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PROJECT DOCUMENT KUWAIT

Project Title: National Drug Use Prevention Policy and Management.
Project Number: 00091868
Implementing Partner: Ministry of Interior - DCGD
Start Date: 11/1/2017 **End Date:** 31/12/2018 **PAC Meeting date:** 05/10/2016

Brief Description

The project aims to help reducing the extent and effects of the drug use problem and death from drug use overdose in Kuwait, guided by the Kuwait National Development Plan and responding to the identified drug use issues, gaps, and needs, situation appropriate actions will be advanced. Actions towards improving drug use prevention, treatment, rehabilitation, and community reintegration services will be effected. Policies and services will be developed, streamlined, and decentralized. Capacity building will be provided to support the implementation of the services. Awareness raising will also be performed.

In particular, the outcome of this project is the following:

Project Outcome Statement: National Drug Use Prevention Policy and Management Program instituted, customized to local problems and needs, to help ensure a healthy, productive, satisfied population, decreasing prevalence of drug use, and death due to overdose

The overarching outcome will be reached through the following three specific outputs:

- Output 1:** Improved in depth knowledge of drug use prevention related services and national situation, and establishment of national policy and management body for national streamlined efforts.
- Output 2:** Increased streamlining of needed services by working within an agreed upon Drug Use Prevention Policy and Management Strategy, Operational Plan, integrating gender equality and sensitivity, and human rights issues, for efficient provision of services.
- Output 3:** Enhanced institutional services, human capacities, and implementation of targeted services and interventions, to reinforce national awareness of the problem and to reach drug use affected individuals and families.

Contributing Outcome (SP/CPD/CPAP): <u>SP Outcome 1:</u> Growth and development are inclusive and sustainable, incorporating productive capacities that create employment and livelihoods for the poor and excluded <u>CPD outcome 1:</u> Policy and regulatory economic, social and environmental frameworks are in place to build resilience for inclusive, sustainable growth and development.	Total resources required inclusive GMS:	2,000,000 USD
	GMS (3%):	58,000 USD
	Government of Kuwait:	2,000,000 USD

Agreed by (signatures):

 Government-GSSCPD الأمين العام للمجلس الأعلى للتخطيط والتنمية	 UNDP برنامج الأمم المتحدة الإنمائي Ms. Zineb Touimi-Benjelloun UN Resident Coordinator UNDP Resident Representative	 Ministry of Interior General. Abduhameed At Awadhi Assistant Undersecretary for Criminal Security State of Kuwait
Date: 11/01/2017	Date: 11/01/2017	Date: 11/01/2017

List of Abbreviations and Acronyms

AWP	Annual Work Plan
CO	Country Office
CP	Country Programme
CP	Community Police
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSB	Central Statistical Bureau
DCGD	Drug Control General Department
DPPMP	National Drug Use Prevention Policy and Management Program
GMS	General Management Support
GSSCPD	General Secretariat of the Supreme Council for Planning and Development
KNDP	Kuwait National Development Plan
MOE	Ministry of Education
MOH	Ministry of Public Health
MOI	Ministry of Interior
MOSAL	Ministry of Social Affairs and Labour
NA	Narcotic Anonymous
NFP	National Focal Point
NIH	National Institute of Health
NIM	National Implementation
PM	Project Manager
PPR	Project Progress Report
PWID	People Who Inject Drugs
QPR	Quarterly Project Report
RRF	Results and Resources Framework
SBAA	Standard Basic Assistance Agreement Report
SDB	Prime Minister Office – Social Development Bureau
TORs	Terms of References
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime

I. SITUATION ANALYSIS

According to UNODC, drug demand reduction challenges is that substance abuse should not be seen only as a security threat, but rather as a consequence of compromised security at the individual level as well as a social, public, developmental and economic challenge¹. In reference to the UNDP guidance in 2015, 'Targets that address progress towards ensuring the "health and welfare of mankind", including a decrease in the number of overdose deaths and infection rates for [Human Immuno-Deficiency Virus] HIV, hepatitis B and C and other communicable diseases among people who use drugs; an increase in access to harm reduction, treatment demand and treatment access; an increase in investments in health and social welfare benefits, and in the number of people receiving such assistance; and a reduction in excessive and disproportionate punishments², have been put forward for greater national development. The UNDP guidance are in line with the Sustainable Development Goal³ 3: Ensure healthy lives and promote wellbeing for all at all ages, Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

In reference to the Kuwait National Development Plan (KNDP)⁴, work within the period 2015-2020 will be focused on economic and social development. It includes developing public institutions management and statistical services, and more specifically enhancing performance capacity and quality of the health sector and promoting public private partnership. Support will be provided to prevent unhealthy behaviors, and develop new therapeutic services and units. The plan notes that in the years of 2010 to 2013 there was an increase in drug related crimes by 119.8%, and juvenile crimes by 20.1%. Drugs prevention campaigns were undertaken and KNDP points out that on average youth have six (6) hours per day of free time, and the need to put it to good use as violence incidence among the youth population is on the increase.

Through the achievement of security and justice in the Kuwait National Development Plan, and in the quest to strengthen national security within the community with a focus on economic and social security, increasing social cohesion and the stability in society; total crimes have been at an increase, with drug-related offenses as the biggest challenge. This requires taking preventive measures to combat its spread and frequency. One of the main policies towards addressing these challenges is the fight against all types of crime and the enhancement of the effectiveness of the Preventive Security Apparatus to reduce violence.

According to the Kuwait Central Bureau of Statistics⁵ the mid-year population of Kuwait in 2013 was 3,448,139 of which 66.4 % were Non Kuwaitis. In 2013-2014 academic year about 8% of students were at the intermediate and secondary school levels. In 2014, 81.1 % of the non-Kuwaiti population aged 15 years and over were employed. Kuwait has a rich and relatively open petroleum based economy, the mean monthly income was estimated at 2648.1 KD for Kuwaiti households, and 889.4 KD for non- Kuwaitis households⁶.

According to the Ministry of Interior, Drug Control General Department (MOI-DCDG) between 2010⁷ and 2014 there was an increase in reported cases for possession and consumption of illicit drugs by 30%, death due to overdose by 27%, and juvenile drug cases by 45%. Two female cases were reported in 2014. The prevalent types of narcotic drugs seized in 2010 included hashish, marijuana, opium, khat, heroin, cocaine, psychotropic substances, ICE, and keptagon. Al-Qabas Newspaper quoted an addiction therapist on November 30, 2015, that 7% of the population in Kuwait are drug users⁸. The MOI-DCDG study of 2011⁹ reported that 10% of the youth sample have explored use of illicit drugs, and 85% were aware of drug issues. Their source of information was;

1 UNODC, OSCE develop strategies to reduce drug demand and drug supply to youth, Deputy Executive Director UNODC, September 10, 2015, <https://www.unodc.org/unodc/en/frontpage/2015/September/unodc-and-osce-develop-strategic-approaches-to-reduce-drug-demand-and-drug-supply-to-youth.html> , retrieved December 14, 2015

2 'Addressing the Development Dimensions of Drug Policy', HIV, Health and Development, United Nations Development Programme, June 2015

³Sustainable Development Knowledge Platform, Sustainable Development Goals, Goal 3 Ensure Healthy Lives And Promote Well-Being For All At All Ages, <https://sustainabledevelopment.un.org/?menu=1300>

4 Kuwait National Development Plan (KNDP), 2015/2016 – 2019/2020, General Secretariat of the Supreme Council for Planning and Development, January 2015

⁵ Kuwait Central Bureau of Statistics, 2013_المجموعة الإحصائية السنوية_2013 , http://www.csb.gov.kw/Socan_Statistic_EN.aspx?ID=18 , retrieved December 16, 2015.

⁶ <https://www.moh.gov.kw/Renderers/ShowPdf.ashx?id=8d14b250-ee29-4220-862e-a5f0e00056de>

⁷ Drug Control General Department Function and Duties, Ministry of Interior, Drug Control General Department, Awareness Section, Dr. Ayed Al-Humaidan, 2011

⁸ 'امن سكان الكويت يتباطون المخدرات %7' , Ahmad El-'Enzy, Al-Qabas Newspaper, Number 15265, November 30, 2015

⁹ 2011_العباس_2011 .د.ع. الحميدان و .د.ع. العباس_2011 Ministry of Interior, Drug Control Drug General Department

57% from television, 12% from newspapers and journals, 8% from the internet, and 7% from peers. It reported that 14% had peers who have explored use of illicit substances, and six percent (6%) had a family member involved in substance abuse. From the prisoners' sample, it was reported that social and mental problems were the cause of their initial illicit drug use, and peer pressure. They reported relapse due to their inability to access adequate rehabilitation, withdrawal problems, inability to stop use of drugs, and community stigmatization, among others. According to the State of Kuwait - Global AIDS Response Progress Report 2015, 'In 2014 less than 10% of people who inject drugs, abstain for more than 2 years, and many relapse within a week after detox. Heroin is the second-most common drug among clients of the Addiction Centre, and 80% inject the drug where sharing of injection equipment is common, as evidenced by high prevalence rates of Hepatitis C infection among PWID, [but] no HIV cases¹⁰'.

Decision makers have agreed that there is a drug use problem in Kuwait. Public and non-governmental sectors have a number of established efforts working towards prevention, treatment, rehabilitation, and community reintegration. Still there is an ever increase in number of individuals affected with drug use, related population variations, and diversification in types of drugs used, and socio-economic factors affecting the drug prevention actions. The problem exists, is expanding, and changing. Drug demand reduction through prevention, ensuring available appropriate services, awareness and capacity building activities, and interventions need to be provided.

There is a need to:

- Work on coordinating, streamlining, and standardizing services as the drug use issue involves various sectors
 - Ensure continuous availability of data in appropriate formats and types
 - Have an in depth assessment of concerned units, services, and frameworks for better mapping of available services and resources, and identifying gaps and needs.
 - Prepare studies on prevalence of predisposing factors leading to drug use and extended impact of drug use on individuals and families.
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- Promote student values, life skills, and vocational expertise, and school counselors' role, as drug use issues are presented at a younger age.
 - Provide awareness raising activities, with focused messages, involving a variety of providers, covering different vulnerable groups, and increasing number of beneficiaries of activities.
 - Expand and decentralize, and upgrade in line with quality measures, treatment, rehabilitation, and community integration services. Present the services functions and availability to the public, and increase access of providers and beneficiaries to resources. Help provide needed, quality, timely, streamlined, and cost effective services.
 - Work on developing concerned units and services. Emergency, referral, and hotline services are essential services that provide support to beneficiaries at different crossroads. It is in great need that sectors connect and coordinate together quality services, and make known the availability of these services.
 - Capacity building on all levels is needed for school counselors, social workers, therapists, emergency, primary health workers, sports coaches, administrators, awareness providers, and among others.
 - There is a need to work with communities for support of beneficiaries, drug users and those affected by drug use issues, and to help decrease stigma and discrimination. Enhance peer support groups in prevention, in recovery, and among others.
 - Evaluate implemented activities to ensure that outputs have been reached satisfactorily.

It is conducive to bring the private sector on board as it provides varied services, and is available in different communities.

The UNDP is calling to prepare culturally and situation sensitive, standard prevention, awareness, treatment, rehabilitation, and reintegration concepts, supported with evidence documentation, translation into action, policy consensus, systems expansion, enhancement, and capacity amelioration activities.

As stated in the Kuwait Country Program Action Plan, section 4.4.4, the 'UNDP will address the drug use and addiction problem in the country through a partnership with the Ministry of Interior for the development and implementation of a Drugs Prevention Strategy. Specific attention will be given as to how the drugs problem

¹⁰ State of Kuwait Global AIDS Response Progress Report 2015; Country Progress Report for January 1 - December 31, 2014, prepared June 15, 2015, http://www.unaids.org/sites/default/files/country/documents/KWT_narrative_report_2015.pdf, retrieved December 12, 2015.

could be impacting on the vulnerabilities of women and girls in Kuwaiti society, and in coming up with gender-based strategies to combat these vulnerabilities. UNDP will provide value-added on this intervention as an impartial broker that can bring the government, civil society, and the academic community together in arriving at an inclusive and multi-sectoral consensus on the drugs problem affecting the country and the most appropriate solution.. UNDP will also have a distinct role in linking the initiative on drugs prevention with the best practices internationally, as well as knowledge products and expertise that are lodged with other UN Agencies such as the UN Office on Drugs and Crime (UNODC). UNDP will also provide limited consultancy support to the Social Development Office in order to respond to the other social issues besetting the country.

II. STRATEGY

The strategy is set in line with UNDP guidance¹¹ of:

1. Decreasing number of overdose deaths and infection rates for HIV, hepatitis B and C and other communicable diseases among people who use drugs.
2. Increasing access to harm reduction, treatment demand and treatment access
3. Increasing investments in health and social welfare benefits, and in the number of people receiving such assistance

Guided by the Kuwait National Development Plan and responding to the identified drug use issues, gaps, and needs, situation appropriate actions will be advanced. Actions towards improving drug use prevention, treatment, rehabilitation, and community reintegration services will be effected. Policies and services will be developed, streamlined, and decentralized. Capacity building will be provided to support the implementation of the services and raising awareness.

Actions will be based on multi-sector involvement, ownership, responsibility, and accountability in the planning, implementation, delivery, and achievement of the proposed outputs. Cooperation and coordination is needed to ensure all needs are met, streamlined, and cost effective. It is recommended to establish a national body with representatives of the stakeholders including governmental, non-governmental, women, affected age, and vulnerable groups. Concerned bodies include ministries of interior, health, social and labor, education and higher education, information, Awqaf, and youth, and sports affairs, social development, legal framework, and non-governmental organizations and civil society.

To satisfy information needs data will be collected in various methods and periods. Data disaggregated by gender, age, and governorates among others will be collected and analyzed. National in depth assessment on the current needs and services being provided are essential for guiding policy and services and activities implementation reaching the right targets, population, geographic, and national differences. Studies on prevalence of predisposing factors leading to drug use and extended impact of drug use on individuals and families providing better understanding on related local behavioral problems and the extent of drug-related issues will be prepared. There is a need to build a drug use prevention sector and population information system for continuous monitoring of different aspects of the problem by professionals, providing timely input for needed services and changes, and building relevant programs.

Drug use prevention policies, strategies, and operational plan will be prepared which will help drive the multisector approach for working on the drug use issues. This needs to be paralleled with an advocacy plan for better public perception, support, unifying the concepts, and defining required efforts from public administrators.

Institutional development and performance evaluation of related services will be done to help identify and support beneficiaries, and ensure quality services. Decentralization of services is proposed for greater access by all concerned. Multi-sectoral referral system will be put in place to help ensure that the beneficiary transfer through identification, treatment, rehabilitation, reintegration, and receipt of legal and other parallel services are satisfactory. Hotline services will be enhanced and promoted to the public, with assurance of confidentiality of information, and providing information for referrals. Services related exchange tours, and on the job training and coaching will be part of the capacity building actions to be undertaken.

Raising awareness will be done by enhancing information and techniques of professionals and media and awareness departments in the different ministries, and professionals in non-governmental organizations. A

¹¹ 'Addressing the Development Dimensions of Drug Policy', HIV, Health and Development, United Nations Development Programme, June 2015

Communication and Advocacy Plan (Awareness Activities Plan) will be prepared, taking into account technological and pedagogical developments, and participatory approach in awareness events. Modules will be prepared to support the awareness activities.

Capacity building will be done for human resources interacting with the drug use issues. The spectrum would include personnel working in and towards early intervention, prevention, identification, treatment, rehabilitation, incarceration, family support, community integration, and the labor force. Types of personnel include policy and decision makers, legislators, lawyers, parents, teachers, school counselors, social workers, psychologists, nurses, emergency aid workers, police, pharmacists, and technicians. Awareness providers will be targeted for amelioration of their knowledge and skills. Capacity building activities cover a variety of methods including training of trainers and workshops. A capacity building plan and modules will be prepared to cover scientific topics, leadership skills, message communication (communication skill, language, and scripts), technical skill building, management and automation.

Exchanging experiences and receiving guidance will support stakeholders in moving forward efficiently and effectively. The UN agencies, UNODC, UNAIDS, WHO, UNICEF, UNESCO, UN Women, and ILO have a long history in different aspects of drug use issues. They have set standards, worked on analyzing situations, provided guidance and capacity building, helping in ensuring that no one is left behind. Human rights, health, youth, education, gender concerns, and workplace issues have been the basis of their work in different regions of the world including the Middle East and Asia. The Middle East including the Gulf Cooperation Countries (GCC) have been working on the issue since the 1980's, and the sector in Kuwait should benefit from the lessons learnt. GCC can also provide support based on their similar situational context to Kuwait. It is essential to look at the Asian experience as at least 60% of non-Kuwaiti residents are of Asian descent, and a high amount of the illicit drug supply is in bound from Asia, influencing the sector.

UNDP will cover technical assistance including experts, advisors, recruitment of appropriate specialized firms, and office support. No building or equipment support will be provided.

Monitoring and evaluation (M&E) of activities will be integral part in implementing all activities to help ensure that efforts are in line with planned activities, for timely knowledge of challenges and needed changes, and to feed into an ever growing body of knowledge directing appropriate action for needed issues. An M&E plan with specified baseline assessment, data collection sources and methods will be prepared within the noted evaluation activities.

In particular, the outcome of this project is the following:

Outcome: National Drug Use Prevention Policy and Management Program instituted, customized to local problems and needs, to help ensure a healthy, productive, satisfied population, decreasing prevalence of drug use and death due to overdose, the project work to support the formulation and implementation of a national drug use prevention policy shall contribute to limiting crimes associated with drug use and decrease crime rate in general, leading to a safer and more secured environment on med and long terms, contributing to achievement of safety and security outcome stated in Kuwait National Development Plan.

The overarching outcome will be reached through the following three specific outputs:

- Output 1:** Improved in-depth knowledge of drug use prevention related services and national situation, and establishment of a national policy and management body for national streamlined efforts.
 - Output 2:** Increased streamlining of needed services by working within an agreed upon Drug Use Prevention Policy and Management Strategy, Operational Plan, integrating gender equality and sensitivity, and human rights issues, for efficient provision of services.
 - Output 3:** Enhanced institutional services, human capacities, and implementation of targeted services and interventions, to reinforce national awareness of problem and to reach drug use affected individuals and families.
- Output 1:** Improved in depth knowledge of drug use prevention related services and national situation, and establishment of national policy and management body for national streamlined efforts.

The output focuses on building the information base for evidence based decision making by:

- Attaining national in-depth information on drug use prevention related services as a baseline for national policy development and targeting efforts in institutional development, capacity building, awareness raising, and implementation of needed interventions. Data disaggregated by gender, age, and governorates among others will be collected and analyzed and information on prevalence of predisposing factors leading to drug use and extended impact of drug use on individuals and families will be studied.
- Establishing a national policy and management body for national policy development, streamlining efforts, and technical monitoring.
- Improving knowledge of population specific related problems and drug use issues for informed policy and service development.

Output 2: Increased streamlining of needed services by working within an agreed upon Drug Use Prevention Policy and Management Strategy, Operational Plan, integrating gender equality and sensitivity, and human rights issues, for efficient provision of services.

For streamlined, coordinated pertinent actions, preparation of the following will be done:

- Selecting and streamlining needed services within a multisector approved drug use prevention policy and management strategy.
- Ensuring implementation of strategy within a structured Drug Use Prevention Policy and Management Operational Plan

Output 3: Enhanced institutional services, human capacities, implementation of targeted services, and interventions, to reinforce national awareness of problem and to reach drug use affected individuals and families.

This output aims at enhancing institutional frameworks, human capacities, and implementation of targeted services and interventions, for varied public providers and non-governmental providers, to reach national and specific population groups and individuals, and identified drug use affected beneficiaries by:

- Having drug use prevention related services operating in line with Drug Use Prevention Policy and Management.
- Increasing knowledge and skills of concerned human resources on drug use issues leading to improved provision of service.
- Implementing awareness activities for concerned target groups, related service providers, and beneficiaries.

III. RESULTS & RESOURCES FRAMEWORK

<p>Intended Outcome as stated in the Country Programme Document: UNDP Kuwait outcome 1: Policy and regulatory economic, social and environmental frameworks are in place to build resilience for inclusive, sustainable growth and development.</p>			
<p>Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets: Kuwait outcome indicators: Percent increase of public expenditure on health promotion, higher education and social welfare, and coverage of the social protection system, disaggregated by gender, age, and governorates. Baseline: Health 6.60% in 2011/2010, Education 10.07% in 2011/2010, Social security and welfare affairs 15.28% in 2011/2010 Target: to be determined by the respective government entities</p>			
<p>Indicator: Percent increase of public expenditure on health promotion, higher education and social welfare, and coverage of the social protection system, disaggregated by gender, age, and governorates.</p>	<p>Baseline: Health 6.60% in 2011/2010, Education 10.07% in 2011/2010, Social security and welfare affairs 15.28% in 2011/2010</p>	<p>Target: To be determined by the respective government entities</p>	
<p>Project title and ID (ATLAS Award ID): Drug Use Prevention Policy and Management Program, ATLAS Award ID 00091686</p>			
<p>Project Outcome: National Drug Use Prevention Policy and Management Program instituted, customized to local problems and needs, to help ensure a healthy, productive, satisfied population, decreasing prevalence of drug use and death due to overdose</p>			
<p>Intended Outputs</p>		<p>Output Targets</p>	<p>Responsible Partners</p>
<p>Output 1: Improved in depth knowledge of drug use prevention related services and national situation, and establishment of national policy and management body for national streamlined efforts. Output Indicator: Increase in number/percentage of documented pertinent, adequate, timely information on drug use prevention related services and national situation, informing the decision making of the functioning national policy and management body. Output Baseline: No recommendations related to in-depth information on drug use prevention related</p>	<p>Output Target:</p> <ul style="list-style-type: none"> Functioning national policy and management body established & comprehensive knowledge base collected <p>Targets:</p> <ul style="list-style-type: none"> 1 National in Depth Assessment of 11 Drug Use Prevention Related Services Report National Drug Technical Team and Technical Working Groups Charter, and National Drug Technical Team and 5 	<p>Indicative Activities & Actions</p> <p>Activity Result 1.1: Attain national in-depth information on drug use prevention related services as a baseline for national policy development and targeting efforts in institutional development, capacity building, awareness raising, and implementation of needed interventions.</p> <p>Actions:</p> <ol style="list-style-type: none"> Prepare a National In-Depth Assessment of Drug Use Prevention Related Services Report covering the ministries of interior, health, social and labor, education, information, higher education, Awqaf, youth and sports, 	<p>Inputs (USD)</p> <p>1.1-USD 58,000</p> <p>Consultants USD 50,000</p> <p>Meeting Events and Related Resources USD 8,000</p>

<p>services available for national policy and management decision making.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Level of completeness and preparation of the National in Depth Assessment of Drug Use Prevention Related Services Report • Establishment of National Drug Technical Team and Technical Working Groups Charter, and functioning Technical Team and number of Technical Working Groups. • Increase in number of available, relevant, current studies on prevalence of predisposing factors, and extended impact of drug use on individuals and families <p>Baseline:</p> <ul style="list-style-type: none"> • National in Depth Assessment of Drug Use Prevention Related Services Report is not available • No national committee charter, committee, or related technical group in 2015. Related Committee was dissolved on October 1, 2014, by Amiri Decree no. 235. • No relevant studies were made available in 2015 	<p>Technical Working Groups (TWG) established</p> <ul style="list-style-type: none"> • 2 studies prepared on prevalence of predisposing factors leading to drug use, and extended impact of drug use on individuals and families 	<p>and social development, legal framework, and non-governmental organizations.</p> <p>2. Publish and present the report</p> <p>Activity Result 1.2: Establish a national policy and management body for national policy development, streamlining efforts, and technical monitoring.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Prepare National Drug Technical Team and Technical Working Groups Charter, and establish National Drug Technical Team and Technical Working Groups <p>Activity Result 1.3: Improve knowledge of population specific related problems and drug use issues for informed policy and service development.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Prepare studies on: <ol style="list-style-type: none"> i. Prevalence of predisposing factors leading to drug use ii. Extended impact of drug use on individuals and families 	<p>1.2-US\$ 67,000 Consultant USD 40,000 Meeting Events and Related Resources USD 27,000</p> <p>1.3-US\$ 47,000 Consultants USD 47,000</p> <p>Total Output 1: USD 172,000</p>
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<p>Output 2:</p> <p>Increased streamlining of needed services by working within an agreed upon Drug Use Prevention Policy and Management Strategy, Operational Plan, integrating gender equality and sensitivity, and human rights issues, for efficient provision of services.</p>	<p>Output Target:</p> <ul style="list-style-type: none"> • New Drugs Prevention strategy and Action Plan developed. <p>Targets:</p>	<p>IMPLEMENTING PARTNER & Multi-Sectoral Network & Drug use Prevention</p>	<p>Activity Result 2.1: Selected and streamlined needed services within a multisector approved Drug Use Prevention Policy and management strategy.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1 Prepare Drug Use Prevention Policy and Management Strategy 2017 – 2021, by 	<p>2.1- USD 77,000 Consultants USD 40,000 Knowledge exchange (study) tours USD 19,000 Meeting Events</p>
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<p>Output Indicator: Percent increase in streamlined services.</p> <p>Output Baseline: No current streamlining of services.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Level of completeness and preparation of local Drug Use Prevention Policy and Management Strategy 2017 – 2021 • Level of completeness and Complete preparation and dissemination, and percentage of implementation of Drug Use Prevention Policy and Management Operational Plan Document <p>Baseline:</p> <ul style="list-style-type: none"> • Drugs Prevention Strategy 2008-2012 outcomes, and proposed Drugs Prevention Strategy 2012-2016 • No Drug Use Prevention Policy and Management Strategy 2017 – 2021 operational plan 	<ul style="list-style-type: none"> • Drug Use Prevention Policy and Management Strategy 2017 – 2021 Document disseminated to 100 stakeholders' organizations in year 1 • Implementing 20% of Drug Use Prevention Policy and Management Strategy 2017 – 2021 Document during the project execution phase 	<p>National Drug Technical Team & UNDP</p>	<p>utilizing information attained from in-depth assessments and studies, expert knowledge, regional experience, and involvement of concerned stakeholders in its preparation.</p> <ol style="list-style-type: none"> 2 Conduct 20 technical meetings with representatives of the concerned stakeholders for technical review and approval of strategy 3 Conduct two plenary meetings to present and discuss strategy 4 Finalize and disseminate strategy <p>Activity Result 2.2: Ensured implementation of strategy within a structured Drug Use Prevention Policy and Management Operational Plan</p> <p>Actions:</p> <ol style="list-style-type: none"> 1 Prepare an operational plan with the involvement of concerned stakeholders. 2 Conduct 20 technical meetings with representatives of the concerned stakeholders for technical review and approval of plan 3 Conduct two plenary meetings to present and discuss operational plan 4 Finalize and disseminate operational plan 5 Provide capacity building workshop for the National Drug Technical Team and concerned stakeholders 	<p>USD 9,000 Publication/ Launch-Train Event/ Distribution USD 9,000</p> <p>2.2-USD 124,000 Consultants USD 96,000 Meeting Events USD 19,000 Publication/ Distribution/ Event/ USD 9,000</p> <p>Total Output 2: USD 201,000</p>
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<p>Output 3: Enhanced institutional services, human capacities, implementation of targeted services and interventions, to reinforce national awareness of problem and to reach drug use affected individuals and families.</p> <p>Output Indicator: Increase in number/percentage of targeted services, technical and management capacities of human resources, individuals receiving customized awareness messages, drug use affected individuals and families supported according to needs.</p> <p>Output Baseline: Data documented in the in-depth National Report and the 2 studies.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Increase in number of services' systems instituted, processed, and procedures developed, and made available, and number of beneficiaries (service providers and service beneficiaries) utilizing the modified services • Complete preparation of capacity building plan • Number of prepared capacity building modules. • Increase in number of trained human resources providing 	<p>Output Target:</p> <ul style="list-style-type: none"> • Number of targeted services, technical and management human resources' capacities as well as customized awareness messages, increased. <p>Targets:</p> <ul style="list-style-type: none"> • 10 institutional services further developed • capacity building plan prepared • 7 capacity building modules prepared • 750 concerned human resources trained as per noted specialty, 28 activities implemented • National Communication and Advocacy Plan (Awareness Activities Plan) developed While ensuring well planned use of resources when preparing awareness plans to maximize outreach to the largest possible number of targeted groups using available financial resources) • Awareness Quality Criteria Document prepared • Awareness material prepared per quality criteria; e-application, and awareness forum modules, radio and television spots, and shows, E-Interactive content, printed material, audio-visuals, television and radio spots, and awareness forum modules 	<p>IMPLEMENTING PARTNER & UNDP</p>	<p>Activity Result 3.1: Drug Use Prevention Related Services are operating in line with Drug Use Prevention Policy and Management. [‘Services’ and ‘institute’ in this section are utilized to denote development, upgrading, updating of related systems and management, encompassing work on role clarification, procedures, personnel job description, resource needs, automation, archiving, monitoring and evaluation, and related training on new systems.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1 Provide institutional and technical development services for the MOI Drug Control General Department for the continuous update of illicit drug criteria, listing, and monitoring system. 2 Develop the MOI Drug Control General Department Awareness Section role further by reviewing mandate, job descriptions, procedures, and resources. 3 Provide advisory services for the MOI Central Prison drug use rehabilitation services, helping to decrease relapse of drug users and community reintegration. 4 Provide advisory services for the MOH mental health services to update procedures and expand services, at the treatment-rehabilitation, half-way house, and primary care services. 5 Provide advisory services for the MOSAL Social Care Department, Juvenile Section for updating their psycho-social services. 6 Provide advisory services for the MOSAL Community Development Department services to help institute further work with individuals and families affected with drug use. 7 Support MOE services to help institute further work with psycho-social staff, students, and parents, especially work on the social groups and extra-curricular activities. 8 Support the preparation of a unified comprehensive system of hotline services provided by the MOH, SDB, 	<p>3.1- USD 638,000</p> <p>Firm/ s USD 143,000 Consultants USD 495,000</p>
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<p>adequate services, as per evaluation reports</p> <ul style="list-style-type: none"> Developed national communication plan and advocacy plan Percentage level of prepared quality criteria document. Percentage level of prepared awareness material as per quality criteria. Number of targeted quality awareness activities prepared per quality criteria Percentage level of progress on the evaluation report 	<ul style="list-style-type: none"> 15 awareness activities implemented per quality criteria 	<p>MOI-CP, NA, and other non-governmental organizations.</p> <p>9 Support the institutionalization of a referral system to ensure that identified cases receive comprehensive treatment, rehabilitation, reintegration services and follow up, by ensuring a full communication and coordination system.</p> <p>10 Support the institutionalization of a drug use sector information system covering identification of cases, ongoing data collection on related cases prevalence, mortality, infectious diseases, mental health, socio-economic related factors, and service provision.</p> <p>Activity Result 3.2: Increased knowledge and skills of concerned human resources on drug use issues leading to improved provision of service.</p>	<p>3.2-US\$ 240,000 Estimate for 7 Capacity Building Modules Consultants and Training Workshops</p>
<p>Baseline:</p> <ul style="list-style-type: none"> 5 institutional services in place, 4 providing partial services, and 1 service not available Capacity building plan not available No available capacity building modules. 750 concerned human resources are currently working, and being recruited for the related services National Communication and Advocacy Plan (Awareness Activities Plan) is not available Awareness Quality Criteria Document not available Awareness material prepared not available 		<p>Targeted Groups:</p> <p>Actions:</p> <ol style="list-style-type: none"> 1 Prepare a capacity building plan 2 Prepare 7 capacity building modules covering content, communication, and interaction with affected individuals focusing on scientific topics, leadership skills and management, message communication (communication skills, language, scripts), technical skill building, relevant to the targeted groups, listed below: <ul style="list-style-type: none"> • Security staff • Physical and Mental health staff • Social workers • School teachers, administrators, and counselors • Religious personnel • Awareness activities providers • Managers and Decision makers <p>3 Implement capacity building activities;</p>	

<ul style="list-style-type: none"> • Awareness activities implemented per Awareness Quality Criteria is not available • Evaluation report is not available 		<p>Activity Result 3.3: Implement awareness activities for concerned target groups, related service providers, and beneficiaries.</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1 Prepare a National Communication and Advocacy Plan (Awareness Activities Plan) 2 Prepare document setting quality criteria for messages and message communication 3 Support MOI Drug Control General Department Awareness Section in the implementation of awareness activities and preparation of awareness material, including the development of drug use awareness e-application, and awareness forum modules. 4 Support Ministry of Information in preparing focused radio and television spots, and shows on drug use issues. 5 Support awareness providers in preparing and disseminating E-Interactive content, printed material, audio-visuals, television and radio spots, and awareness forum modules 6 Support implementation of awareness activities. 	<p>240,000</p> <p>3.2- USD 240,000</p> <p>7 training units/Expert Consultants /Workshop training 240,000</p> <p>3.3- USD 240,000</p> <p>Consultants / Firms USD 75,000 Expert</p>
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				Consultants USD 75,000 Meeting Events USD 45,000 Printing & Supplies USD 45,000 Total Output 3: USD 1,118,000
Management Unit			Project Manager Project Assistant	\$280,000 \$150,000 Total Management: USD 430,000
Evaluation			Evaluation (on-going and final independent evaluation)	USD 21,000
(NET) Total Expenditures				1,942,000 USD
GMS (3%)				58,000 USD
Total Cost including GMS				2,000,000 USD

IV. Monitoring and Evaluation

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following:

Within the annual cycle

- **Track Progress.** Progress data against the results indicators will be collected and analysed to assess the progress of the project in achieving the agreed outputs. National data sources should be used whenever possible. Slower than expected progress will be addressed by the project management. Beneficiary feedback will be part of regular data collection and performance assessment.
- **Monitor and Manage Risk.** Based on the initial risk analysis submitted (check below), a risk log shall be actively maintained through reviewing the external environment that may affect the project implementation. Risk management actions will be identified and monitored using a risk log. This includes monitoring social and environmental management measures and plans that may have been required as per UNDP's Social and Environmental Standards (to be conducted on the project initiation). Audits will be conducted in accordance with UNDP's audit policy to manage financial risk, if any.
 - **Evaluate and Learn.** Evaluation shall be conducted in accordance with the evaluation plan. Knowledge, good practices and lessons should be captured and shared, as well as actively sourced from other projects and partners, and integrated into the project. If project evaluation is required (e.g., when mandated by partnership principles, or due to the complexity or innovative aspects of the project), it should be conducted in accordance with the project's evaluation plan.
- **Review and Make Course Corrections.** The project management will review the data and evidence collected (through all of the above) on a regular basis within the annual cycle, and make course corrections as needed. The frequency of review depends on the needs of the project, but an internal review of the available progress data against the results indicators is required at least quarterly. Any significant course corrections that require a decision by the Project Board should be raised at the Project Board meeting.
- **Quarterly progress reports.** The project manager is responsible on developing a quarterly progress report to be submitted to the portfolio and assessed by the M&E CO specialist. This report shall be submitted after its revision to the beneficiary partners and GSSCPD on quarterly basis.

Annually

- **Annual Project Quality Rating.** On an annual basis and at the end of the project, the quality of the project will be rated by the QA Assessor against the quality criteria identified in UNDP's Project Quality Assurance System. Any quality concerns flagged by the process must be addressed by project management.
- **Annual Project Review and Report.** The Project Board shall hold a project review at least once per year to assess the performance of the project and appraise the Annual Work Plan for the following year. An annual report will be presented to the Project Board for the review, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk log with mitigation measures, and any evaluation or review reports prepared over the period. Any quality concerns or slower than expected progress should be discussed by the project and management actions agreed to address the issues identified. This review is driven by the Project Board and may involve other stakeholders as required.

Closure

- In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up. A final report should be prepared and submitted by the project management.

<p>Baseline:</p> <ul style="list-style-type: none"> National In Depth Assessment of Drug Use Prevention Related Services Report not available No national committee charter, committee, or related technical group in 2015. Related Committee was dissolved on October 1, 2014, by Amiri Decree no. 235. No relevant studies were made available in 2015 	<p>framework, and non-governmental organizations. Publish and present the report</p> <p>Activity Result 1.2: Establish a national policy and management body for national policy development, streamlining efforts, and technical monitoring.</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> Prepare National Drug Technical Working Groups Charter, and establish National Drug Technical Team and 10 Technical Working Groups 	<p>X</p> <p>X</p>			<p>USD 47,000</p>
<p>Targets:</p> <ul style="list-style-type: none"> 1 National In Depth Assessment of 11 Drug Use Prevention Related Services Report National Drug Technical Team, Technical Working Groups Charter, and 10 Technical Working Groups (TWG) established and functioning, technical team meeting at least twice in year 1, and TWG meeting at least once in Year I, as per minutes of meetings. 2 studies prepared on prevalence of predisposing factors leading to drug use, and extended impact of drug use on individuals and families 	<p>Activity Result 1.3: Improve knowledge of population specific related problems and drug use issues for informed policy and service development.</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> Prepare studies on: <ul style="list-style-type: none"> Prevalence of predisposing factors leading to drug use Extended impact of drug use on individuals and families 				<p>Total Output 1: USD 172,000</p>

<p>Output 2:</p> <p>Increased streamlining of needed services by working within an agreed upon Drug Use Prevention Policy, Management Strategy, Operational Plan, integrating gender equality, sensitivity, and human rights issues, for efficient provision of services.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Level of completeness and preparation of local Drug Use Prevention Policy and Management Strategy 2017 – 2021 • Level of completeness and complete preparation and dissemination, and percentage of implementation of Drug Use Prevention Policy and Management Operational Plan Document <p>Baseline:</p> <ul style="list-style-type: none"> • Drugs Prevention Strategy 2008-2012 outcomes, and proposed Drugs Prevention Strategy 2012-2016 • No Drug Use Prevention Policy and Management Strategy 2017 – 2021 operational plan <p>Targets:</p> <ul style="list-style-type: none"> • Drug Use Prevention Policy and Management Strategy 	<p>Activity Result 2.1: Selected and streamlined needed services within a multi-sector approved Drug Use Prevention Policy and management strategy.</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1 Prepare Drug Use Prevention Policy and Management Strategy 2017 – 2021, by utilizing information attained from in-depth assessments and studies, expert knowledge, regional experience, and involvement of concerned stakeholders in its preparation. 2 Conduct 20 technical meetings with representatives of the concerned stakeholders for technical review and approval of strategy 3 Conduct two plenary meetings to present and discuss strategy 4 Finalize and disseminate strategy <p>Activity Result 2.2: Ensured implementation of strategy within a structured Drug Use Prevention Policy and Management Operational Plan</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1 Prepare an operational plan with the involvement of concerned stakeholders. 		<p>IMPLEMENTING PARTNER & Drug Use Prevention Policy and Management National Technical Team & UNDP</p>	<p>Institutional Development Consultants</p> <p>Knowledge exchange (study) tours</p> <p>Meeting Events</p> <p>Publication/ Distribution</p> <p>Institutional Development Consultants</p>	<p>USD 40,000</p> <p>USD 19,000</p> <p>USD 9,000</p> <p>USD 9,000</p>

<p>2017 – 2021 Document disseminated to 100 stakeholders organizations in year 1</p> <ul style="list-style-type: none"> • Drug Use Prevention Policy and Management Strategy 2017 – 2021 Operational Plan Document disseminated to 100 stakeholders organizations, and 20 % implemented during the project execution phase 	<p>2 Conduct technical meetings with representatives of the concerned stakeholders for technical review and approval of plan</p> <p>3 Conduct two plenary meetings to present and discuss operational plan</p> <p>4 Finalize and disseminate operational plan</p> <p>5 Provide capacity building workshop for the National Drug Technical Team and concerned stakeholders</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>			<p>Meeting Events</p> <p>Publication/ Distribution</p> <p>Legal Consultants</p> <p>Meeting Event</p>	<p>USD 20,000</p> <p>Total Output 2: USD 182,000</p>
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<p>Output 3: Enhanced institutional services, human capacities, and implementation of targeted services and interventions, to reinforce national awareness of problem and to reach drug use affected individuals and families.</p> <p>Indicators:</p> <ul style="list-style-type: none"> Increase in number of services' systems instituted, process, and procedures developed, and made available, and number of beneficiaries (service providers and service beneficiaries) utilizing the modified services Complete preparation of capacity building plan <ul style="list-style-type: none"> Number of prepared capacity building modules. Increase in number of trained human resources providing adequate services, as per evaluation reports Developed national communication plan and advocacy plan Percentage level of prepared quality criteria document. Percentage level of prepared awareness material as per quality criteria. 	<p>Activity Result 3.1: Drug Use Prevention Related Services are operating in line with Drug Use Prevention Policy and Management.</p> <p><u>Actions:</u></p> <ol style="list-style-type: none"> Provide services for the MOI Drug Control General Department for the continuous update of illicit drug criteria, listing, and monitoring system. Develop the MOI Drug Control General Department Awareness Section role further by reviewing mandate, job descriptions, procedures, and resources Prepare terms of reference and contract for all of actions In Activity Result 3.1 <p>Activity Result 3.2: Increased knowledge and skills of concerned human resources on drug use issues leading to improved provision of service</p> <p><u>Actions:</u> Support preparations of technical requirements for contracting Activity Result 3.2 Actions</p> <p>Activity Result 3.3: Implement awareness activities for concerned target groups, related service providers, and beneficiaries.</p>							<p>IMPLEMENTING PARTNER & UNDP</p>	<p>Institutional Development Consultants</p> <p>Technical Consultants</p> <p>Technical Consultants</p> <p>Technical Consultants</p> <p>Firms</p>	<p>USD 35,000</p> <p>USD 50,000</p> <p>USD 50,000</p> <p>USD 75,000</p>
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<ul style="list-style-type: none"> Number of targeted quality awareness activities prepared per quality criteria <p>Baseline:</p> <ul style="list-style-type: none"> 5 institutional services in place, 4 providing partial services, and 1 service not available Capacity building plan not available No available capacity building modules. 750 concerned human resources are currently working, and being recruited for the related services National Communication and Advocacy Plan (Awareness Activities Plan) is not available Awareness Quality Criteria Document not available Awareness material prepared Awareness Quality Criteria is not available Awareness activities implemented per Awareness Quality Criteria is not available 	<p><u>Actions:</u></p> <ol style="list-style-type: none"> 1 Prepare a Communication and Advocacy Plan (Awareness Activities Plan) 2 Prepare document setting quality criteria for messages and message communication 3 Support MOI Drug Control General Department Awareness Section in the preparation of e-application. 4 Support awareness providers in preparing and disseminating 5 printed material, audio-visuals 5 Support implementation of 5 awareness activities. 		<p>X</p> <p>X</p> <p>X</p> <p>X</p>				<p>Printing & Supplies</p> <p>Meeting Events</p> <p>Technical Consultants</p>	<p>USD 50,000</p> <p>USD 20,000</p> <p>USD 20,000</p> <p>USD 20,000</p>
<p>Total Output 3: USD 320,000</p>								

VI. MANAGEMENT ARRANGEMENTS

The project will follow the modality of Support to National Implementation (support to NIM) and the Beneficiary Partner of the project will be the Ministry of Interior – Drug control General department. Responsible Parties for implementation of each key activity will be the MOI-DCGD, UNDP and GSSCPD. MOI-DCGD will be responsible for planning and overall management of project activities, reporting and accounting of the project. It will be accountable to GSSCPD and UNDP for the production of outputs, the achievement of project objectives and the use of project resources in line with the objectives of this document and the Annual Work Plans. MOI-DCGD in its role as beneficiary partner will be supported by a Project Manager and Project Assistant to ensure the needed support is provided to the Responsible Parties to enable them to carry out the project activities.

MOI-DCGD will provide their in-kind support with office space and furniture as needed to facilitate implementation of the project activities.

The project management structure will consist of the Project Board, Project Assurance and a Project Manager as in the diagram below. The Project Manager will be hired through a competitive process led by UNDP, GSSCPD and an observer from MOI-DCGD where he/she will work primarily from the premises of MOI-DCGD with 5% of his/her time to be physically present at UNDP when required. The Project Manager will ensure that day-to-day activities are carried out on behalf of the Project Board within the arrangements (time and budget) laid down by the Project Board. The Project Manager's prime responsibility is to ensure capacity development of the Responsible Partners by providing the needed support to enable them to carry out the project activities and ensure that the project produces the results specified in the project document, and within the specified constraints of time and cost. Any changes in the milestones and outputs of the project will be discussed with and agreed upon by the Project Board. The Project Manager will be responsible for liaising with UNDP and GSSCPD specifically on providing inputs and experts to the project. He/she will be responsible for preparing a detailed project work plan and budget, reporting the day-to-day activities and progress of the project, and submitting quarterly progress to UNDP and the Project Board. He/she will also be responsible for managing the project's budget and monitoring expenditures according to standard UNDP financial management rules and regulations, for maintaining all financial and other documentation related to the project and for monitoring the project's overall progress. The Project Board will consist of:

- **Executive:** individual representing the project ownership to chair the group. The Executive is ultimately responsible for the project, supported by the Senior Beneficiary and Senior Supplier. The Executive's role is to ensure that the project is focused throughout its life cycle on achieving its objectives and delivering outputs that will contribute to higher level outcomes. The Executive has to ensure that the project gives value for money, ensuring a cost-conscious approach to the project, balancing the demands of beneficiary and supplier – The General Secretary of Supreme Council for Planning and Development (GSSCPD) – Secretary General (or as delegated)
- **Senior Supplier:** individual or group representing the interests of the parties concerned which provide technical expertise to the project. The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project. The Senior Supplier role must have the authority to commit or acquire resources required. UNDP - Representative (or as delegated)
- **Senior Beneficiary:** individual or group of individuals representing the interests of those who will ultimately benefit from the project. The Senior Beneficiary's primary function within the Board is to ensure the realization of project results from the perspective of

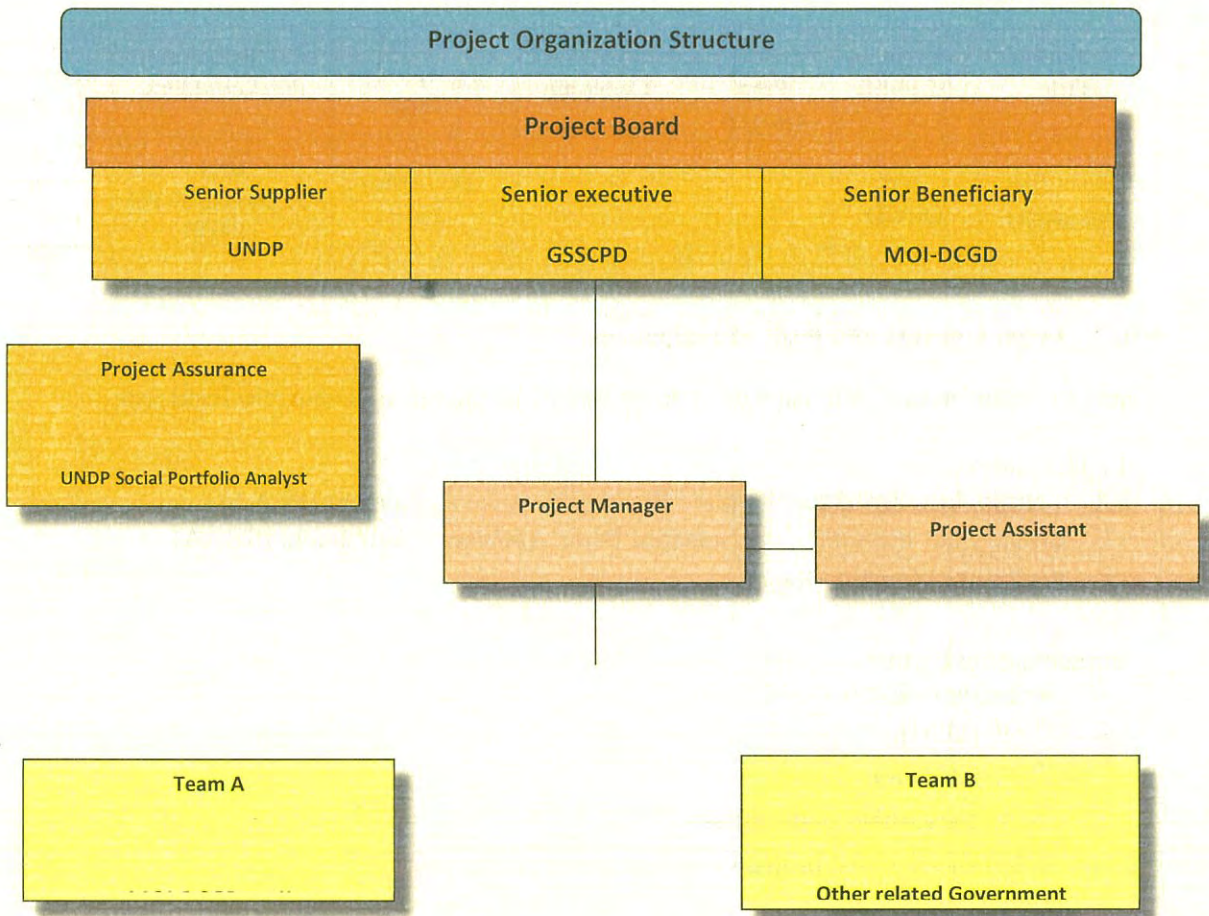
project beneficiaries. The role represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output targets. The Senior Beneficiary role monitors progress against targets and quality criteria - MOI-DCGD.

The Board is responsible for making consensus basis management decisions for the project when guidance is required by the Project Manager, including recommendation for approval of project revisions. Project reviews by the Board are made at quarterly basis during the running of a project, or at milestones when raised by the Project Manager. Project tolerances (i.e. constraints in terms of time and budget) will be agreed upon by the Board during the first meeting. The Board is consulted by the Project Manager for decisions when tolerances have been exceeded. Project Assurance supports the Project Board by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed. A UNDP Programme Analyst will hold the Project Assurance role for the UNDP Board member.

The project duration will be for 2.5 years after signature of the Project Document. GSSCPD will assign a focal point to kick start implementation and hiring of the Project Team. GSSCPD will provide a contribution of US \$ 2,000,000. UNDP will be the budget holder of the funds under the National Implementation modality. Purchase of non-expendable equipment and services will be done by UNDP at the request of the beneficiary partner and/or the Project Manager once he/she is in place. The request should be based on a procurement plan submitted along with the work plan and on an agreement to be signed with the government. The project will be subject to audit at least once in its lifetime based on UNDP's financial rules and regulations.

GMS is recovered at a flat rate of 3 percent from Government of Kuwait funds, under a waiver agreement with UNDP corporately. GMS covers the following services:

- ✓ Project identification, formulation, and appraisal.
- ✓ Determination of execution modality and local capacity assessment.
- ✓ Briefing and de-briefing of project staff and consultants.
- ✓ General oversight and monitoring, including participation in project reviews.
- ✓ Receipt, allocation and reporting of financial resources.
- ✓ Thematic and technical backstopping.
- ✓ Systems, IT infrastructure, branding, knowledge transfer.



Evaluation Plan¹²

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Project final Evaluation	MOI-DCGD	1	1	November 2018	MOI-DCGD, GSSCPD UNDP	20,000 USD project budget

VII. Legal Context and Risk Management

Select the relevant one from each drop down below for the relevant standard legal text:

1. Legal Context:

- Country has signed the Standard Basic Assistance Agreement (SBAA)
- Country has not signed the Standard Basic Assistance Agreement (SBAA)
- Regional or Global project

2. Implementing Partner:

- Government Entity (NIM)
- UNDP (DIM)
- CSO/NGO/IGO
- UN Agency (other than UNDP)
- Global and regional projects

VIII. ANNEXES

1. Project Quality Assurance Report

Program QA standards and rating tool – will be congruent with Project QA.

Roles and Responsibilities

Responsibilities of the QA Assessor and the QA Approver	Project QA Responsibility
QA Assessor UNDP staff responsible for project QA, who is not the project manager or part of the project team (at the CO level, this person is typically a Program Officer responsible for QA of the project)	- Conduct the project QA assessment, in consultation with relevant expertise as necessary. Inputs can include members of the Project Board, individuals providing project assurance, and other stakeholders. - Complete the project QA report

¹² Optional, if needed

<p>QA Approver This role must be separate from the QA assessor, functioning at a higher level of accountability for the project (At the CO level, typically the DRR, CD, DCD, or Head of Portfolio).</p>	<p>- Review the project QA report for completeness, comprehensiveness, and accuracy with additional support personnel as appropriate. - Adjust and approve the final project QA report as necessary in review with the QA Assessor, including follow up management actions.</p>
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2. Social and Environmental Screening Template

PROJECT QA ASSESSMENT: DESIGN AND APPRAISAL				
OVERALL PROJECT				
EXEMPLARY (5) ●●●●●	HIGHLY SATISFACTORY (4) ●●●●○	SATISFACTORY (3) ●●●○○	NEEDS IMPROVEMENT (2) ●●○○○	INADEQUATE (1) ●○○○○
At least four criteria are rated Exemplary, and all criteria are rated High or Exemplary.	All criteria are rated Satisfactory or higher, and at least four criteria are rated High or Exemplary.	At least six criteria are rated Satisfactory or higher, and only one may be rated Needs Improvement. The SES criterion must be rated Satisfactory or above.	At least three criteria are rated Satisfactory or higher, and only four criteria may be rated Needs Improvement.	One or more criteria are rated Inadequate, or five or more criteria are rated Needs Improvement.
DECISION				
<ul style="list-style-type: none"> • APPROVE – the project is of sufficient quality to continue as planned. Any management actions must be addressed in a timely manner. • APPROVE WITH QUALIFICATIONS – the project has issues that must be addressed before the project document can be approved. Any management actions must be addressed in a timely manner. • DISAPPROVE – the project has significant issues that should prevent the project from being approved as drafted. 				
RATING CRITERIA				
STRATEGIC				
<p>1. Does the project's Theory of Change specify how it will contribute to higher level change? (Select the option from 1-3 that best reflects the project):</p> <ul style="list-style-type: none"> • 3: The project has a theory of change with explicit assumptions on how the project will contribute to higher level change as specified in the programme's theory of change, backed by credible evidence of what works effectively in this context. The project document clearly describes why the project's strategy is the best approach at this point in time. • 2: The project has a theory of change related to the programme's theory of change. It has explicit assumptions that explain how the project intends to contribute to higher level change and why the project strategy is the best approach at this point in time, but is backed by limited evidence. • 1: The project does not have a theory of change, but the project document may describe in generic terms how the project will contribute to development results, without specifying the key assumptions. It 	3		2	
	1			
	<p>The project strategy is based on justifying why actions are needed and to what goal, based on critical thinking, pathway of change. It includes clear indicators and outputs. The program is built on engaging various stakeholders in the sector, governmental and civil, providers and beneficiaries, and policy and decision makers. It is built on evidence from in-depth assessments and analysis, to setting national strategy, policy and management, and implementing and evaluating in tandem, feeding into implementing needed quality actions for specified target groups. Building capacities of the national stakeholders for continuous identification of needs, coordination, management, implementation, and evaluation. The project is based on and linked to varied and past local initiatives, taking regional and scientific recommendations, and recommending to upgrade and streamline initiatives as per local needs.</p>			

<p>does not make an explicit link to the programme's theory of change. The project document does not clearly specify why the project's strategy is the best approach at this point in time.</p> <p>*Note: Management Action or strong management justification must be given for a score of 1</p>		
<p>2. Is the project aligned with the thematic focus of the UNDP Strategic Plan? (select the option from 1-3 that best reflects the project):</p> <ul style="list-style-type: none"> • 3: The project responds to one of the three areas of development work¹³ as specified in the Strategic Plan; it addresses at least one of the proposed new and emerging areas¹⁴; an issues-based analysis has been incorporated into the project design; and the project's RRF includes all the relevant SP output indicators. <i>(all must be true to select this option)</i> • 2: The project responds to one of the three areas of development work¹ as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. <i>(both must be true to select this option)</i> • 1: While the project may respond to one of the three areas of development work¹ as specified in the Strategic Plan, it is based on a sectoral approach without addressing the complexity of the development issue. None of the relevant SP indicators are included in the RRF. This answer is also selected if the project does not respond to any of the three areas of development work in the Strategic Plan. 	3	2
	1	
	<p>UNDP SP Outcome 1: Growth and development are inclusive and sustainable, incorporating productive capacities that create employment and livelihoods for the poor and excluded</p> <p>The strategy is set in line with UNDP guidance of:</p> <ol style="list-style-type: none"> 1. decreasing number of overdose deaths and infection rates for HIV, hepatitis B and C and other communicable diseases among people who use drugs 2. increasing access to harm reduction, treatment demand and treatment access 3. increasing in investments in health and social welfare benefits, and in the number of people receiving such assistance 4. reducing excessive and disproportionate punishments <p>The project RRF includes all the relevant SP output indicators.</p> <p>The project is based on and linked to varied and past local initiatives, taking regional and scientific recommendations, and recommending to upgrade and streamline initiatives as per local needs. It is built on evidence from in-depth assessments and analysis, to setting national strategy, policy and management, and implementing and evaluating in tandem, feeding into implementing needed quality actions for specified target groups.</p>	
RELEVANT		
<p>3. Does the project have strategies to effectively identify, engage and ensure the meaningful participation of targeted groups/geographic areas with a priority focus on the excluded and marginalized? (select the option from 1-3 that best reflects this project):</p> <ul style="list-style-type: none"> • 3: The target groups/geographic areas are appropriately specified, prioritising the excluded and/or marginalised. The project has an explicit strategy to identify, engage and ensure the meaningful participation of specified target groups/geographic areas throughout the project. Beneficiaries will be identified through a rigorous process based on evidence (if applicable.) The project plans to solicit feedback from targeted groups regularly through project monitoring. Representatives of the targeted group/geographic areas will contribute to project decision-making, such as being included in the project's governance 	3	2
	1	
	<p><i>Select (all) targeted groups: (drop-down)</i></p> <p>The program is built on engaging various stakeholders in the sector, governmental and civil, providers and beneficiaries, and policy and decision makers. It is built on evidence from in-depth assessments and analysis, to setting national strategy, policy and management, and implementing and evaluating in tandem, feeding into implementing needed quality actions for specified target groups.</p> <p>It is recommended to establish a national body with representatives of the stakeholders including governmental and non-governmental, women, and affected age and vulnerable groups. Institutional development and performance evaluation of related services will be done to help identify and support beneficiaries, and ensure quality services. Decentralization of services is proposed for greater access by all concerned, including the varied</p>	

¹³ 1. Sustainable development pathways; 2. Inclusive and effective democratic governance; 3. Resilience building

¹⁴ sustainable production technologies, access to modern energy services and energy efficiency, natural resources management, extractive industries, urbanization, citizen security, social protection, and risk management for resilience

<p>mechanism (i.e., project board.) <i>(all must be true to select this option)</i></p> <ul style="list-style-type: none"> • 2: The target groups/geographic areas are appropriately specified, prioritizing the excluded and/or marginalized, and are engaged in project design. The project document states clearly how beneficiaries will be identified, engaged and how meaningful participation will be ensured throughout the project. Collecting feedback from targeted groups has been incorporated into the project's RRF/monitoring system, but representatives of the target group(s) may not be directly involved in the project's decision making. <i>(all must be true to select this option)</i> • 1: The target groups/geographic areas do not prioritize excluded and/or marginalised populations, or they may not be specified. The project does not have a written strategy to identify or engage or ensure the meaningful participation of the target groups/geographic areas throughout the project. <p>*Note: Management Action must be taken for a score of 1</p>	<p>population demographics and geographic differences of problem presentation.</p>	
<p>4. Have knowledge, good practices, and past lessons learned of UNDP and others informed the project design? (select the option from 1-3 that best reflects this project):</p> <ul style="list-style-type: none"> • 3: Knowledge and lessons learned (gained e.g. through peer assist sessions) backed by credible evidence from evaluation, analysis and monitoring have been explicitly used, with appropriate referencing, to develop the project's theory of change and justify the approach used by the project over alternatives. • 2: The project design mentions knowledge and lessons learned backed by evidence/sources, which inform the project's theory of change but have not been used/are not sufficient to justify the approach selected over alternatives. • 1: There is only scant or no mention of knowledge and lessons learned informing the project design. Any references that are made are not backed by evidence. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>	<p>3</p>	<p>2</p>
<p>5. Does the project use gender analysis in the project design and does the project respond to this gender analysis with concrete measures to address gender inequities and empower women? (select the option from 1-3 that best reflects this project):</p> <ul style="list-style-type: none"> • 3: A <u>participatory</u> gender analysis on the project has been conducted. This analysis reflects on the different needs, roles and access to/control over resources of women and men, and it is fully integrated into the project document. The project establishes concrete priorities to address gender inequalities in its strategy. The results framework includes outputs and activities that specifically respond to this gender analysis, with indicators that 	<p>3</p>	<p>2</p>
	<p>1</p>	
	<p>The project has used available documents of past experiences and reviewed with stakeholders to inform the project design. It has looked at regional, international, and scientific recommendations in setting appropriate strategy and actions.</p> <p>The project specifies in its actions that gender information be gathered in its sector wide information system. It recommends work with varied ministries and stakeholders to ensure that women affected with drug use directly or indirectly, for example, women affected directly with drug use, and indirectly by related drug users' violent behavior, and/ or income limitations.</p>	

<p>measure and monitor results contributing to gender equality. <i>(all must be true to select this option)</i></p> <ul style="list-style-type: none"> • 2: A gender analysis on the project has been conducted. This analysis reflects on the different needs, roles and access to/control over resources of women and men. Gender concerns are integrated in the development challenge and strategy sections of the project document. The results framework includes outputs and activities that specifically respond to this gender analysis, with indicators that measure and monitor results contributing to gender equality. <i>(all must be true to select this option)</i> • 1: The project design may or may not mention information and/or data on the differential impact of the project's development situation on gender relations, women and men, but the constraints have not been clearly identified and interventions have not been considered. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>		
<p>6. Does UNDP have a clear advantage to engage in the role envisioned by the project vis-à-vis national partners, other development partners, and other actors? (select from options 1-3 that best reflects this project):</p> <ul style="list-style-type: none"> • 3: An analysis has been conducted on the role of other partners in the area where the project intends to work, and credible evidence supports the proposed engagement of UNDP and partners through the project. It is clear how results achieved by relevant partners will contribute to outcome level change complementing the project's intended results. If relevant, options for south-south and triangular cooperation have been considered, as appropriate. <i>(all must be true to select this option)</i> • 2: Some analysis has been conducted on the role of other partners where the project intends to work, and relatively limited evidence supports the proposed engagement of and division of labor between UNDP and partners through the project. Options for south-south and triangular cooperation may not have not been fully developed during project design, even if relevant opportunities have been identified. • 1: No clear analysis has been conducted on the role of other partners in the area that the project intends to work, and relatively limited evidence supports the proposed engagement of UNDP and partners through the project. There is risk that the project overlaps and/or does not coordinate with partners' interventions in this area. Options for south-south and triangular cooperation have not been considered, despite its potential relevance. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>	3	2
	1	
	<p>In Kuwait UNDP has a presence and a history of engaging with stakeholders. Accordingly it will use its experience and knowledge of the country and regional dynamics, and the partners operating in the sector, in advancing the implementation of the activities. It is in a good position to request support and sharing of experience from other UN agencies in the region for satisfactory and timely implementation of the activities.</p>	
<p>SOCIAL & ENVIRONMENTAL STANDARDS</p>	3	2
	1	

impacts and risks? Select N/A only if the project is worth less than \$500,000. [if yes, upload the completed checklist]		
MANAGEMENT & MONITORING		
10. Does the project have a strong results framework? (select from options 1-3 that best reflects this project): <ul style="list-style-type: none"> • 3: The project’s selection of outputs and activities are at an appropriate level and relate in a clear way to the project’s theory of change. Outputs are accompanied by SMART, results-oriented indicators that measure all of the key expected changes identified in the theory of change, each with credible data sources, and populated baselines and targets, including gender sensitive, sex-disaggregated indicators where appropriate. (<i>all must be true to select this option</i>) • 2: The project’s selection of outputs and activities are at an appropriate level, but may not cover all aspects of the project’s theory of change. Outputs are accompanied by SMART, results-oriented indicators, but baselines, targets and data sources may not yet be fully specified. Some use of gender sensitive, sex-disaggregated indicators, as appropriate. (<i>all must be true to select this option</i>) • 1: The results framework does not meet all of the conditions specified in selection “2” above. This includes: the project’s selection of outputs and activities are not at an appropriate level and do not relate in a clear way to the project’s theory of change; outputs are not accompanied by SMART, results-oriented indicators that measure the expected change, and have not been populated with baselines and targets; data sources are not specified, and/or no gender sensitive, sex-disaggregation of indicators. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>	3	2
	1	
	Yes as prepared in the project document.	
11. Is there a comprehensive and costed M&E plan with specified data collection sources and methods to support evidence-based management, monitoring and evaluation of the project?	Yes (3)	No (1)
12. Is the project’s governance mechanism clearly defined in the project document, including planned composition of the project board? (select from options 1-3 that best reflects this project): <ul style="list-style-type: none"> • 3: The project’s governance mechanism is fully defined in the project composition. Individuals have been specified for each position in the governance mechanism (especially all members of the project board.) Project Board members have agreed on their roles and responsibilities as specified in the terms of reference. The ToR of the project board has been attached to the project document. (<i>all must be true to select this option</i>). • 2: The project’s governance mechanism is defined in the project document; specific institutions are noted as holding key governance roles, but individuals may 	3	2
	1	
	Yes	

<p>not have been specified yet. The prodoc lists the most important responsibilities of the project board, project director/manager and quality assurance roles. <i>(all must be true to select this option)</i></p> <ul style="list-style-type: none"> • 1: The project's governance mechanism is loosely defined in the project document, only mentioning key roles that will need to be filled at a later date. No information on the responsibilities of key positions in the governance mechanism is provided. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>		
<p>13. Have the project risks been identified with clear plans stated to manage and mitigate each risks? (select from options 1-3 that best reflects this project):</p> <ul style="list-style-type: none"> • 3: Project risks fully described in the project risk log, based on comprehensive analysis which references key assumptions made in the project's theory of change. Clear and complete plan in place to manage and mitigate each risk. <i>(both must be true to select this option)</i> • 2: Project risks identified in the initial project risk log with mitigation measures identified for each risk. • 1: Some risks may be identified in the initial project risk log, but no clear risk mitigation measures identified. This option is also selected if risks are not clearly identified and no initial risk log is included with the project document. <p>*Note: Management Action must be taken for a score of 1</p>	<p>3</p>	<p>2</p>
	<p>1</p>	
	<p>Yes</p>	
<p>EFFICIENT</p>		
<p>14. Have specific measures for ensuring cost-efficient use of resources been explicitly mentioned as part of the project design? This can include: i) using the theory of change analysis to explore different options of achieving the maximum results with the resources available; ii) using a portfolio management approach to improve cost effectiveness through synergies with other interventions; iii) through joint operations (e.g., monitoring or procurement) with other partners.</p>	<p>Yes (3)</p>	<p>No (1)</p>
<p>15. Are explicit plans in place to ensure the project links up with other relevant on-going projects and initiatives, whether led by UNDP, national or other partners, to achieve more efficient results (including, for example, through sharing resources or coordinating delivery?)</p>	<p>Yes (3)</p>	<p>No (1)</p>
<p>16. Is the budget justified and supported with valid estimates?</p>	<p>Yes (3)</p>	<p>No (1)</p>
<p>17. Is the Country Office fully recovering its costs involved with project implementation?</p>	<p>Yes (3)</p>	<p>No (1)</p>
<p>EFFECTIVE</p>		
<p>18. Is the chosen implementation modality most appropriate? (select from options 1-3 that best reflects this project):</p>	<p>3</p>	<p>2</p>
	<p>1</p>	
	<p>National in depth assessment on the current needs and services being provided are essential for guiding policy and</p>	

<ul style="list-style-type: none"> • 3: The required implementing partner assessments (capacity assessment, HACT micro assessment) have been conducted, and there is evidence that options for implementation modalities have been thoroughly considered. There is a strong justification for choosing the selected modality, based on the development context. <i>(both must be true to select this option)</i> • 2: The required implementing partner assessments (capacity assessment, HACT micro assessment) have been conducted and the implementation modality chosen is consistent with the results of the assessments. • 1: The required assessments have not been conducted, but there may be evidence that options for implementation modalities have been considered. <p>*Note: Management Action or strong management justification must be given for a score of 1</p>	<p>services and activities implementation reaching the right targets and population, and geographic and national differences. The in-depth assessment will detail human resources needs.</p>	
<p>19. Have targeted groups, prioritizing marginalized and excluded populations that will be affected by the project, been engaged in the design of the project in a way that addresses any underlying causes of exclusion and discrimination?</p> <ul style="list-style-type: none"> • 3: Credible evidence that all targeted groups, prioritizing marginalized and excluded populations that will be involved in or affected by the project, have been actively engaged in the design of the project. Their views, rights and any constraints have been analyzed and incorporated into the root cause analysis of the theory of change which seeks to address any underlying causes of exclusion and discrimination and the selection of project interventions. • 2: Some evidence that key targeted groups, prioritizing marginalized and excluded populations that will be involved in the project, have been engaged in the design of the project. Some evidence that their views, rights and any constraints have been analyzed and incorporated into the root cause analysis of the theory of change and the selection of project interventions. • 1: No evidence of engagement with marginalized and excluded populations that will be involved in the project during project design. No evidence that the views, rights and constraints of populations have been incorporated into the project. 	3	2
<p>20. Does the project have explicit plans for evaluation or other lesson learning (e.g. through After Action Reviews or Lessons Learned Workshops), timed to inform course corrections if needed during project implementation?</p>	1	
	<p>Targeted groups concerns have been taken into account within the primary assessment through the governmental and non-governmental organizations working with them. It is recommended that in the in-depth assessment, integrated within the project design, target groups will be more involved. In addition representatives of the target groups are recommended to be part of the related proposed National Technical Team , institutional development, capacity building, awareness raising, and interventions.</p>	
	Yes (3)	No (1)
<p>21. The gender marker for all project outputs are scored at GEN2 or GEN3, indicating that gender has been fully mainstreamed into all project outputs at a minimum.</p> <p>*Note: Management Action or strong management justification must be given for a score of “no”</p>	Yes (3)	No (1)
	Evidence	

<p>22. Is there a realistic multi-year work plan and budget to ensure outputs are delivered on time and within allotted resources? (select from options 1-3 that best reflects this project):</p> <ul style="list-style-type: none"> • 3: The project has a realistic work plan & budget covering the duration of the project <i>at the activity level</i> to ensure outputs are delivered on time and within the allotted resources. • 2: The project has a work plan & budget covering the duration of the project <i>at the output level</i>. • 1: The project does not yet have a work plan & budget covering the duration of the project. 	<table border="1"> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">1</td> </tr> <tr> <td colspan="2">Yes</td> </tr> </table>	3	2	1		Yes			
3	2								
1									
Yes									
SUSTAINABILITY & NATIONAL OWNERSHIP									
<p>23. Have national partners led, or proactively engaged in, the design of the project? (select from options 1-3 that best reflects this project):</p> <ul style="list-style-type: none"> • 3: National partners have full ownership of the project and led the process of the development of the project jointly with UNDP. • 2: The project has been developed by UNDP in close consultation with national partners. • 1: The project has been developed by UNDP with limited or no engagement with national partners. 	<table border="1"> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">1</td> </tr> <tr> <td colspan="2">Yes</td> </tr> </table>	3	2	1		Yes			
3	2								
1									
Yes									
<p>24. Are key institutions and systems identified, and is there a strategy for strengthening specific/comprehensive capacities based on capacity assessments conducted? (select from options 0-4 that best reflects this project):</p> <ul style="list-style-type: none"> • 3: The project has a comprehensive strategy for strengthening specific capacities of national institutions based on a systematic and detailed capacity assessment that has been completed. This strategy includes an approach to regularly monitor national capacities using clear indicators and rigorous methods of data collection, and adjust the strategy to strengthen national capacities accordingly. • 2.5: A capacity assessment has been completed. The project document has identified activities that will be undertaken to strengthen capacity of national institutions, but these activities are not part of a comprehensive strategy to monitor and strengthen national capacities. • 2: A capacity assessment is planned after the start of the project. There are plans to develop a strategy to strengthen specific capacities of national institutions based on the results of the capacity assessment. • 1.5: There is mention in the project document of capacities of national institutions to be strengthened through the project, but no capacity assessments or specific strategy development are planned. • 1: Capacity assessments have not been carried out and are not foreseen. There is no strategy for strengthening specific capacities of national institutions. 	<table border="1"> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td colspan="2" style="text-align: center;">0</td> </tr> <tr> <td colspan="2">Yes. The in-depth assessment will detail human resources needs. The capacity building plan will map out related strategy and operational plan. The preparation of training modules and training of trainers' activities will ensure presence of knowledgeable trainers. The workshops provided to the pertinent stakeholders will ensure initiation of the learning process. The testing of the tools and evaluation activities will provide a clear picture of implementation outcomes and recommend a future road map.</td> </tr> </table>	4	3	2	1	0		Yes. The in-depth assessment will detail human resources needs. The capacity building plan will map out related strategy and operational plan. The preparation of training modules and training of trainers' activities will ensure presence of knowledgeable trainers. The workshops provided to the pertinent stakeholders will ensure initiation of the learning process. The testing of the tools and evaluation activities will provide a clear picture of implementation outcomes and recommend a future road map.	
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<p>25. Is there is a clear strategy embedded in the project specifying how the project will use national systems (i.e., procurement, monitoring, evaluations, etc.,) to the extent possible?</p>	<p>Yes (3)</p>	<p>No (1)</p>
<p>26. Is there a clear transition arrangement/ phase-out plan developed with key stakeholders in order to sustain or scale up results (including resource mobilization strategy)?</p>	<p>Yes (3)</p>	<p>No (1)</p>

3. Risk Analysis

#	Description	Date Identified	Type	Impact & Probability (1= low, 5=high)	Countermeasures / Management Response	Owner	Submitted by	Status
1	Turnover of Government or UNDP leadership	Project Initiation Date	Political	P=2; I=3	Develop alternative plans of action. Standardize and institutionalize further the project.	MOI/ UNDP	UNDP	No Change
2	Lack of responsiveness and coordination	Project Initiation Date	Operational	P=3; I=3	Establishing regular channels of coordination. Liaising regularly with MOI. When and if established coordination with the National Drug Use Prevention Policy and Management Technical Team.	MOI/ UNDP	UNDP	No Change
3	Delay in the recruitment process/ identification of qualified staff	Project initiation date	Operational	P=3; I=3	Development of HR Plans based on project Annual Work Plans. Close coordination with UNDP's HR Department, UNDP HQ, broader Advertisement, use of UNDP rosters.	MOI/ UNDP	UNDP	No Change
4	Delay in procurement processes to ensure project delivery	Project initiation date	Operational	P=3; I=3	Clarification on timeline, creation of Procurement Plans based on project Annual Work Plans. Clarification for all procedural requirements with all partners to ensure expectations are reasonably set and met. Recruitment/ Procurement of qualified Firms and Consultants.	MOI/ UNDP	UNDP	No Change

4. **Capacity Assessment.**

This should be conducted at the project initiation stage by the project management of the project.

5. **Project Board Terms of Reference and TORs of key management positions**

Terms of Reference: Project Board

The Project Board will include a number of concerned groups below and will act as a planning body. The Board will be responsible for monitoring the project progress towards results. The Board meeting should be preceded by an agenda of such issues and should meet quarterly or as needed. Members should include representatives of the following organizations:

- GSSCPD as elaborated below
- MOI-DCGD
- UNDP

The Project Board's Responsibilities:

At the beginning of the project:

- Approve the start of the project via acceptance of the Project Document
- Agree on Project Management Project's responsibilities
- Appraise and approve the project plans submitted by the Project Manager
- Delegate any Project Assurance roles as appropriate
- Commit project resources required by the plan

As the project progresses:

- Provide overall guidance and direction to the project, ensuring it remains within any specified constraints
- Review each completed project stage and approve progress to the next
- Provide ad-hoc direction and advice for exception situations when tolerances are exceeded
- Assess and decide on project changes
- Assure that all planned deliverables during each stage are delivered satisfactorily

At the end of the project:

- Assure that all products deliverables are delivered satisfactorily
- Review and approve the end project report (if required)
- Make recommendations for follow-on actions if required

Terms of Reference: Project Assurance

The Project Assurance role supports the Project Board by carrying out objective and independent project oversight and monitoring functions, which are mandatory for all projects.

Project Assurance is the responsibility of the Project Board. It can be carried out by the Project Board itself, or can be delegated.

Project Assurance has to be independent of the Project Manager; therefore the Project Board cannot delegate any of its assurance responsibilities to the Project Manager.

The following list includes the key suggested aspects that need to be checked by the Project Assurance throughout the project as part of ensuring that it remains consistent with, and continues to meet, the objectives of the project document and that no change to the external environment affects the validity of the project.

- User/Beneficiary needs and expectations are being met or managed
- Risks are being controlled
- The right people are being involved
- An acceptable solution is being developed
- The project remains viable
- Focus on the business need is maintained
- Internal and external communications are working
- Applicable standards are being used
- Adherence to quality assurance standards

Terms of Reference: Project Manager

The Project **Manager** will be responsible for ensuring needed support is provided to MOI-DCGD to implement the outputs and to monitor and evaluate the project's overall progress. He/She will be accountable for ensuring MOI-DCGD report results are addressed to Project Board. The Project Manager will focus on capacity development outcomes for MOI-DCGD by working directly with the staff to ensure they achieve the results of the project. He/she will be supported by other short term advisory inputs and will be responsible for ensuring their timely availability when needed. He/ She will be located at MOI-DCGD and will have a dual reporting, line to UNDP and GSSCPD.

The Project Manager Responsibilities:

1. **Provide leadership and strategic thinking to ensure proper implementation and ownership by MOI-DCGD of project activities.**
2. **Support MOI-DCGD to take on the responsibility of the overall management and planning of the implementation of the project's outputs and activities.**
3. **Support MOI-DCGD to manage and administer the day- to-day operations and coordinate with the Responsible Parties to ensure the effective implementation of the activities of above mentioned project;**
4. **Mobilization of inputs and expertise needed for the project in consultation with the senior supplier.**
5. **Ensure provision of technical/substantive support to the Responsible Parties during implementation of activities.**
6. **Provide solutions to any constraints faced by the Responsible Parties in implementation.**
7. **Undertake all necessary financial arrangements, processes, request for authorizations, payments, and ensure financial accountability.**
8. **Arrange and coordinate the Board meetings and act as Secretariat of the Board.**
9. **Develop and support MOI-DCGD to prepare the work plan, quarterly, progress, annual reports and Terminal Report.**
10. **Identify, monitor, and update the project risks, issues, and lessons learned.**
11. **Undertake any other related tasks at the request of the Project Board.**
12. **Supervise all staff assignment and consulting agreements.**

Qualifications and Experience

- 10 years working experience in a field related to drugs issues, social development at the policy level.
- Extensive experience in public health with some experience in drug use prevention, management, and policy, or mental health, or AIDS.
- Extensive experience in institutional development.
- Experience working in the region;
- 10 years of experience in general project management.
- Previous experience in capacity building and institutional development activities.
- Advanced university degree in social science, public administration, or other job-related discipline.
- Proficiency in English and Arabic Languages spoken and written.
- Excellent communication skills and maturity in dealing with partners.
- Sensitivity to gender issues.
- Knowledge of the national social and political situation.

Capacity to liaise effectively with the media