



**PROPOSAL FOR THE CONSTRUCTION AND ESTABLISHMENT OF A MBOMBELA
COMMUNITY REHAB CENTER**



SUBMITTED

TO

MBOMBELA LOCAL MUNICIPALITY

Full legal name (business name (as on registration name):	Southern African Youth Movement
Acronym:	SAYM
Legal status and Appropriate Registration number:	029-624-NPO
VAT registration number:	4630238139
UIF/ SDL Number	U130769047
PAYE Number	7130769047
Income Tax number	9044624188
Office Address	Stand 228, 66 Glenwood Road Lynnwood Glen Pretoria 0081
Contact person1:	Alfred Muzwakhe Sigudhla
Telephone n° :	+27 12 348 1214
Cell phone no	+27 83 266 4125
Fax n°:	086 691 5083
E-mail address:	Sigudla2000@yahoo.com / info@saym.co.za
Contact person 2:	Nelisiwe Mahlangu
Telephone n° :	+27 12 348 1214
Cell phone no	+27 82 518 8475
Fax n°:	086 691 5083
E-mail address:	info@saym.co.za

Contents

TABLE OF CONTENTS

PROPOSAL DETAILS.....	5
ABBREVIATIONS	6
GLOSSARY OF KEY TERMS	10
1. INTRODUCTION.....	12
1.1 MISSION.....	13
1.2 VALUES.....	14
2. PROBLEM STATEMENT.....	14
2.1 Situational Analysis.....	14
2.2 Policy issues on drug and substance abuse.....	16
3. RATIONALE FOR A DRUG REHABILITATION CENTER	17
4. REHAB CENTERS AIMS AND OBJECTIVES	20
5. GOALS (STRATEGIC AREA OF FOCUS)	21
5.1 Research and Development	22
6. PROPOSED ACTIVITIES OF THE CENTER.....	22
PROPOSED ACTIVITIES OF THE CENTER – Inpatient Program.....	22
Outpatient Program.....	22
7. PROPOSED PROJECT PLAN.....	23
8. RISK MITIGATION STRATEGIES.....	24
9. PROPOSED MANAGEMENT STRUCTURE	25
10. BUDGET ESTIMATE	26
11. PIE CHART FOR A THREE YEAR BUDGET	40

PROPOSAL DETAILS

Submission:

Appointment to construct a rehabilitation center in Mbombela local municipality, Mpumalanga.

Client/Funding Partner: National Lotteries Commission (NLC)

Value addition to the client (NLC): It is good for the image of the Lotteries Commission which has the slogan of a Catalyst of Social Upliftment. The construction of this community rehabilitation center will remain a lifetime legacy of the National Lotteries Commission and have a lifetime branding opportunity for the Commission for many generations to come.

Confidentiality and Copyright: Restricted

- (a) All intellectual property rights relating to any work produced by the Applicant and its collaborating partners to the performance of this proposal shall belong to them and may not be used for any other purposes other than those provided for in the context of the NLC funding process.
- (b) It is recorded that each of the parties have agreed not to disclose details of the negotiations in this matter and the content of this proposal and to regard them as consisting of confidential information. The parties specifically undertake not to disclose any such confidential information to any third party whomsoever (other to their respective directors) without the prior written consent of the other of them, save may be required by law.

Total Project Cost: **R27,761,140.00**

Project Duration: The project will run for Nine (9) months.

Executive Director: Mr Muzwakhe Sigudhla

ABBREVIATIONS

AA	Alcoholics Anonymous
ABET	Adult basic education and training
ACCE	Asian Centre for Certification and Education of Addiction Professionals
AIDS	Acquired immune deficiency syndrome
APC	Alcohol Per capita alcohol
ARA	Association for responsible alcohol use
ARV	Antiretroviral
ATS	Amphetamine-type stimulant (e.g. ecstasy tablets and the local version of crystal methamphetamine known as "tik")
AU	African Union
AUC	African Union Committee
AUDIT	Alcohol Use Disorder Identification Test
AUPA	African Union Plan of Action
BRICS	Brazil, Russia, India, China and South Africa
CAD	Christian Action for Dependents
CBO	Community-based organisation
CDA	Central Drug Authority
CND	Commission for Narcotic Drugs
CPF	Community Police Forum
CSTL	Care and Support for Teaching and Learning
DAP	Drug Advisory Programme

DBE	Department of Basic Education
DCS	Department of Correctional Services
DHA	Department of Home Affairs
DHET	Department of Higher Education and Training
DMP	Drug Master Plan
DoH	Department of Health
DPCI	Directorate of Priority Crime Investigation of the SAPS
DSD	Department of Social Development
DTI	Department of Trade and Industry
ECD	Early childhood development
ECOSOC	Economic and Social Council of the United Nations
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EPWP	Extended Public Works Programme
ETDP	Education Training and Development Practices
FASD	Foetal alcohol spectrum disorder
GATS	Global Adult Tobacco Survey
HED	Heavy episodic drinking
HHES	Home Health Education Service
HIV	Human immunodeficiency virus
ICAS	Independent Counselling and Advisory Services
IDU	Injecting drug use
INCB	International Narcotics Control Board
INL	International Narcotics and Law Enforcement Affairs
LDAC	Local Drug Action Committee

IWG	International Working Group on Women and Sport
MCC	Medicine Control Council
MEC	Member of the Executive Committee
MRC	Medical Research Council
NDMP	National Drug Master Plan
NGO	Non-government organisation
NLA	National Liquor Authority
NPO	Non-profit organisation
NPS	New psychoactive substance
NYDA	National Youth Development Agency
OTC	Over-the-counter medication
PSAF	Provincial Substance Abuse Forum
RADO	Regional Anti-Doping Organisation
RTP	Registered Testing Pool
SACENDU	South African Community Epidemiology Network on Drug Use
SADAG	South African Depression and Anxiety Group
SADC	Southern African Development Community
SAIDS	South African Institute for Drug-Free Sport
SAHRA	Substance Abuse Harm Reduction Association-SA
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SARS	South African Revenue Service
SAYRS	South African Youth Risk Behaviour Survey

SETA	Sector Education and Training Authority
SRSA	Department of Sport and Recreation
TADA	Teenagers Against Drug Abuse
UNISA	University of South Africa
UNODC	United Nations Office on Drugs and Crime
WADA	World Anti-Doping Agency
WBLDAC	Ward-Based Local Drug Action Committee
WHO	World Health Organization

GLOSSARY OF KEY TERMS

Abuse: Persistent or periodic excessive drug use inconsistent with or unrelated to acceptable medical practice. (See also “substance abuse”, “drug”, “drug or substance of abuse” and “psychoactive substances or drugs”.)

Community-based treatment: Community-based treatment refers to programmes or initiatives that arise out of the needs of a particular community (established through a needs assessment) and programmes that identify and utilise existing infrastructure to provide for these needs. (See also “treatment”.)

Demand reduction: A general term used to describe policies or programmes directed at reducing the consumer demand for psychoactive substances and thus the prevalence of substance use. It focuses on prevention and education strategies - directed at dissuading substance users or potential users from usage and making psychoactive substance use culturally undesirable - as opposed to law enforcement strategies that aim to stop or reduce the production and distribution of psychoactive substances. (See also “drug” and “psychoactive substances or drugs”.)

Dependence: A person is dependent on a substance when it becomes very difficult or even impossible for him/her to refrain from taking the substance without help, after having taken it regularly for a period of time. The dependence may be physical or psychological or both. (See also “drug or substance of abuse”.)

Drug: A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental well-being, and in pharmacology to any chemical agent that alters the biochemical or physiological processes of tissues or organisms. In common usage, the term refers to psychoactive or dependence-producing substances and often, more specifically, to those that are illicit such as cannabis, cocaine and heroin. However, licit substances such as alcohol, nicotine/tobacco, inhalants/volatile solvents and other substances in common non-medical use are also drugs in the sense of being taken for their (perceived) psychoactive effects. (See also “dependence”, “drug or substance of abuse”, “licit drug”, “illicit drug” and “psychoactive substances or drugs”.)

Drug control: The regulation, by a system of laws and agencies, of the production, distribution, sale and use of specific psychoactive drugs (controlled substances) locally, nationally or internationally; alternatively, as an equivalent to drug policy in the context of psychoactive drugs, the aggregate of policies designed to affect the supply of and/or the demand for such drugs, locally or nationally, including education, treatment, control and other programmes and policies. (See also “drug”, “drug or substance of abuse” and “psychoactive substances or drugs”.)

Drug master plan: A single document, adopted by government, outlining all national concerns regarding drug control.

Drug or substance of abuse: Encompasses psychoactive or dependence-producing licit drugs such as alcohol, nicotine/tobacco, inhalants/volatile solvents, over-the-counter and prescription medication as well as illicit drugs such as cannabis, cocaine and heroin. (See also “dependence”, “drug”, “licit drug”, “illicit drug” and “psychoactive substances or drugs”.)

Early intervention: A therapeutic strategy that combines early detection of hazardous or harmful substance use and treatment of those involved. Treatment is offered or provided before patients present voluntarily and in many cases before they become aware that their substance use may cause problems. It is directed particularly at individuals who have not developed a physical dependence or major psychosocial complications related to substance use. (See also “dependence”, “drug or substance of abuse” and “treatment”.)

Harm reduction: The development of policies and programmes that focus directly on reducing the social, economic and health-related harm resulting from the use of alcohol and other drugs.

Illicit drug: A psychoactive substance or drug, the production, sale or use of which is prohibited. (See also “drug or substance of abuse” and “psychoactive substances or drugs”.)

Licit drug: A psychoactive substance or drug that is legally available by, for example, medical prescription in the jurisdiction in question or, sometimes, legally available without medical prescription. (See also “drug”, “drug or substance of abuse” and “psychoactive substances or drugs”.)

Prevention: A proactive process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promote healthy behaviour and lifestyles. It generally requires three levels of action: *primary prevention* (altering the individual and the environment so as to reduce the initial risk of substance use/abuse); *secondary prevention* (early identification of persons who are at risk of substance abuse and intervening to arrest progress); and *tertiary prevention* (treatment of the person who has developed substance/drug dependence, including the rendering of aftercare services to the person who has received treatment).

Psychoactive substances or drugs: Substances that “when taken into a living organism, may modify its perception, mood, cognition, behaviour or motor function” (United Nations International Drug Control Programme, 1997). (See also “drug”, “drug or substance of abuse”, “licit drug” and “illicit drug”.)

Substance abuse: The abuse of licit substances such as alcohol, nicotine/tobacco, over-the-counter and prescription medication, alcohol concoctions, indigenous plants, inhalants/volatile solvents, as well as the use of illicit substances such as cannabis, cocaine and heroin. (See also “abuse”, “licit drug”, “illicit drug” and “drug or substance of abuse”.)

Substance use: The use of licit as well as illicit psychoactive substances or drugs. (See also “drug”, “psychoactive substances or drugs”, “drug or substance of abuse”, “licit drug” and “illicit drug”.)

Supply reduction: Policies or programmes aiming to stop or reduce the production and distribution of drugs, particularly law enforcement strategies in this respect. (See also “drug”, “drug control”, “licit drug” and “illicit drug”.)

Treatment: A process aimed at promoting the quality of life of the drug dependant and his/her system (husband/wife, family members and other significant persons in his/her life) with the help of a multi-professional team. (See also “dependence”, “drug” and “drug or substance of abuse”.)

1. INTRODUCTION

Southern African Youth Movement (SAYM) is a non-profit organization registered under the NPO Act of 1997 which is envisioned to be a leading provider of high quality youth development programmes that are accredited based on international best practice and focused on getting the untapped talents of young people to be uncovered and used in the economic development of the country and the SADC region thus expanding a world of possibilities for young people. Currently SAYM is accredited to offer training by Education, Training and Development Seta (ETD-SETA), Service SETA (New Venture Creation Level 4 and Level 5) and is also perusing extension of scope with other Sector Education and Training Authorities (SETAs).

The Southern African Youth Movement was established in 2002 by young people and has been able to manage programmes to the total value of more than 400 million since 2002 without any qualified audit. SAYM is affiliated to the South African Youth Council as a full member and a programme implementation partner. SAYM is also affiliated to the South African Youth NGO Alliance and serves as its secretariat. Internationally SAYM is a consultative member of SADC Youth Union, Pan African Youth Union and World Assembly of Youth.

1.1 MISSION

Southern African Youth Movement (SAYM) mission is to be a youth development centre that provides high quality accredited training and youth programmes using the following tools:

- an applied research resource and information provider for the education and training community,
- a leading contributor to professionalism in skills development of the previously disadvantaged young people, enabling them to contribute in playing a meaningful role in the reconstruction of South Africa and the SADC region,
- a significant role player in meeting the human resource needs for social development and economic growth, that distinguishes itself by giving

individualized instruction to connect to each youth particular level of development and matching its training with the learner's unique gifts and talents.

1.2 VALUES

Southern African Youth Movement enshrines itself in the following core values:

- Integrity
- Professionalism
- Empathy
- Confidentiality
- Commitment.
- Value for money.

2. PROBLEM STATEMENT

2.1 Situational Analysis

South Africa has problems related to drug and substance abuse, which can be summarized as, domestic violence, crime and alcohol abuse, under-age drinking, drink and driving and fetal syndrome. Statistical results indicate that there is a direct link between domestic violence, GBV and alcohol abuse. 67% of domestic violence in the Cape Metropolitan area was alcohol related (MRC), while in a study of women abused by their spouses, 69% identified alcohol/drug abuse as the main cause of conflict leading to the abuse (MRC). Furthermore, 76% of domestic violence in rural areas in the South-Western Cape was found to be alcohol related (MRC).

Research into the incidence of crime and alcohol abuse indicates that just under half of all male prisoners had consumed alcohol or drugs at the time of, or before committing, their most recent crime. (NICRO). Research into the under-age drinking also suggests that alcohol use among young people tends to be more common in South Africa than in Africa generally. For example, the proportions of males and females that reported past month alcohol use in the 2002, 2008 and 2011 school-based South African Youth Risk

Behaviour Surveys (\pm 13-19 year olds) were higher than the related average proportions in Africa in the Global School-based Student Health Survey (13-15 year olds). In fact, whereas in the Global School-based Student Health Survey an average of 23.5% males and 21.4% females admitted past month alcohol use in Africa, in the 2002, 2008 and 2011 South African Youth Risk Behaviour Surveys 37%-41% males and 26%-30% females admitted past month alcohol use.

Statistics on the incidence of alcohol abuse and road accidents shows that there is a shocking statistical result which give an indication of the impact of being under the influence of alcohol in the South African society. Six out of ten drivers that dies in accidents have dangerously high alcohol levels in their blood. In an investigation into substance abuse, 50% of truck drivers and 30% of taxi drivers had been drinking or smoking marijuana. 3000 Adult pedestrians are killed in motor accidents per year. 70% of them are drunk when killed. One in seven drivers driving on the road drive under the influence of alcohol.

The financial cost of drug and substance abuse is estimated at R9 billion a year (MRC). Alcohol has a negative effect on the business community due to absenteeism, poor productivity, high job turnover, interpersonal conflicts, injuries and damage to property. One study in the Free State found that 20% of gold mine workers involved in occupational injuries had high concentrations of alcohol in their blood streams (MRC). It is estimated that alcohol related costs associated with pedestrian trauma alone are in excess of R83 million per year (MRC). It is estimated that motor vehicle collisions cost the country at least R1.5 billion per year and that at least 50% of these vehicle accidents are alcohol related (Transport Ministry). Finally, the economic costs associated with alcohol abuse in the work place are likely to be in excess of R1.7 billion (2% of the gross national product) per year (MRC).

2.2 Policy issues on drug and substance abuse

South Africa is facing a dare challenge in terms of reducing substance abuse, which involves both alcohol and drugs abuse. The stats results indicate that on average one in six children in South Africa abuse substance. South Africa has the highest rate of car accidents which is mainly caused by drunk and driving. The unintended health associated problems such as dependency on alcohol and overindulgence in alcohol have negative consequences for both the family and industry in general. In effect, misuse of alcohol has disruptive effect on one's health, on the family and on industrial production. Measures to control the misuse of alcohol are thus well meaning and are aimed at building a healthy, productive and a prosperous nation. As a result, the United Nation Assembly adopted a Political Decision and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem in 2009. This remains a critical tool to assess South Africa's contribution to the International Drug Problem.

The country has key policy drivers towards addressing drugs and substance abuse; among others, the National Drug Master Plan guided by prevention and Treatment for Substance Abuse Act 70 of 2008. The country also has policy documents such as Youth Vision 2020 under Youth and Wellness addressing comprehensively issues of drug and substance abuse among young people especially alcohol abuse. Furthermore the country has an overarching umbrella policy, which is the National Development Plan (NDP) which provides a vision for the country among others free of alcohol and substance abuse and democratic, prosperous, non-sexist South Africa by 2030.

The country has framed seven pillars for an overall response to drug and substance abuse in the country, which is also contained in the National Drug Master Plan 2013-2017 to guide stakeholders in an integrated all-inclusive response to the drug problem in the country. The pillars have been described in the drug Master Plan as follows:

- 1 Reduction of the bio-socio-economic impact of substance abuse and related illnesses on the south African population (harm reduction).
- 2 Ability of all people in South Africa to deal with problems related to substance abuse within communities (demand reduction).

- 3 Recreational facilities and diversion programs that prevent vulnerable populations from becoming substance dependents (demand reduction).
- 4 Reduced availability of substance dependence –forming drugs and alcoholic beverages (supply reduction).
- 5 Development and implementation of multi-disciplinary and multi-modal protocols and practices for integrated diagnosis and treatment of substance dependence and co-occurring disorders and for funding such diagnosis and treatment (harm reduction).
- 6 Harmonisation and enforcement of laws and policies to facilitate effective governance of the alcohol and drug supply chain (supply reduction).
- 7 Creation of employment opportunities in the field of combating substance abuse (demand reduction).

Therefore, the SAYM plan seeks to contribute and address problems of drug and substance abuse in line with National Policy Framework in the Community of Kuruman.

3. RATIONALE FOR A DRUG REHABILITATION CENTER

3.1 Legal and illegal substance abuse and dependence takes a heavy toll on biological, psychological and the social well-being of people and communities that extends far beyond individual abusers. In South Africa there is an emerging consensus that the best approach to managing alcohol and other substance abuse and dependence is through a three pronged strategy to reduce demand, supply and harm. This is reaffirmed by the National Drug Master Plan.

3.2 Alcohol is widely used and easily accessible across all segments of South African society. Socially accepted into adulthood, alcohol is most common substance of abuse among adolescents and young adults. Its use increases with age for both sexes. It is generally accepted that alcohol use and abuse also leads to the abuse of other drugs.

3.3 There is growing concern about the rapid growth of alcohol and other substance abuse in communities across South Africa. Such abuse is alarming, because of its implications for individual, family and community health, as well as, psychological and

social wellbeing. It is even more disturbing from a public health perspective, because it is taking place in a context of three major epidemics (HIV and TB; violence and injury, maternal and child health).

3.4 Whilst limited resources are spent on Demand and Supply Reduction interventions, substance abuse has increased substantially. Hence the need to also focus on Harm Reduction. Harm reduction interventions must include treatment, aftercare and reintegration strategies. The National Drug Master Plan has to be aggressively implemented. Strategies and policies alone are insufficient. One of the key aims of harm reduction is that any intervention or strategy must result in a net reduction in overall substance related harm. This means that reduction in harms is measured not only against the benefits experienced by individual, but also those experienced by the community as a whole.

3.5 The health care system's primary engagement with substance use disorders is through mental health. The mental health segment of the public health care system is grossly under-resourced and relies on inadequate and inappropriate physical infrastructure. There is a serious shortage of mental health professionals relative to population need.

3.6 In terms of education, most health professionals are poorly prepared to treat and respond to alcohol and substance addiction. Addiction is a minor part of the undergraduate health professional curriculum. At post-graduate level, diplomas in the field of opioid and other substance use are only offered in Stellenbosch and UCT. There is limited alcohol and opiate dependence management training and short course training. Offered by the SA Addiction Medicine Society (SAAMS), some 200 health care providers have completed the short course to date. Also there is both a problem of inadequate tertiary level psychiatric services. Academic addiction courses lack appropriate and adequate insight into the practical reality of the problem of addiction and the holistic solution.

3.7 In South Africa there are inadequate primary mental health and community psychosocial rehabilitation services. There is a serious lack of outpatient and inpatient treatment centres.

3.8 State facilities are hopelessly inadequate and many private facilities are unaffordable. The vast majority of substance abusers do not have access to treatment interventions.

3.9 Substance abuse affects not only has implications for the individual abuser but the family and community health, as well as, psychological and social wellbeing. It affects the entire fabric of our society. In the first instance, treatment interventions have to include family therapy and family reintegration strategies.

3.10 Fragmented approaches in the private and public sectors have resulted in ineffective treatment interventions. Hence the need for an integrated strategy with a holistic approach. This strategy needs to be inclusive rather than being exclusive to a few stakeholders.

3.11 Early intervention strategies are sadly lacking in our communities. Learners experimenting with alcohol and other substances have increased at an alarming rate. The age of experimentation has shockingly decreased to unimaginable levels. Need for programmes that educate the youth and incorporate positive skills for abstinence and non-experimentation of substance abuse. Youth should learn to desist from the rampant social ills ravaging the country, as well as, learn more on the dangers of substance abuse.

3.12 Limited civil society involvement in the decision making and treatment processes with regards to combating substance abuse. Consultation is limited to a few stakeholders. There are many NPOs and unregistered facilities who have the will and capacity to assist but lack resources. Legislation and norms and standards exclude the formation of treatment centres and community based centres. Barriers make it almost impossible for lower cost treatment centres.

3.13 Harm reduction has very limited financial and infrastructure resources. All stakeholders need to be empowered.

3.14 Ineffective detox protocols and medication in state rehab centres. Effective detox medication is not included on the essential drug list.

3.15 State health facilities normally exclude treatment for substance abusers, especially detoxification.

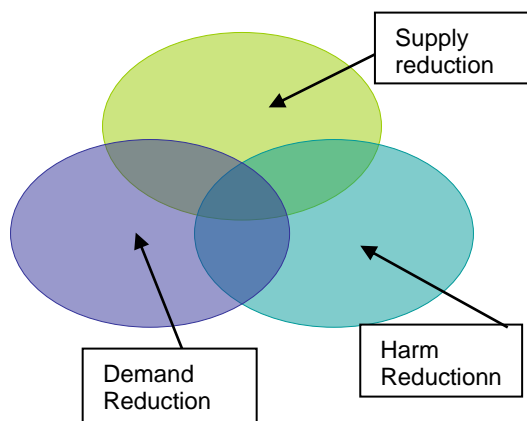
Therefore, setting up a local community based treatment rehabilitation center is a logical step required in addressing the scourge of drug and substance abuse.

4. REHAB CENTERS AIMS AND OBJECTIVES

- To create awareness among the communities on the negative impact of substance abuse and to assist unregistered structures with compliance.
- To rehabilitate drug addicts from their conditions and to establish an expert group that can facilitate and support prevention, reduction, treatment and rehabilitation.
- To develop a workable model and protocols for a decentralised, community based process to deal with prevention, treatment, referrals and admission as necessary, rehabilitation, after care and effective reintegration of people affected by substance abuse.
- To develop and strengthen the personal capacity and life skills of people affected by abuse and dependency, holistically and to identify and develop working potential and skills of people affected by abuse and dependency of substances and to retain and up-skill them as needed.

5. GOALS (STRATEGIC AREA OF FOCUS)

- Reduction of the bio-socio-economic impact of substance abuse and related illnesses on the South African key population (harm reduction).
- Ability of all people in South Africa to deal with problems related to substance abuse within communities (demand reduction).
- Recreational facilities and diversion programs that prevent vulnerable populations from becoming substance dependents (demand reduction).



The Center's strategy will have the following key intervention areas. These are,

- Research and development;
- Provide treatment and support community treatment centers;
- Public awareness, education and training;
- Mapping and consolidation of stakeholders;

5.1 Research and Development

- The objectives of a research programme would be to maintain, expand and enrich the existing knowledge on drug and substance abuse, utilising best practice scientific research approaches.
- Facilitating the most effective treatment and prevention strategies for minimising the harm caused by abuse.

6. PROPOSED ACTIVITIES OF THE CENTER

PROPOSED ACTIVITIES OF THE CENTER – Inpatient Program

1. Detoxification: When a person has abused alcohol or another drug and has decided to begin recovery through abstinence, life threatening health consequences can arise. The Center is committed to providing appropriate medical services for those who may experience a withdrawal syndrome. Patient will be the priority of the center.
2. One on One counseling: The Center will conduct psychologist and addiction counseling (daily).
3. The Center will provide a fully integrated multi-disciplinary team and will endeavor where possible to provide 24/7 medical care available.
4. Recreational and relaxation activities
5. Comprehensive BIOPSYCHOSOCIAL Assessments
6. Goal setting session and personal relapse plan and group therapy
7. Audio-visual presentations and recovery movies and CDs
8. Relapse Prevention
9. Alcohol and Drug Abuse Education and comprehensive aftercare programme
10. Coping skills, conflict management and problem solving workshops
11. Re-integration workshop

Outpatient Program

- Awareness program through community based events such as drama and music;
- Events in public places using celebrities to promote drug free positive lifestyle;
- Training of community based NGO on drug and substance abuse;
- Visit families and communities affected by drug and substance abuse;
- Provide dialog and community platforms to share best approaches on drug and substance abuse.

7. PROPOSED PROJECT PLAN

SCOPE	ACTIVITIES	1 st Quarter	2 nd Quarter	3 rd Quarter
Pre-construction phase	Identification of a construction site			
	Drawing and finalization of architectural plan			
	Approval of the structural plan by municipality and stakeholders			
	Appointment of a construction company and approval of SLA			
Construction phase	Commencement of the construction			
	Weekly project supervision			
	Periodic Reporting on Construction Progress			
Social Engagements during construction phase	Identification of local stakeholders			
	Initiation meetings with stakeholders			
	Consolidation of partnership agreements with structures such as local municipality, Central Drug Authority and SANCA			
Develop draft strategic plan for the center	Finalise the strategic plan & operational budget			
	Recruitment & appointment of the Center management team			
Post construction	Fitment of furniture & fixture			
	Launch of the Center			

--	--	--	--	--

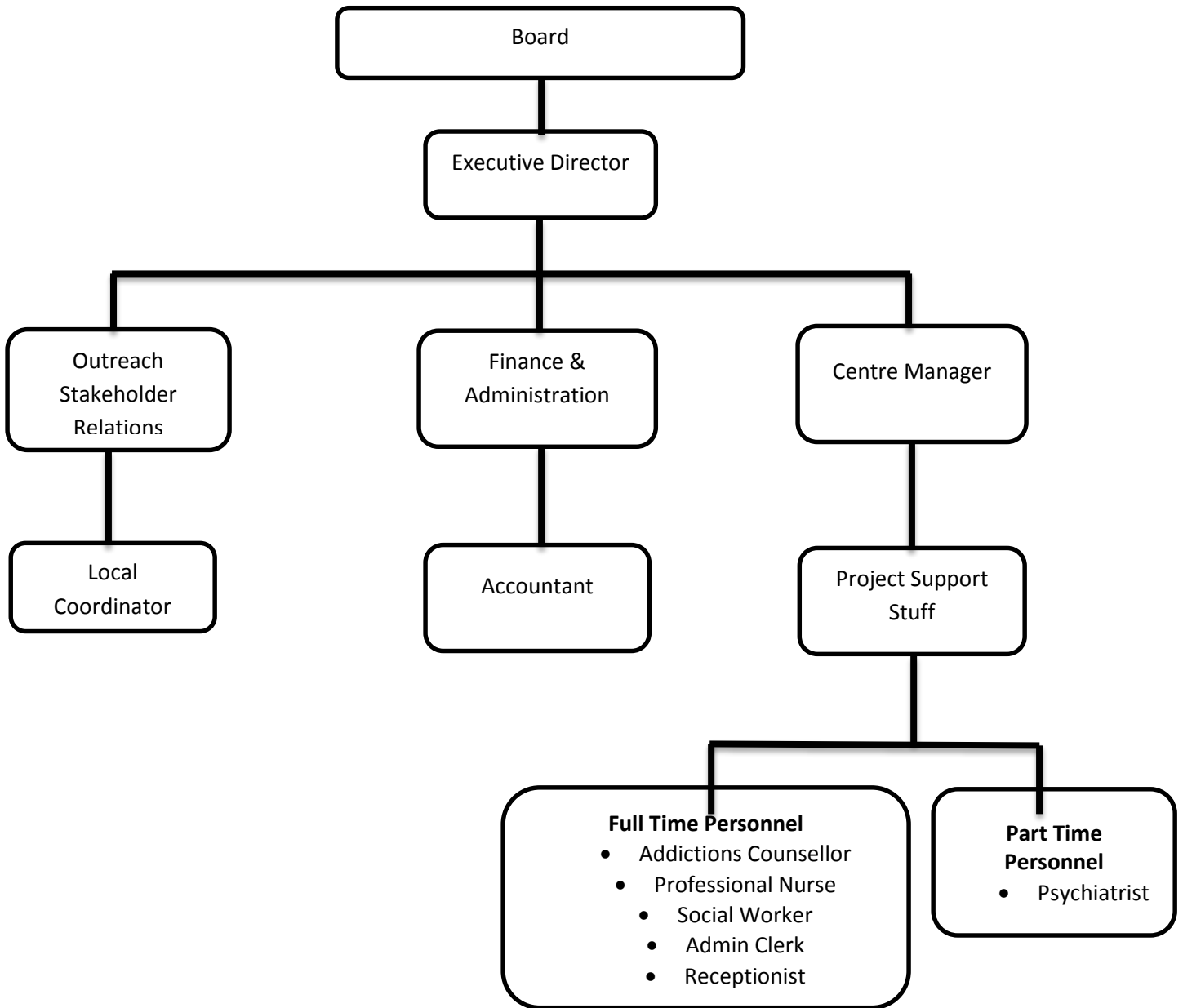
N.B. Proposed timeframe is Nine months.

8. RISK MITIGATION STRATEGIES

Probability and Impact

Risk	Level - high	Level - medium	Level - Low	Mitigation measures	Time lines
Delay in site approval & construction plan	x			Secure pre-approval plans working with the provincial social development & local municipality	First quarter
Lack of stakeholder buy-in		x		Establish Local Reference Group to assist with project supervision	Throughout the project cycle
Cost overrun		x		Sign Service Level Agreement with the construction company	Continuous
Theft of construction material			X	Hire a full time site coordinator & security 24 hour security	Construction phase
Non-availability of local municipality			X	Establish a focal contact point with the local municipality	1 st quarter
Poor management of the construction project			X	The executive director will be responsible for the day to day construction of the center	Continuous

9. PROPOSED MANAGEMENT STRUCTURE



10. BUDGET ESTIMATE

BUDGET FOR ESTABLISHMENT AND OPERATIONS OF REHAB CENTER IN KURUMAN - NORTHERN CAPE

ESTIMATED BUDGET YEAR 1

DESCRIPTION	QUANTITY	MONTHS	UNIT PRICE	TOTAL PRICE
SET UP COST				
Identification of a construction site	1	1	200,000.00	200,000.00
Legal cost	1	1	100,000.00	100,000.00
Drawing and finalization of architectural plan	1	1	150,000.00	150,000.00
Approval of the structural plan by municipality and stakeholders	1	1	50,000.00	50,000.00
Construction Cost	1	1	13,000,000.00	13,000,000.00
Weekly project supervision - Reports	1	6	30,000.00	180,000.00
Identification of local stakeholders & initiation Meetings	1	6	50,000.00	300,000.00
SUBTOTAL SETUP COST				13,980,000.00
PROGRAM MANAGEMENT				
Consolidation of partnership agreements with structures such as local municipality, Central Drug Authority and SANCA (partnership workshop)	1	1	50,000.00	50,000.00
Finalise the strategic plan & operational budget	1	1	100,000.00	100,000.00
SUBTOTAL PROGRAM MANAGEMENT				150,000.00
INFRASTRUCTURE				
Beds = 30 inpatients at a time	30	1	2,500.00	75,000.00
Furniture & fixtures for kitchen	1	1	75,000.00	75,000.00
Office desktop computers	12	1	5,000.00	60,000.00

Office laptop computers	12	1	8,000.00	96,000.00
Office printers	4	1	5,000.00	20,000.00
Server	1	1	25,000.00	25,000.00
Furniture & fixtures for the rooms	1	1	250,000.00	250,000.00
MIS System	1	1	100,000.00	100,000.00
Access control & Security systems	1	1	50,000.00	50,000.00
Vehicles - utility	1	1	340,000.00	340,000.00
Vehicle - Quantum transport	2	1	400,000.00	800,000.00
Basic Gym	1	1	100,000.00	100,000.00
SUBTOTAL INFRASTRUCTURE				1,991,000.00
COMMUNITY AWARENESS				
Ke Moja Events	1	1	50,000.00	50,000.00
Engage IDP forums	1	1	50,000.00	50,000.00
Workshop and conference on drug & substance abuse	1	1	100,000.00	100,000.00
Support local drug authority	1	1	50,000.00	50,000.00
SUBTOTAL COMMUNITY AWARENESS				250,000.00
ADMINISTRATIONS				
Telephone & Internet services bills	1	12	4,000.00	48,000.00
Utilities bills	1	12	4,000.00	48,000.00
subscriptions	1	12	2,000.00	24,000.00
Bank charges	1	12	600.00	7,200.00
Kitchen expenses	1	12	2,000.00	24,000.00
Travel & accommodation	1	12	5,000.00	60,000.00
stationery	1	12	2,500.00	30,000.00
Registration compliance	1	1	20,000.00	20,000.00
Vehicle petrol	1	12	4,000.00	48,000.00
Insurance & licenses	1	12	4,000.00	48,000.00
Cleaning materials	1	12	2,000.00	24,000.00
SUBTOTAL ADMINISTRATION				381,200.00
HUMAN RESOURCE (HR)				
Board members meetings	1	3	20,000.00	60,000.00
Executive Director	1	12	35,000.00	420,000.00

Outreach stakeholders relation	1	6	20,000.00	120,000.00
Finance & Administration	1	12	20,000.00	240,000.00
Center manager	1	6	20,000.00	120,000.00
Local coordinator	1	6	10,000.00	60,000.00
Accountant	1	6	10,000.00	60,000.00
Social worker	1	6	20,000.00	120,000.00
Administrator x 2 staff	2	6	8,000.00	96,000.00
Receptionist	1	6	6,000.00	36,000.00
Drivers x 2 staff	2	6	6,000.00	72,000.00
SUBTOTAL HR				1,404,000.00
TOTAL PROJECT BUDGET BEFORE PMF – year 1				18,156,200.00
8% PROJECT MANAGEMENT FEE				1,452,496.00
2% ACCOUNTING & AUDIT FEE				363,124.00
GRAND BUDGET YEAR 1				19,971,820.00

ESTIMATED BUDGET YEAR 2

2ND YEAR OF OPERATIONS	QUANTIT Y	MONTH S	UNIT PRICE	TOTAL PRICE
INPATIENT PROGRAM				-
Medication				-
Counseling				-
Bio-psychological assessment	1	12	1,250.00	15,000.00
Relapse prevention	1	12	1,250.00	15,000.00
Life skills	1	12	1,250.00	15,000.00
Recreational & relaxation activities	1	12	1,250.00	15,000.00
Addictions counselor (Psychologist)	1	12	1,250.00	15,000.00
Professional nurse	1	12	1,250.00	15,000.00
Part-time - Psychiatrist	1	12	10,000.00	120,000.00
Part-time - Medical doctor	1	12	10,000.00	120,000.00
SUBTOTAL INPATIENT PROGRAM			-	330,000.00
OUTPATIENT PROGRAM			-	-
Awareness - drama & music	2	1	7,500.00	15,000.00
Events in public places using Celebrities	2	1	10,000.00	20,000.00
Training of staff	1	6	2,500.00	15,000.00
Support community based NGOs	3	1	15,000.00	45,000.00
Dialogs and community platforms	1	6	5,000.00	30,000.00
SUBTOTAL OUTPATIENT			-	125,000.00

EARLY INTERVENTION			-	-
Identifying hotspots	1	1	1,250.00	1,250.00
Identifying young people vulnerable	1	1	1,250.00	1,250.00
Deploy support agents (Mentors)	1	1	2,500.00	2,500.00
Group counseling & workshops	1	6	2,500.00	15,000.00
Support establishment of drug & substance abuse - anonymous forums	3	6	2,500.00	45,000.00
SUBTOTAL EARLY INTERVENTION			-	65,000.00
SMART CLUB			-	-
Drama	1	3	2,500.00	7,500.00
School debates	1	3	1,000.00	3,000.00
Sport clubs	8	1	2,500.00	20,000.00
Music concerts	1	2	2,500.00	5,000.00
Life skills	1	1	12,500.00	12,500.00
SUBTOTAL SMART CLUB			-	48,000.00
FAMILY INTERVENTIONS			-	-
Counseling	1	1	1,250.00	1,250.00
Support mechanisms (workshops)	2	1	5,000.00	10,000.00
Visits by social workers	1	12	1,250.00	15,000.00
SUBTOTAL FAMILY INTERVENTIONS			-	26,250.00
AFTERCARE & REINTEGRATION			-	
Family visit & community activities	1	1	1,250.00	1,250.00
Job creation in public employment entities	2	1	10,000.00	20,000.00
Ongoing family support	1	12	2,500.00	30,000.00

Relapse prevention programs	1	12	2,500.00	30,000.00
SUBTOTAL AFTERCARE & REINTEGRATION			-	81,250.00
AWARENESS			-	
Ke Moja Events	1	2	12,500.00	25,000.00
Engage IDP forums	1	2	12,500.00	25,000.00
Workshop and conference on drug & substance abuse	1	1	35,000.00	35,000.00
Support local drug authority	1	1	12,500.00	12,500.00
SUBTOTAL COMMUNITY AWARENESS			-	97,500.00
PROGRAM MANAGEMENT COSTS			-	
Board meetings (3 meetings)	1	3	15,000.00	45,000.00
Research & Development	1	1	20,000.00	20,000.00
Monitoring & Evaluation	1	1	50,000.00	50,000.00
Training - staff	20	2	750.00	30,000.00
Registration of Center & compliance costs	1	2	5,000.00	10,000.00
SUBTOTAL PROGRAM MANAGEMENT COSTS			-	155,000.00
MEDIA & PUBLICITY			-	-
flyers	1000	1	5.00	5,000.00
Posters	100	1	50.00	5,000.00
Electronic media costs	1	1	50,000.00	50,000.00
T-shirts	1000	1	60.00	60,000.00
Banners	10	1	2,500.00	25,000.00
Radio & TV	2	1	25,000.00	50,000.00
SUBTOTAL MEDIA & PUBLICITY			-	195,000.00

			-	
SUPPLIES			-	
Groceries (food and drinks)	1	12	5,000.00	60,000.00
Detoxification medication	1	12	1,000.00	12,000.00
Hygiene supplies	1	12	2,500.00	30,000.00
Cleaning materials	1	12	500.00	6,000.00
Clothing of rehab inpatients	100	1	225.00	22,500.00
Tools and materials	1	1	25,000.00	25,000.00
Stationary	1	12	750.00	9,000.00
Vehicles petrol	3	12	750.00	27,000.00
Repairs & maintenance	1	12	1,500.00	18,000.00
SUBTOTAL SUPPLIES			-	209,500.00
REHAB ADMIN COSTS			-	-
Telephone & Internet services bills	1	12	2,000.00	24,000.00
Utilities bills	1	12	2,000.00	24,000.00
subscriptions	1	12	1,000.00	12,000.00
Bank charges	1	12	300.00	3,600.00
Kitchen expenses	1	12	1,000.00	12,000.00
Travel & accommodation	1	12	2,500.00	30,000.00
stationery	1	12	1,250.00	15,000.00
Registration compliance	1	1	10,000.00	10,000.00
Vehicle petrol	1	12	2,000.00	24,000.00
Insurance & licenses	1	12	2,000.00	24,000.00
SUBTOTAL REHAB ADMIN COSTS				178,600.00

HUMAN RESOURCES				-
Board members meetings	1	3	30,000.00	90,000.00
Executive Director	1	12	35,000.00	420,000.00
Outreach stakeholders relations	1	12	20,000.00	240,000.00
Finance & Administration	1	12	20,000.00	240,000.00
Center manager	1	12	20,000.00	240,000.00
Local coordinator	1	12	10,000.00	120,000.00
Accountant	1	12	10,000.00	120,000.00
Social worker	1	6	20,000.00	120,000.00
Administrator x 2 staff	2	12	8,000.00	192,000.00
Receptionist	1	12	5,000.00	60,000.00
Drivers x 2 staff	2	12	5,000.00	120,000.00
SUBTOTAL HR				1,962,000.00
TOTAL PROJECT BUDGET BEFORE PMF				3,473,100.00
8% PROJECT MANAGEMENT FEE				277,848.00
2% ACCOUNTING & AUDIT FEE				69,462.00
GRAND BUDGET				3,820,410.00

ESTIMATED BUDGET YEAR 3

3RD YEAR OF OPERATIONS	QUANTITY	MONTHS	UNIT PRICE	TOTAL PRICE
INPATIENT PROGRAM				-
Medication	30	9	250.00	67,500.00
Counselling	30	9	250.00	67,500.00
Bio-psychological assessment	1	12	1,250.00	15,000.00
Relapse prevention	1	12	1,250.00	15,000.00
Life skills	1	12	1,250.00	15,000.00
Recreational & relaxation activities	1	12	1,250.00	15,000.00
Addictions counsellor (Psychologist)	1	12	1,250.00	15,000.00
Professional nurse	1	12	1,250.00	15,000.00
Part-time - Psychiatrist	1	12	10,000.00	120,000.00
Part-time - Medical doctor	1	12	10,000.00	120,000.00
SUBTOTAL INPATIENT PROGRAM			-	465,000.00
OUTPATIENT PROGRAM			-	-
Awareness - drama & music	2	1	7,500.00	15,000.00
Events in public places using Celebrities	2	1	10,000.00	20,000.00
Training of staff	1	6	2,500.00	15,000.00
Support community based NGOs	3	1	15,000.00	45,000.00

Dialogs and community platforms	1	6	5,000.00	30,000.00
SUBTOTAL OUTPATIENT			-	125,000.00
EARLY INTERVENTION			-	-
Identifying hotspots	1	1	1,250.00	1,250.00
Identifying young people vulnerable	1	1	1,250.00	1,250.00
Deploy support agents (Mentors)	1	1	2,500.00	2,500.00
Group counseling & workshops	1	6	2,500.00	15,000.00
Support establishment of drug & substance abuse - anonymous forums	3	6	2,500.00	45,000.00
SUBTOTAL EARLY INTERVENTION			-	65,000.00
SMART CLUB			-	-
Drama	1	3	2,500.00	7,500.00
School debates	1	3	1,000.00	3,000.00
Sport clubs	8	1	2,500.00	20,000.00
Music concerts	1	2	2,500.00	5,000.00
Life skills	1	1	12,500.00	12,500.00
SUBTOTAL SMART CLUB			-	48,000.00
FAMILY INTERVENTIONS			-	-
Counseling	1	1	1,250.00	1,250.00
Support mechanisms (workshops)	2	1	5,000.00	10,000.00
Visits by social workers	1	12	1,250.00	15,000.00
SUBTOTAL FAMILY INTERVENTIONS			-	26,250.00
AFTERCARE & REINTEGRATION			-	
Family visit & community activities	1	1	1,250.00	1,250.00

Job creation in public employment entities	2	1	10,000.00	20,000.00
Ongoing family support	1	12	2,500.00	30,000.00
Relapse prevention programs	1	12	2,500.00	30,000.00
SUBTOTAL AFTERCARE & REINTEGRATION			-	81,250.00
AWARENESS			-	
Ke Moja Events	1	2	12,500.00	25,000.00
Engage IDP forums	1	2	12,500.00	25,000.00
Workshop and conference on drug & substance abuse	1	1	35,000.00	35,000.00
Support local drug authority	1	1	12,500.00	12,500.00
SUBTOTAL COMMUNITY AWARENESS			-	97,500.00
PROGRAM MANAGEMENT COSTS			-	
Board meetings (3 meetings)	1	3	15,000.00	45,000.00
Research & Development	1	1	20,000.00	20,000.00
Monitoring & Evaluation	1	1	50,000.00	50,000.00
Training - staff	20	2	750.00	30,000.00
Registration of Center & compliance costs	1	2	5,000.00	10,000.00
SUBTOTAL PROGRAM MANAGEMENT COSTS			-	155,000.00
MEDIA & PUBLICITY			-	-
flyers	1000	1	5.00	5,000.00
Posters	100	1	50.00	5,000.00
Electronic media costs	1	1	50,000.00	50,000.00
T-shirts	1000	1	60.00	60,000.00
Banners	10	1	2,500.00	25,000.00

Radio & TV	2	1	25,000.00	50,000.00
SUBTOTAL MEDIA & PUBLICITY			-	195,000.00
			-	
SUPPLIES			-	
Groceries (food and drinks)	1	12	5,000.00	60,000.00
Detoxification medication	1	12	1,000.00	12,000.00
Hygiene supplies	1	12	2,500.00	30,000.00
Cleaning materials	1	12	500.00	6,000.00
Clothing of rehab inpatients	100	1	225.00	22,500.00
Tools and materials	1	1	25,000.00	25,000.00
Stationary	1	12	750.00	9,000.00
Vehicles petrol	3	12	750.00	27,000.00
Repairs & maintenance	1	12	1,500.00	18,000.00
SUBTOTAL SUPPLIES			-	209,500.00
REHAB ADMIN COSTS			-	-
Telephone & Internet services bills	1	12	2,000.00	24,000.00
Utilities bills	1	12	2,000.00	24,000.00
subscriptions	1	12	1,000.00	12,000.00
Bank charges	1	12	300.00	3,600.00
Kitchen expenses	1	12	1,000.00	12,000.00
Travel & accommodation	1	12	2,500.00	30,000.00
stationery	1	12	1,250.00	15,000.00
Registration compliance	1	1	10,000.00	10,000.00
Vehicle petrol	1	12	2,000.00	24,000.00

Insurance & licenses	1	12	2,000.00	24,000.00
SUBTOTAL REHAB ADMIN COSTS				178,600.00
HUMAN RESOURCES				-
Board members meetings	1	3	30,000.00	90,000.00
Executive Director	1	12	35,000.00	420,000.00
Outreach stakeholders relations	1	12	20,000.00	240,000.00
Finance & Administration	1	12	20,000.00	240,000.00
Center manager	1	12	20,000.00	240,000.00
Local coordinator	1	12	10,000.00	120,000.00
Accountant	1	12	10,000.00	120,000.00
Social worker	1	6	20,000.00	120,000.00
Administrator x 2 staff	2	12	8,000.00	192,000.00
Receptionist	1	12	5,000.00	60,000.00
Drivers x 2 staff	2	12	5,000.00	120,000.00
SUBTOTAL HR				1,962,000.00
TOTAL PROJECT BUDGET BEFORE PMF				3,608,100.00
8% PROJECT MANAGEMENT FEE				288,648.00
2% ACCOUNTING & AUDIT FEE				72,162.00
GRAND BUDGET				3,968,910.00

**SUMMARY BUDGET (3 YEARS) FOR ESTABLISHMENT AND OPERATIONS OF
REHAB CENTER IN KURUMAN - NORTHERN CAPE**

DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	TOTAL BUDGET
SETUP & CONSTRUCTION OF REHAB CENTER	13,980,000.00			13,980,000.00
PROGRAM MANAGEMENT	150,000.00			150,000.00
INFRASTRUCTURE	1,991,000.00			1,991,000.00
COMMUNITY AWARENESS	250,000.00			250,000.00
ADMINISTRATION	381,200.00			381,200.00
HR	1,404,000.00			1,404,000.00
INPATIENT PROGRAM		330,000.00	465,000.00	795,000.00
OUTPATIENT		125,000.00	125,000.00	250,000.00
EARLY INTERVENTION		65,000.00	65,000.00	130,000.00
SMART CLUB		48,000.00	48,000.00	96,000.00
FAMILY INTERVENTIONS		26,250.00	26,250.00	52,500.00
AFTERCARE & REINTEGRATION		81,250.00	81,250.00	162,500.00
COMMUNITY AWARENESS		97,500.00	97,500.00	195,000.00
PROGRAM MANAGEMENT COSTS		155,000.00	155,000.00	310,000.00

MEDIA & PUBLICITY		195,000.00	195,000.00	390,000.00
SUPPLIES		209,500.00	209,500.00	419,000.00
REHAB ADMIN COSTS		178,600.00	178,600.00	357,200.00
HR		1,962,000.00	1,962,000.00	3,924,000.00
TOTAL PROJECT BUDGET BEFORE PMF	18,156,200.00	3,473,100.00	3,608,100.00	25,237,400.00
8% PROJECT MANAGEMENT FEE	1,452,496.00	277,848.00	288,648.00	2,018,992.00
2% ACCOUNTING & AUDIT FEE	363,124.00	69,462.00	72,162.00	504,748.00
GRAND BUDGET	19,971,820.00	3,820,410.00	3,968,910.00	27,761,140.00

11. PIE CHART FOR A THREE YEAR BUDGET

PERCENTAGE

