

**COMMUNITY BASED  
TARGETED INTERVENTIONS  
FOR DRUG ABUSE  
PREVENTION, SCREENING,  
ASSESSMENT &  
COUNSELLING**

**OPERATIONAL  
GUIDELINES**

**(MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT)  
GOVERNMENT OF INDIA**

February, 2019

## BACKGROUND

1.1 Article 47 of the Constitution provides that “The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavor to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.”

1.2 India is a signatory to the three UN Conventions namely, Single Convention on Narcotic Drugs, 1961, Convention on Psychotropic Substances, 1971 and Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Article 38 of the Single Convention on Narcotic Drugs, 1961 and Article 20 of the Convention on Psychotropic Substances, 1971 obligates countries for taking all practicable measures for the prevention of abuse of drugs/psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved and also for promoting the training of personnel in these areas.

1.3 The Government of India has enacted the Narcotic Drugs and Psychotropic Substances (NDPS) Act in the year 1985 to make stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances. Section 71 of the NDPS Act, 1985 (Power of Government to establish centres for identification, treatment, etc., of addicts and for supply of narcotic drugs and psychotropic substances) states that “The Government may establish, recognize or approve as many centres as it thinks fit for identification, treatment, management, education, after-care, rehabilitation, social reintegration of addicts and for supply, subject to such conditions and in such manner as may be prescribed, by the concerned Government of any narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity.”

1.4 The Government of India has also brought out a National Policy on Narcotic Drugs and Psychotropic Substances (NDPS) in 2012 to serve as a guide to various Ministries/Departments, State Governments, International Organisations, NGOs, etc. and reassert India’s commitment to combat the drug menace in a holistic manner. The Policy, inter-alia, states the role of the Government for treatment, rehabilitation and social reintegration of drug addicts.

1.5 Drug and substance abuse is a serious problem adversely affecting the social fabric of the country. Addiction to drugs not only affects the individual's health but also disrupts their families and the whole society. Regular consumption of various psychotropic substances leads to drug dependence of the individual. Some drug compounds may lead to neuro-psychiatric disorders and other diseases such as cardiovascular diseases, as well as accidents, suicides and violence. Therefore, drug abuse needs to be viewed as a psycho-social-medical problem, which requires a combination of medical treatment and psycho-social intervention. The menace of drug abuse in the younger generation has been rising all over the world and India is no exception to it. It is seen that drug and substance usage among the children and youth are influenced by literacy level, peer pressure, curiosity or urge to experimentation, availability of drugs and substance etc. The vulnerability of Injecting Drug Users (IDUs) to acquire blood borne infections that include co-infection with HIV/AIDS and Hepatitis B and C due to sharing of needles and syringes makes the problem of drug abuse even more serious.

## **2.0 NATIONAL ACTION PLAN FOR DRUG DEMAND REDUCTION (NAPDDR for 2018-2025)**

2.1 In accordance with the spirit of the United Nations Conventions and the existing NDPS Act, 1985 and NDPS Policy, 2012, the Ministry has prepared a National Action Plan for Drug Demand Reduction(NAPDDR) for 2018-2025 with multi pronged strategy involving preventive education & awareness generation, identification, counselling, treatment and rehabilitation of drug dependent persons including outreach approach and capacity building of the service providers through collaborative efforts of the Central & State Governments and Non-Governmental Organizations.

2.2 It has been observed that that the problem of drug use/abuse is not uniform across different geographical areas. Hence, need for focussed interventions in vulnerable areas arise where extent of drug problem is reported to be high.

## **3.0 Focussed or Targeted Intervention Programmes**

3.1 Presently, the National AIDS Control Organization (NACO), Ministry of Health and Family Welfare is implementing Targeted Interventions Programme to offer prevention and

care services to high risk populations such as Female Sex Workers (FSWs), Male having Sex with Male (MSM) and IDUs within communities by providing them with the information, means and skills they need to minimize HIV transmission and improving their access to care, support and treatment services. These programmes have been found to be a resource-effective way to implement HIV prevention and care programmes in settings with low-level and concentrated HIV epidemics. They are also a cost-effective method of reaching people who are most at risk in more generalized epidemics.

3.2 Similarly, the Ministry of Social Justice and Empowerment (MSJE) is also undertaking focussed/targeted intervention programmes in selected geographical areas across the country with an aim to reach adolescents and youth in the community, increase community participation and public cooperation in the reduction of demand for dependence-producing substances and encourage youth dependent on drugs to come forward and seek treatment in safe and secure environment. For this purpose, 127 vulnerable districts in different States/UTs have been identified based on studies/surveys and feedback from IRCAs and other stakeholders. The list of the identified districts for the first phase is at **ANNEXURE-I**. The following intervention programmes would be carried out in the identified districts:

- a) Community based Peer led Intervention (CPI) for Early Drug Use Prevention among Adolescents
- b) Outreach and Drop In Centres (ODIC)

### **3.3 Community based Peer led Intervention (CPI) for Early Drug Use Prevention among Adolescents**

Community based Peer led Intervention programmes would be launched in the identified vulnerable districts as a focussed preventive measure to curb the menace of drug abuse. The objectives of Community based Peer Led Interventions are

- i) to assess drug use in the community
- ii) implement early prevention education led by trained peer educators
- iii) to provide referral and linkage to counseling, treatment and rehabilitation services for drug dependents identified in the community

### **3.3.1 TARGET GROUP**

The target group is mainly vulnerable adolescents and youth in the community in the selected district.

### **3.3.2 PROPOSED ACTIVITIES**

The activities would include:

- a) Outreach activities in the community among young vulnerable population for community mapping and assessment
- b) Identification and Training of youth as Peer Educators to lead peer led community intervention
- c) Behavioural change communication sessions for community by Peer Educators
- d) Individual and group counselling
- e) Screening and assessment of clients on substance use disorder
- f) Ensure referral and linkage to service centres
- g) Complimentary therapies including art, music & dance for early recovery
- h) Follow up care including family counselling

The following strategies would be adopted under this programme:

- The Peer Educators will focus on creating awareness among the community members on prevention of drug abuse.
- The Peer Educators will be supported by coordinator and trainer adequately trained in the delivery of evidence-based early prevention interventions on drug use.
- Render psychosocial interventions including educational sessions on ill effects of drug use, risk assessment on drug use among youth and linkage for treatment and rehabilitation.

### **3.3.3 STAFF PROPOSED PER COMMUNITY / AREA**

- Area Coordinator - 1 no.
- Trainer cum Supervisor – 2 no.
- Peer Educator (PE) - 20 no.

The qualification, roles and responsibilities of the staff engaged for Peer Led Interventions is at **ANNEXURE-II**.

### **3.3.4 EXPECTED OUTCOMES OF THE PROJECT**

- i. The project will train about 20 youth to be peer educators in the community
- ii. The project will reach out to vulnerable Drug Users in the vicinity of the proposed centre
- iii. All drug users and vulnerable adolescents and youth in a community will be equipped with information and education on harmful effects of drug use

The financial norms for Community based Peer led Intervention for Early Drug Use Prevention among Adolescents and youth are at ANNEXURE-III

### **3.4 Outreach and Drop In Centres (ODIC)**

Outreach and Drop In Centres (ODICs) would be established in the identified districts to conduct outreach activities in the community with following objectives:

- i. To conduct outreach activities among vulnerable adolescents and youth in community for prevention of drug abuse
- ii. To provide safe and secure drop-in space for drug users in the community having the provision of screening, assessment and counselling
- iii. To provide referral and linkage to treatment and rehabilitation services for drug dependents.

#### **3.4.1 TARGET GROUP**

The target group is mainly community members vulnerable to drug use and young people dependent on drugs in selected district.

#### **3.4.2 PROPOSED ACTIVITIES**

The activities under ODICs include:

- a) Outreach activities in the community among young vulnerable population
- b) Behaviour Change Communication (BCC) one to one / group sessions in community by Outreach Workers
- c) Screening and assessment of clients on substance use disorder
- d) Drop-in-Centre facility for people vulnerable/dependent on drug use

- e) Individual, group and family counselling
- f) Provision of consultation with doctor for referral and linkage with treatment facility
- g) Safe and secure space for drug dependent youth accessible in the community
- h) Complimentary therapies including art, music & dance for early recovery
- i) Follow up care including family counselling

The following strategies would be adopted under this programme:

- The centre will be led by trained staff, staffed by multidisciplinary team adequately trained in the delivery of evidence-based interventions
- Comprehensive outreach, screening and counseling system comprising of evidence-based and integrated psychosocial interventions will be provided.
- Basic services including outreach, drop-in and counselling support to the clients
- Render psychosocial interventions including cognitive behavioural therapy, motivational interviewing and linkage for treatment, rehabilitation and vocational training.

#### **3.4.3 STAFF PROPOSED PER COMMUNITY/AREA**

- Centre in charge cum counsellor - 1 no.
- Outreach workers – 3 no.
- Doctor (part time)- 1 no.
- Official (part time) for accounts and M & E support

The qualification, roles and responsibilities of the staff engaged in one ODIC is at **Annexure-IV**.

#### **3.4.4 EXPECTED OUTCOMES OF THE PROJECT**

- i. The project will reach out to vulnerable drug users in the vicinity of the proposed centre.
- ii. The drug dependent persons are expected to avail the services of the centre as it is accessible in the community thereby improving their well being
- iii. The vulnerable adolescents & youth and drug users in the community will be equipped with information and education on harmful effects of drug use

The financial norms for setting up of one ODIC are at **ANNEXURE-V**.

**3.5 Eligible Organization:** Funds would be transferred to the National Institute of Social Defence (NISD), an Autonomous Institute under the Ministry for further disbursement to eligible agencies/organizations on the basis of procedure prescribed by the Ministry from time to time. The organizations shall maintain a separate account in a nationalised bank recognised by RBI.

**3.6 Norms for financial assistance:** The following guidelines would be followed for implementation of these programmes:

**3.6.1** The following organizations/institutions shall be eligible for assistance under this Scheme:

- i. A Society registered under the Societies' Registration Act, 1860 (XXI of 1860) or any relevant Act of the State Governments/ Union Territory Administrations or under any State law relating to the registration of Literary, Scientific and Charitable societies, or
- ii. A Public Trust registered under any law for the time being in force, or
- iii. A Company established under Section 25 of the Companies Act, 1956; or
- iv. Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), organizations/institutions fully funded or managed by State/ Central Government or a local body; or
- v. Universities, Social Work Institutions, other reputed educational institutions, NYKS, and such other well established organizations/institutions

**3.6.2 Organizations/Institutions specified in para 3.5.1.2 should have the following characteristics:**

- i. It should have existed for a period of two years with properly constituted managing body with its powers, duties and responsibilities clearly defined and laid down in writing.
- ii. It should have a sound financial position with resources, facilities and experience for undertaking the programme.
- iii. It should not be run for profit to any individual or a body of individuals.
- iv. It should not discriminate against any person or group of persons on the ground of sex, religion, caste or creed.



**3.6.3** Preference would be given to the following:

- i. Registered Societies formed by the State Governments/UT Administrations. For this purpose, NISD would hold regular interactions with concerned officials of State Governments/UT Administrations and encourage them to constitute Registered Societies and send proposals for running Targeted Intervention programmes.
- ii. Organizations having experience of not less than two years in the health sector, specialized target group such as drug dependent persons, women, adolescents etc., childcare and rehabilitation.

**3.6.4** The conditions related to experience, period of existence and financial soundness may be relaxed by the Secretary, Department of Social Justice and Empowerment in consultation with the Financial Advisor, in rare and exceptional cases, for reasons to be recorded in writing.

**3.7 Application and Sanction**

**3.7.1** The proposals, accompanied with the relevant documents in the prescribed format (**Annexure VI**) and duly recommended by the State Government for a financial year shall be sent to the NISD for consideration. Initially, organizations/institutions shall submit their applications alongwith relevant documents in offline mode i.e. by post, immediately on the commencement of the financial year to the NISD. However, from the subsequent financial years, the NISD would take measures to develop an online portal for this purpose and process proposals through online mode.

**3.7.2** The receipt of such an application would not suo moto entitle an organization to the sanction of grants. NISD shall consider the release of financial support, in each case, on the basis of the procedure prescribed by it from time to time and proposals complete in all respect, as per norms of this guideline. The new proposals under the above guidelines shall be screened by a committee constituted for this purpose in the Ministry of Social Justice & Empowerment.

**3.7.3** The quantum of assistance shall be 100% of the budget norms on the admissible items enumerated under CPI and ODIC. However, 75% of the budget norms will be released to the

organization in the beginning and remaining 25% after submission of half yearly progress report (April to September & October to March as the case may be) in the prescribed format indicating utilization of the grant, beneficiary/client details, service offered etc. Failure to furnish information about the utilization of grants or misappropriation/diversion of fund will result in delay/termination of release of grant.

**3.7.4** For release of full amount of grants in a financial year, the recommendations and inspection report of the State Government or any other authority/institution designated by the Government of India shall be mandatory.

**3.7.5** Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) to the NISD at the end of each financial year as per prescribed format.

**3.7.6** An aided organization/institution/establishment shall, before it receives financial assistance, execute a bond in a prescribed proforma. The transfer of funds would be done only after acceptance of the Bond by the competent authority. The requirements regarding indemnity bond and pre-stamped receipt and transfer of funds shall be fulfilled by the organization/institution/establishment as per the extant instructions of the Ministry/NISD in this regard.

#### **4. PROGRAMME MANAGEMENT**

##### **4.1 Nodal Department in the State Government/UT Administration**

Every State Government/UT Administration will designate one of its Departments as the Nodal Department for the programme. The Nodal Department should be so chosen that it can most efficiently carry out nodal responsibility for effective implementation of the programme all over the State/UT.

##### **4.2 Nodal Responsibility at the District Level**

Every State Government/UT Administration will also be expected to designate one nodal officer or agency at the district level which will be assigned overall responsibility of effective implementation of the programme at the district level.

#### 4.3 Management at the Local Level

At the local level, the State Governments will be expected to assign responsibility for effective implementation and supervision of the programme to an appropriate body e.g Gram Panchayat, Municipality/Corporations as the case may be.

### 5. CONDITIONS FOR ASSISTANCE

5.1 An aided organization/institution/establishment shall be open to inspection by an officer of the Central Government and the State Government or a nominee of their authorities or any other agency so designated by the Ministry/NISD.

5.2 If an organization has already received or is expected to receive a grant from some other official sources for the purpose for which the application is being made under this Scheme, assessment for central grant will normally be made after taking into account grant from such other official sources.

5.3 An aided organization shall maintain separate accounts of the grants received under this Scheme. They shall always be open to check by an officer deputed by the Government of India. This shall be open to a system of internal audit or concurrent audit. They shall also be open to test check by the Comptroller and Auditor General of India.

5.4 An aided organization shall maintain a record of all assets acquired wholly or substantially out of Government grant in the Stock Register and present these to the Auditor when required to do so. In this regard, provisions of the General Financial Rules, 2017 (Government of India) would be applicable.

### 6. MONITORING FRAMEWORK

6.1 The State Governments/UT Administration or any other agency prescribed by the Ministry/NISD would conduct regular inspections of the

organizations/institutions/establishments receiving financial assistance under this Scheme and send their reports to the NISD.

**6.2** The Technical Support Unit (TSU) engaged for the purpose of monitoring and evaluation of outcomes under the NAPDDR would conduct Impact/Assessment Studies on effectiveness of these programmes on a yearly basis.

**6.3** The organizations/institutions/establishments receiving grants under this Scheme shall submit periodic reports to the NISD in prescribed proforma for regular feedback and monitoring.

**6.4** The organizations/institutions shall also establish and maintain a computerized database. This would enhance effective communication alongwith timely submission of half yearly reports and Drug Abuse Monitoring System (DAMS) report, which is required for evaluation purposes. The organizations/institutions will submit online DAMS report to the NISD regularly.

**6.5** The remuneration and overhead expenses for vigilance-cum-monitoring committee/cell/agencies shall not exceed 3% of the total allocation of the Scheme.

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**ANNEXURE-I****List of States and districts covered for targeted interventions**

Sl No.	Name of the State	Districts covered	No. of Districts	Outreach & Drop in Centre (ODIC)	Community based Peer led Intervention (CPI) among Adolescents
1	Chhatisgarh	Raipur, Durg, Bilaspur, Bijapur, Bastar and Surguja	6	6	3 (Raipur, Durg & Bastar)
2	Tripura	West Tripura and North Tripura	2	2	1 (Agartala)
3	Punjab	Gurdaspur, Amritsar, Firozpur, Ludhiana, Tarn Taran, Hoshiyarpur & Jalandhar	7	7	2 (Amritsar & Ludhiana)
4	Arunachal Pradesh	Lohit, Changlang, Anjaw, Itanagar, Papumpare & Tirap	6	6	2 (Itanagar & Lohit)
5	Goa	North Goa & South Goa	2	2	2
6	Andaman & Nicobar	South Andaman	1	1	1
7	Uttar Pradesh	Ghaziabad, Varanasi, Meerut, Sant Ravidas Nagar, Kanpur Nagar, Morabad, Gorakhpur, Lucknow, Bareilly, Barabanki, Prayagraj, Ghazipur & Saharanpur	13	13	6 (Ghaziabad, Varanasi, Kanpur Nagar, Lucknow, Prayagraj & Gorakhpur)
8	Manipur	Imphal West, Imphal East, Chandel, Churachandpur, Ukhrul, Thoubal & Bishnupur	7	7	2 (Imphal West & Imphal East)
9	Haryana	Faridabad, Gurugram, Sonipat, Yamunagar, Ambala, Sirsa, Rohtak & Panipat	8	8	3 (Faridabad, Sonipat & Sirsa)
10	Delhi	East Delhi, South Delhi, North Delhi, North –East Delhi, South-West Delhi & West Delhi	6	6	4 (East-Delhi, North East- Delhi, South Delhi & West Delhi)
11	Uttarakhand	Haridwar, Dehradun & Udham Singh Nagar	3	3	2 (Dehradun & Udham Singh Nagar)
12	Daman & Diu	Daman	1	1	1

13	Madhya Pradesh	Bhopal, Gwalior, Neemuch, Mandsaur, Ratlam, Jhabua, Indore, Rewa & Ujjain	9	9	4 (Bhopal, Rewa, Gwalior & Indore)
14	Chandigarh	Chandigarh	1	1	1
15	Telangana	Mahbubnagar & Hyderabad	2	2	1 (Hyderabad)
16	West Bengal	Kolkata, Howrah, Darjeeling & Murshidabad	4	4	2 (Kolkata & Howrah)
17	Odisha	Jagatsinghapur, Khurda, Cuttak, Puri & Angul	5	5	3 (Puri, Bhubaneswar, & Angul)
18	Sikkim	Gangtok (East District) & North District	2	2	1 (Gangtok)
19	Tamil Nadu	Chennai, Nagapattinam and Madurai	3	3	2 (Chennai & Madurai)
20	Andhra Pradesh	Visakhapatnam & Vijaywada	2	2	2
21	Kerala	Thiruvananthapuram, Kozhikode & Ernakulam	3	3	2 (Thiruvananthapuram & Kozhikode)
22	Dadra & Nagar Haveli	Silvassa	1	1	1
23	Puducherry	Puducherry	1	1	1
24	Himachal Pradesh	Shimla and Unna	2	2	1 (Shimla)
25	Assam	Guwahati, Silchar & Dibrugarh	3	3	1 (Guwahati)
26	Nagaland	Dimapur & Kohima	2	2	1 (Kohima)
27	Mizoram	Aizawl & Champhai	2	2	1 (Aizawl)
28	Jharkhand	Ranchi, Jamshedpur & Dhanbad	3	3	1 (Ranchi)
29	Karnataka	Bengaluru	1	1	1
30	Maharashtra	Mumbai, Pune & Nagpur	3	3	3
31	Gujarat	Ahmedabad & Surat	2	2	2
32	Jammu & Kashmir	Jammu, Kupwara & Srinagar	3	3	2 (Srinagar & Jammu)
33	Meghalaya	East Khasi Hills, West Garo Hills & Jaintia Hills	3	3	1 (Shillong)
34	Rajasthan	Jodhpur, Jaipur, Sri Ganganagar & Jaisalmer	4	4	2 (Jaipur & Sri Ganganagar)
35	Bihar	Patna, Muzaffarpur & Gaya	3	3	2 (Patna & Gaya)
36	Lakshadweep	Kavaratti	1	1	1
	<b>Total</b>		<b>127</b>	<b>127</b>	<b>68</b>

## ANNEXURE-II

### Qualification, Role and responsibilities of staff engaged for Peer Led Intervention

#### **Area Coordinator**

**Qualification:** Graduate with experience of managing such centres/projects in social sector for a minimum period of three years and having working knowledge of computers, preferably from Social work/sociology/social science academic background

- Supervise project activities on regular basis
- Facilitate advocacy meeting and focus group discussions in the community
- Develop and monitor weekly work plan for peer educators
- Conduct weekly and monthly meetings to identify shortfalls, if any and to evolve corrective measures
- Organise training and build capacity of peers and project staff
- Prepare Progress report for submission to NISD/Ministry

#### **Trainer cum Supervisor**

**Qualification:** Graduate with experience of dealing with persons working in social/health sector for a minimum period of two years and with good communication skill, preferably from Social work/sociology/social science academic background

- Conduct need assessment and resource mapping
- Assist in selection and recruitment of peer educators
- Assist in development of resource/IEC material
- Organise training and capacity building programmes
- Consolidate peer led trainings and activities
- Monitor and supervise peer educators
- Develop a database of peers/peer educators/drug using clients

#### **Peer Educator**

**Qualification:** Should be literate with social skills like communication, empathy, conversant with regional language etc, can be ex-drug user & willing to work in the community for the prevention of drug abuse

- Identifying and enrolling clients
- Conduct sessions with Vulnerable adolescents & youth and drug users
- Disseminating message and information about project services
- Distributing IEC materials in the communities
- Motivating drug users to access & utilize treatment/referral healthcare services and adopt safer practices

### ANNEXURE –III

#### NORMS FOR COMMUNITY BASED PEER LED INTERVENTION FOR EARLY DRUG USE PREVENTION AMONG ADOLESCENTS

S. No	Budget Head	Nos	Rate (in Rs)	Duration	Amount (in Rs)
<b><u>A. Human Resource Costs</u></b>					
(i)	Honorarium to Area Coordinator	1	20,000 per month	12	2,40,000
(ii)	Honorarium to Trainer cum Supervisor*	2	15,000 per month	12	3,60,000
(iii)	Honorarium to Peer Educators (PE) 1 PE will take 1 session of 2 hours duration over 60 sessions/Quarter	20	150 per session	240 sessions	7,20,000
(v)	Nutritional/ Refreshment support for 60 sessions/ quarter	200	10 per day per child	240 sessions	4,80,000
(vi)	Life skills educational kit printing cost including flex material / games / scrolls	100 sets	1000		1,00,000
<b><u>B. Training Costs of PEs and Staff (One time for 15 days duration through NISD)</u></b>					
(i)	Honorarium to Trainers for ToT	4	1500 per session	15	90,000
(ii)	Lunch, two Tea with Refreshment (20 PEs, 3 staff and Resource Person (5 extra Peers trained)	25	175 per day	15	65,625
(iii)	Stationery	20	150 per training		3000
(iv)	Training Venue & AV equipment hiring	1	2500	15	37,500
<b><u>C. Office Expenditure Cost</u></b>					
(i)	Up keeping of documentation	1	4000	12	48,000
(ii)	Project Site Office Rent Cost	1	10,000	12	1,20,000
(iii)	Office Expenses	1	12,000	12	1,44,000
<b>Grand Total (A+B+C)</b>					<b>24,08,125</b>

\*It would be the discretion of the organization to allocate the remuneration amongst the incumbents within the overall financial allocation

Note: 20% of re-appropriation of expenditure would be permissible within the total admissible allocation



**Qualification, Role and responsibilities of staff engaged for ODIC**

**Centre in charge cum counsellor**

**Qualification:** Graduate with experience of managing such centres/projects in social sector for a minimum period of three years and having working knowledge of computers, preferably from Social work/sociology/social science academic background

- Supervise the centre activities particularly the outreach planning on regular basis
- Set up a routing monitoring mechanism for supervision of outreach work through routing field visits, interaction with staff members, community members and beneficiaries /enrolled clients and seek feedback to identify shortfalls, if any and take corrective measures
- Built the capacity of outreach team through trainings/exposure visits
- Ensure that the documentation of clients enrolled, screened, assessed and referred to other healthcare centres is maintained properly
- Prepare Half yearly Progress Report for submission to NISD/Ministry

**Outreach Worker (ORW)**

**Qualification:** Graduate with experience of dealing with persons working in social/health sector for a minimum period of two years and with good communication skill, preferably from Social work/sociology/social science academic background

- Develop outreach plan in consultation with centre in charge and feedback from the field
- Visit community and hotspots on regular basis
- Distribution of IEC material in the community
- Motivate the drug users to avail screening, treatment & referral services of the centre
- Maintain documentation/records of the vulnerable adolescents/ youth and drug users visited and motivated to seek services of the centre

**Doctor**

A part time doctor having basic MBBS qualification and experience of handling drug dependent clients should visit the centre on at least five days in a week. He/she is responsible for

- Assessment for common physical and mental health problems
- Treatment ( general, abscess management etc.) and health lifestyle
- Advice for investigation and referral
- Counsel/motivate the client for follow up
- Educate the staff on medical issues

**ANNEXURE –V**

**NORMS FOR OUTREACH AND DROP IN CENTER (ODIC)**

S.No	Budget Head	Nos	Rate (in Rs)	Duration	Amount (in Rs)
<b><u>A. One-time fixed set up cost</u></b>					
(i)	Furniture, chairs, almira, recreational equipment for Drop In Center		One-time Cost		1,00,000
<b><u>B. Human Resource Costs</u></b>					
(i)	Honorarium to Center In-charge Cum Counsellor	1	20,000 per month	12	2,40,000
(ii)	Honorarium to Outreach Worker*	3	15,000 per month	12	5,40,000
(iii)	Honorarium for Part time Doctor	1	20,000 per month	12	2,40,000
<b><u>C. Training Costs of ORWs and Staff (One time for 15 days duration through NISD)</u></b>					
(i)	Honorarium to Trainers for ToT	4	1500 per session	15	90,000
(ii)	Lunch, two Tea with Refreshment (20 PEs, 3 staff and Resource Person (5 extra Peers training))	25	175 per day	15	65,625
(iii)	Stationery	20	150 per training		3000
(iv)	Training Venue & AV equipment hiring	1	2500	15	37,500
<b><u>D. Admin. and Operational Costs</u></b>					
(i)	Honorarium for Part Time Account & M & E Officer	1	5000 per month	12	60,000
(ii)	Drop in Center - Rent	1	15,000	12	1,80,000
(iii)	Medicine		6000	12	72,000
(iv)	Communication & Transportation for Outreach Workers*	3	2000	12	72,000
(v)	BCC/ IEC material printing cost	1	5000	12	60,000
(vi)	Office Expenses	1	12,000	12	1,44,000
<b>Grand Total (B+C+D)</b>					<b>18,04,125</b>

\*It would be the discretion of the organization to allocate the remuneration amongst the incumbents within the overall financial allocation

Note: 20% of re-appropriation of expenditure would be permissible within the total admissible allocation.

**Format for Project Proposal**

Project applied for (tick the relevant project) :

- i) Community based Peer Led Intervention (    )
- ii) Outreach and Drop in Centre ODIC (    )

PI note: one organization can apply for both the projects also

**Section A: Basic Information { Organization Profile }**

1.Name of the Organization: \_\_\_\_\_

2.Postal Address: \_\_\_\_\_ District: \_\_\_\_\_ PIN: \_\_\_\_\_

3.Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4.Legal status: ( )Society ; ( ) Trust ; ( )Company ; ( )Others (specify)

5.Registration details: Registered on (    Date)  
By \_\_\_\_\_

6. Whether registered in NITI AAYOG NGO DARPAN portal?  
(applicable for NGOs)  
If yes, Unique ID no. : \_\_\_\_\_

7. Contact person: \_\_\_\_\_ Designation: \_\_\_\_\_

**Section B: Organisational Background**

8. Assets/ Infrastructure of the organisation

Category	Worth (in rupees)
(eg. Land, building, etc.)	

9. Whether blacklisted/debarred by any agency (Government, Private or World Bank/UN bodies) in the past? If yes, provide details.

10. Please provide details regarding annual budget of your organization during the last three years ( please attach detail audited statement for the last 3 years )

Year (1)	Source of funding (2)	Amount (in Rs.) (3)	List of programmes alongwith funding (4)		Geographical area of the activities (5)
			Nature of activity 4(a)	Funds 4(b)	
2015-16			a)	a)	a)
			b)	b)	b)
			c)	c)	c)
			d)	d)	d)
			.....	.....	.....
2016-17			a)	a)	a)
			b)	b)	b)
			c)	c)	c)
			d)	d)	d)
			.....	.....	.....
2017-18			a)	a)	a)
			b)	b)	b)
			c)	c)	c)
			d)	d)	d)
			.....	.....	.....

#### Section C: Programmes run by the organisation for the last three years

11. Please provide basic information on the key projects carried out by your organisation since the last two years mentioning Community served, Objectives, Strategies, Main Outcomes , Evaluation methods and results

- a) Community Served:
- b) Objectives:
- c) Strategies:
- d) Main Outcomes:
- e) Evaluation Methods:
- f) Results:

12. Please mention experience, if worked in the area of Health Sector/Substance Abuse and provide details such as nature of project(s), project location, project period, no. of beneficiaries during the period, target population, continuing /completed.

- a) Nature of Project:
- b) Project Location:
- c) Project Period:
- d) No. of beneficiaries during the period:
- e) Target population:
- f) Continuing/completed

13. A brief write up on the programmes the organization currently run indicating

13 (a) Name of Project/Activity:

13 (b) Details of the programme:

13 (c). Geographical location of Work/Project

List-Village, Panchayat, Block, Taluk/Sub-Division, District (Each location should be separately specified)

13 (d) Population/target group with which they are presently working (please tick whichever applicable):

- ( ) Rural/Urban; ( ) Socio economic group; ( ) Occupational group;
- ( ) Sexgroups; ( ) Students/Educational Institution; ( ) Youth;
- ( ) Women groups; ( ) Others

13 (e) Source of funding and contract period:

13 (f) Expected Outcome:

13 (g) Achievement so far:

14. Whether the organization has undertaken projects supported by the Ministry of Social Justice & Empowerment (MSJE)? If yes, provide the details.

15. Please mention contact details of an three key persons presently associated with the organization:

S. No.	Name	Age	Qualification	Nature of work assigned
1.				
2.				
3.				

#### **Section D: Documents Required**

16. Copies of the following documents need to be provided with self attestation by Competent Authority of the organisation

- I. Society Registration Certificate and Memorandum of Association & Articles along with the latest filled return./ Trust Deed ☐
- II. Activity Report/ Annual report of the organisation for the last three years ☐
- III. Annual Audit Accounts of the organisation for the last three years ☐
- IV. Income Tax Registration and Exemption Certificate, if any ☐
- V. FCRA Registration Certificate, if any ☐
- VI. List of Board/ Governing Body members (in case of Non Government Organization) with Contact details and occupation ☐

#### **VII. Recommendation of concerned authority:**

I have gone through the above proposal and hereby recommend that (Name of the organization) may be engaged for (Name of the Intervention Programme) in (Name of the District and State) under the National Action Plan for Drug Demand Reduction being implemented by the Ministry of

Social Justice and Empowerment subject to further scrutiny by the Screening Committee constituted therein.

(Signature and stamp of the recommending authority)

Details of the Recommending Authority:

Name :

Designation:

Organization:

Contact details:

Place:

Date:

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