

**HALF-YEARLY PROGRESS REPORT OF THE FUNCTIONING OF DRUG AWARENESS,  
COUNSELLING AND ASSISTANCE CENTRE**

**INSTRUCTIONS**

- ◆ This Progress Report is to be furnished by the Organizations receiving grant-in-aid under the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse of the Ministry of Social Justice & Empowerment, Government of India.
- ◆ The Report is to be submitted to the Ministry of Social Justice & Empowerment on half-yearly basis – the first report (April to September) should be sent immediately after 30<sup>th</sup> September every year and the second report (October to March) immediately after 31<sup>st</sup> March every year.
- ◆ While filling up the report, the Organization should ensure that the figures supplied by them match the figures in the records maintained by them.
- ◆ No column should be left blank and if no information is available for some particular column, it may be clearly stated so.
- ◆ Normally, the first installment of a particular year would be considered after evaluation of the half-yearly report for the preceding half-year period ie. October to March of the previous financial year, and the second installment would be considered after evaluation of the half-yearly report for the period April to September of the same year.
- ◆ Organizations should ensure timely submission of their progress reports to enable the Ministry to process their grants-in-aid proposals in time.

**1. PROFILE OF THE ORGANIZATION & CENTRE**

<b>1. (a) Name &amp; address of the Organization:</b> (Full Postal address with Tel Nos. and E-mail)	
<b>(b) Name &amp; address of the Centre</b> (Full Postal address with Tel. Nos. and E-mail)	
<b>(c) Contact Person for the centre:</b>	
Name	
Designation	
Complete postal address	
Telephone/Fax number	
Mobile No.	
<b>(d) E Mail Address</b>	

<b>2. Review Period</b> (Please indicate whether the report is for April-September or October-March, 200____)	
<b>3. Year of receiving first grant-in-aid from this Ministry</b>	
<b>4. Number, date, amount and the year for the last financial aid received</b>	

## 2. REGISTRATION

*Please state number of clients registered at the center during the half-year under review::*

No. of Clients	
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## 3. SOURCE OF REFERRAL (during the half-year under review)

*Please state number of clients referred to the centre by:*

Self	Friends	Family	Social Worker	Private Doctor Hospital	Govt. Hospital	Treatment cum Rehabilitation centre (NGO)	Ex-clients or their family members	Any other

## 4. DETAILS OF DRUG ABUSED

Drug Category	No of Clients reported in last six months
Opium	
Heroin	
Morphine	
Bu prenorphine	
Propoxyphene	
Brown Sugar	
Other opiates	
Synthetic Narcotic Analgesics	
Cocaine	
Alcohol	
Cannabis	
Hallucinogens	
Amphetamines	
Barbiturates	
Minor Tranquilizers	
Sedatives/Hypnotics	
Multiple drugs (if not in above categories)	
Volatile solvents (inhalants)	
Others (please specify)	
Total	

## 5. MARITAL STATUS

Never married	Married	Widow/Widower	Divorced	Separated	Separated/Divorced due to drug use	Not known

## 6. EDUCATION

Illiterate	Literate (read & write)	Primary Education	Middle	Higher Sec. Equiv.	Graduate	Post Graduate	Post Trained	Not Known

## 7. EMPLOYMENT STATUS

Currently Unemployed	Never Employed	Part-time Employed	Full-time Employed	Self-Employed	Student	Housewife	Pensioner etc.	Not known

## 8. METHOD OF DRUG ADMINISTRATION

S.no.	Oral	Sniffing	Injecting	Any other
No. of clients				

**SERVICES** (During the half-year under review)

## 9. COUNSELLING

Please state number of clients provided counselling services:

### A. GROUP COUNSELLING

No. of clients	Average time/session	No. of sessions held

### B. INDIVIDUAL COUNSELLING

No. of clients	Average time/session	No. of sessions held

### C. FAMILY COUNSELLING

No. of families	No. of sessions held	Average time/session

## 10. DROP OUT (During the half-year under review)

Please state number of clients who dropped out of services during counselling period due to the following reasons:

Poverty	Lack of family support	Legal problems	Inadequate facilities	Personal/any other reasons	Total

## 11. REFERRAL (During the half-year under review)

Please state the number of clients referred to other centres/Hospitals for further treatment indicating names of the centres:

S. No.	Govt. De-addiction centre	Treatment for TB	Treatment of HIV/AIDS VCTC	Treatment for any other infection	NGO run Treatment cum Rehabilitation Centre	Psychiatric Treatment Centre	Any other
No. Of Clients							
Name of the Centre							

**C. FOLLOW UP ACTIVITIES (During the half-year under review)**

**Details of follow up programmes taken up by the Centre:**

12. (a) Total number of letters sent/telephone calls made to ex-clients:

	<b><u>Total</u></b>
Letters /phone calls to ex-clients	

13. **HOME VISITS** (by counselors to homes of ex-clients during the half-year)–

No. of ex-clients visited	Total No. of visits undertaken

**14. TRAINING PROGRAMMES**

(a) Please indicate the details of the training Courses attended by your staff in **last two years**:

Name of the staff who attended training	Duration with dates	Organised by RRTC/NISD/Any Other	Name of the course

(b) Total no of staff trained in **last two years**

## 15. DETAILS OF OUTREACH PROGRAMMES

### COMMUNITY BASED PROGRAMMES

*Please indicate the details of awareness/counselling programmes conducted in the community:*

Target group	No. of programmes	Subject	Date/duration	No. of participants	No. of clients identified if any	No. participated for counselling
Parents						
Youth						
Street children						
Sex workers						
Transport workers						
Ex-clients						
Panchayats						
Workplace						
Health centres						
Trade unions						
Enforcement agencies						
*Any other School						-

**A. Please furnish details of information/awareness materials prepared, if any, indicating the identified target group:**