**Format for Mid the Term Evaluation of the Achievement of Sector Outcomes of the Strategic Action Plan (2009 – 2013) of the Government of Maldives**

**PREVENTION OF NARCOTICS ABUSE AND TRAFICKING**

1. **Sector Overall Progress (500 words)**

***{A description of the extent to which the Sector Outcomes as specified in the policy goals were realized in the period under review}***

* In addition to carrying out their existing work plan on treatment and prevention activities, DDPRS set up a number of new initiatives during the period under review. First, two detoxification centers were established in Male’ and S. Hulhumeedhu for the first time. These two centre are currently filled to full capacity and both maintain a long waiting list. The need for similar centres across the country has been highlighted.
* DDPRS has also been implementing the new drug law 17/2011 endorsed on December 31st 2011.
* In partnership with NGOs and support from external International Organisations, three Outpatient Drop Incentres were also put in place; one in Fuah mulak and two in male’. Therefore, sector was able to increase the number of people accessing available treatment and rehabilitation services. DDPRS has continued their collaboration with the NGOs working in the drug sector and has signed an MOU with a Juvenile NGO to support the implementation of an outpatient treatment centre in Lhaviyani, Naifaru.
* To further facilitate the pathways into treatment, DDPRS also set up a National Drug Abuse Helpline in order to provide support and information to the Maldivian community. The Helpline is currently in its 9th month of operation and has answered over 1700 phone calls for information, interventions and support.
* An outpatient treatment centre was established in Fuavmullakh consisting of a detoxification unit, community service and outpatient treatment centre and drop in centre. A specialised rehabilitation centre for women was also established in Villimale’ to implement a new treatment modality in the country.
* Work has also been started on the establishment of a Halfway House in Hulhumale’.
* Prevention activities were carried out in the sector but were mostly done by ministries separately (MOE, MOHF, MYHRS,MIA). Since the activities were done in isolation the expected impact was not achieved. Also resulted in duplication of resources. However, work was started to bring together all actors in prevention. A Prevention Workshop for all stakeholders was conducted in June 2011 in order to streamline prevention activities.
* In addition, a technical committee consisting of key people from DDPRS, MOE, DGFPS, MOHF, MOHRYS and Maldives Police Services was also created to revise and include a drug education and prevention component in the life skills package for the Schools. This package has now been piloted in 12 Schools and is being closely monitored. The Education Ministry has also begun a second phase of this project to train 40 schools on the drug prevention component and the new lifeskills package.
* DDPRS Prevention has also completed their workplan for 2011 and has embarked on a new workplan of prevention activities for 2012. Drug prevention workshops were conducted for out-of-school youth and drug education workshops were conducted for DDPRS staff in Male’ and Addu. The Prevention team has also begun work on the National Drug Abuse Campaign planned for 2012.
* The sector was able to engage with NGOs and develop their capacity to deliver better services in the sector.13 NGOS have been contracted and funded by UNODC project during the period under review. Given the increased collaboration with civil society, DDPRS is also establishing an NGO database to maintain and monitor the activities of NGOs working in the drug sector.
* DDPRS was formed to have focused interventions in the sector. The endorsement of the new Drug law on December 31st 2011 stipulated the establishment of a Narcotics Drug Control Council (NDCC) to monitor the implementation of drug policy and the National Drug Agency (NDA) to conduct the prevention and treatment activities planned for the sector. The activities of the NDA are monitored by a NDA board consisting of individuals from the different line ministries. The NDA takes over activities from the DDPRS and all DDPRS staff were transferred to the new agency. Care was taken to ensure that the transition was carried out as smoothly as possible without disruption to the work being carried out.
* The dire need for training and capacity building of the NDA staff is noted here.
* The lack of prison-based rehabilitation was noticed and regulations were reviewed to give access to rehabilitation for those under drug use convictions. A needs assessment was conducted in the prisons in Maafushi, Asseyri and Male and a model of prison based drug treatment was presented to the Department of Penitentiary and Rehabilitation Services (DPRS).
* Capacity of DDPRS staff was also improved by providing training of different treatment aspects. Twelve DDPRS counsellors underwent UNODC Treatnet training in September 2011. Two other DDPRS counsellor were trained at Daytop-USA on the Therapeutic Community model. A number of counsellors also underwent treatment and rehabilitation training from Colombo Plan. Drug Education training conducted within DDPRS was also planned to improve on the counsellors knowledge but more training is needed for the counsellors to be fully equipped to fulfil their roles and responsibilities.
* The Drug Courts were set up under the new drug law.
* Expansion of Methadone Maintenance Treatment Services.

**SUPPLY REDUCTION**

* The supply reduction agencies were able to coordinate work together towards the supply of drugs brought into the country. Joint operations were carried out by MPS and MCS
* MCS took initiatives to regulate the Ports to minimum requirement standards in order to increase surveillance and decrease narcotic trafficking through the ports.
* Drug enforcement department set up within the MPS to have focussed intervention in supply reduction of narcotics
* MCS and MPS have jointly initiated a project to bring narco dogs to Maldives under Indian assistance during the review period
* MCS under UNODC funds have launched CBT at MCS for all drug enforcement officers

**COORDINATION**

* The Narcotics Control Council was established at the President’s Office for better coordination of the agencies within the sector.
* The Drug Bill was drafted with sector wide consultation and submitted to parliament during the review period
* The endorsement of the new drug law has seen the establishment of the National Drug Control Council which takes over from the Narcotics Control Council.
* The National Drug Agency was also established under the new drug law 17/2011.
* Increased collaboration between DDPRS/NDA and the Judicial Services on the concepts introduced in the new drug law. Sensitisation was provided to the Prosecutor General’s Office, Judicial Services Commission, Criminal Court and Drug Courts.
  1. **Progress on Key Sector Outcomes**

*{For each sector outcome briefly describe the achievement made and the extent to which implementation was carried out as envisaged by the Strategies / Intervention List of the SAP. If there were any deviations what were they and the causes}*

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| **Outcome** | | **Progress** | **Issues** |
| 1. | **Strengthen professional treatment and rehabilitation of drug abuse** | 2 detox centres established  -- clients treated  National Drug abuse Helpline established  Opening of Womens Rehabilitation Center – Villimale  Opening Outpatient Treatment Centre Fuah Mulak  Establishing Halfway House in Hulhumale’ Developed a Code of Ethics for DDPRS Counsellors  Conducted Health and Religious seminars for Aftercare Clients  Workshops for parents of drug users.  Drug Courts were established.  Development of SOPs for DDPRS/NDA treatment centres.  Expansion of Methadone Maintenance Treatment Programme. | - not able to reach certain areas of the country  - not able to cater to the need/demand for treatment  - budgetary issues for maintenance of treatment centres to run effectively  Lack of counsellors for various service across the country |
| 2. | **Prevention of substance abuse** | -- programs conducted  Safe Islands Program  HIV/AIDS awareness for MARA/EVA  Drug awareness program for media  Conducted drug prevention for out of school youth.  Conducted drug free workplace programmes for resorts  Participated in the revision of the drug component in the Lifeskills package with the Ministry of Education  Begun work on the National Drug Abuse Campaign for 2012.  Prepared drug education presentations and conducted training for DDPRS staff. | - duplication of activities between different agencies  - lack of counsellors/technical staff to work in different locations in ddprs  - higher turn over of staff in remote areas |
| 3. | **Enhance role of NGO, Private sector and Civil society in service provision and addressing issues** | -- + 11 NGOs engaged by UNODC  -- MOU signed with Juvenile NGO in Lhaviyani, Naifaru. | - lack of monitoring  - travelling costs |
| 4. | **Enhance capacity and coordination among all stakeholders to address various aspects of the drug problem** | --NCC meetings held regularly at President’s Office  --National Survey funded by UNODC is underway with completion of data collection phase. |  |
| 5 | **Prevention of substance abuse** | Established OPS Team in Airport and seaport  Established OPS Team in “Thilafushi” | - Man power  - Working place  - Budgetary issues to run effectively |
| 6 | **Enhance capacity and coordination among all stakeholders to address various aspects of the drug problem** | Intelligence sharing with neighbouring countries.  Build and sustain Good relations with other law enforcement agencies  Seeking assistant from DEA /US | - lack of resources  - Difficulties of conviction  - Insufficient rehabilitation |
| 7 | **Enhance capacity and coordination among all stakeholders to address various aspects of the drug problem** | Effective awareness programmes undertaken for public.  Prevention Workshop conducted for all stakeholders  Establishment of NGO database  Sensitisation of PG office, Judicial Services Commission, Criminal and Drug Courts.  Needs assessment was conducted within the drug sector in order to develop a Monitoring and Evaluation database for DDPRS/NDA. | - Inappropriate or indecent detention services  - Ineffective Rehabilitation |
| 8 | **Enhance capacity and coordination among all stakeholders to address various aspects of the drug problem** | 24 hour surveillance of the capital city by DED.  Improved or strengthening intelligence.  Effective investigation undertaken and special attention given to cases of drug traffickers. | - Lack of sufficient resources  - Integrity issues faced to other related organization.  - Financial issues.  - Insufficient human resources and financial difficulties. |
| 9 | **Prevention of substance abuse** | Day to day briefing and progress analysis. | - Communication issues |

* 1. **Institutional Achievements in relation to the Sector Outcomes**

**{Briefly d*escribe the role of key institutions in relation to the key sector outcomes and their achievements*}**

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| Name of Institution(s) | | Major Responsibilities towards outcomes | Achievement |
| 1. | **DDPRS/NDA** | 1. Treatment and rehabilitation of users 2. Prevention and awareness (youth, parents, Government offices, general public) | - No of service centres increased  - Community based prevention programs increased  - 3 Drop-in centres established  - Increased coordination and collaboration with civil society organisations  Provision of sensitisation of other agencies on concepts stipulated in the Drug Law |
| 2. | **Police** | 1. Creating a safer and more secure society for all. 2. Reducing the Prevention of crime. (Apprehension of offenders) 3. Reducing the fear of crime. | - Public awareness programmes.  - Forming of crime prevention committees throughout the region to tackle and prevent crime. |
| 3. | **Maldives Customs Service** | Border Control  Implementation and coordination | Substantial progress has been made though the planned targets were not fully met.  New Customs Act has been passed with more enforcement powers.  Necessary regulations have been gazetted with comprehensive measures to combat supply reduction. |
| 4. | **Dept. of Immigration** | Activity of traffickers to and from the country | Do surveillance work on the activities of drug dealers at entry points into the country |
| 5. | **Ministry of Human resources youth and sports** | Prevention and advocacy activities among the youth | Outreach work carried out to engage at risk and vulnerable youth groups |
| 6. | **Ministry of Education** | Prevention and advocacy activities among students, teachers and parents | Drug education started as pilot project in 12 schools |
| 7. | **Ministry of Islamic Affairs** | General awareness | Friday sermons focussed on drug issue |

1. **Overall Assessment of Sector Performance related to key aspects**

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| Operational Progress (300 words)  **{*Explain the Extent to which implementation was carried out as envisaged by the Strategies / Intervention List of the SAP. If there were any deviations why was this and what where they.*}** |
| **Demand Reduction**   * Establishment of detox centres (2 centres) * Establishment of National Drug Abuse Helpline * Women’s Rehabilitation Centre * Outpatient Treatment Centre in Fuav Mulak * Outpatient Treatment Services in Lhaviyani, Naifairu in collaboration with NGO Juvenile. * Detox Centres extended to south (1 detox in hulhumeedhoo) * Drop-in centres established in Male and South (2 in Male, one in Fuah Mulak) * 2 technical staff trained in US for models of rehabilitation treatment * 2 counsellors currently under going training in counselling * 14 counsellors trained in UNODC treat net programme. * Total oversees training (demand reduction) * Total local training (demand reduction) * Monitoring and Supervision of Regional service centres   **Supply Reduction**   * Special task team allocated to the Male’ International Airport * Special task team allocated to the Sea Port of Maldives. * Special task team allocated at “Thillafushi” Island for supervision * Created a more secure intelligence sharing network between 04 Atolls. * Special operation conducted at capital city Male’ and Atolls. * Overseas training for (Investigation officers and intelligence officers) * Local training for (Investigation officers and intelligence officers) * Case study and review of similar issues and information’s international * Ports with Strengthened access control and monitoring capacities, increased * Ports with upgraded intelligence and Risk Management mechanisms for border enforcement progressing * Some of the X-ray scan machines upgraded at the airport * Establishment of Male’ Commercial Harbor Monitoring System (CCTV) at the final stages * Airport Interdiction Room will be functional from 1st October 2011 * Capacity building in terms of training, improved eg: UNODC CBT Program * More operations carried out with other enforcement agencies, than before * Process of acquiring sniffer dogs, progressing. * Advance Passenger Information System (APIS), in the process of establishment |
| Financial Performance (200 words)  **{*To what extent was the budget allocation utilized and if budgetary shortfalls were encountered what were the likely causes what impact did it have in regard to pursuing the Strategies / Intervention List of the SAP*}** |
| **Demand Reduction**   * budgets allocated for programs for one year is not sustained over for the next year therefore, effects results (e.g: when the new UNDAF was signed, programs were changed)   **Supply Reduction**   * Insufficient resources and budget issues faced. * Available budget was properly utilized * Lack of adequate budget for training (for sending officers abroad or bringing an expert) * Lack of budget for acquiring tool, equipments, scanning facilities, testers, etc. * Lack of budget to acquire speedboats for monitoring and surveillance port areas |
| Institutional Linkages (100 words)  **{If *any institutional linkages were expected to be developed during the implementation, to what extent were they achieved. If not what were the main causes and what was the affect on the implementation.*}** |
| **Demand Reduction**   * Narcotics Control Council established which facilitated the much needed coordination between stakeholders especially in the area of demand reduction. * A new drug law 17/2011 was endorsed on December 31st 2011. * To improve coordination and work within the drug sector a National Drug Control Council and a National Drug Agency was set up according to the new Drug Law 17/2011 * For successful implementation of prevention programs more efforts have been put into to work towards one work plan amongst DDPRS, MOE and MOHRYS. Office awareness program in 2010, empowered youth program in 2010 was conducted in collaboration with MPS and MCS. * Drug education programs through life skills have been proposed. Technical committee set up by MOE to implement this activity.   **Supply Reduction**   * Improved information and intelligence sharing between other related organizations and joint investigation undertaken. * A Drug Intelligence Unit formed. * Greater effort and time given to strengthen the acquaintance between other law enforcement agencies. * Close relationship with MPS, MNDF built, in terms of information exchange, carrying out collaborative operations, and capacity building.   - MOU signed between MCS and MPS for information exchange and coordinated operations |
| Sustainability (100 words)  **{*To what degree could the operational aspects; including institutional linkages if any can be carried forward and describe any essential criteria required to facilitate this*}** |
| **Demand Reduction**   * NCC meetings held regularly, which facilitated closed coordination of the key stakeholders. Dedication and commitment from policy makers necessary to sustain the coordination mechanisms * The treatment committee has been set up to facilitate the rehabilitation especially of prisoners and volunteer clients. Transparent operating procedures of the committee required for the sustainability of committee * The technical committee set up   **Supply Reduction**   * 24 hour surveillance of the capital city with intelligence led policing. * Special operations which were conducted targeting specific “Hot Spots” have shown positive results. * Targeted special operations conducted at Atolls. |

**3.0 Key Issues encountered**

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| *Institutional (200 words)*  ***{Discuss the Strategic position of the Lead Agency and how it affected the Implementation of Strategies/ Operational Performance}****:* |
| **Demand Reduction**  DDPRS is the leading agency in providing treatment, rehabilitation and prevention services. The lack of coordination within DDPRS and other stakeholder was highlighted as a problem within the drug sector which led to a duplication of drug prevention and treatment activities. Efforts have been made to address this issue and improve on the implementation of programmes in the drug sector and care has been taken by the DDPRS/NDA in order to improve communication and coordination within the agency and the other stakeholders.  **Supply Reduction**  The MCS and the MPS have been the lead agencies in the area of supply reduction. There is a strong sense Lack of coordination between the drug enforcement agencies, however there lacks coordination between MPS and some other key partners such as DPRS, the PG office, and criminal courts. |
| *Implementation (200 words)*  **{*Matters relating to implementation finances, human resources, monitoring and oversight*}** |
| **Demand Reduction**   * Difficulty to reach islands due to procurement complications (Maaliyyathu Qaanoon) * Bureaucracy in applying for services is too long for effective implementation * Lack of technical staff (need to fly over counsellors to other institutions when counsellors based there take leave) * Main activities of DDPRS depend of Donor funding and delay in finalising Donor activities restricts implementation of DDPRS programs   **Supply Reduction**   * Ineffective resource allocation and specialization. * Laws which subdue the effective work of the police. * lack of adequate technical training (for sending officers abroad or bringing an expert) * Lack of tool, equipments, scanning facilities, testers, etc. * Lack of speedboats for monitoring and surveillance port areas * Lack of budget to acquire the above and carry out implementation. |
| *Environmental : (100 words)*  **{*Environmental 9including Operational aspects) aspects which were encountered and need to be addressed*}** |
| **Demand Reduction**  - Bad weather has created delays in conducting programs at the past.  **Supply Reduction**   * Lack of proper legislation (this issue has been addressed once Maldives Customs Act has come into being) |
| *Political (100 words)*  **{*Political considerations encountered and to be addressed*}** |
| * The anti drugs programme is the 5th pledge of the Government. Thus the work done in the sector often politicised by media. The community spirit required to implement the work of the sector often hindered by UN due criticisms due to being politicised. * There is a strong sense of a lack of coordination between the drug enforcement agencies and other related agencies such as live access to some important databases. |
| *Socio/ Cultural (100 words)*  **{*Socio Cultural considerations encountered in respect of operation and implementation*}** |
| **Demand Reduction**   * Restrictions from public especially parents when prevention programs are planned (after late 90’s awareness programs where drugs and drug paraphernalia were shown to the audience, this encouraged more to the habit) * Restrictions from religious scholars against establishment of MMT * Drug addiction still looked upon as a severe criminal offence and thus hinders community support required for community rehabilitation.   **Supply Reduction**   * Lack of awareness among victimized families and the conventional trends still genera public thereby demanding punitive measures to be undertaken against drug users * No differentiation between drug user and drug dealer by law * Higher expectations of public not met, every dealer caught often walks free so law enforcement and public demoralized and discouraged |
| *Gender (100 words)*  **{*Gender related issues encountered during operation and implementation*}** |
| **Demand Reduction**   * Increased need for gender specific treatment and prevention services due to increasing number of female addicts.   **Supply Reduction**   * no separate gender specific facilities available (detention service, isolations) |
| Statistical and Data Collection (100 words)  **{*All the data sources used. Other factors which surfaced in the operation and implementation*}** |
| **Demand Reduction**   * Absence of inter-sectoral information sharing system. * No database program within DDPRS (intra-sectoral) * No data analysis done to understand trends, patterns * No data maintained to monitor relapses * No procedures for data collection   **Supply Reduction**   * Data is maintained * No analysis done on the available data * Each law enforcement body maintains its own data thus difficulty in ascertaining actual supply of drugs into and in the country * No procedures for data collection |

**3.0 Lessons Learnt (300 words)**

**{Discuss the Lessons Learnt in the process of carrying out interventions relevant to realization of the Sector Outcomes as specified in the SAP. Focus on the involved agencies and other stakeholders (including beneficiaries) and their willingness and capability to continue the interventions. If not what additional measures would need to be taken to strengthen them}**

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| * Need to make treatment and aftercare services more accessible through out the country, to prevent relapses * 2011/R-1 Qawaaid opened doors for more people to go for treatment, but the rehabilitation centre, detox centres and aftercare systems are not equipped to cater for them, therefore need to be addressed. * Need to define the role of DDPRS more specifically and organised within DDPRS for more effective working environment |

1. **Partnerships (200 words)**

**{*Describe any partnerships established with a donor, private sector of civil society organization to achieve an outcome(s)*}**

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| International Partners   * UNICEF (rolling work plan 2011-2012 of UNDAF) * UNODC (EU project) * UNDP (global Fund)   Local partners   * Journey * SWAD * Hand-in-Hand * Open Hand * Juvenile   Treatment programs (drop-in centres, outreach programs)  **Supply Reduction**  Established partnership with UNOCD to conduct UNODC Computer-Based E-learning Program on Drug Law Enforcement at MCS. MCS is established as the National UNODC CBT Centre |

1. **Follow-up Actions & Recommendations (400 words)**

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| * **{Recommendations for strengthening, reorienting and/or revising the implementation mechanisms and strengthening the key agencies and other stakeholders for achieving Sector Outcomes in future periods}**The lack of coordination amongst the key agencies in demand reduction has led to duplication and in effective programme implementation therefore it is important to put in place better coordination mechanisms to foster better working environments in the demand reduction sector. It would be beneficial to work towards one work plan in the area of rehabilitation and prevention. This is recommended for not only within Government but Government and partner NGOs as well. * Capacity building of the two main partners in rehabilitation is also vital. That is in DDPRS and DPRS. Currently every Department or ministry has worked in its own territory it is important to step beyond this and share expertise and information for the success of the drug sector. Though NCC exists lack of interaction is noticed amongst key agencies especially at operation level. Regular meetings at this level would also be helpful * In supply reduction lot of operations are carried together and there is coordination amongst key law enforcement agencies. This could be further improved by formalising and putting in place procedures for regular coordination and monitoring of supply reduction activities * Can work together especially during budget process to see how resources could be most effectively sued to benefit the whole sector * Data collection and analysis needs to be streamlined to get better clearer situation reports of the drug problem * Currently data collected and reported on adhoc basis, regular intervals need to be set for this, both in demand and supply reduction. |

**Date:** 1st April 2012

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