Plot No: 220C Mutandwa Road, Roma
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Project Title: **Support Addiction Treatment for 30 Youths in Zambia**

Duration: **30 days including weekends and public holidays**

Target Population: **15 Men and 15 Women Struggling with Substances from Low Resource Settings of Lusaka, Zambia**

Total Project Budget: **(USD): 50,000.00**

1. BACKGROUND AND HISTORY OF ORGANIZATION:

Our Vision: A society enjoying quality mental health and wellness.

Mission: Our mission is to promote optimal mental health through culturally adapted therapeutic, educational and support services at corporate, community, family and individual levels.

Serenity Wellness Center (SWC) is a Mental Health Wellness Centre established in March 2019 as a social enterprise wing alongside the Non-Governmental Organization (NGO) known as Serenity Harm Reduction programme Zambia (SHARPZ) which has been in existence for more than 10 years. SWC is registered with PACRA as a non-profit entity limited by guarantee by the Capuchin Franciscan Order in Zambia as a response to emerging mental health challenges within the general population of Zambia.

There is a growing consensus that problems connected with harmful use of alcohol and drugs are increasing. Zambians share the common effects of harmful use of alcohol and drugs with people everywhere in the world and the consequences of such use impact on personal, social, health, financial, spiritual, legal and economic dimensions of a person's life. Substance abuse often time is entwined with other health challenges, referred to as interconnected risks, such as HIV/AIDS, criminalization, poverty, Gender based violence (GBV), Intimate Partner Violence (IPV), to mention but a few.

Strategically, SWC was incorporated as a vehicle organization to contribute towards attaining Sustainable Development Goals (SDGs) 2030 pillar 3, which states as follows:

"3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being."

"3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol."

SWC is comprised of specialized and well experienced staff and consultants who have been offering mental health services for over 10 years of practice under SHARPZ, the non-government organization wing. Excluding the board of Directors, SWC has six clinical staff and three support staff. We hope to expand in size and quality as demand for mental services.

SWC works hand in hand with other partners providing health services more so around mental health, detoxification services, HIV/AIDS services, Non communicable Diseases, etc.

2. KEY PROGRAMS AND ACTIVITIES

I) FAMILY SERVICES

Includes couple therapy (pre- and post-marital), parenting courses and support groups, adoption counselling, transition counselling for families following such issues as divorce, bereavement, financial turmoil, major illness, etc.

II) INDIVIDUAL THERAPY

Psychotherapy and counselling, art therapy, learning support to address such needs as depression, stress, Trauma, addictions, HIV & AIDS counselling, etc.

III) CORPORATE SERVICES

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SWC recognizes that every workplace is different. Thus, we tailor the EAP structure, referral system and promotion to suit individual needs, preferences and any unique cultural characteristics within an organization.

We provide Employee Assistance Programmes (EAP) in form of Psychotherapy, walk throughs, seminars, workshops to assist manage stress arising from work, personal or family related problems such as bereavement, divorce, traumatic illnesses and accidents and promote wellness. We facilitate smooth organizational transition as well as undertake team building activities. Below are detailed areas covered under EAP:

a) Work related mental health challenges: - Alcohol and drug abuse, Problems with performance, Relationships between co-workers, Harassment, Managing conflict and anger management, adjusting to change in the workplace, Career change, Managing work related stress.

b) Personal issues: - Anxiety or depression, Stress management, Grief and loss, Midlife and life transition issues, Emotional or physical abuse, Low self-esteem, Substance abuse, Gambling problems, Anger management.

c) Family related issues:- Work-life balance, Concerns about children, Relationship issues, HIV & AIDS counseling, parenting and step-parenting issues, Separation and divorce, Financial or legal problems, Domestic violence, Grief & Loss

IV) GROUP SERVICES

Group therapy services for use in handling issues such as infertility, depression, grief and bereavement, alcohol and substance abuse, etc.

V) RESIDENTIAL REHABILITATION PROGRAM

This program is designed for individuals struggling with excessive levels of addiction. It's a 30 days residential program that begins with medical detoxification to deal with withdraw symptoms associated with total abstinence or reduction in drug intake. Following the detoxification, treatments such as psychoeducation, group therapy, individual counseling, cognitive behavioral therapy and training in relapse prevention, art therapy, and nutritional based therapy are administered. Graduates from the residential are connected to existing support group and vocational training centers.

VI) CONSULTANCY AND TRAINING

We offer consultancy and training services in our various areas of competence including, Trauma Assessment, alcohol policy formulation in the workplace, transition management, wellness programmes, and mental health services.

3. NEEDS STATEMENT

There is a growing consensus that problems connected with harmful use of alcohol and drugs are increasing in Zambia. While intravenous drug use is well known in this regard, less recognized is the role that drug abuse plays more generally in the spread of HIV by increasing the likelihood of high-risk sex with infected partners. The intoxicating effects of many drugs can alter judgment and inhibition and lead people to engage in impulsive and unsafe behaviours. Also, people who are abusing or addicted to drugs may engage in sexually risky behaviours to obtain drugs or money for drugs.

The trends of Drug abuse and addiction have been inextricably linked with HIV/AIDS since the beginning of the epidemic According to UNAIDS (2018), in Zambia, 1 200 000 people were living with HIV. The 90–90–90 strategy envision that, by 2020, 90% of people living with HIV will know their HIV status, 90% of people who know their HIV-positive status will be accessing treatment and 90% of people on treatment will have suppressed viral loads. (https://www.unaids.org/en/regionscountries/countries/zambia) Despite these milestone, some populations in Zambia such as Drug Addicts, Injection Drug Users (IDUs), Women and Adolescents in low resource settings need programs that can prevent both substance abuse & HIV/AIDS risks. Substance abuse, like other documented factors, may further compound the risk of HIV exposure.

Studies have associated alcohol use with HIV infection. A research study conducted at the University Teaching Hospital (UTH) in Zambia observed that apart from alcohol abuse being related to the development of illnesses such as cancer, neuropsychiatric disorders, cardiovascular diseases and cirrhosis of the liver, it is also related to HIV since it

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elevates the sexual risk taking behaviours such as number of partners, condom use and intimate partner violence (Hammerstein N., Paul R., Ncheka J., 2017). The three researchers made the following recommendations:

- More alcohol-related interventions might help reduce a further expansion of the epidemic which already affects around 13% of the Zambian population.
- That HIV prevention programs should also acknowledge the importance of fighting alcohol abuse.
- Introducing rehabilitation centers in Zambia as Chainama, a psychiatric hospital is not a professional rehabilitation center to handle the different stages of alcohol withdrawal.

Some studies listed alcohol as one of the three major risk factors for HIV infection among Zambian men (Malhotra N, Yang J, 2011). The relationship between alcohol and HIV goes even further. HIV-infected people who are problem drinkers are less than half as likely to follow antiretroviral treatment guidelines (Hendershot CS, Stoner SA, Pantalone DW, Simoni JM, 2009).

Most clients referred to Serenity Wellness center for psychotherapy are in dire need of medical detoxification and residential rehabilitation for the first few weeks of therapy. Moreover, a number of them are leaving with HIV. At the same time, a great majority come from low resource settings of Lusaka.

From the foregoing, it is evident that there is need for culturally and cost reflective yet affordable detox and residential rehabilitation programs catering.

4. PROPOSED PROGRAM.

Residential rehabilitation denotes a drug addiction treatment program offered to patients in a residential setting. Patients reside at the residential treatment facility for the duration of their treatment program. The length of treatment time depends on the type of addiction, duration and frequency of use, any co-occurring addictions or mental health disorders, and other factors. In most cases, detoxification, or detox, is required before beginning formal treatment.

The proposed in-patient residential program is a short term treatment program for 30 days to be conducted at Assisi House Retreat House. Assisi House is nestled in a quiet, wooded acres of St. Bonaventure University College, Makeni - Lusaka. The center is supported by the Order of Minor Friars of St. Francis of Assisi, a religious congregation of priests and brothers who are dedicated to walking with people in their search for God. However, participants need not belong to any religious faith or tradition to qualify.

The goal is to rehabilitate and support at least thirty (30) persons struggling with substance addiction on their journey to sobriety or harm reduction in view of HIV/AIDS vulnerability. Therefore, the program will target:

- Only persons with mild to high addiction levels,
- leaving with or at risk of HIV infection, and
- with socio-economic vulnerability as identified by community gate-keepers

Hence, three (3) low resource setting communities have been earmarked in Lusaka based on two variables, namely; drug abuse and HIV prevalence, namely Chibolya Compound (central Lusaka), Ng'ombe Compound (Northen Lusaka) and George Compound (Western Lusaka). With an HIV prevalence of about 15.7%, Lusaka province is among the greatest HIV burden provinces in Zambia.

The program will combine pharmacological and psychotherapeutic interventions, below is the expected treatment and support plan before and after the 30 days program:

i. A clinician, using motivational interviewing behavioral therapy, will perform thorough substance abuse test/assessment, which includes a detailed drug or alcohol use history and examination for any pertinent medical issues such as HIV/AIDS status or mental health issues.

ii. A program professional (psychotherapist/psychologist) will develop individual treatment plans to ensure that the program meets individual specific needs.

iii. Detoxification will be accessible to clear the body off the drug and manage withdrawal symptoms that may set in. A certified medical doctor shall provide the services.

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iv. Participants will engage in various types of therapy and counseling, depending on personal treatment plans. Individual therapy, group therapy, family meetings, and psycho-education are all potential aspects of your treatment course.

v. Throughout the program, therapist will create personalized aftercare plans, which could include continued therapy, sober living arrangements, and/or person centered skills development plans. Cognitive-behavioral therapy

A typical day in a treatment program will start with breakfast, a couple hours of different group therapy sessions, lunch, more group therapy, as well as some individual or family sessions, gardening, sporting & physical exercises, dinner, Recreational free time or art therapy or group outings, lights out. 24 hours medical and therapeutic support will be offered by staff members and consultants present at the residence.

5. PROGRAM INNOVATION AND SUCCESS FACTORS:

The 30 days inpatient rehabilitation program is a multifaceted treatment program. Primarily, it aims at providing treatment for substance dependence both from a pharmacological and behavioral points of view while simultaneously reducing HIV/AIDS related risks among substance users.

Combined pharmacological and behavioral treatments for drug abuse have a demonstrated impact on HIV risk behaviors and incidence of HIV infection. For example, recent research showed that when behavioral therapies were combined with pharmacological treatment, approximately one-half of study participants who reported injection drug use at the outset of the study reported no such use at the end of the study, and over 90 percent of all participants reported no needle sharing. We believe the proposed program will augment measures already in place for HIV prevention.

Drug treatment programs such as the 30 days residential rehabilitation program will serve as an important platform in increasing awareness of HIV status by participant, providing current information on HIV and related diseases, counseling and testing services, and referrals for medical and social services. In particular, this is where the intended program will utilize already existing HIV treatment and prevention programs like AHF during the 30 days rehabilitation. Participants will not only benefit from clinical services AHF will provide but also get empowered to become advocates at the close of the program.

Furthermore, alcohol and substance abuse are common in patients with HIV infection and often complicate treatment in a number of ways. Alcohol abuse, for example, is associated with poorer adherence to antiretroviral treatment, which in turn is associated with inadequate viral suppression and the development of antiviral drug resistance. Similarly, HIV-infected patients with opioid dependence are less likely to have access to HIV clinical care, less likely to receive and adhere to antiretroviral therapy, and more likely to have rapid disease progression. In addition, there is some evidence to suggest that use of different drugs may impact adherence and ART effectiveness differently (Gonzalez A, Barinas J, O'Cleirigh C., 2014). Appropriate treatment of both alcohol and substance abuse in this program will result in improved adherence to antiretroviral therapy and decreased high-risk behaviours.

6. TARGET POPULATION AND GEOGRAPHIC LOCATIONS

Serenity Wellness Center has been operational only in Lusaka district of Zambia. In collaboration with the non-governmental wing, SHARPZ, a lot of work and research has been conducted in a number of high density area of Lusaka with regards to substance abuse. Thus the population earmarked for this program belong to three high density yet low resource communities of Lusaka namely, Chibolya, Ngombe, and Gorge Compound. However, the center is open to all persons in need of mental health services.

The aforementioned communities are notoriously known to harbor a great majority of people, more so adolescents and youths abuse substances as well as trafficking illicit drugs. Often, the Zambian police have raided these communities as a way of curbing drug trafficking. However, little efforts are effected to ensure rehabilitation for persons addicted to substances.

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In particular, we are targeting adolescents and youths, either living with HIV or are at high risk of contraction. This population has been selected factoring in the high vulnerability levels to both HIV infection and substance dependence. Thirty (30) participants, 15 female and 15 men, will receive treatment and support during the program.

7. PROGRAM OUTCOMES AND EVALUATION

1. To reduce harms related to substance abuse within the first to six months following residential rehabilitation.
2. To lower HIV risk exposures among substance abusers especially IDUs
3. To create and enhance community based support systems for persons in recovery

8. ACTIVITIES TO ACCOMPLISH THE PROGRAM OBJECTIVES

i) To reduce harms related to substance abuse within the first to six months following residential rehabilitation.

- Identification, Assessment & recruitment of participants in a 30 days residential rehabilitation program
- Medical examination and Detoxification
- Psycho-education for behavioral change
- Individual & group therapy
- Recreational & Sporting activities
- Support groups formation

ii) To lower HIV risk exposures among substance abusers especially IDUs

- Psycho-education on HIV/AIDS or currently trends
- HIV Self-test, VCT and Counseling
- raise awareness on Sexual reproductive health among adolescents/youth and HIV prevention
- Sexual reproductive health talks
- Latest HIV preventive measures – PREP,
- Linkage to HIV care

III) To create and enhance community based support systems for persons in recovery

- Form support groups
- Community Sensitization programs by former substance users

9. KEY ANTICIPATED OUTCOMES AND IMPACT ON PARTICIPANTS

- Behavioral change among participants
- Enhanced physical health and knowledge through recreational and sports activities
- Participants are linked to Skills development facilities and acquire skills
- Functional support groups created for program participants
- Informed Participants on the interconnection between substance abuse and HIV
- Participants know their HIV status
- Informed participants on Sexual reproductive health
- Participants know and appreciate HIV preventive measures
- Established Linkage for HIV care and support

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10. KEY STAKEHOLDERS AND LONG TERM PROGRAM PROSPECTS

Potential funders currently in talks with SWC presents a mixture of traditional donors for non-profits as well as corporate entities out of their social corporate responsibility packages. The Irish embassy, Missio Cara (Ireland), FORUT (Norway), local business organizations such manufacturing companies are willing to partner with us. Any form of support will go towards reaching out to more people and communities in and out of Lusaka City.

To successfully conduct community based programs, we collaborate with a number of community lead organizations, Schools, Churches, faith based organization, school as well as government and parastatal entities. We are a member of the mental health committee at the Ministry of Health, a member of the epidemiological network under the Drug Enforcement Commission (DEC). Besides that we collaborate with theatre groups especially in sensitization programs.

In the long run, we envision to acquire a permanent residential facility with a skills center and clinical dispensary. Land has been procured awaiting development. The land is located in the outskirts, about 60km east of Lusaka. Construction of the residential center and other supporting structures will reinforce the provision of efficient and effective quality treatment programs in a serene environment.

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NB: Budget attached below

Serenity Wellness Center

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Residential Rehabilitation Program 2020

Budget Details and Justification:

PERSONNEL	DESCRIPTION	PAX Units/%	RATE (US Dollars)	TOTAL PERSONNEL (US Dollars)
1 Executive Director	Oversee all aspects of the program in line with the organisational objectives	2	$ 1,100.00	$ 2,200.00
1 Program Director	Oversee implementation, monitoring and evaluation for programmatic aspects of the 30 days residential program	2	$ 800.00	$ 1,600.00
1 Clinical Director	Coordinators clinical activities during the 30 days residential program	2	$ 800.00	$ 1,600.00
1 Accountant	Provides assurance about financial information to stakeholders	2	$ 350.00	$ 700.00
1 Administrative Assistant	Manages and distributes information and filing	2	$ 200.00	$ 400.00
1 Driver	provides secure and timely driving/delivery services	2	$ 200.00	$ 400.00
	SUBTOTAL			$ 6,900.00
Pension Scheme Employer Contribution @5%:	Pension contribution to the National Pension Scheme Authority (NAPSA) at 5% employer contribution. An employee will contribute 5% to total 10% monthly contribution for each employee	5%	$ 6,900.00	$ 345.00
Gratuity @25%	Statutory Gratuity Payment to employees at 25% total contract pay	25%	$ 6,900.00	$ 1,725.00
National Health Insurance Scheme @ 1%	Statutory National Health Insurance to cover medicals for staff	1%	$ 6,900.00	$ 69.00
TOTAL, PERSONNEL				**$ 9,039.00**

PROGRAM/OPERATING EXPENSES	DESCRIPTION	PAX (US Dollars)	RATE	TOTAL PROGRAM/OPERATING (US Dollars)
Recruitment	**Pre-residential programs: identification, selection, Assessment**	2	$ 200.00	$ 400.00
Accommodation & Meals @ $23 *30 days * 19 people	**Facilities including Rooms, Conference hall, chapel, counseling rooms, Meals (Breakfast, Lunch, Health Breaks & Supper) for 15 partipants and 4 Staff on site**	2	$ 13,110.00	$ 26,220.00
Medicals Tests & Detoxification Costs @$50 *15 participants	**Includes medical examination and detox costs for 20 participants**	2	$ 750.00	$ 1,500.00
Consultancy - Psychotherapist: $700 * 2	**Personnel to offer individual & group counseling for 30 days**	2	$ 1,400.00	$ 2,800.00
Consultancy - Psychiatrist: $400*1	**Personnel to offer specialised detox & Psychiatry related services to manage withdraw symptoms**	2	$ 400.00	$ 800.00
Consultancy - Nutritionist: 300 * 1	**Personnel to offer nutritional based therapy to participants & cooks**	2	$ 300.00	$ 600.00
Consultancy - Medical Personnel: 700 * 1	**Medical doctor or nurse to respond to emergencies and manage withdraw symptoms**	2	$ 600.00	$ 1,200.00
Consultancy: Barefeet Theater Group	**Art therapist and theater for development**	2	$ 600.00	$ 1,200.00
Transportation:	**For logistical support throughout the program**	2	$ 400.00	$ 800.00
Stationery	**Books, pens, paper, flip charts to aid program delivery**	2	$ 200.00	$ 400.00

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Toiletries	**Household goods for participants during the program**	2	$ 200.00	$ 400.00
Communication	**Internet & phone costs for staff during the program**	2	$ 200.00	$ 400.00
Medical Supplies	**First aid box & medical supplies for the program**	2	$ 200.00	$ 400.00
Security at the Rehab	**Night & Day security provision at the residential facilities**	2	$ 400.00	$ 800.00
				$ 37,920.00
TOTAL, PROGRAM/OPERATING EXPENSES				**$ 37,920.00**
INDIRECT/OVERHEAD EXPENSES (less than GOAL 7.5%)		**Your Organization's Contribution (US Dollars)**	**Amount Requested from AHF (US Dollars)**	**TOTAL INDERECT/OVERHEAD (US Dollars)**
Facility costs:	**Indirect costs including; bank charges, printing and photocopying, Fundraising fees, insurance, telephone & maintenance**	2	$ 1,520.50	$ 3,041.00
				$ -
				$ -
				$ -
TOTAL, INDIRECT/OVERHEAD EXPENSES				$ 3,041.00
GRAND TOTAL PROGRAM/PROJECT BUDGET (US Dollars)		**0**	**$ -**	**$ 50,000.00**