to implement successful projects. This congress offered a platform for active youth leaders and prospective future youth leaders from all over Asia to learn and understand the importance of drug prevention programmes in their communities and share ideas on current best practices in drug prevention, to share their concerns regarding drug issues in their communities and make a commitment to work towards a

drug-free Asia. The highlight of the plenary sessions was the one presented by two staffs – Mr. Akira Hoshi and Mr. Yoshihiro Kitadeya from CSR Division of Panasonic Tokyo, who talked youth-led sustainable projects.

The biggest challenge for the 9th AYC was conducting it without an organising partner and local government support which resulted in stressful situations for the AYC team as they had to take care of everything locally and internationally. However, after the experience, the recommendation not to organise AYC without a local partner and support of local government has been made for future.

1. **4. *International Journal of Prevention and Treatment of Substance Use Disorder (IJPTSUD) (Project No: 2012-23)***

Despite the availability of international research journals on substance abuse, there is a distinct gap between what is being reported by the research experts and the transfer of this into practice. Research processes and outcomes are not always readily transferred to the day to day working context of the practitioner. Similarly, reports of quality practice, with relevance for researchers and practitioners are uncommon. It is intended to meet these gaps through a new journal available and accessible to both scientific community and DDR practitioners such as drug treatment counsellors, people with substance use disorder, treatment coordinators etc.

Recognising the large gap persisting among policy, practices and research in substance use disorders, DAP had taken a lead in advancing the linkage among research and practice by producing an international journal in collaboration with National Rehabilitation Centre (NRC), Abu Dhabi, United Arab Emirates. Thus this journal will be available and accessible to both scientific community and DDR practitioners such as drug treatment counsellors, recovering persons and treatment coordinators. The CP being the first and oldest inter-governmental organisation, to address the drug issues in the region, is a well networked organisation linked with like-minded institutions, experts, researches, academia and practitioners.

This journal will provide a forum for DAP to advance the scientific literature by engaging a broad global network of scholars and researchers in the field who could advance the understanding of drug treatment and prevention technologies, and their application throughout the world. The journal would therefore not only serve as an empirical publication, but also inform policy makers in DDR evidence-based practices that could be adapted in other countries.

The aim is to provide a forum for discussion on evidence based interventions for drug related problems relevant to the context and to contribute to capacity building and evidence based practice in response to substance use disorders, particularly in developing countries. A key intention is to promote the dissemination of existing evidence and develop capacity to implement locally relevant evidence based practice. The journal will prioritize issues pertaining to illicit drugs, as opposed to any focus on alcohol or tobacco use in isolation. Papers on research based approaches to prevention, treatment and good practices will be encouraged.

In order to ensure the quality of the journal, DAP formed an Advisory Board and an Editorial Board with experts to provide overall technical advisory inputs for the journal. The First Advisory Board meeting convened from 7–8 April 2012 in Kuala Lumpur to shape the contours of the journal to this DAP initiative. During the meeting, NRC expressed their expectations of the journal and stressed the importance of the collaboration between NRC and DAP on this project and expressed their willingness to be a part of the production process. NRC proposed to have an Arabic version of the journal to highlight the outreach aspects of the project to the Arab region. The 2nd Advisory Board Meeting took place on 13 – 14 December 2012, Abu Dhabi, UAE in collaboration with NRC. All the Advisory Board Members and Editorial Board Members attended the meeting and the collaboration between DAP and NRC was strengthened. The Board Members' substantive inputs contributed to the devising of the advocacy strategy, time line, responsibility of each board member and identifying the experts or agencies to contribute articles for the journal, which will be publish biannually – January and July every year.

As planned, DAP, in collaboration with NRC, launched the Journal on 1st July 2013 during the 62nd Anniversary celebration of the Colombo Plan at the Hilton Colombo, Sri Lanka. NRC has scheduled the Arabic version of the journal to be launched in November 2013. The Advisory and Editorial Board Members meeting will take place in parallel to this event.

#### ***5. 13th Training for Women Counsellors on Treatment and Rehabilitation in collaboration with TTK Hospital, 9 – 17 December 2012, Chennai India***

Observing the ever increasing drug users in the region and need of well trained and skilled carder of counsellors to respond to the needs in the region, DAP initiated women counsellors training since 2000 with the intension of empowering women counsellors in the field of drug treatment from the member countries to render quality service to the drug dependants and to impart skill-based training on the treatment and rehabilitation aspects of drug treatment to women counsellors. The main for DAP to

organise this programme was to provide an opportunity for women counsellors to share and learn the best practices in the region and develop their supportive network.

TTRCRF known as TTK Hospital has been conducting training programmes for Women Counsellors from Asian countries with support from DAP since 2000. This training programme was based on Curriculum 1 and 2 developed by ACCE. Curriculum 1 focused on 'Physiology and Pharmacology of Psycho Active Substances' and Curriculum 2 focused on 'Treatment of Substance Disorders – the Continuum of Care'. At the end of the training based on the inputs received during the training, the participants developed an action plan to strengthen the quality treatment programmes in their work places.

A total of 21 women counsellors attended this nine days in-house training programme from 9 – 17 December 2012 in Chennai, India. The participants were selected jointly by DAP and TTK, and participants from Singapore, Thailand, Bangladesh, Vietnam, Papua New Guinea, India, Nepal, Philippine and Myanmar took part in the training programme.

### **DAP International Cooperation**

DAP has operated on the basis of two beliefs which have become the guiding policy for DAP: international cooperation as the best approach to DDR: and consistent efforts to neither duplicate or compete with other international agencies in implementing DDR activities and ensure that DAP activities complement and support other agencies' DDR efforts.

In line with the guiding policy, DAP liaise with local governments, NGOs and other organisations to create appropriate projects in DDR in the region. DAP participation in these meetings and programmes provides good platform for mutual cooperation, coordination, support and joint operations. DAP officers had good opportunities to share best practices, strategies and find prospective partners in the field of DDR.

DAP attended the following meetings on invitation or request:

1. Japanese International Cooperation Agency (JICA): Introduction of Japanese Anti-Drug Assistance, especially in Myanmar, Tokyo, Japan 13 July 2012;
2. Fourth Pakistan Youth Congress of Drug Free Pakistan Foundation (DFPF), Lahore, Pakistan 1 to 4 September 2012;

3. Paris Pact Expert Working Group on Afghan Opiate Abuse Prevention (UNODC), Vienna, Austria 4 to 5 October 2012; and
4. TICAD Senior Officers' Meeting, Ougadougou, Burkina Faso 15 to 17 November 2012.

### ***Continental Experts Consultation in Africa, Kampala, Uganda***

The Continental Experts Consultation was organised by the Colombo Plan and African Union Commission (AUC) in Kampala, Uganda on 19–21 February 2013. 120 delegates represented 38 African Union Commission (AUC) Member States, and country representatives and diplomatic missions to Kampala, Uganda frequented the meeting. It intended to achieve the following objectives.

- Identify drug use patterns, trends, and substances of abuse,
- Recognise drug using populations including the hidden populations disaggregated by age and gender;
- Verify existing drug treatment infrastructure in African Union Member States (treatment services/centres, trained professionals) in line with the Continental Minimum Quality Standards for Drug Use Treatment;
- Recognise existing drug prevention programmes in AU Member States.

Furthermore, representatives from the Regional Economic Communities of the Common Market for Eastern and Southern Africa (COMESA), the Economic Commission for West African States (ECOWAS), and various national and regional civil society representatives active, in Africa, on anti-drug initiatives were present. International partners such as United Nations African Institute for the Prevention of Crime and Treatment of Offenders (UNAFRI), UNODC, and INL also attended the consultation.

At the end of the meeting, the Colombo Plan and the organising team achieved the expected outcomes, and priority list of each country on Drug Demand Reduction was developed.



## **Chapter 8**

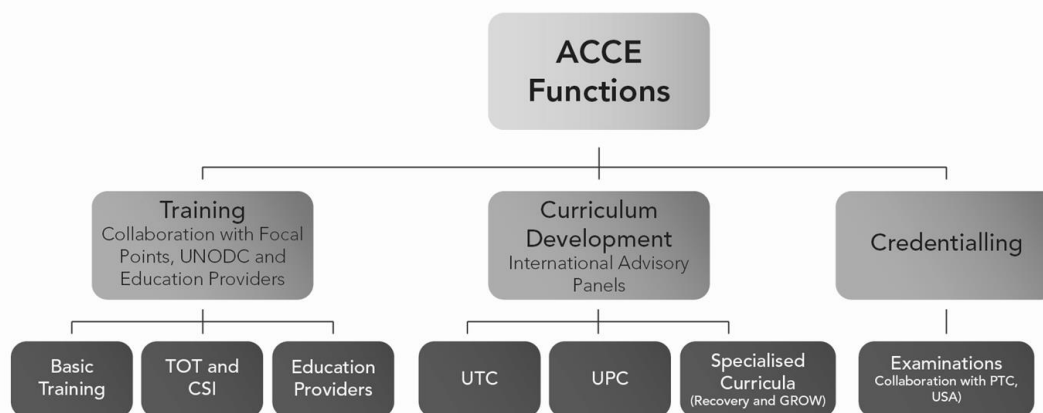
### **Asian Centre for Certification and Education of Addiction Professionals (ACCE)**

# ASIAN CENTRE FOR CERTIFICATION AND EDUCATION OF ADDICTION PROFESSIONALS (AACE)

---

## Introduction

Since its inception, the Colombo Plan Asian Centre for Certification and Education of Addiction Professionals (ACCE) with funding from the Bureau for International Narcotics and Law Enforcement Affairs (INL), US Department of State has transformed into a very specialised and technical unit of the Drug Advisory Programme to train, expand and professionalise the addiction practitioners in Asia and African countries.



The ACCE has three primary functions that include curriculum development, training and certification.

It has conducted 47 initiatives from July 2012 and June, 2013. Training of Trainers (TOT) programmes were conducted benefitting a total 222 Regional and National Level Trainers from Afghanistan, Bhutan, India, Indonesia, Maldives, Pakistan, Sri Lanka, Singapore, Republic of Korea, Philippines and Thailand. In addition, training programmes were organised for 223 Treatment Practitioners from Afghanistan and 51 from Pakistan.

Coping with the demand of addiction practitioners in the region requesting for training on the Universal Treatment Curriculum for Substance Use Disorders (UTC) in preparation for ACCE certification, the ACCE embarked on a series of Cost Sharing Initiatives (CSIs). These CSIs partly funded by the ACCE through the support of INL, covered the training package and trainers' expenses while the participants paid for their own travel, hotel accommodation as well as registration fees to cover the training materials. The

CSIs considerably saved the cost incurred when funding a training programme. A total of 575 treatment practitioners from the South and Southeast Asia were trained through eight cost sharing initiatives. These cost initiatives have motivated a large number of service providers and recovering persons to be credentialed through the ACCE.

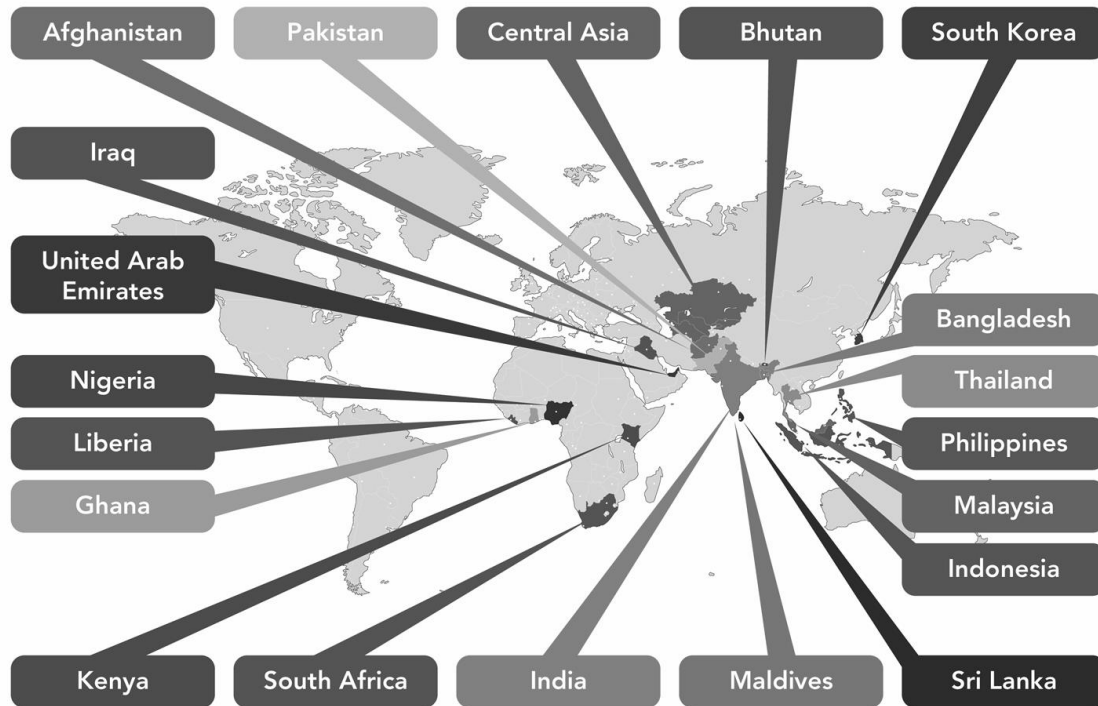
The summary of ACCE activities are as follow:

Table 1: Summary of ACCE Activities from June 2012 to June 2013

No	Trainings	No. of Trainings	No. of Beneficiaries	Remarks
01	Training of Trainers (ToTs)	12	238	Fully funded by the ACCE  Participating Counties: Indonesia, Bhutan, Maldives, Sri Lanka, Thailand, Afghanistan  Cost Sharing Initiatives: Republic of Korea
02	ACCE Cost Sharing Initiatives	03	65	Cebu City, Philippines from 26 March to 6 April 2013  Bangkok, Thailand from 26 March to 5 April 2013  Bangkok, Thailand from 26 March to 4 April 2013
03	Echo Trainings	13	302	Fully funded by the ACCE In Pakistan and Afghanistan

*List of detailed activities are in Annex A*

The ACCE currently has initiatives in 24 countries in Asia, Central Asia, Middle East and Africa. The map below shows the countries where the activities are being implemented.



**Activities Implemented From July-June, 2013**

***A. Curriculum Development***

**ACCE Publications (Project 2012-12, 2012-17, 2012-33, 2012-45)**

The basic level of the “Universal Curriculum for Substance Abuse Treatment Professionals (UTC)” series has nine separate curricula. Each curriculum has a Trainer’s Manual and a Participant’s Manual. The manuals for curricula 1-4 and 6-8 have been developed between 2011-2012, in English language with funding from the Bureau for International Narcotics and Law Enforcement Affairs (INL), U.S Department of State. Adaptation and Translation of these manuals are also being done for some of the participating countries / regions namely Afghanistan, Central Asia, Indonesia, Republic of Korea, Pakistan and Sri Lanka, where English Manuals are not effective.

Besides, another manual called “Psycho education for Clients and families” was developed by the ACCE in the year 2012. This book provides addiction practitioners with materials and guidelines to conduct psycho education sessions for clients and families in different phases in treatment.

An update of the ACCE publications carried out till June, 2013 is given in the following table:

Name of the Curriculum	Status
Curriculum 1: Physiology and Pharmacology for Addiction Professionals	<ul style="list-style-type: none"> <li>Participant manuals were printed in Russian language for 5Central Asian Countries, Urdu for Pakistan, Bahasa Indonesia for Indonesia, Sinhala for Sri Lanka , Dari and Pashto for Afghanistan.</li> </ul>
Curriculum 2: Treatment for Substance Use Disorders–The Continuum of Care for Addiction Professionals	<ul style="list-style-type: none"> <li>The trainer and participant manuals were translated and printed in the Korean language for Republic of Korea.</li> </ul>
Curriculum 3: Mental and Medical Disorders that often Co-occur with Substance Use Disorder.	<ul style="list-style-type: none"> <li>Graphic designing for Pashto translation of the participant manual was completed.</li> <li>Adaptation and translation of the manual in the Russian language was also completed.</li> </ul>
Curriculum 4: Basic Counselling Skills for Addiction Professionals	<ul style="list-style-type: none"> <li>Participant manuals printed in Dari, Bahasa Indonesia, and Korean language.</li> <li>Pashto translation of the participant manual was completed.</li> </ul>
Curriculum 4 A: Client And Family Psycho-Education Manual	<ul style="list-style-type: none"> <li>The initial adaptation and translation of the manual in the Dari and Pashto languages were completed.</li> <li>Manuals were printed in Korean Language.</li> </ul>
Curriculum 5: Screening Assessment and Treatment Planning for Addiction Professionals	<ul style="list-style-type: none"> <li>Development of the Curriculum is in progress. SME Consulting, LLP, USA is collaborating with the ACCE to complete the manual.</li> </ul>
Curriculum 6: Case Management for Addiction Professionals	<ul style="list-style-type: none"> <li>Adaptation and Translation of Participant Manuals in Pasto has been completed.</li> <li>Korean translation of the Trainer’s and the Participant’s Manuals were also completed.</li> </ul>
Curriculum 7: Crisis Intervention for Addiction Professionals	<ul style="list-style-type: none"> <li>Participant’s Manuals were printed and are available in Dari and Bahasa Indonesia</li> </ul>
Curriculum 8: Ethics for Addiction Professionals.	<ul style="list-style-type: none"> <li>Adaptation and Translation of Participant’s Manuals in Dari, Pasto and Russian Language were completed.</li> <li>Korean translation of the Trainer’s and the Participant’s Manuals were also completed.</li> <li>Participants Manuals were printed and are available in Dari and Bahasa Indonesia.</li> </ul>

The ACCE in collaboration with UNODC ROCA and the Government of Turkmenistan is implementing its training and certification initiative based on the “Universal Curriculum for Substance Abuse Treatment Professionals” in Turkmenistan. As a part of this initiative, the ACCE convened an Experts Group Meeting for the adaptation and translation of the UTC Basic level Curricula 1 and 2 for Central Asia from 4 to 8 November 2012 in Dubai, UAE. The ACCE also contracted two Russian translators to translate Curriculum 3: Common Co-occurring Mental and Medical Disorders – An Overview for Addiction Professionals; and Curriculum 8 “Ethics for Addiction Professionals” for the implementation of its initiative in the five Central Asian countries. The translation was completed by May, 2013.

Subsequently, the ACCE in collaboration with UNODC ROCA convened the “Second Central Asian Experts’ Group Meeting” in Istanbul, Turkey from 27 May to 31 May 2013. The meeting was attended by nine experts on addiction treatment from Central Asia. The experts reviewed and finalised the translation of the Basic Level Curricula 3 and 8 of UTC series and also fine-tuned the translation of the Curriculum 1 and 2 in the Russian language.

#### ***Intermediate and Advanced Level Curriculum Development Meeting (Project 2012-18)***

A meeting was organised by the INL, US Department of State in Washington DC, USA from 15-17 April 2013, to develop a common Addiction Treatment Curriculum to be utilised by UNODC, OAS and the Colombo Plan across the world. The experts’ panel from the three international organisations reviewed the three separate curricula used by them, namely the Training for Drug Treatment Professionals Basic Level (PROCCER) by the CICAD of the OAS, Treat Net Curriculum of the UNODC and the INL/ CP ACCE Training Curricula with the view of developing the Universal Treatment Curriculum for Substance Use Disorder. Mr. Tay Bian How and Ms. Winona Pandan of the ACCE and Dr. V. Thirumagal from the TTK Hospital India who is also an ACCE Master Trainer, served as panel members together with the representatives from CICAD/OAS; ONDCP and SME Consulting, USA.



## **Grow (The Guiding the Recovery Of Women) (Project 2012-19)**

The Guiding the Recovery of Women (GROW) Curriculum has been designed to train substance abuse treatment professionals around the world on gender-responsive treatment methods and modalities. The GROW materials and manuals have been tested in both national and regional trainings and have provided guidance and support to those programs that serve drug-addicted women and their families. Under this project, the ACCE in collaboration with SME Consulting, LLP is developing a Manual on the Family Therapy. On 28 July 2012, the reconvening of the GROW Panel of Experts was held in Baltimore, Maryland. The purpose of the meeting was to reconvene and expand the GROW Panel of Experts as well as discuss training initiatives with the ACCE to be able to successfully implement gender responsive treatment approaches globally. The meeting was attended by Mr. Tay Bian How and Ms. Winona Pandan of the ACCE. This is the last curricula in the GROW training series.

### ***B. Training of Regional Trainers and National Trainers***

The INL has provided funding to the ACCE to implement training and certification initiatives - beyond the Colombo Plan member countries that include Central Asia, Middle East and Africa. In addition, the National Rehabilitation Centre of the United Arab of the Emirates signed an MOU with the Colombo Plan to enable the ACCE to conduct a series of training for a core group of trainers.

#### **1. Training of Trainers Programme for the ACCE New Trainers (Project 2012-26)**

The ACCE conducted 2 Training of Trainers (TOT) programme to increase the pool of the ACCE master trainers in the region. This was done in the view of the increasing number of training programmes being conducted by the ACCE in the Asian and African countries. The master trainers were selected on the bases of their skills and experience in addiction treatment, counselling and training.

**The Third Regional Training of Trainers for Addiction Professionals Curricula- 3 “Common Co-Occurring Mental and Medical Disorders-An Overview for Addiction Professionals” 13-15 July 2012, Malacca, Malaysia.**

The Training of Trainers (TOT) on the UTC Basic Level Curricula 3 “Common Co-occurring Mental and Medical Disorders-An Overview for Addiction Professionals” was organised from 13 to 15 July, 2012 at the Hotel Equatorial Melaka in Malaysia. The 30 ACCE regional level master trainers attended the training as participants. Dr. Sivakumar Thurairajasingam, Consultant Psychiatrist & Senior Lecturer from the Jeffrey Cheah School of Medicine & Health Sciences, Malaysia was the resource person and the

facilitator. The training provided the participants with an overview of the relationship of co-occurring disorders to one another, the related treatment issues and brief descriptions of the most commonly co-occurring mental and medical disorders.

**The ACCE Regional Training of Trainers for Curriculum 8 “Ethics of Addiction Professionals” for New trainers, 16 to 19 July 2012, Holiday Inn, Malacca, Malaysia**

A Training of Trainers on UTC Basic Level Curricula 8 “Ethics of Addiction Professionals” was organised for the new batch of ACCE trainers from 16 to 19 July, 2012. A total of 14 student trainers attended the programme which was held at the Holiday Inn in Malacca, Malaysia. The TOT addressed professional conduct, ethical behaviour, confidentiality, ethical principles, professional codes of ethics and ethical decision-making. The curriculum also addressed the importance of supervision as part of ethical practice

**2. ACCE Regional Programme (Project 2012-17)**

**Indonesia**

The ACCE is implementing its training and certification initiative in Indonesia since the year 2011. A group of 15 Indonesian trainers have been identified and selected by the ACCE for implementing the ACCE certification and training initiative in the country. Between July 2011 and June 2012, the UTC Basic Level Curricula 1, 2, 4, 6 and 7 were adapted and translated in Bahasa Indonesia and a selected group of national level trainers of Indonesia were trained on UTC curricula 1 and 2.

A brief description of the programmes conducted in Indonesia during the reporting period:

**a. Working Group Meeting for the Adaptation and Translation of UTC Basic Level Curricula 3 and 8, 24 -28 December 2012, Jakarta, Indonesia**

The ACCE organised a Working Group Meeting from 24-18 December 2012 in Jakarta, to adapt and translate the UTC Basic Level Curriculum 3 “Common Co-Occurring Mental and Medical Disorders—A Overview for Addiction Professionals and the Curriculum 8 “Ethics for Addiction Professionals”. A group of 7 experts including representatives from BNN, Ministry of Social Welfare, Ministry of Health, NGOs and Dr. Sivakumar Thurairajasingam, Consultant Psychiatrist & Senior Lecturer of Psychiatry from Malaysia took part in the working group meeting. The translated manuals were printed in the Bahasa Indonesia in the first quarter of 2013.



**b. Training of Trainers (TOT) for the National Trainers of Indonesia on the UTC Basic Level Curricula 4, 6 and 7, 2 to 11 January 2013, Jakarta, Republic of Indonesia.**

The ACCE organised the Second TOT programme for the 15 Indonesian National Level Trainers from 2 to 11 January 2013. This training was based on the UTC Basic Level Curricula 4, 6 and 7 and covered the Basic Counselling Skills, Case Management and Crisis Intervention for Addiction Professionals. Pre and post training tests were administered to gauge the effectiveness of the training in improving the participants' knowledge and competency.



**I. Impact of ACCE Training in Indonesia**

The national focal point, National Narcotics Board of Indonesia (NNB) has committed itself to carry forward the ACCE initiative in the country and has so far shown impressive progress in terms of implementing the programme. During the reporting period, NNB trained 159 service providers from twenty nine provinces on UTC Basic level Curricula 1 and 2 through five training programmes. Moreover, they also trained 50 participants from fourteen provinces on UTC Basic level Curriculum 4, 6 and 7.

The NNB also organised a one-day national seminar to promote the participation of the Indonesian addiction treatment practitioners in the ACCE credentialing programme. The event took place on 12 January 2013 at the NNB's auditorium and was attended by 100 participants from government and non government organisations.

**II. Bhutan, Maldives and Sri Lanka**

***a. The First Training of Trainers for National Trainers of Maldives and Sri Lanka on UTC Basic Level Curricula 1 and 2, 19 -28 November, 2012***

The ACCE conducted the Training of Trainers (TOT) on the UTC Basic Level Curricula 1 and 2 for the National Trainers of Sri Lanka and Maldives at Hotel Hilton in Colombo, Sri Lanka from 19 to 28

November, 2012. The course was attended by a total of 25 trainers of whom 15 were from Sri Lanka and 10 from Maldives. Ms. Bhadradevi Leisha Chandrasena De Silva, Chairperson, National Dangerous Drugs Control Board, Sri Lanka and Mr. Adam Maniku, the Secretary- General of the Colombo Plan graced the inauguration of the programme with their kind presence. While curriculum 1 “Physiology and Pharmacology for Addiction Professionals” provided the participants with an understanding on the science of addiction, pharmacological properties of the addictive substances, their consequences on individual, family, and community and strategies for counteracting stigma; Curriculum 2 “Treatment for Substance Use Disorders—The Continuum of Care for Addiction Professionals” provided a comprehensive overview of the nature of behaviour change, elements of addiction treatment and evidence-based practices.

***b. Training of Trainers for Bhutan, Maldives and Sri Lanka National Trainers on the UTC Basic Level Curricula 3 and 4, 23 to 30 April, 2013 Colombo, Sri Lanka***

The Training of Trainers (TOT) on the UTC Basic Level Curricula 3 and 4 was conducted for the National Trainers of Bhutan, Maldives and Sri Lanka in Colombo, Sri Lanka from 23 to 30 April, 2013. The course was attended by a total of 31 participants of whom 13) were from Sri Lanka, 10 from Maldives and 7 from Bhutan. Besides, 1 DAP officer also took part in the training. The training on Curriculum 3 “Common Co-Occurring Mental and Medical Disorders—An Overview for Addiction Professionals” was implemented on the first three days of the programme. The next five days were on the UTC Curriculum 4 “Basic Counselling Skills for Addiction Professionals” which provided the participants with basic counselling knowledge and skills that are essential at every stage of treatment and in every type of counselling situation such as individual, group, and family counselling.

**Impact in Bhutan, Sri Lanka and Maldives**

The 9 National Level ACCE trainers of Bhutan conducted the first training workshop based on the UTC Basic Level Curricula 1 and 2 from 3 to 13 September, 2012. The training was attended by 25 participants comprising of peer counsellors and addiction practitioners of Bhutan. It was organised by the Bhutan Narcotics Control Agency (BNCA) and funded by UNICEF. The opening ceremony was graced by the Director-General of BNCA who expressed his appreciation for the Colombo Plan ACCE programme in Bhutan and emphasised that the demand reduction services especially the rehabilitation and counselling programme in Bhutan needs to be strengthened.

The National Dangerous Drugs Control Board (NDDCB), Government of Sri Lanka is collaborating with the Colombo Plan ACCE to implement the ACCE training and certification initiatives in Sri Lanka. During the reporting period, the NDDCB conducted a series of training initiatives covering a total of 374 service providers. The training initiatives by NDDCB include a “Certificate Course on Drug Counselling” which started from March 2012. The course has included the UTC Basic Level Curriculum 1 as an optional subject. Besides, the Sri Lankan Federation of Non Governmental Organizations against Drug Abuse (FONGODA) trained 75 service providers through two training programmes based on curriculum 1 and 2.

The National Drug Agency (NDA), Government of Maldives trained 37 service providers through two training workshops based on the UTC Basic Level Curriculum 1. The trainings were facilitated by the ACCE national level trainers from the Maldives. Among the participants were staffs from Regional Drug Rehabilitation Centre (Addu City Council Ithaaraa), Hithadhoo School, Women’s Committee, Maldives Police Service , Customs of Maldives, NDA, the Ministry of Human Resources and Sports, Department of Penitentiary and Rehabilitation Service, Drug Court, NGOs like Journey and SWAD. The feedback received from the participants showed that they found the sessions very informative and useful.

The Regional and National Level ACCE trainers from Maldives organised four training initiatives based on UTC Basic Level Curricula 1 and 2 for 71 participants that included service providers, volunteers , people affected and afflicted by Substance Use.

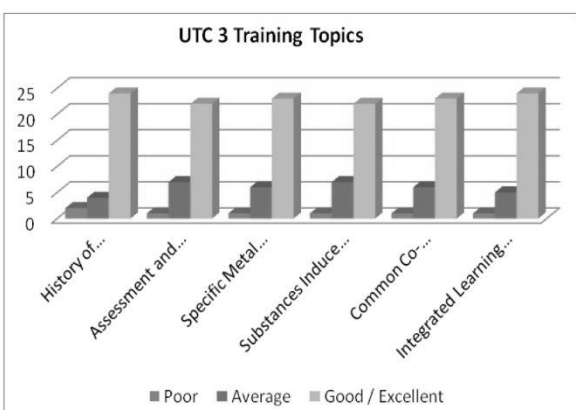


Table 5: Bhutanees, Maldivians and Sri Lankans Trainers Feedback on UTC 3

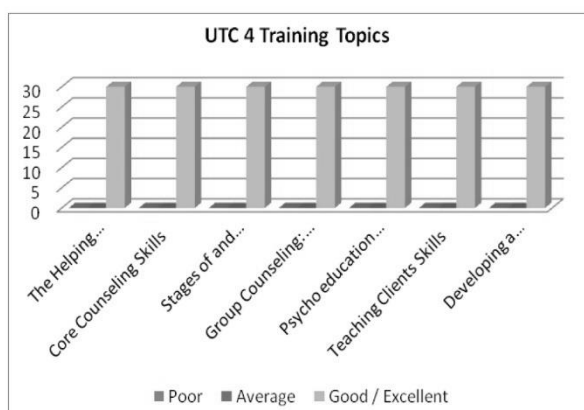


Table 6: Bhutanees, Maldivians and Sri Lankans Trainers Feedback on UTC 4

### **III. Thailand**

#### ***a. Training of Trainers (TOT) for the National Trainers of Thailand on UTC Basic Level Curricula 1, 2 and 8, 26 March to 5 April, 2013 in Bangkok, Thailand***

In the first Thai TOT, a group of 12 Thai trainers nominated by the Office of the Narcotics Control Board (ONCB), Government of Thailand were trained on the UTC Basic Level Curricula 1, 2 and 8 from 26 March- 5 April, 2013 in Bangkok, Thailand. The aim of this programme was to create a pool of National Level Trainers in Thailand, who would be responsible for implementing the ACCE Training and Certification initiative under the aegis of the ONCB with technical assistance from the ACCE. The Programme was inaugurated in the kind presence of Ms. Chuanpit Choomwattana, Senior Demand Reduction Advisor and Ms. Rachanikorn Sarasiri, Director of Foreign Affairs Bureau, Office of the Narcotics Control Board (ONCB).

#### **Impact in Thailand**

Dr. Danai Indrakamhaeng, a Psychiatrist from Thailand and also an ACCE Regional Level Trainer conducted 3 training based UTC Basic level Curriculum 1 and trained 80 participants comprising of nurses, psychologists, social workers and other multidisciplinary team staffs from Thanyarak Chiang Mai Hospital. In another training programme based on the UTC Basic Level Curricula 2 and 4, Dr. Danai Indrakamhaeng trained 20 staff members from the Hospital on the “Stages of change and Motivational Interviewing”. He conducted training on “Crisis Management” based on the UTC Basic Level Curriculum 7 for a team of 30 multidisciplinary staff members from the same Hospital.

Dr. Rasmon Kalayasiri, MD is a national level ACCE trainer from Thailand. She is also attached to the Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, and Bangkok, Thailand. Dr. Kalayasiri, and her colleagues have incorporated the three UTC Basic Level Curricula 1, 2 and 8 as an elective course in the Master Degree Programme in Mental Health at the Department of Psychiatry, Chulalongkorn University.

### **IV. India**

The ACCE has trained a group of six trainers in India on the UTC Basic level series. These trainers are engaged in different ACCE initiatives across the region. The TTK hospital Chennai, in India, has been

appointed as one of the “Approved Education Provider of Continuing Education for Substance Use Disorder treatment Professionals” of the ACCE for India as well as South Asia. As an education provider, TTK is conducting a number training programme based on the UTC series for the addiction treatment practitioners in India. During the reporting period it conducted 7 training programmes based on the UTC Basic Level curricula 1, 2, 3, 6,7 and 8 and trained 146 participants on different curricula. These trainings were funded by National Institute of Social Defence (NISD), Ministry of Social Justice and Empowerment (MSJE), Government of India.

An ACCE trainer from the Indian state of West Bengal trained 57 para-professionals and volunteers on selected topics based on curricula 1 and 2.

## **V. The Philippines**

The ACCE has trained a group of 5 trainers in the Philippines who conducts echo training programmes from time to time with the own resources and also by mobilising the resources from the relevant government departments and local organisations. The ACCE trainers from the Philippines trained 129 service providers which included counsellors, social workers and volunteers during the period.

## **VI. Malaysia**

The ACCE trained 2 regional trainers and 13 national level trainers from Malaysia. While the regional level trainers were trained on curricula 1-4 and 6-8, the national level trainers were trained on curricula 1 and 2.

Following the TOTs, Malaysian trainers trained a total of 96 service providers, with their own resources. Of the 96 participants, 58 were trained on curricula 1 and 38 were trained on curricula 4.

### ***C. The ACCE Cost Sharing Initiatives (Project 2012-17)***

The ACCE cost sharing initiative (CSI) is the result of a demand driven process among myriads of addiction professionals from across Southeast and South Asia who are keen to be trained and certified by the ACCE by paying a part of the expenses. In such initiatives, the ACCE bears the costs of the trainers, while the collaborating organisations and the participants bear the other expenses for the programme. During the reporting period, the ACCE organised a total of 8 cost sharing initiatives which took place in the Philippines, South Korea and Thailand.

### **1. International Conference On Substance Use Disorders 11 - 12 July 2012, Malacca, Malaysia.**

The Melaka State Government organised and funded the International Conference on Substance Use Disorders in collaboration with the ACCE in the Historical city of Melaka on 11 and 12 July 2012. The inauguration of the Conference was graced by the Mayor of Melaka Historic City Council, Mr. Zainal Bin Abu and Datuk Nortipah Binti Abdol representing Honourable Chief Minister of Melaka. About 200 members from Malaysia, Indonesia, India, Germany, Thailand, Maldives, Pakistan, Bhutan, Philippines, Indonesia, Korea and Macau actively participated in the conference and shared their views as well as fulfilled their quest related to substance abuse disorder. The plenary sessions were organised on key issues like “Challenges, Perspective and Trends in Substance Use” and “Professionalising Treatment of Substance Use Disorders”. Five concurrent skill based workshops (Science of Addiction, Recovery Capital, and Ethics for Addiction Counsellors, Evidence-based Practices, and Family in Crisis) were facilitated by the International Trainers of the ACCE.

### **2. ACCE / FONGOADA National Workshop on Drug Demand Reduction 24 November 2012, Colombo, Sri Lanka.**

A one-day national workshop on Drug Demand Reduction was convened on the 24 November 2012, at Hotel Hilton, in Colombo Sri Lanka to introduce the training and certification / credentialing process of the ACCE that aims to professionalise the addiction treatment practitioners by providing them with the latest scientific information and evidence-based practices in the area of Drug Demand Reduction (DDR). Mdm. Leisha de Silva Chandrasena Chairperson of NDDCB (National Dangerous Drugs Control Board, Sri Lanka) was the Chief Guest. The inaugural ceremony was marked by the presence of several dignitaries, experts and practitioners in the field. Among them were 40 members of SL FONGOADA (Federation of Non-Governmental Organizations against Drug Abuse in Sri Lanka) and 25 TOT participants from Maldives and Sri Lanka. The Secretary General of the Colombo Plan highlighted the challenges brought about by a globalized world in the form of drug trafficking and narcotic trade beyond borders.

This ceremony also inaugurated the ACCE Training of Trainers that was being conducted since 19 November 2012, where a total of 25 treatment national trainers from Maldives and Sri Lanka were

undergoing a ten-day intensive training of trainers. Following the inaugural programme, a one day workshop on Prevention of Substance Abuse was also conducted, wherein the FONGOADA participants and representatives from the Maldives were given an overview of the Colombo Plan Life Skills programme.

### **3. Cost Sharing Initiatives in Republic of Korea.**

#### **i. Meeting with Korean Focal Point and Korean Association for Addiction Professionals (KAAP) and KAAP National Workshop, 19-23 December 2012, Seoul, Republic of Korea**

The main purpose of the ACCE mission to Republic of Korea was to discuss the partnership between the ACCE and the Korean Association for Addiction Professionals (KAAP). Following the meeting, the KAAP was appointed as an “Approved Education Provider of Continuing Education for Substance Use Disorder treatment Professionals” of the ACCE through a Memorandum of Understanding signed by the two organizations on 22 December 2012. A one-day National workshop was also organised by the KAAP in collaboration with the ACCE on 22 December 2012, at Yongsee University in Seoul. The workshop discussed ACCE certification and also included sessions on Recovery Management and Case Management. A total of 250 participants (academicians, social workers, counsellors, psychologists and medical doctors working in the addiction field) attended the programme.

#### **II. Training of Trainers (TOT) for the Addiction Treatment Trainers of South Korea on the UTC Basic Level Curricula 1 and 2 (Cost Sharing Initiative) at Seoul 30 March to 6 April, 2013.**

The ACCE and KAAP conducted a TOT on the UTC Basic Level Curricula 1 and 2 on a cost-sharing basis from 30 March to 6 April 2013 at Seoul, Republic of Korea. A total of 16 participants (student trainers from the Republic of Korea) took part in the programme. Discussions on trainer demeanour and training methodology were also carried out.

#### **III. Training of Trainers (TOT) for the Addiction Treatment Trainers of South Korea on the UTC Basic Level Curricula 6, 8 and 2 (Cost Sharing Initiative) at Seoul 22-30 June, 2013.**

The second TOT for the Korean Trainers was conducted from 22-30 June, 2013 at Seoul, Republic of Korea. The TOT was based on the UTC Basic Level Curricula 6, 7 and 8 of the Universal Training Curriculum. The first section of the training was based on Curriculum 8 – Ethics for Addiction Practitioners. During the training the participants reviewed the KAAP Code of Ethics and identified the NAADAC principles that needed to be included to improve their ethical codes. This was followed by

Curriculum 6 that covered Case Management. Curricula 8 was on Crisis Intervention and covered the causes of crisis, steps involved managing crisis and suicide. The training was attended by the 16 Korean trainers who had completed the training on UTC Basic Level Curricula 1 and 2 in the earlier part of this year.

### **Impact in Republic of Korea**

During the reporting period, the ACCE National Level Trainers from the Republic of Korea conducted a series of training programme based on the UTC Curricula under the aegis of KAAP and trained 340 participants comprising of counsellors, graduate students, recovering people and gambling addiction centre staff members.

### **3. Cost Sharing Initiative on the UTC Basic Level Curricula 1, 2 and 8 in the Philippines, 15 to 25 January, 2013, Cebu City, Philippines.**

The ACCE conducted a cost sharing initiative in the Cebu City, Philippines from 15 to 25 January 2013 in coordination with “We Do Recover Treatment Centre”. This training initiative was based on the UTC Basic Level Curricula 1, 2 and 8 and was participated by 31 addiction practitioners of whom 30 were from different parts of the Philippines and one participant was from the Maldives. Thirty three percent of the participants did not have any University Qualification. The participants looked forward to being trained and credentialed through the ACCE for a better job opportunity in the region. The inauguration of the event was graced by the presence of Usec. Edgar Galvante, Permanent Member, Dangerous Drugs Board and Mr. Vicente Tico Aldanese, Centre Director, We Do Recover.





**4. Cost Sharing Initiative I on the UTC Basic Level Curricula 1, 2 and 8 in Thailand, 26 March to 5 April, 2013, Bangkok, Thailand.**

Based on the success of the first CSI in Cebu, the second cost sharing initiative was subsequently conducted from 26 March to 5 April, 2013 at the Siam City Hotel in Bangkok, Thailand. This training programme was completed by 12 addiction practitioners from South and South-eastern Asian countries namely Pakistan, Maldives, Indonesia and the Philippines who were working extensively in the area of addiction treatment. The training covered UTC Basic Level Curricula 1, 2 and 8. The 11-day Training Programme was inaugurated on 25 April, 2013 in the kind presence of Ms. Chuanpit Choomwattana, Senior Demand Reduction Advisor and Ms. Rachanikorn Sarasiri, Director of Foreign Affairs Bureau, Office of the Narcotics Control Board (ONCB).

**5. Cost Sharing Initiative I on the UTC Basic Level Curricula 4, 6 and 7 in Thailand, 26 March to 4 April, 2013, Bangkok, Thailand.**

Continuing the series of CSI from the first CSI in Cebu, the ACCE conducted a cost sharing training initiative on UTC Basic Level Curricula 4, 6 and 7 from 26 March to 4 April, 2013 at Siam City Hotel in Bangkok, Thailand. This training programme was primarily skill-based and provided opportunities to the participants to learn and practice core skills needed in addiction counselling, case management, and crisis and suicide intervention. A total of 22 participants, who completed the training programme were from the Philippines, Brunei, Pakistan, Maldives, Indonesia and India. Majority of these participants had taken part in the 1st CSI in Cebu.

***D. Training of Treatment Practitioners in Liberia (2012-43)***

Liberia is a home to 3.5 million people. The country is perhaps one of the most severely war-affected nations in Africa. Fourteen years of civil conflict has left a devastated, war-ravaged society, struggling to recover from destruction, suffering, pain and death and has also led to substance use related problem among many. Among the drugs that are used, include marijuana, cocaine, amphetamines, hashish, and opium.

In order to address and reduce the problem of substance abuse in the country, the INL has mandated the ACCE to build the technical capacity of the addiction treatment practitioners and trainers in Liberia. In this regard the ACCE had conducted a tailoring visit to Monrovia, Liberia from 12 to 14 November 2012 to discuss the initiative with Government and Non-Governmental representatives of Liberia. The first training for the Liberian trainers has been scheduled from 18-27 November, 2013.

## ***E. Training of Pakistan Addiction Practitioners on Universal Treatment Curricula (Project 2012-39)***

### **1. Adaptation and Translation of Curricula 1 And 2 In Urdu, 24-26 September 2012, Islamabad, Pakistan.**



The ACCE initiative in Pakistan is being implemented in collaboration with the Ministry of Narcotics Control, Government of Pakistan and with funding from the Bureau of International Narcotics and Law Enforcement Affairs (INL), US Dept. of State. The initiative was launched on 24 September 2012 with Mr. Javed Iqbal, Secretary, Ministry of Narcotics Control as the Chief Guest. The launch was followed by a 3-day Expert Group Meeting on the Adaptation and Translation of UTC Basic Level Curriculum 1 “Physiology and Pharmacology for Addiction” and Curriculum 2 “Treatment for Substance Use Disorders-The Continuum of Care for Addiction Professionals” in Urdu.

### **2. Training of Trainers for Addiction Professionals of Pakistan Curricula 1 And 2, 12 – 21 November, 2012**

The ACCE initiative in Pakistan is being implemented in collaboration with the Ministry of Narcotics Control, Government of Pakistan and with funding from the Bureau of International Narcotics and Law Enforcement Affairs (INL), US Dept. of State. The initiative was launched on 24 September 2012 with Mr. Javed Iqbal, Secretary, Ministry of Narcotics Control as the Chief Guest. The launch was followed by a 3-day Expert Group Meeting on the Adaptation and Translation of UTC Basic Level Curriculum 1 “Physiology and Pharmacology for Addiction” and Curriculum 2 “Treatment for Substance Use Disorders-The Continuum of Care for Addiction Professionals” in Urdu.

### 3. Training of Trainers for Addiction Professionals of Pakistan Curricula 1 and 2, 12 – 21 November, 2012

The ACCE conducted a TOT on Curriculum 1 “Physiology and Pharmacology for Addiction Professionals” and Curriculum 2 “Treatment of Substance use Disorders- the Continuum of Care for Addiction Professionals” for the National level trainers of Pakistan from 12 – 21 November, 2012 in Islamabad. The event was organised in collaboration with the Ministry of Narcotics Control (MNC), Pakistan and was funded by INL, US Embassy, Islamabad. A total of 13 participants from various Government and Non-Government Organizations attended the programme. They were selected on the bases of their diverse professional backgrounds as well as extensive work experience in the field of drug treatment and rehabilitation. It was also ensured that the participants represented different part of the country.

### 4. Echo training programmes on UTC Basic Level Curricula 1 and 2 for Addiction Treatment Practitioners of Pakistan

In 2013, the ACCE initiated the series of echo training programmes in collaboration with the Ministry of Narcotics Control, to build the technical capacities of the addiction treatment practitioners working in Pakistan. These echo training programmes were based on the two afore-mentioned curricula and were facilitated by Pakistani trainers trained by ACCE in the month of November, 2012. Two echo trainings were conducted in Islamabad. A total of 25 addiction treatment practitioners attended the first echo training, which was held from 25 February to 7 March 2013. The second echo training was from 8 to 16 April 2013 and was attended by 26 treatment practitioners. The participants represented both government and non-governmental organisations from Islamabad and Khyber Pakhtunkhwa province.

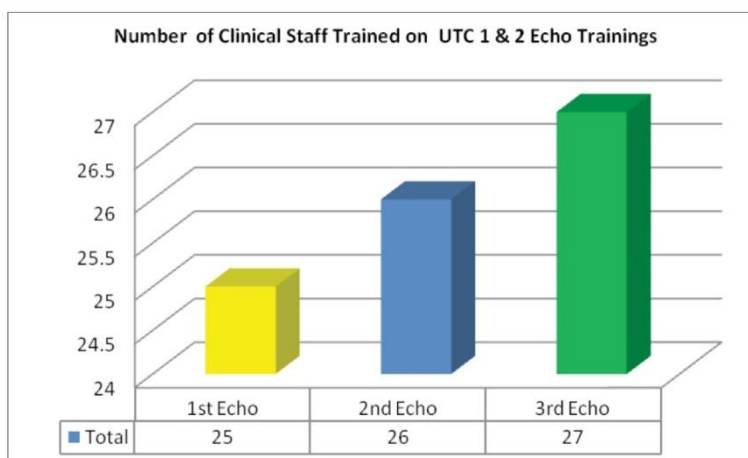


Table 10 : Number of Clinical Staff Trained on UTC 1 & 2 (Echo Trainings)

## ***F. Training and Technical Assistance for Afghanistan (Project 2012-12)***

### **I. Training of Trainers (TOT) for the New Afghan National Trainers on ACCE Basic Level Curricula 1 and 2, 5-14 November 2012, Golden Tulip Suite, Dubai, United Arab Emirates**

In view of the large number of training programmes in Afghanistan, the ACCE decided to expand the pool of the Afghan national trainers to implement its initiative in the country efficiently. In this connection, the ACCE conducted a TOT on the basic level curricula 1 and 2 from 5-14 November 2012 in Golden Tulip Suites, Dubai, United Arab Emirates for a selected group of 13 junior Afghan trainers. The new trainers were selected on the basis of their experience in the area of addiction treatment. Besides the Afghan participants, 2 officers from the Colombo Plan Drug Advisory Programme also participated in the programme.

### **II. Adaptation and Translation of ACCE Basic Level Curricula 3 and 8 in Dari and Pashto, 10-14 December 2012, Dubai, United Arab Emirates**

The ACCE organised an experts' working group meeting for the adaptation and translation of curricula 3 and 8 in Pashto and Dari languages. A total of 8 members representing both government and non-government organizations comprising of treatment professionals, medical doctors, lecturers, policy makers and ACCE officials completed the translation and adaptation of the manuals in 2 languages.

### **III. Training of Afghan Treatment Practitioners, 2012, Afghanistan**

As part of the Joint CPACCE-UNODC Kabul initiative, an estimated number of one thousand Afghan addiction treatment practitioners need to be trained on all eight curricula of the UTC with funding from INL, US-State Department. Since 2011, the Colombo Plan ACCE conducted a total of 13 training courses on the first two curricula to train Afghan treatment practitioners, benefitting a total of 398 participants in the country. Of these beneficiaries, 108 were trained between the months of July and December, 2012 on Curricula 1 and 2 through 5 training programmes, the details of which are as follows:

Date	UTC Curricula 1 and 2	Number of Training	Male	Female	Total
24 September to 3 October, 2013	Kabul (1 training for female in Dari; 2 trainings for Male –1 in Dari and 1 in Pashto)	3	45	24	69
8-18 December, 2012	Kabul	2		39	39
Total		5	45	63	108

#### IV. Revised Training Strategy for Afghanistan

The ACCE training strategy for Afghanistan was revised and approved during the Afghan Stakeholders' Meeting in December 2012, whereby it was decided that the ACCE would only train a selected group of national trainers on all the UTC Basic Level series. The trained Afghan trainers in turn would conduct echo training of the clinical staff in their local settings. The echo training would be organised by the key stakeholders in Afghanistan with funding from the INL through the ACCE. The ACCE would send its international trainers or Afghan Senior National level trainers to supervise the training programmes, monitor the accuracy of the content and methodology and ensure that the training programmes are carried out in a desired manner.

Subsequently, a meeting on the “revised training strategy for Afghanistan” was held from 26 February to 28 February, 2013 whereby the key NGO stakeholders, UNODC and Ministry of Counter Narcotics, Government of Afghanistan were apprised of the new training strategy. The meeting agreed that new training strategy would expedite the training of an estimated One Thousand afghan addiction treatment staff in the forty four INL-CP funded centres.

#### V. Translation of Psycho-Education Manual in Dari and Pashto

An Experts' Group Meeting was organised in Kabul from 13-18 April, 2013 to translate the Client and Family Psychoeducation Manual in the local language. The meeting was attended by six experts on

addiction treatment from Afghanistan. Dari and Pashto translation of the manual was completed. The manual is now ready for formatting and printing.

## VI. Training of Afghan National Trainers

As a part of the revised strategy, the Colombo Plan conducted the First TOT based on the UTC Basic Level Curricula 1 and 2 from 22 April to 4 May, 2013 in Dubai, UAE for the selected group of 21 national level trainers of Afghanistan of whom three were female trainers.

This was followed by a second TOT on Curricula 4 and 6, which was held from 3 to 13 June, 2013 in Dubai, UAE. The Second TOT was attended by 30 Afghan trainers of whom 8 were female. All the thirty national trainers had been trained on the UTC Basic Level Curricula 1 and 2. The national trainers represented Ministry of Counter Narcotics, Ministry of Public Health, United Nations Office on Drugs and Crime and four NGO stakeholders. During the training programmes, Pre and Post Training Assessments were conducted to measure their effectiveness in improving the participants' knowledge and competency. The participants were also evaluated on their ability to conduct training programme.

## VII. Echo Training in Afghanistan

During reporting period, the ACCE also conducted five Echo training programmes involving the trained national level trainers in Afghanistan. All the five programmes were based on the Basic Level Curricula 1 and 2 and provided 45 hours of education to the participants. The details of the programmes are given in the following table:

No	Date of Echo Training	Name of the organiser	Venue	Medium of Instruction	Number of participants		
					Male	Female	Total
1	11to 20 May 2013	SHRO	Balkh, Mazar-e sharif	Dari	19	3	22
2	22 May to 1 June 2013	KOR	Kabul,	Pashto	24	-	24
3	25 to 27 May 2013 ( C1)	MOPH	Kabul	Dari	23	2	25

	29 June – 3 July 2013 ( C2)						
4	22June to 2July 2013	NEJAT	Kabul	Dari	21	4	25
5	22June to 1July 2013	KOR	Kabul	Pashto	18	1	19
Total							115

*The Colombo Plan ACCE wishes to express its sincere appreciation and gratitude to the Bureau for International Narcotics and Law Enforcement Affairs, US Department of State for funding the initiatives as well to the Governments of member countries for their collaborations in successfully implementing the ACCE initiatives.*

***A breakdown of the ACCE initiatives conducted during the reporting period is as Annex A:***

No	Project No	Programme	Date	Venue	No of Participants
1	Melaka Government	International Conference on Substance Use Disorders	11 to 12 July 2012	Melaka, Malaysia	200
2	2012-17 USA	The Third Regional Training Of Trainers On UTC Basic Level Curricula 3 (Senior and New ACCE Trainers)	13 to 15 July 2012	Melaka, Malaysia	30
3	2012-17 USA	ACCE Regional Training of Trainers on UTC Basic Level Curricula 8 ( New Trainers),	16 to 19 July 2012	Melaka, Malaysia	14
4	2012-30 USA	2012 Mid-Year Training Institute	22 to 26 July 2012	Nashville, Tennessee, USA	N/A
5	2012-19 USA	GROW Panel Meeting	27 to 28 July 2012	Baltimore, USA	11

6	2012-19 USA	Consultation Meeting with INL	29 July to 1 August, 2012	Washington DC, USA	N/A
7	2012-30 USA	First Community Anti-Drug Coalitions Training in the Philippines	20 to 24 August 2012	Muntinlupa and Marikina Philippines	60
8	2009-20 USA	Adaptation and Translation of UTC Basic Level Curricula 4, 6 and 7 in Dari and Pashto	19 to 23 September, 2012	Kabul, Afghanistan	8
9	2012-12 USA	Joint CP-UNODC Training for Afghan Addiction Practitioners ( Male) , UTC Basic Level Curricula 1 & 2 (Cohort One) in Dari	24 September to 3 October, 2012	Kabul, Afghanistan	25
10	2012-12 USA	Joint CP-UNODC Training for Afghan Addiction Practitioners ( Female) UTC Basic Level Curricula 1 & 2 (Cohort Two) in Dari	24 September to 3 October, 2012	Kabul, Afghanistan	24
11	2012-12 USA	Joint CP-UNODC Training for Afghan Addiction Practitioners ( Male) UTC Basic Level Curricula 1 and2 (Cohort Three) in Pashto	24 September to 3 October, 2012	Kabul, Afghanistan	20
12	2012-30 USA	First Community Anti-Drug Coalitions Training in Tajikistan	20 to 24 September, 2012	Dushanbe, Tajikistan	50
13	2012-39 USA	Adaptation and Translation of UTC Basic Level Curricula 1 and 2 in Urdu	24 to 26 September, 2012	Islamabad, Pakistan	7
14	2012-30 USA	Second Community Anti-Drug Coalitions Training in the Philippines	12 to 16 November, 2012	Philippines	60
15	2012-13	Adaptation and Translation of Curricula 1 and 2 for	4th to 8t 4-8 November	Dubai,	9



	USA	Central Asia	2012	UAE	
16	2009-20 USA/AFG	Training of Afghan National Trainers (New Batch), Curricula 1 and 2	5 to 14 November 2012	Dubai, UAE	15
17	2012-39 USA	Training of Trainers for Addiction Professionals of Pakistan , Curricula 1 and 2	12 to 21 November 2012	Islamabad, Pakistan	13
18	2012-43 USA	Tailoring Visit to Liberia on Training for Addiction Treatment	12 to 14 November 2012	Monrovia, Liberia	N/A
19	2012-17 USA	Training of Trainers for Addiction Professionals of Sri Lanka and Maldives  Curricula 1 and 2	19 to 28 November 2012	Colombo, Sri Lanka	25
20	2012-17 USA	ACCE/FONGOADA National Workshop on Drug Demand Reduction and Certification of Addiction Professionals	24 November 2012	Colombo, Sri Lanka	60
21	2012-12 USA/AFG	Joint CP-UNODC Training for Afghan Addiction Practitioners ( Female) Curricula 1 & 2 (Cohort One) in Dari	8 to 17 December 2012	Kabul, Afghanistan	20
22	2012-12 USA/AFG	Joint CP-UNODC Training for Afghan Addiction Practitioners ( Female) Curricula 1 & 2 (Cohort Two) in Dari	8 to 17 December 2012	Kabul, Afghanistan	19
23	2012-12 USA/AFG	Working Group Meeting for Adaptation and Translation of Curricula 3 and 8 in Dari and Pashto	10 to 15 December 2012	Dubai, UAE	8
24	2012-17 USA	Meeting with Korean Focal Point and Korean Association for Addiction Professionals	19 to 23 December 2012	Seoul, Korea	N/A

		(KAAP)			
25	2012-17 USA	Korean Association of Addiction Professionals' National Workshop	22 December 2012	Seoul, Korea	250
26	2012-17 USA	Working Group Meeting for the Adaptation and Translation of Curricula 3 and 8	24 to 28 December 2012	Jakarta, Indonesia	7
27	2012-17	Regional Training of Trainers – Training of Indonesia National Trainers on UTC Curricula 4,6 & 7	2 to 11 January 2013	Jakarta, Indonesia	15
28	2012-17 USA	ACCE Cost-Sharing Initiative on Certification of Addiction Professionals  UTC Basic Level Curricula 1,2 and 8	15 to 25 January 2013	Cebu Philippines	31
29	2012-17 USA	ACCE Review Meeting of Pre and Post Tests	26 to 28 February 2013	Colombo, Sri Lanka	9
30	2012-12 USA	Afghanistan Revised Training Strategy Meeting	26 to 28 February 2013	Colombo, Sri Lanka	11
31	2012-39 USA	1 <sup>st</sup> Echo Training for Pakistan Addiction Treatment Professionals on Curricula 1 & 2	February 25 to March 7 2013	Islamabad, Pakistan	25
32	2012-17 USA	Training of Thailand National Trainers on Curricula 1, 2 and 8	26 March to 5 April 2013	Bangkok, Thailand	12
33	2012-17 USA	ACCE Cost-Sharing Training Initiative for Addiction Practitioners Curricula 1, 2 and 8	26 March to 5 April 2013	Bangkok, Thailand	12
34	2012-17 USA	ACCE Cost-Sharing Training Initiative for Addiction Practitioners Curricula 4, 6	26 March to 4 April 2013	Bangkok, Thailand	22

		and 7			
35	2012-17 USA	ACCE Cost-Sharing Initiative Training of Trainers for Koreans Addiction Professionals on UTC Basic Level Curricula 1 & 2	30 March to 6 April 2013	Seoul, Korea	16
36	2012-39 USA	2 <sup>nd</sup> Echo Training for Pakistan Addiction Treatment Professionals on UTC Basic Level Curricula 1 & 2 in English	8 to 16 April 2013	Islamabad and KPK Province, Pakistan	26
37	2012-12 USA	Adaptation and Translation Meeting – Client Psychoeducation in Kabul	13 to 18 April, 2013	Kabul, 2013	6
38	2012-17 USA	Training of Trainers for Bhutan, Sri Lanka and Maldives on UTC Basic Level Curricula 4, 6 and 7	23 to 30 April 2013	Colombo, Sri Lanka	31
39	2012-13 USA	Intermediate and Advanced Level Curriculum Development Meeting	15 to 17 April 2013	Washington, USA	NA
40	2012-12 USA	Training of Afghan National Trainers on UTC Basic Level Curricula 1 & 2	22 April to 4 May, 2013	Dubai, United Arab Emirates	21
41	2012-12 USA	1 <sup>st</sup> Echo Training for Afghanistan by SHRO on UTC Basic Level Curricula 1 & 2	11 to 20 May 2013	Balkh, Afghanistan	22
42	2012-12 USA	1 <sup>st</sup> Echo Training for Afghanistan by MOPH on Curricula 1 and 2	25 to 27 May 2013 (Curriculum 1) 29 June – 3 July 2013 (Curriculum 2)	Kabul Afghanistan	25

43	2012-12 USA	1 <sup>st</sup> Echo Training for Afghanistan by KOR on UTC Basic Level Curricula 1 & 2	22 May to 1 June 2013	Kabul Afghanistan	24
44	2012-45 USA	Experts Working Group Meeting for Central Asia on Adaptation and Translation of UTC Basic Level Curricula 3 and 8	27 to 31 May 2013	Istanbul, Turkey	9
45	2012-12 USA	Training of Afghan National Trainers on UTC Basic Level Curricula 4 & 6	3 to 13 June 2013	Dubai, United Arab Emirates	30
46	2012-12 USA	1 <sup>st</sup> Echo Training for Afghanistan by NEJAT on UTC Basic Level Curricula 1 & 2	22 June to 2 July 2013	Kabul Afghanistan	25
47	2012-12 USA	2 <sup>nd</sup> Echo Training for Afghanistan by NEJAT on UTC Basic Level Curricula 1 & 2	22 June to 1 July 2013	Kabul Afghanistan	19
Total					1,326

## **Chapter 9**

### **Financial Reports**

# FINANCIAL REPORTS

---

## **Introduction**

The Annual Report on the Accounts of the Colombo Plan Council and Secretariat covers 1 July 2011 - 30 June 2012. The administrative costs of the Secretariat are met by the core budget, which is shared equally by the member countries. Hence the unique feature is that the mandatory Membership contribution is equal to all member governments, and by keeping the overheads at a low level the Secretariat has been able to maintain a modest mandatory contribution for the financial year 2011/12 is US\$17,400. As a control measure, the actual expenses are well monitored on a monthly basis by the Secretariat in order not to deviate from the budget approved by the Council.

The programme activities of the Colombo Plan are funded by voluntary contributions from member governments and other funding sources. In order to monitor utilization of voluntary contributions effectively and efficiently, the programme divisions maintain separate bank accounts and financial records.

As stipulated in the Constitution of the Colombo Plan, all accounts of the Colombo Plan Secretariat and programme divisions are audited by the Auditor General of Sri Lanka.

### **Unpaid mandatory contributions**

Out of the 26 member countries, 18 countries have paid their mandatory membership fee within the financial year 2012/13.

The unpaid balance for the Financial Years from 2008/09 to 2012/13 is summarized below:

<b>Financial Year</b>	<b>Total unpaid Balance (US\$)</b>
2012/13	288,691
2011/12	235,608
2010/11	121,700
2009/10	119,900
2008/09	138,783

The outstanding balance as at 30 June 2013 includes US\$ 131,208 (45%) due from the Government of Mongolia.

### **Financial Audit**

As stipulated in the Constitution of the Colombo Plan, the accounts of the Colombo Plan Council and Secretariat for the Financial Year 2011/12 was audited by the Auditor General of Sri Lanka. The audited Financial Statement is shown from pages 89 to 90 In addition, the Employees Provident Fund, and Financial Statements of programmes were also audited.

### **Report of the Auditor-General**

The audit of financial statements of the Colombo Plan Council and Secretariat for the Co-operative, Economic and Social Development in Asia and Pacific for the year ended 30 June 2012 comprising the balance sheet as at 30 June 2012 and the income and expenditure statement, statement of changes in equity and cash flow statement for the year then ended a summary of significant accounting policies and other explanatory information, was carried out in terms of Rule No. 10 of the Rules and Regulations of the Colombo Plan Council and the Colombo Plan Secretariat of 1997.

## **Opinion**

In my opinion, the financial statements give a true and fare view of the financial position of the Colombo Plan Council and Secretariat for the Co-operative, Economic and Social Development in Asia and Pacific as at 30 June 2012 and its financial performance and cash flow for the year then ended in accordance with Generally Accepted Accounting Principles.

Sgd. W. P. C. Wickramarathne

Acting Auditor General

Auditor General's Department

Battaramulla, Sri Lanka

31 October 2013



**COLOMBO PLAN COUNCIL & SECRETARIAT**  
**Statement of Financial Position as at 30 June 2012**

<b>As at 30 June</b>		<b>2012</b>	<b>2011</b>
	<b>NOTE</b>	<b>USD.</b>	<b>USD.</b>
<b>ASSETS</b>			
<b>Non-Current Assets</b>			
Property, plant and equipment	1	64,101	99,975
<b>Total Non-Current Assets</b>		<b>64,101</b>	<b>99,975</b>
<b>Current Assets</b>			
Inventories	2	1,107	1,860
Contributions receivable	3	235,608	253,008
Deposits	4	1,305	1,584
Prepayments	5	6,280	10,352
Advance payments	6	21,432	23,057
Other accounts receivables	7	45,023	34,773
Stamp Franker	8	38	645
Cash at bank - Fixed deposits	9	1,935,819	1,869,216
Retirement Fund - Savings Account	10	1,032	1,204
Cash at bank - Rupee Account	11	(14,305)	(5,113)
Cash at bank - US\$ Account	12	1,765,172	726,516
Petty cash		227	276
<b>Total Current Assets</b>		<b>3,998,738</b>	<b>2,917,379</b>
<b>TOTAL ASSETS</b>		<b>4,062,839</b>	<b>3,017,353</b>

## LIABILITIES AND RESERVES

<b>As at 30 June</b>	<b>NOTE</b>	<b>2012 USD.</b>	<b>2011 USD.</b>
Accumulated Reserves			
Accumulated fund	13	3,900,376	2,886,064
General reserves		3,788	4,600
Revaluation reserves		76,894	93,376
Capital reserves	14	0	1
<b>Total Accumulated Reserves</b>		<b><u>3,981,058</u></b>	<b><u>2,984,040</u></b>
<b>Non-Current Liabilities</b>			
Retirement fund		1,032	1,204
<b>Total Non-Current Liabilities</b>		<b><u>1,032</u></b>	<b><u>1,204</u></b>
<b>Current Liabilities</b>			
Contributions received in advance		17,400	17,488
Cash received in advance		833	6,543
Accounts payable	15	62,515	8,078
<b>Total Current Liabilities</b>		<b><u>80,749</u></b>	<b><u>32,109</u></b>
<b>TOTAL LIABILITIES AND RESERVES</b>		<b><u>4,062,839</u></b>	<b><u>3,017,353</u></b>
<i>Rate of Exchange: US\$ / LKR</i>		<i>132.00</i>	<i>108.70</i>

Adam Maniku  
Secretary General

## COLOMBO PLAN COUNCIL & SECRETARIAT

### Statement of Comprehensive Income for the year ended 30 June 2012

As at 30 June	NOTE	2012 USD.	2011 USD.
<b>Operating Income</b>			
Contributions by Member Governments	16	403,720	443,955
Additional Contribution from the Government of Sri Lanka		22,727	27,599
Interests income	17	93,210	67,932
Administrative fund	18	1,086,438	644,681
Foreign Exchange gain / (loss)	19	504,586	(92,408)
Other receipts		-	48
Profit / (loss) on disposal of assets	20	(316)	3,910
		<b>2,110,365</b>	<b>1,095,715</b>

## Operating Expenditure

### Colombo Plan Council

Working expenditure	14,160	8,983
---------------------	--------	-------

### Colombo Plan Secretariat

Salaries and allowances	180,882	231,490
-------------------------	---------	---------

Subsistence, travel, and transport	15,173	8,476
------------------------------------	--------	-------

Maintenance of the Secretariat	2,976	4,477
--------------------------------	-------	-------

Production of publications	2,276	14,839
----------------------------	-------	--------

Rent & Rates	74,326	55,198
--------------	--------	--------

Office expenditure	79,935	105,432
--------------------	--------	---------

Community Development	8,409	10,173
-----------------------	-------	--------

Programme activities	198,272	247,146
----------------------	---------	---------

<b>576,407</b>	<b>686,214</b>
----------------	----------------

### Surplus for the year

<b>1,533,958</b>	<b>409,501</b>
------------------	----------------

*Rate of Exchange: US\$ / LKR*

**132.00**

**108.70**

Adam Maniku  
Secretary General

## **Chapter 10**

### **Budget**

## BUDGET

---

According to the provision under Article 1, Chapter VIII of the Constitution of the Colombo Plan, the Secretary-General has to submit for consideration and approval by the Council a budget showing estimated expenses for the Council and the Secretariat for a period covering two financial years.

The budget for the Council and the Secretariat is drawn up biennially and the biennium budget for the financial years 2011/2012 and 2012/2013 which were approved by the Council on 31 March 2011, maintained the member contribution at US\$ 17,400 for each year of the biennium.

The guiding principles in the formulation of the budget for 2011/2012 and 2012/2013 were transparency, accountability, and rationalization of expenditure.

It has been observed by the Secretariat that while the Council approves the volume of annual contributions, the inflow of revenue has not been regularized due to late payments by member governments. The delayed payment or the non-payment of mandatory contribution affects the operations of the organization. Therefore, it is very important that payment of mandatory contributions of supporting governments be made on time.

The budget approved by the Council for the biennium 2011/2012 and 2012/2013 is US\$ 433,502 and US\$ 397,590, respectively.