



سرڪاري ڊاڪيومينٽ

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(IUL) 434-A/434/2019/161

ڪراچي، سن 2019ع جو 03 نومبر  
سرڪاري ڊاڪيومينٽ  
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2019 03 نومبر

## PROJECT PROPOSAL

**PROJECT TITLE:** Development of a Drug Detoxification, Rehabilitation and Community

**LAND AREA:** 30000 SQ feet at Hulhumeedhuu.

**IMPLEMENTING AGENCY:** National Drug Agency, Ministry of Gender, Family and Social Services.

**EXECUTING AGENCY:** National Drug Agency

### **CURRENT SITUATION:**

Drug abuse is a complex and multifaceted problem facing the whole nation, cutting across all age groups and social strata. In the Maldivian context, hardly a community or a family is free from its harmful effects. The studies conducted to assess the drug abuse situation in the Maldives revealed the seriousness of the situation and highlighted the need for coordinated action for drug control. Based on information from the studies, revealed that the most common drugs of initiation were heroin and cannabinoids.

All the indications are that the situation is worsened today, there is all around acknowledgement that drug abuse is the most serious crisis facing the nation. At present, the age group of drug users in Maldives ranges from as young as 9 years to as old as 60 years. It is estimated that about 30% of all Maldivian youth use drugs at some point in their lifetime.

Drug abuse is also closely linked to the rising rate of thefts and robberies in the around the country. Jail authorities unofficially estimate nearly 70% prevalence of drug addiction among inmates.

And for these reasons the current government of Maldives has pledged the nation 'to close all doors for drug abuse'.

One of main priorities of the government is reducing the demand for illicit drugs. Therefore, the government is attempting to establish detoxification centers in various parts of the country.

With this objective today the number of drug users on the streets has reduced tremendously. Still due to limited capacity of centers can take treatment at a time is a problem need to be solved. The existing centers only cater for a very tiny fragment of the drugs users needing this service. Therefore, to cater for the unmet need for this service in the south Province and at a national level (referred clients), the government is planning to establish new Centre.

### **JUSTIFICATION AND BENEFITS**

The Maldives islands are geographically dispersed into coral islands which form 26 natural coral atolls. Up until recently, for ease of administration the country is divided into 20 atolls. As the current administration has a policy of decentralizing the administration of the Maldives into 7 provinces, there is a great and urgent need to establish a high quality, well equipped Drug Rehabilitation Centre at Southern Province. Southern Province has the second largest population (including high number of drug addicts) after capital island Male'.

The national strategies for drug abuse treatment have been demand reduction, awareness raising, providing rehabilitation services and liaison with international agencies to combat drug abuse. Currently there is one drug rehabilitation center for Men, one Women Rehabilitation and Detoxification centre and

Central Detoxification centre for men in Hinmafushi and four more Drug Detoxification and community centers in Hd.Hanimaadhoo, Gd.Thinadhoo, Gn Fuvahmulah, and S.Hithadhoo respectively.

## PROJECT OBJECTIVES

The project objectives include:

- (a) Establish a Regional Drug Detoxification and Rehabilitation and community service Centre to provide high quality treatment and rehabilitation services in Hulhumeedhoo.
- (b) Provide easy accessibility to appropriate level of drug treatment and rehabilitation services at Hulhumeedhoo.
- (c) Build technical capacity of locals in providing quality drug rehabilitation services

## PROJECT DESCRIPTION

Establishing a new Treatment & Detoxification Centre

It is proposed to establish new treatment and detoxification and community Centre to cater for 60 clients (30 residential and 30 community respectively).

Program Descriptions

- (a) the aim of the treatment program is to make the recipients drug free and not encourage them with continuous drug use.
- (b) After the detoxification phase there has to be a plan for the patients' reintegration phase. At the reintegration phase they should be guided to continue with their recovery journey once they have completed the detoxification and primary treatment programme. This concept is a good way for clients to find or continue their job/education and prepare them to join their family and society.
- (c) Community Based Aftercare



## REQUIREMENTS

### DEFINITION.

(1) "Drug Residential Detoxification Treatment Centre" means intensive twenty-four hour residential treatment for service recipients to systematically reduce or eliminate the amount of a toxic agent in the body until the signs and symptoms of withdrawal are resolved. The two levels of residential detoxification treatment are:

- (a) clinically managed detoxification treatment and
- (b) medically monitored detoxification treatment.

Clinically managed detoxification treatment emphasizes social and peer support and relies on established clinical protocols to determine whether service recipients need a higher level of care to manage withdrawal. Both levels of residential detoxification services can be offered in a Centre, medical clinics or a specialty unit within a hospital.

### PERSONNEL AND HUMAN RESOURCE

- (1) Direct services must be provided by certified persons.
- (2) All medical staffs in facility providing medically monitored detoxification and all direct service staffs in facility providing clinically managed detoxification must receive documented training before having unsupervised direct contact with service recipients. Training topics must include implementing physician-approved protocols for the signs and symptoms of narcotic drugs, alcohol and other drug intoxication and withdrawal; monitoring withdrawal; assessing appropriate levels of care; supportive care; preparing service recipients for ongoing treatment; and facilitating entry into ongoing care.
- (3) The facility must employ or retain a physician with training or experience in addiction medicine by written agreement to serve as medical consultant to the program.
- (4) The facility must have a physician, physician assistant, and nurse practitioner available twenty-four (24) hours a day by telephone for medical evaluation and consultation.
- (5) The facility providing medically monitored detoxification must make available hourly or more frequent monitoring if needed by a licensed nurse.
- (6) The facility must provide annual education about to all direct care staffs.
- (7) The facility must employ counsellors



## STAFFING LEVELS

- (1) Medical Practitioners (Doctors); Initially one full-time doctor would be needed to run this service and their time would be split between the Detox Centre and the Community Centre.
- (2) Nursing staff; At least one nurse needs to be on the premises of the Detox Centre at all times. This is to cover such things as the dispensation of medications, the regular checking of the condition of the client and to be directly available in medical emergencies. Given that the normal day would operate on 2 shifts per day and a nurse works 6 shifts a week, then at least 3 nurses would be required to manage the service on a day-to-day basis.
- (3) Counselling staffs; full time 3 counsellors to be employed at the facility
- (4) Administrative staffs;
  - (a) full-time program Administrator 1
  - (b) Reception 1
  - (c) record keeping 1
  - (d) maintenance officer 1
  - (e) Administrative officer 1
  - (f) Other staffs; cleaning 2, Security 8, 3 Chef

## SERVICE RECIPIENT ASSESSMENT

- (1) The facility must document that the following assessments are completed at the time of admission; re-admission assessments must document the following information from the date of last service:
  - (a) Assessment of current functioning by trained staff according to presenting problem including addiction focused history of the presenting problem;
  - (b) Assessment of any special needs such as co-occurring psychiatric and medical conditions, physical limitations, cognitive impairments, and support system issues;
  - (c) Basic medical history information and determination of the necessity of a medical evaluation and a copy, where applicable, of the results of the medical evaluation, as deemed necessary by the program physician;
  - (d) A physical examination by a physician, physician assistant or nurse practitioner: within twenty-four hours of admission if a facility is providing medically monitored detoxification; or as part of the initial assessment if a facility is providing clinically managed detoxification with the self-administration of detoxification medications; and



(e) A history of prescribed medications, frequently used over-the-counter medications, and drugs, including patterns of specific usage for the past thirty days prior to admission.

#### INDIVIDUAL PROGRAM PLAN

(1) An Individual Program Plan (IPP) developed for the clients must meet the following requirements and document for each service recipient:

(a) The service recipient's name;

(b) The date of the development;

(c) Treatment priorities and goals with treatment objectives to, and activities designed to, meet those objectives;

(d) Discharge plans for making referrals to address a service recipient's goals and needs;

(e) Daily, seven days per week, assessment of the service recipient's progress through detoxification and any treatment changes; and

(f) Signatures of staff involved in treatment planning and documentation of service recipients' participation in the treatment planning process.

#### SERVICE RECIPIENT RECORD.

(1) The individual service recipient record must include the following:

(a) Documentation on a medications log sheet of all medications prescribed or administered including date, type, dosage, frequency, amount, and reason;

(b) Written accounts of all items received and disbursed on behalf of the service recipient;

(c) Reports of medical problems, accidents, seizures, and illnesses and treatments for such accidents, seizures, and illnesses;

(d) Reports of significant behavior incidents;

(e) Reports of any instance of physical holding, restrictive procedures, or restraint with documented justification and authorization;

(f) A discharge summary which states the date of discharge, status at discharge, reasons for discharge, and referrals of service recipients and their families or significant others to the appropriate treatment resource upon completion of detoxification as appropriate.

#### PROFESSIONAL SERVICES.

(1) The facility must offer daily treatment services necessary to assess needs, help the service recipient understand addiction and support the completion of the detoxification process.

(2) The facility must plan for discharge to address service recipient needs as indicated in the assessment/history in the following areas: vocational, educational skills and academic performance; financial issues; cognitive, socio-emotional, and psychological issues; social, family, and peer interactions; physical health; community living skills and housing information. Such services may be provided directly



by the agency or indirectly by referral to other service providers. The provision of such services to individual service recipients must be documented in the service recipient record at the facility.

(3) The facility must document either by written agreements or by program services access to an interdisciplinary team of appropriately trained clinicians (such as physicians, registered nurses, licensed practical nurses, counselors, social workers and psychologists) to assess, obtain, and interpret information regarding service recipient needs. The number and disciplines of team members must be appropriate to the range and severity of the service recipient's problem.

(4) The facility must document, either by written agreements or by program services, the provision of twenty-four hours per day, seven days per week availability of immediate medical evaluation and care.

(5) other programs and counselling; Not all treatments need be medications. Other effective treatments that can be used include the use of hot and/or cold packs, rubbing liniments, baths, spas, massage, relaxation and meditation.

### SERVICE RECIPIENT MEDICATION ADMINISTRATION

(1) Facility providing medically monitored detoxification services must provide a nurse to oversee medication administration twenty-four hours per day.

(2) The facility must ensure that prescription medications are taken only by service recipients for whom they are prescribed and in accordance with the directions of a qualified prescriber.

(3) Discontinued and outdated drugs and containers with worn, illegible, or missing labels must be disposed.

(4) All medication errors, drug reactions, or suspected inappropriate medication use must be reported to the Doctors of the facility who will report to the prescriber, if known.

(5) Evidence of the current prescription of each medication taken by a service recipient must be maintained by the facility.

(6) All direct service staff must be trained about medications used by the service recipient. This training must include information about the purpose and function of the medications, their major side effects and contraindications, and ways to recognize signs that medication is not being taken or is ineffective for its prescribed purposes.

(7) For all service recipient that all medications must be administered by only authorized staff to administer medication.

(8) All controlled drugs must be stored in a locked safe within a locked compartment at all times and be accessible only to staff in charge of administering medicine.

(9) All medications and other medical preparations intended for internal or external human use must be stored in sanitary and secure medicine cabinets or drug rooms. Such cabinets or drug rooms must be kept securely locked when not in use and the key must be in the possession of the supervising nurse or other authorized staff.

(10) Before discharge, service recipients must be given instruction about dosages, appropriate use, and self-administration of medications after detoxification is complete and the service recipient leaves the residential detoxification facility.



#### RECREATIONAL ACTIVITY PROVISIONS.

(1) The facility must provide opportunities for recreational activities appropriate to and adapted to the needs, interests, and ages of the service recipients being served.

#### SERVICE RECIPIENT HEALTH AND HYGIENE PROVISIONS.

(1) The facility must have provisions that address the following health issues while the service recipient is at the facility:

(a) Nutritional needs;

(b) Exercise;

(c) Adequate, uninterrupted sleep; and

(2) The facility must assist service recipients in independent exercise of health, hygiene, and grooming practices.

(3) The facility must encourage each service recipient to maintain a well-groomed and clean appearance that is age and activity appropriate and within reason of current acceptable styles of grooming, dressing, and appearance.

#### GENERAL ENVIRONMENTAL REQUIREMENTS.

(1) The facility must be maintained in a safe manner and a continuing effort made to eliminate potential hazards.

(2) The facility must be maintained in a sanitary and clean condition, free from all accumulation of dirt and rubbish, well-ventilated, and free from foul, stale or musty odors.

(3) Housekeeping practices and standards must be maintained which will ensure the eradication of flies, roaches, and other vermin.

(4) All interior and exterior stairs and steps must be equipped with security and safely installed handrails.

(5) A telephone and internet services system must be provided which is capable of ensuring prompt notification in cases of emergencies and which is capable of meeting the needs of the clients served by the facility.

(6) An adequate amount of drinking water must be provided for twenty-four hours.

(7) Natural or artificial lighting must be provided which is adequate for the needs of the clients using the facility.

(8) An adequate provision for ventilation must be provided.





## REQUIRED FACILITIES

- (a) One doctor's examination room
- (b) One nursing examination room and nursing station
- (c) three counsellor's interviewing room
- (d) A dining area and dining furniture must be provided which are sufficient, appropriate, and in a good condition for meeting the needs of the clients. (three mess room, for each phase )
- (e) Class room
- (f) Administrative office with attached toilet.
- (g) Clinical Office with attached toilet
- (h) Security Office with attached toilet for urine screening
- (i) Multipurpose hall must be provided and which are sufficient in size, in good repair, and appropriate for meeting the needs of the clients residing in the facility. The area must contain one seating area such as chairs or sofas for each client and other residential furniture such as television
- (j) A reception area with proper seating facilities for visitors.
- (k) Sick bay with attached toilet (3-5 bed capacity)
- (l) Client accommodation block for detoxification phase with attached toilet (10 clients capacity)
- (m) Client accommodation block for Primary phase with attached toilet (10 clients capacity)
- (n) Client accommodation block for halfway reintegration phase with attached toilet (10 clients capacity)
- (o) Staff Accommodation block 3 rooms
- (p) Laundry (4; detox accommodation, staff area, primary phase accommodation, halfway phase)
- (q) Staff mess room
- (r) Conference room
- (s) Mosque
- (t) Stock Room
- (u) Family meeting room
- (v) Senior staff office (Two cabins)
- (w) Library
- (x) Garage
- (y) Kitchen area (for 50 pax food)



## RESIDENTIAL REQUIREMENTS.

- (1) A separate bed of proper size and height for the client's convenience and comfort;
- (2) A mattress and beds, both must be clean, comfortable, and must be in a good condition;
- (3) Clean linens consisting bed sheets which are clean, in good condition, and are changed as often as needed, but at least weekly;
- (4) Bedding, such as body cover sheets, which are clean, in good condition, and appropriate to the weather;
- (5) A clean and comfortable pillow unless contra-indicated by the client's choice or for health reasons;

- (6) Space in a dresser or cupboard which is adequate for the storage of the client's clothing;
- (7) Bathrooms must be provided within the facility which are equipped as follows:
  - (a) One private toilet for each 10 (10) persons, who reside in the facility;
  - (b) One private shower for each eight (10) persons, who reside in the facility;
- (8) An outdoor area must be provided which is neat, free of potential hazards, and is appropriate meeting the needs of the clients.

#### FOOD SERVICES

Food and nutrition must be provided in as normal a fashion as possible.

- (1) Food must be served in appropriate quantity, at appropriate temperatures, and in a form consistent with normal situations.
- (2) Provisions must be made for following special diets for clients when such diets are prescribed for medical or health reasons, and encouragement given the client to follow such special diets.
- (3) Appropriate equipment and tools for cooking food and serving meals must be provided in sufficient quantity to serve all clients and such equipment and tools must be in good repair, washed and sanitized after each use.
- (4) Kitchens must be equipped with appliances and fixtures which are sufficient and appropriate for dining meals, refrigerating food, washing tools and dishes, and the sanitary disposal of waste.
- (5) Garbage (food waste) containers must be emptied daily from the facility into secure containers located outside of the facility.
- (6) Provisions must be made for the regular removal or disposal of garbage (food waste) from the facility premises.

#### POLICIES AND PROCEDURES.

- (1) The facility must maintain a written policy and procedures manual which includes the following:
  - (a) Intake administration and Assessment process;
  - (b) A description of the aftercare service;
  - (c) Requirements that each employee or volunteer comply with procedures for detection, prevention, and reporting of communicable diseases according to procedures.
  - (d) Policies and procedures to ensure employees and volunteers practice standard precautions or infection control, as defined by the relevant authorities.
  - (e) A quality assurance procedure which assesses the quality of care at the facility. This procedure must ensure appropriate treatment has been delivered according to acceptable clinical practice;
  - (f) Drug testing procedures if used by the facility;
  - (g) Exclusion and inclusion criteria for service recipients seeking the facility's services;
  - (h) Written admission protocols to screen for potentially aggressive or violent service recipients;
  - (i) Policies and procedures which address the methods for managing disruptive behavior including techniques to de-escalate anger and aggression;



- (j) If restrictive procedures are used to manage disruptive behaviors, the written policies and procedures to handle such a cases.
- (k) Procedures to ensure an assessment on admission by trained staff using a physician-approved protocol to determine if detoxification can safely occur in a clinically managed setting;
- (l) Procedures for a physical examination by a physician, physician assistant or nurse practitioner as part of the initial assessment;
- (m) Procedures to ensure an assessment by a licensed nurse using a physician-approved protocol, or a physician, physician assistant or nurse practitioner, to determine whether services can be safely provided in a medically monitored residential treatment setting;
- (n) For facilities providing medically monitored detoxification, procedures for a physical examination within twenty-four (24) hours of admission by a physician, physician assistant or nurse practitioner;
- (o) Procedures for referring service recipients whose needs cannot be met to an appropriate level of care at another facility or an acute care hospital;
- (p) Program admission criteria related to the results of the physical assessment;
- (q) Physician-approved protocols for service recipient observation, supervision, and determination of appropriate level of care;
- (r) Procedures and criteria for more extensive medical intervention and/or transfer to a more intensive service including an acute care hospital if a service recipient has, at a minimum, any of the following conditions:
1. A history of severe withdrawal, multiple withdrawals, delirium tremens, or seizures;
  2. Sustained extremes in heart rate;
  3. Cardiac arrhythmia; and/or
  4. Unstable medical conditions including hypertension, diabetes, or pregnancy;
- (s) Procedures to ensure that service recipients under age eighteen (18) will be treated separately from service recipients eighteen (18) years of age or older;
- (t) Procedures to ensure implementation of physician-approved protocols for service recipient observation and supervision and documentation of any concerns indicated by the protocol that need to be reviewed by a physician.

#### PROJECT MANAGEMENT & ORGANISATION

National Drug Agency will be managing this project with assistance from Ministry of Gender Family, and Social Service. The specific roles of the NDA includes:

- Supervision & overall coordination of establishing the centre,
- Overall staff allocation & capacity building at the centers
- Coordination & implementation of the programs at the centers
- Maintenance of centers & sustainability of programs at the centers



It is also planned to implement programs in the primary phase in collaboration with active NGOs working to combat drug abuse in the Southern province.

**PROJECT MONITORING & EVALUATION**

The overall monitoring & evaluation of this project will be carried out by National Drug Agency and Ministry of Gender, Family and Social Services.



ਪ੍ਰੋਜੈਕਟ ਨੰਬਰ	(IUL)434-A/434/2019/161
ਪ੍ਰੋਜੈਕਟ ਸਾਲ	03 ਅਕਤੂਬਰ 2019
ਵਿਸ਼ੇਸ਼ਤਾ	ਪ੍ਰੋਜੈਕਟ ਨੰਬਰ (ਸੇਵਾ) ਦੀ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ

ਪ੍ਰੋਜੈਕਟ ਨੰਬਰ	ਪ੍ਰੋਜੈਕਟ
1-0	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ
1-1	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ ਪਤਾ: azlifajau@nda.gov.mv ਟੈਲੀ: info@nda.gov.mv ਫੋਨ: 3312018
1-2	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ ਖੋਜੀ: 10 ਅਕਤੂਬਰ 2019 ਸਮਾਂ: 11:00 (ਫੋਨ ਕਾਲ)
2-0	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ
2-1	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ
2-2	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ
2-3	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ
2.4 (a)	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ
2.4 (b)	ਪ੍ਰੋਜੈਕਟ ਸੇਵਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਦੀ ਸੂਚੀ





سہ ماہیہ 3: ترمیم و ترمیمی کی ضرورت

پہلی ترمیم میں جو تبدیلیاں کی گئی ہیں ان کی وضاحت اور ترمیمی کی ضرورت لکھیں۔

<p>پہلی ترمیم کی وضاحت:</p>	
<p>پہلی ترمیم کی وضاحت اور ترمیمی کی ضرورت لکھیں:</p>	
<p>ترمیمی کی ضرورت اور ترمیمی کی وضاحت:</p>	
<p>تعمیراتی ترمیم:</p>	<p>تعمیراتی ترمیم:</p>
<p>تعمیراتی ترمیم کی وضاحت اور ترمیمی کی ضرورت لکھیں:</p>	<p>تعمیراتی ترمیم کی وضاحت اور ترمیمی کی ضرورت لکھیں:</p>





مقدمہ: 1

- نیشنل ڈرگ ایجنسی کے سرکاری سرٹیفکیٹ یافتہ مراکز پر
- سرٹیفکیٹ یافتہ مراکز اور سرٹیفکیٹ یافتہ مراکز کے سرٹیفکیٹ یافتہ مراکز پر





بہ فریقہ: 2

• پانچویں سیمینار کی تقریریں



خبروات: 3

دشور وزیر 3 وزیر مشاور سبکدوش



سہ ماہیہ 5: قریبی 10 (پرانی) ہر شے کو تیار کرنے کے لئے ہر شے کے لئے  
 ہر شے کے لئے 10 ہر شے کو تیار کرنے کے لئے ہر شے کے لئے ہر شے کے لئے ہر شے کے لئے  
 ہر شے کے لئے ہر شے کے لئے ہر شے کے لئے ہر شے کے لئے ہر شے کے لئے

سہ ماہیہ 5	سہ ماہیہ 10	سہ ماہیہ 15	سہ ماہیہ 20



4 مرفوع

• مرفوع مرفوع مرفوع مرفوع مرفوع



