

**MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
SCHEME FOR PREVENTION OF ALCOHOLISM AND SUBSTANCE (DRUGS) ABUSE**

Proforma of Inspection Report for Drug Awareness, Counselling and Assistance Centre/Projects

(Inspecting Officer (I.O) shall furnish this Report based on actual inspection/verification of infrastructure, facilities, services, and records and through personal enquiries)

PART-I

Details of the Inspecting Team

Name, Designation, Address, Telephone No. and Fax No. of the Inspecting Officer.	
Name and Designation of the accompanying Officials, if any,	
Date and Day of the inspection	
Time of reaching the Centre/Project	
Time of completion of the inspection	

Information relating to the organisation:

Name and registered address of the parent Organisation	
Name, Address, Telephone No., Fax and E-mail of the contact person (Secretary, Director etc.)	
Year of establishment and registration (give registration number)	
Composition of the Managing body	
Date of its last election and its present tenure	
Is the organisation running any other projects. If yes, indicate details and source of funding.	

Basic information relating to the Centre/Project inspected:

Name of the Centre/Project with complete locational address	
Name of the Project-in-charge, mailing address.	
Year of establishment	

Year from which the Centre/Project has been receiving grants from the MSJE	
Whether building is: a) Owned by the organisation b) On lease/On rent c) Rent paid, if any	
Whether name of the Centre/Project and sponsoring agency (MSJE) is prominently displayed outside the Centre/Project.	

Infrastructure Details

No. of rooms, area (sq ft) available for different services of the Centre/Project	
---	--

i. Staffing Pattern : Annexure enclosed

ii. Training

Details of pre-service/in-service training undergone by the existing staff of the Centre: all the training were given in house only

Community Centre

Houses

Offices

Records:

Please indicate the records inspected:

Register	Available Yes/No	Maintained/ Updated
a) Awareness programme Register (including details of programmes conducted in varied community settings, follow-up, evaluation etc.) b) Case History of patients (indicating personal details recorded after admission) c) Network directory d) Counselling e) Referral and Follow-up Register f) Attendance register g) Honorarium register h) Cash/ledger book i) Bank Pass book (for the money received from grants) j) Register of assets		

Beneficiaries:

Please state the number of addicts registered during the last 3 months:

Directly at the Centre/Project
 Through Outreach programmes
 Total

Services (during the last 3 months)

a) Please state number of addicts provided counselling services:

i) Group counselling

No. of addicts	Average size of Addicts group	No. of sessions held	Average time/session

ii) Individual counselling

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

iii) Family counselling

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

b) Please state the number of addicts referred to other centres / Hospitals for further treatment indicating names of the Centre/Projects:

Govt. De-addiction Centre/Project	Treatment for TB	Treatment for HIV/AIDS	Treatment for any other infection	NGO run treatment cum Rehabilitation Centre /Project	Psychiatric Treatment Centre/ Project	Any other

c) Please indicate the details of the awareness programmes conducted in schools/colleges:

	No. of programmes	Nature of programme/ Subject	Period / date	No. of students and teachers	No. of addicts identified	No. referred for treatment etc.

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

Target groups (e.g. parents, youth, street children, workplace, sex workers etc.)	No. of programmes for different target groups	Subject	Date/ duration	No. of Participants	No. of addicts identified if any	No. provided with counselling

Signature, Name and
Name and
Designation of the
the

Signature,
Designation of

representative of the
Officer
organization

Inspecting

PART-II (Confidential-to be filled by the I.O)
(Comments and observations should be specific and based on Part-I

Location and accessibility of the Centre/Project	
Knowledge of its services in the proximate community	
Allocation of space for the different services of the Centre/Project	
Maintenance of the records relating to services	
Maintenance of the records relating to accounts	
Lighting arrangements, fans etc. available and functioning	
Training, knowledge and exposure of the staff consistent with their responsibilities (indicate the level of the commitment and motivation?)	
Counselling services being provided appropriately and systematically	
Number, efficacy and community involvement in outreach programmes especially amongst the identified vulnerable groups	
Whether the outreach programmes have been effective in identification, motivation and then ensuring treatment of the addicts	
Whether the addicts referred for treatment are followed up regularly	

Areas of deficiencies and suggestions for improvement (Enclose a statement if necessary, duly signed)

Continuation or otherwise of grant to the Centre/Project based on its services as inspected ? Give specific reasons for observations (Enclose a statement if necessary)

Signature of

Inspecting Officer