1. **Basic information**

1.1. **CRIS Number**: 2006/018-180.05-04  **Twinning No**: PL/06/IB/JH/04/TL

1.2. **Title**: Support for regional and local communities to prevent drug addiction on the local level – continuation

1.3. **Sector**: Justice and Home Affairs

1.4. **Location**: Poland, Warsaw, Ministry of Health - National Bureau for Drug Prevention

2. **Objectives**

2.1. **Overall objectives**

− Improvement of public health and security

− Strengthening the institutional administrative capacity on the regional and local level in order to improve the implementation of the EU drug acquis

2.2. **Project purpose**

− Consolidation of regional experts network in the field of monitoring of drug problem and preparing it for European cooperation by exchange of experiences with similar network in other Member State

− Creation of local experts networks and providing training in drug epidemiology to initiate drug monitoring on local level

2.3. **Justification**

The importance of local level as most relevant for drug prevention as well as importance of conducting evaluation in order to rise the standards of the prevention activities is reflected both in EU - Action Plan on Drugs 2005-2008 and European Union Drug Strategy (2005-2012). Strategy indicates that “...the drugs problem is experienced primarily at local and national level...”. In the Action Plan point.7 action 1 – demand reduction we can read: “Improve coverage of, access to, quality and evaluation of drug demand reduction programmes and ensure effective dissemination of evaluated best practices”.

The aim of the project is to prepare all social actors on the local level, especially local administration and civil society for undertaking evaluation task in order to implement evidence-based activities. The results of evaluation provide base for modification of the action and allowed to use available resources in most effective way.

Undertaking of the project is important in terms of the needs for drug and drug addiction problem monitoring as well as providing EMCDDA with comparable data regulated by Council Regulation (EEC) No 302/93 of February the 8th 1993 on the establishment of a European Monitoring Centre for Drugs and Drug Addiction.
3. Description
3.1. Background and justification

Poland determinedly and consistently adjusts activities focused on response to drug problem, aiming at reaching the compliance with the standards required by the EU. The required standards as well as the rules are specified in *acquis communautaire* (titles IV TEC and VI TEU) to which Poland successively and consistently adjusts its legal system.

Poland is also aiming at meeting the standards and priorities specified in the European Union Drugs Strategy 2005-2012, signed in December 2004 in Brussels.

Despite intensive actions, both legislative and organisational, as well as the efforts targeted at stopping the drugs use and the drug-related crimes, there is a significant lack of several institutional solutions as well as the technical resources themselves specially on the regional and local levels. Some of the gaps were the matter of the activities undertaken in the framework of Phare 2000 programme “Fight against drugs” and Phare 2003 programme “Fight against drugs – follow up”. However still, there is a strong need for significant improvements. The Phare 2000 Program was focused on the national level, the Phare 2003 program extends its interest to the regional level, the Transition Facility Program 2004 was concentrated on development and implementation of drug strategies and action plans on local level. In case of Transition Facility Program 2006 – continuation still great concern is focused on the local level especially in terms of evaluation.


NFP is located within National Bureau for Drug Prevention. The NFP collects and analyses data on drug problem as well as disseminates the results. Each year the National Report is prepared and submitted to EMCDDA as well as disseminated around Poland.

Fulfilling obligations to EMCDDA, within the scope of five key indicators, demands introducing the protocol of data collection concerning treatment demand to the official routine statistical system. This aim can be achieved by introducing adequate regulations to the Ordinance of the Council of Ministers describing plan of the statistical research.

In 2002 the regional experts’ network was created based on collaboration with regional authorities. The objectives of the regional experts was to collaborate with NFP on the field of data collection and to analyse data on regional level in order to provide regional authorities with evidence based information on drug situation and trends in the region. This year on the bases of the new Act of law on counteracting drug addiction of 29 July, 2005, legal bases was given to the activities conducted by the regional expert. According to the new act, regional experts are oblige to conduct and initiate researches, gathering and disseminating publications concerning drugs issues, formulating conclusions and recommendations for the local and regional drug policy and cooperate closely with the National Focal Point.

The network of regional experts was supported by activities of Phare 2000 programme “Fight against drugs” (basic training, basic computer equipment supply) and in the framework of Phare 2003 programme “Fight against drugs – follow up” limited to equipment supply. The
The National Programme for Counteracting Drug Addiction in Poland 2002-2005 was approved by the Council of Ministers on the 30th of July 2002. The program includes the Strategy for development of the National Drug Information System in accordance with the EMCDDA standards. The Programme is being implemented and each year the implementation report is prepared in submitted to the parliament. The body responsible for drafting the programme, coordination of implementation and reporting, as well as evaluation is the national Bureau for Drug Prevention.

The National Programme addresses a lot of tasks regarding drug prevention to local and regional level. Drug and drug addiction problems prevention has mainly local dimension. Differentiation of drug scenes in particular communities as well as different social, economic and cultural context indicate local level as most relevant one for formulating and implementing prevention programs. Only full mobilization of the whole community, especially local administrations and NGOs, as well as realization of planned and coordinated actions, can provide measurable effects. This way of thinking leads to the conclusion that there is a strong need for animation and support of prevention activity on local level. For this purpose activities aimed at increasing awareness and visibility of the drug problem prevention among locals communities as well as whole society as well as the implementation of effective prevention activities on different levels is needed.

According to the new act of law communities are obliged to:
- increasing availability of therapeutic and rehabilitation help for addicts and those who are endangered by an addiction.
- giving psychosocial help for the families afflicted by drug problem
- conducting prevention, informative, educational and instructional activity in the field of drugs problems, especially for children and teenagers

Communities are also obliged to establish Local Programme for Drug Prevention. The annual monitoring report concerning foregoing Programme should be prepared by communities each year.

The aim of the project is institutional strengthening of the local and regional level Project activities should reach all regions and at least 30 cities in the country. All activities planned within this project will not overlap with the activities financed by the European Social Fund.

3.2. Linked activities
- Regional project of some Central European countries - "Primary Prevention of drug demand within the local community."
- Project on the Technical Assistance to Drug Demand Reduction. The project aimed at reinforcing networks on DDR in the region; at facilitating further DDR policy development and at improving DDR expertise. As a result of the project, the Polish experts on DDR received the training on project formulation and management. The National Demand Reduction Resource Centre was established.
- Drug Demand Reduction Staff Training Project I and II were carried out in collaboration with the Pompidou Group. In the phase I, a selected group of experts improved their knowledge and skills during a short-term traineeships (stages) in the regional network still needs the consolidation in terms of in-depth training.
various EU countries. The phase II started in 1999 and completed in 2002. As a result of the project the guidelines for Drug Demand Reduction for professionals and activists on local level was developed, published and disseminated.

- The Program Phare 2000 “Fight against drugs” was completed in the forth quarter of 2003.
- The Phare 2003 Program was completed in the forth quarter of 2005.
- Twinning – Fight against organized crime 2003/005-710.03.
- The Transition Facility Program 2004 terms of reference for tenders are in the preparation phase.

The current Transition Facility Program constitutes a direct continuation of Transition Facility Program 2004 which was continuation of phare 2003 and phare 2000 projects. All projects are focused on strengthening the institutional response to drug problem including improvement of drug policy and development of drug information system. The logic of the programs was to concentrate activity on the national level first and then to extend intervention to regional level and than to local level and even deeply. The second axis of whole projects activity development is pointed out by the logic of the action - from designing of drug policy on various levels through implementation to evaluation. Each new project in this project chain continues and further develops previously initiated activities and introduces new ones.

The project TF 2004 objectives, purposes and expected results were as follow:

**Project purpose**

- Preparing draft of changes in legal base for data collection in order to reach the EMCDDA standards including implementation of 5 key indicators
- Consolidation of regional experts network by preparing proposal of legal base and providing in-depth training
- Preparing draft of changes in legislation aiming at supporting local communities in prevention of drug addiction
- Mobilizing local communities to take responsibility for preventing drug problem
- Building wide coalition consisted of all main social actors to participate in activities focused on drug problem prevention

**Expected results of the project:**

**Contract 1. Twining Light**

- regional experts better prepared for data collection, analyse and dissemination for local purposes and to satisfy NFP and EMCDDA needs
- regional experts network strengthened
- co-operation between regional experts and the National Focal Point strengthened,
- draft of legal procedures providing basis for development of regional experts network prepared
- draft of regulation concerning treatment data collection prepared
- treatment demand indicator protocol (EMCDDA) implemented
- guidelines for monitoring of drug problem on the local level prepared

**Contract 2. Technical assistance**

- Awareness and visibility of the drug problem increased
- Preventive capacity of the local and regional institutions as well as civil society increased
- Inter-agency mechanism of co-operation on regional and local level strengthened
- Well trained experts from various sectors (education, treatment, social welfare, law-enforcement, prison service, regional and local authorities, NGOs), enabled to mobilise local civil society to prevent drug problem
- Training curricula in preparing, implementing and evaluating local and regional drug strategies and action plans developed
- The local and regional drug strategies and action plans developed
- The draft of legal procedures supporting drug prevention on the local level prepared
- The guide to formulating, implementing and evaluating local integrated preventive strategy and local action plan compiled
- Drug information strategy for local level developed
- Local drug information experts’ network created.
- Initial assessment of local capacity to respond drug problem and evaluation of Public Relation Campaign results developed (results achieved thanks to supportive activity)

**Contract 3. Technical assistance**

- Data bases for data collection, storage and dissemination prepared and ready to use
- Web page of NFP prepared and published

The activity undertaken in the framework of TF 2004 (Contract 2. Technical assistance, Public Relation Campaign) includes:

- promotion the idea of local drug monitoring, that means to increase awareness of local policy makers concerning monitoring usefulness for planning and evaluating response to drug problem on local level
- compilation of guide to formulating and implementing local integrated preventive strategy and local action plan as well as local drug monitoring system
- country-wide training of local administration’s and NGO’s representatives,
- preparation of propositions of legislative changes aiming at engagement of local communities in drug prevention
- creation of network communities engaged in drug prevention based on local drug strategy and local action plan
- creation of network of local drug information experts

The expected results of this activity are as follow

- Awareness and visibility of the drug problem increased
- Preventive capacity of the local and regional institutions as well as civil society increased
- Inter-agency mechanism of co-operation on regional and local level strengthened
- Well trained experts from various sectors (education, treatment, social welfare, law-enforcement, prison service, regional and local authorities, NGOs), enabled to mobilise local civil society to prevent drug problem
- Training curricula in preparing, implementing and evaluating local and regional drug strategies and action plans developed
- The local and regional drug strategies and action plans developed
- The draft of legal procedures supporting drug prevention on the local level prepared
- The guide to formulating, implementing and evaluating local integrated preventive
strategy and local action plan compiled
- Drug information strategy for local level developed
- Local drug information experts’ network created.
  Initial assessment of local capacity to respond drug problem and evaluation of
  Public Relation Campaign results developed (results achieved thanks to supportive
  activity)

The estimated budget for TF 2004 Contract 2. Technical assistance (Public Relation
Campaign) is \(2.1296\ \text{MEUR}\) – gross value (including \(1.952\ \text{MEUR}\) of TF funds and \(0.0976\ \text{MEUR}\) of national joint co-financing and \(0.080\ \text{MEUR}\) national co-financing covering
supportive activity – two surveys: before action and after action)

The profile of experts involved in contract implementation should be as follow:
- Training skills
- Experiences in work with local communities
- Experiences in development of strategy and action plan
- Knowledge of administrative structure on local level, including Polish administrative
  structure
- Expertise in social problems, especially drug problem

3.3. Results
Contract 1. Twinning Light
- Regional experts in the field of monitoring of drug problem directly collaborate with
  regions in MS and EMCDDA
- Regional experts in the field of monitoring of drug problem capable of providing in-
  depth expertise for regional authorities
- Regional networks of communities and municipalities (at least 30 members) focused
  on data collection, analyse and dissemination for local purposes operational
- Analytical capacity of National Focal Point staff improved to provide the best
  understanding drug situation and scientific evaluation of drug policy, including
  National Drug Strategy and Action Plan

3.4. Activities
Transition Facilities assistance will consist of one contract:

Contract 1. Twinning light focused on consolidation of drug information system (duration –
6 months)

Key activities will include:
- Designing of regional networks of communities and municipalities (at least 30
  members in all networks) focused on data collection, analyse and dissemination for
  local purposes. The networks of local experts in drug monitoring and evaluation will
  be developed parallel with national network of specialist in drug policy developed in
  the framework of TF 2004 project.
- Training for experts in drug monitoring and evaluation from communities and
To support the activities foreseen in the programme, the Twinning component should include the participation of 12 short-term experts (STEs). They are expected to provide training for 16 Regional Experts and NFP in the topics of drug monitoring on the local, regional, national as well as international level. Experts will be responsible for the development of training curricula. They should also establish long term collaboration between both regional experts and NFP from the one side and relevant monitoring centres in MS from the other side. They should be public servants from MS, have a proper knowledge and be experienced in:
- drug monitoring system, including monitoring on local and regional levels
- professional training curricula development in drug monitoring,
- collaboration with the Central and Eastern Europe Countries
- fluency in English (written and spoken).

They should be differentiated in terms of specialization and cover all areas of drug problem monitoring (epidemiology and response). We also expect to involve experts from other MS than twinning partners and from EMCDDA. The areas to be covered are as follow:
- advanced statistical analyse and modelling
- joint analyse of epidemiological indicators and data interpretation
- evaluation of drug policy
- evaluation of demand redaction programs
- networking of data providers and collaboration with regional and local levels
- designing and implementing data collection systems regarding responses to drug problem and programs evaluation results
- development of drug information policy on national, regional and local levels including assessment of information needs and putting results into practice

The project leader from the MS should be a drug epidemiology expert with high organizational skills from NFP or closely associated with NFP. The best solution is to have head of NFP as the project leader.

For the purpose of the project, conferences, study visits and seminars, where representatives from the relevant services will be involved, will be organised. Study visits for Regional Experts will be organized to gain experience with their systems of co-operation of the regional and local expert networks. The study visit in EMCCDA will provide opportunity for them to observe of EMCDDA work and to establish contact with all EMCDDA staff. The visits for National Focal Point and collaborating scientific institution will be organized to take advantage from experiences of NFPs of other MSs.

The National Bureau for Drug Prevention will assure the necessary support for twinning partner, which will cover designation of official who will act as day-to-day counterpart, and who will be responsible for coordination of all required administrative and internal assistance in organizing of TWL activities.

The budget of this contract will be split in following way:
– Coordination costs – approx. 10 755 €
– STE costs: 12 STEs, 125 days including 15 days of EMSDDA experts (without fee) – approx. 135800 €
– Private sector services: interpretation, translation, audit certificate, visibility cost – approx. 28 365 €
– Study visits: 1 study visit to EMCDDA x cca 20 participants (Regional Experts and NFP), 4 days and 2 study visits to EU MSs x cca 8 participants (NFP) each, 5 days – approx. 25 080 €

Budget preliminary calculation (indicative):

<table>
<thead>
<tr>
<th>Project leader</th>
<th>Unit cost (euro)</th>
<th>No of units</th>
<th>Total MS cost (euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert fees</td>
<td>9</td>
<td>250</td>
<td>2250</td>
</tr>
<tr>
<td>‘Project Management Costs’</td>
<td>9</td>
<td>375</td>
<td>3375</td>
</tr>
<tr>
<td>Per diems</td>
<td>9</td>
<td>270</td>
<td>2430</td>
</tr>
<tr>
<td>Air tickets</td>
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<td>900</td>
<td>2700</td>
</tr>
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<td>Subtotal</td>
<td></td>
<td></td>
<td>10755</td>
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<tr>
<td>Short term experts</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Expert fees</td>
<td>110</td>
<td>250</td>
<td>27500</td>
</tr>
<tr>
<td>‘Project Management Costs’</td>
<td>110</td>
<td>375</td>
<td>41250</td>
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<tr>
<td>Per diems</td>
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<tr>
<td>Air tickets</td>
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<td>Private sector services</td>
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<td>Audit certificate</td>
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<td>Visibility cost</td>
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<tr>
<td>Subtotal</td>
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<tr>
<td>Study visits</td>
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<tr>
<td>Per diems</td>
<td>150</td>
<td>160</td>
<td>24000</td>
</tr>
<tr>
<td>Travels inside country</td>
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<td>24</td>
<td>1080</td>
</tr>
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<td>Subtotal</td>
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<td></td>
<td>25080</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>200000</strong></td>
</tr>
</tbody>
</table>

3.5. Lessons learned

The Phare 2003 Program was completed successfully. One of the lessons to be learned from the Program was that the local level is most important one in response to drug problem. The second one is that policymakers and service providers on local level need still a lot of assistance provided on long-term basis. One of the most urgent issue is the evaluation of all
type of activity.

4. Institutional framework

The project will be co-ordinated by the Ministry of Health - the National Bureau for Drug Prevention, which is the main beneficiary of the project. The activities of the programme is planned to be of the inter-agency nature, engaging all the concerned subjects focused on drug demand reduction on regional and local levels.

The following institutions will be involved on the regional level: the regional experts, the regional authorities, regional branches of state institutions like regional education administration, regional branches of Health Found. All 16 regions will be covered by the project related activities.

On the local level community and municipal authorities and relevant local institutions (local NGO-s, treatment, harm reduction and prevention facilities, schools) will participate in the programme.

Unit responsible for the realisation and co-ordination of the project: the National Bureau for Drug Prevention, 52/54 Dereniowa Str.; 02-776 Warsaw, Tel. +(4822) 6411501; fax: +(4822) 6411565, e-mail: piotr.jablonski@kbpn.gov.pl

5. Detailed budget

<table>
<thead>
<tr>
<th>€M</th>
<th>Transition Facility support</th>
<th>Co-financing</th>
<th>Total cost TF + co-financing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Investment support (I)</td>
<td>Institution Building (IB)</td>
<td>Total Transition Facility (=I+IB)</td>
</tr>
<tr>
<td>Contract 1 Twinning light</td>
<td>0.20</td>
<td>0.20</td>
<td>0.16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0.20</td>
<td>0.20</td>
<td>0.16</td>
</tr>
</tbody>
</table>

(*) contributions from National, Regional, Local, Municipal authorities, FIs loans to public entities, funds from public enterprises

(**) private funds, FIs loans to private entities

The co-financing funds for the project implementation will be available.

The amounts for national co-financing indicated in the table correspond to cash co-financing, unless otherwise stated. Contributions from the Polish administration for effective implementation of the twinning light may be further detailed in the twinning contract.

VAT does not constitute eligible expenditure except where it is genuinely and definitely borne by the final beneficiary. VAT which is considered recoverable, by whatever means, cannot be considered eligible, even if it is not actually recovered by the final beneficiary or individual recipient.
In case of parallel co-financing, the following activities will be financed from the parallel co-financing provision in the budget table:

- administrative and organizational cost
- costs of office suppliers,
- the expenditures connected with Polish experts (salary)
- travel costs (inside and outside country)
- costs of software
- cost of publications
- part of translation and interpretation costs

6. Implementation arrangements
There will be a Project Steering Committee (PSC) established in order to speed up the implementation process of the given project components in the first months after Financial Decision for Transition Facility 2006 is taken. The structure of the Committee will be working as an advisory and monitoring body until particular components are contracted and thus where appropriate may be replaced by the Twinning Steering Committee.

The participants of the Project Steering Committee will be representatives of the following institutions: PAO, NAC, CFCU and beneficiary (SPO, contact person as indicated in the fiche and representative from Office for Foreign Aid Programmes in Heath Care). It is also recommended to invite representatives of NAO services while the issues of financial management flow are to be comprehensibly discussed. The Project Steering Committee will meet every quarter starting from the date of signing the Financial Decision and will concentrate on discussing the problem occurred at the beginning phase of project implementation as well as on defining possible solutions and corrective measures. The PAO representative will organize and chair the PSC meetings.

6.1 Implementing agency
PAO: Tadeusz Kozek, Under-secretary of State at the Office of the Committee for European Integration, 9 Aleje Ujazdowskie str., 00-918 Warszawa; tel. (+4822) 455 52 41., fax (+4822) 455 52 43
CFCU: Director, Foundation “Cooperation Fund”, ul. Górnośląska 4A, 00-444 Warszawa, tel. (+4822) 450 99 00, fax (+4822) 622 75 65.
The CFCU is responsible for handling tendering, contracting and payments of contracts on behalf of the Ministry of Health which itself shall be responsible for preparing projects and managing their technical implementation.

6.2 Twinning
In the framework of the project a Twinning light contract is foreseen.
The Contact Person is Mr Piotr Jabłoński, M.A., Director of the National Bureau for Drug Prevention; Dereniowa 52/54; 02-776 Warszawa, tel. (+4822) 641 15 01; fax: (+4822) 641 15 65, e-mail: piotr.jablonski@kbpn.gov.pl
The Project Leader will be Bogusława Bukowska, M.A. Deputy Director of the National Bureau for Drug Prevention: Dereniowa 52/54; 02-776 Warszawa, tel. (+4822) 641 15 01; fax: (+4822) 641 15 65, e-mail: boguslawa.bukowska@kbpn.gov.pl
When no suitable twinning proposal is forthcoming, this IB component of the project should be implemented through the technical assistance.

6.3 Non-standard aspects:
Tender procedures and contracts will be concluded in accordance with the Polish act on public procurement.

The project shall be implemented according to the *Procedures for Twinning Light*.

6.4 Contracts

- Contract 1 – Twinning Light 0.36M€ gross value (0,20M€ TF + 0.16 M€ Polish co-financing) parallel co-financing

7. Implementation schedule

7.1 Contract 1 – Twinning Light

7.1 Commencement of contracting process: IV quarter 2006
7.2. Start of project implementation (signature of contract): II quarter 2007
7.3. Project completion: IV quarter 2007

8. Sustainability

The National Bureau for Drug Prevention has foreseen adequate staff and financial resources to maintain coordination of network of communities engaged in drug prevention based on well evaluated local drug strategy and local action plan and providing them with further training and consultancy by maintaining help desk supporting evaluation of local drug strategy and local action plan as well as demand reduction programs (prevention, treatment, harm reduction). Reporting system of results of evaluation efforts established in the framework of the project will be integrated into information system coordinated by the National Focal Point.

9. Conditionality and Sequencing

9.1 Conditionality

There is no conditionality in the project.
Annex 1: LOGFRAME PLANNING MATRIX

<table>
<thead>
<tr>
<th>LOGFRAME PLANNING MATRIX FOR</th>
<th>Support for regional and local communities to prevent drug addiction on the local level - continuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme name and number</td>
<td>Support for regional and local communities to prevent drug addiction on the local level</td>
</tr>
<tr>
<td>Contracting period expires</td>
<td>IV Q 2008</td>
</tr>
<tr>
<td>Disbursement period expires</td>
<td>IV Q 2009</td>
</tr>
<tr>
<td>Total budget</td>
<td>0.36 MEURO</td>
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<tr>
<td>Transition Facility Budget</td>
<td>0.20 MEURO</td>
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</table>

<table>
<thead>
<tr>
<th>Overall objective</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement of public health security</td>
<td>Response to drug problem more compatible to EU standards</td>
<td>Reports of the EU representatives, the EU experts, and EMCDDA</td>
</tr>
<tr>
<td>- Strengthening the institutional administrative capacity on the regional and local level in order to improve the implementation of the EU drug acquis</td>
<td>Effectiveness of institutions dealing with drug problem on regional and local improved</td>
<td>Reports of the National Focal Point and National Bureau for Drug Prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project purpose (Immediate Objectives)</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Consolidation of regional experts network in the field of monitoring of drug problem and preparing it for European cooperation by exchange of experiences with similar network in other Member State</td>
<td>Drug information system consolidated</td>
<td>Reports of the National Focal Point and National Bureau for Drug Prevention</td>
<td>Logistic and human resources commitment on the part of the beneficiary maintained.</td>
</tr>
<tr>
<td>- Creation of local experts networks and providing training in drug epidemiology to initiate drug monitoring on local level</td>
<td>16 Regional Experts collaborating with EMCDDA and regions in other MSs</td>
<td>Action plans available</td>
<td>Professional staff involved in the project.</td>
</tr>
<tr>
<td>- Number of communities evaluating drug strategy and action plan – at least 30 cities</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Support for regional and local communities to prevent drug addiction on the local level

- Regional experts in the field of monitoring of drug problem directly collaborate with regions in MS and EMCDDA
- Regional experts in the field of monitoring of drug problem provide in-depth expertise for regional authorities
- Regional networks of communities and municipalities (at least 30 members) focused on data collection, analyse and dissemination for local purposes operational
- Analytical capacity of National Focal Point staff improved to provide the best understanding drug situation and scientific evaluation of drug policy, including National Drug Strategy and Action Plan

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Designing of regional networks of communities and municipalities (at least 30 members in all networks) focused on data collection, analyse and dissemination for local purposes. The networks of local experts in drug monitoring and evaluation will be developed parallel with national network of specialist in drug policy developed in the framework of TF 2004 project.</td>
<td>Twinning light contract signed (with 12 STEs), training</td>
<td>Reports from Regional Experts available</td>
<td>Co-financing from the Polish budget ensured. The timely realisation of the TF 2004 project. Professional staff involved in the project.</td>
</tr>
<tr>
<td>- Training for experts in drug monitoring and evaluation from communities and municipalities (at least 30 sites). The training will be focused on data collection, analyse and dissemination for local purposes.</td>
<td></td>
<td>Reports of the National Focal Point and National Bureau for Drug Prevention including assessment of quality of regional reports available</td>
<td></td>
</tr>
<tr>
<td>- Seminars for NFP staff and collaborating scientific experts focused on exchange of ideas, methods and results with partners in Reitox Network</td>
<td></td>
<td>Information from EMCDDA</td>
<td></td>
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<tr>
<td>- Seminars and study visits for regional experts of drug problem monitoring focused on exchange of ideas, methods and results with EU partners from regional level</td>
<td></td>
<td>EMCDDA web page</td>
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</table>

At least 10 regions have direct collaboration with regions in MS and EMCDDA
Prepared and published 16 regional reports on drug problem (epidemiological trends and response to drug problem)
Regional reports used by regional authorities for designing and evaluating regional drug policy
Summary of regional reports published on the EMCDDA webpage
At least 30 draft local reports prepared
National Report produced by NFP includes elements of evaluation of National Drug Strategy and Action Plan

Preconditions

Logistic and human resources commitment on the part of the beneficiary maintained.
Professional staff involved in the project.
**Annex 2-3: Implementation, contracting and disbursement schedules**

Support for regional and local communities to prevent drug addiction on the local level – continuation - Contract 1.

<table>
<thead>
<tr>
<th>Date of Drafting</th>
<th>October 2005</th>
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### Budget Allocation

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<th>Cost Estimate in MEUR</th>
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#### Implementation schedule

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<th>C</th>
<th>I</th>
<th>I</th>
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#### Contracting schedule

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#### Disbursement schedule

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**Legend:**

D = design of contract and tendering
C = signature of contract
I = contract implementation and payment