

# **Targeted Intervention (TI) for Substance Use Prevention in community setting**

## **An Operational Manual on Community Based Peer-Led Intervention (CPLI)**

**NATIONAL INSTITUTE OF SOCIAL DEFENCE  
Ministry of Social Justice and Empowerment,  
Government of India, New Delhi**



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## ABBREVIATIONS

AIIMS	All India Institute of Medical Sciences
CBO	Community Based Organization
CCC	Child Care Centre
DDRC	District Disability Rehabilitation Centre
DIC	Drop In Centre
IEC	Information Education Communication
NDDTC	National Drug Dependence Treatment Centre
NGO	Non Government Organization
PE	Peer Educator
PHC	Primary Health Centre
PLI	Peer Led Intervention
PV	Peer Volunteer
SHG	Self Help Group
SLCA	State Level Coordinating Agencies
TI	Targeted Intervention
TSU	Technical Support Unit



# BACKGROUND, OBJECTIVES & ACTIVITIES

## 1.1. Background

Substance use is a major public health problem that in particular, puts millions of adolescents at a variety of risks that include increased risk for traffic accidents, high risk sexual practices, juvenile delinquency, family problems and developmental problems.

In 2019, the National Survey on Extent and Pattern of Substance Use, conducted by National Drug Dependence Treatment Centre, AIIMS, reported that in India, the most common substance used is alcohol which is followed by cannabis and opioids. As per the report, 16cr persons consume alcohol, 3.1 Cr use cannabis and 2.26Cr use opioids. More than 5.7 Cr individuals are affected by harmful or dependence on alcohol and need help for their alcohol use problem, about 25 lakh suffer from cannabis dependence and approximately 77 lakh individuals are estimated to need help for their opioid use problems.

Various studies reported that substance initiation begins at an early age due to vulnerabilities perpetuated through acute poverty, social inequalities and other social reasons. Poly substance use (consumption of more than one substance at a period) is common among adolescents.

Literature shows that individuals with **Adverse Childhood Experience** are more prone to addiction. This includes physical & sexual use, emotional use, incarcerated relative, mother treated violently, loss of a parent, physical and emotional neglect.

Children and adolescents living in the street, slums and homeless, become particularly vulnerable to substance use in such high risk circumstances. Also, the rate of help seeking behavior is low due to many factors like lack of family and community support compared to others. It is always better to intervene before they initiate the substance use behavior.

Ensuring active participation of young people, they may be empowered to prevent and disseminate information on substance use prevention. Also for this, there should be a strategy where young people learn from each other and support themselves. For this purpose, under the scheme of Targeted Intervention, MSJE, Govt of India has introduced Community Based Peer Led intervention which would be appropriate for preventing and reducing the substance use among the young people.

Through peer led intervention the aim is to reach children and early adolescents who are:

- Vulnerable children/ adolescents at the age group 10 – 18 who are non users.

## 1.2. Objectives

- a) To **assess** substance use among adolescents in impoverished & marginalized communities
- b) Conduct **primary prevention activities** through **awareness programs**
- c) Engage in **risk mitigation** of substance use among children/ adolescent/youth by:
  - Preventing substance use
  - Delaying initiation of substance use
- d) Identify and train selected **peer educators** in the community



- a) Implement **early prevention education** led by trained peer educators
- b) To **provide awareness** about referral and linkage to **counseling, treatment and rehabilitation services** for substance dependent adolescents identified in the community
- c) Identifying adolescents subjected to substance use and **facilitating their referral/ admission** into Rehabilitation Centers/ Drop In Centres.

### 1.3. Program Structure

- Peer educators will focus on creating awareness among the vulnerable population – particularly children in community on prevention of substance use.
- The project staffs will deliver **specific** intervention on substance use and ensure linkage for treatment and rehabilitation.
- Peer Educators will provide educational sessions on life skills among children; side-effects of substance use, risk assessment on substance use among adolescents

### 1.4. Program Activities

- a) Outreach activities in the community among vulnerable children and adolescents
- b) Community Mapping and Assessment
- c) Identification and Training of adolescents as Peer Educators to lead Peer led community intervention
- d) Life skill sessions: particularly designed for prevention of substance use in communities by selected and trained Peer Educators
- e) Providing psychosocial therapies
- f) Follow-up care including family counselling



# Strategy



## STRATEGY

In Peer-led intervention, the “peer educator” plays a paramount role and the term is used to describe a staff member of the intervention team who is in the age group of 10 to 18. He/ she shall be a non-substance user or an individual who had tried substances on experimental basis in the past.

### 2.1 Advantages of Peer Led Intervention

Some of the distinct advantages of PLI are:

- Targeting the vulnerable children/adolescents will help to delay/ prevent/ reduce substance use in the community
- Fast to multiply, thus more beneficiaries could be reached out with relatively less resources. Hence cost effective
- Easily acceptable to the target group since their “peers” are giving them the messages.
- Peers are in a better position to monitor the situation and trends.
- This approach increases the feasibility and sustainability of the project
- Involvement of the community will encourages their “ownership” of the project and potential response to the project activities among the network of substance users.

Thus in this approach, the PE/ service providers should reach out to clients in their different hangout areas such as parks, colonies, streets in the slum etc. Similarly, other service providers in the community (the second stakeholders) should also be involved to develop a good network, which will further strengthen the process of referral system. In this manner, the concept of the program becomes a community based approach rather than an institutionalized one.

### 2.2 The following strategies would be adopted under this program:

- The Peer Educators will focus on creating awareness among the vulnerable children and adolescents on prevention of substance use.
- The staffs will deliver early prevention interventions on substance use.
- Render psychosocial interventions including educational sessions on life skill education, ill effects of substance use, risk assessment on substance use among youth and linkage for treatment and rehabilitation.

### 2.3 A peer educator would train the peers to

- plan and organize awareness programs through life skill education
- facilitate, record and evaluate the work
- encourage reflection on substance use amongst their peers
- identify adolescents with substance use disorders

### 2.4 The activities broadly would include:

- a) Peer led activities in the community among young vulnerable populations for community mapping and assessment
- b) Identification and training of young adolescent as Peer Educators to lead peer led community intervention
- c) Life Skill education sessions by Peer Educators
- d) Promoting life skills
- e) Dissemination of substance information and education



- a) Motivating substance users to access & utilize treatment/referral healthcare services.
- b) Ensure referral and linkage to service centres
- c) Psycho social care including follow up and support

The other activities for integrating and disseminating information include sports and other recreational activities that are promoted and used as opportunities for young people to progress. Each one becomes 'the other's keeper', providing good role models that portray health-seeking behavior, peer pressure, managing own emotions and a step-by-step process on how to sustain the desired positive behavior.

## 2.5 Target

1. Identification and selection of 20 peer educators as proposed in the stipulated guidelines.
2. Selected Peer Educator will be trained including field visit.
3. Each trained Peer Educator will work with atleast 10 peers (young users and non users) in each quarter (three months) targeting to a total of 40 beneficiaries at the end of project year.
4. The Peer Educators will engage with the peers for a minimum of 120 hrs per quarter which includes **educative session** of 40 hr duration as per the guidelines.
5. Psycho social interventions based on behavior change and motivation to be provided to the maximum.
6. Also, psychosocial and other service to be reached to 400 adolescents/ youth who have initiated using substances.





# Recruitment Policy, Staff Rules & Responsibilities



## RECRUITMENT POLICY, STAFF RULES & RESPONSIBILITIES

### 3.1. Recruitment Policy

The implementing agency would appoint the project staffs keeping in view of the prescribed qualification provided in the operational guidelines which are as follows:

### 3.2 Recruitment Process

#### 3.2.1

##### i. Area Coordinator

**i(a) Qualification:** Graduate with experience of managing such centers/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

##### **i(b) Roles and Responsibilities of Area Coordinator:**

The Area Coordinator:

- Will prepare the monthly/ yearly action plan in consultation with the trainer cum counselors/ other staff and submit it to the concerned.
- Will submit the physical and financial performance report to the concerned functionary of the agency.
- Will monitor the attendance of the peer educators and will check their performance diaries.
- Will conduct staff meeting, planning and review meeting weekly/monthly/ quarterly.
- Will help in conducting external and internal monitoring and evaluation from time to time.
- Will moderate focus group discussions and Annual Review meeting to incorporate the finding of such discussions in the overall implementation of the work plan.
- Will perform other job as assigned by organization from time to time
- Will maintain the financial account/ prepare and submit the financial report in consultation with the accountant of the NGO.
- Supervising the project activities on regular basis
- Organising training and building capacity of peers and project staff
- Preparing Progress report for submission to NISD/Ministry.

##### ii. Trainer cum Counselor

**ii (a) 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

##### **ii (b) Roles and Responsibilities of Trainer cum Counselor:**

The Trainer cum Counselor will be:

- Conducting need assessment and resource mapping.
- Facilitating advocacy meeting and focus group discussions in the community.
- Developing and monitoring weekly work plan/ service plan for peer educators.
- Conducting weekly and monthly meetings to identify shortfalls, if any and to evolve corrective measures.



- Assisting in selection and recruitment of peer educators.
- Assisting in development of resource/IEC material.
- Organising training and capacity building programs.
- Consolidating peer led trainings and activities.
- Monitoring and supervising peer educators.
- Developing a database of peers/peer educators/substance using clients.
- Network with service providers DDRC, Hospital, PHCs, SHGs etc. and maintain a list of such resources.
- To collect information for the development of appropriate interventions to reduce vulnerability and adverse health consequences among substance users through baseline assessment.
- Encourage the community members for detoxification, Home based care, Rehabilitation, etc. and refer them to such service centers
- Provide information on prevention of substance use and do psycho social interventions.

#### **i. Peer Educator**

Proper recruitment of the PEs is very vital for effective implementation of this project. As far as possible PEs should be recruited from the same areas, as they will become local resources for the future sustainability of the project.

**iii (a) Qualification:** Should be literate with social skills like communication, empathy, conversant with regional language etc. He/ She should agree/given an undertaking to refrain from using, buying, or selling substance.

Implementing agency along with the project staff will recruit the peer educator keeping in view of Peer Educator displaying the following:

- He/ She would be in the age group – 10 to 18
- A general willingness to learn and an enthusiasm to work with their peers for the goal-substance use prevention.
- Good communication and active listening skills.
- An ability to look critically at their own involvement (this skill often develops as confidence and self-esteem build).
- An interest in developing their own personal and interpersonal skills.
- Understanding of how groups work, knows about ground rules and the need for confidentiality.
- Ability to be supervised and receive feedback and act on that to improve themselves

#### **iii (b) Roles and Responsibilities of Peer Educator:**

The Peer Educator will:

- Reach out to the vulnerable group (children age 10 to 18) in a particular region, establish rapport and train them to acquire certain life skills.
- Maintain a diary to record all the daily activities
- Participation in the capacity building training courses by the implementing agency.
- Provide information on prevention of substance use
- Provide understanding of health advocacy at the personal level as role models as well as at the community level as effective peer/ public health advocates
- Disseminating message and information about project services
- Distributing IEC materials in the communities
- Encourage and involve the peer volunteers in sports and games (indoor/outdoor) at least once in a week.
- Motivating substance users to access & utilize treatment/referral healthcare services.



# Phases of Implementation (PLIs)



## PHASES OF IMPLEMENTATION (PLI)

### 4.1 Phases of Peer Led Interventions (PLI)

The Targeted Intervention is designed in three phases:

- ✓ Phase One
- ✓ Phase Two
- ✓ Phase Three.

#### 4.1.2 Phase One

Phase one deal with creation of an enabling environment for the intervention and flows into phases two and three.

In this phase, the implementing agencies including project staff

- Maps the vulnerability of substance use resources to respond, and sets up the referral network for providing access to services.
- Mobilizes the local community to own the problem of substance use and related risks
- Conduct key informant interviews and focus group discussions with stakeholders of the local situation
- Establish a network of key stakeholders in the community to facilitate various activities
- Inform them about the objectives, activities and implementation arrangements for the intervention.
- Create/strengthens the existing referral system in the community
- To create a resource and vulnerability map of the locality in terms of substance use, high-risk behaviors, hotspots and assess the need for outreach

The activities should be carried out in such a way that by the end of the project it should facilitate the ownership of the intervention at the local level.

#### 4.1.2. Phase Two

Combination of outreach activities including life skill training by peer educators and trainer cum counselor is aimed in this phase.

##### Objectives of Phase Two

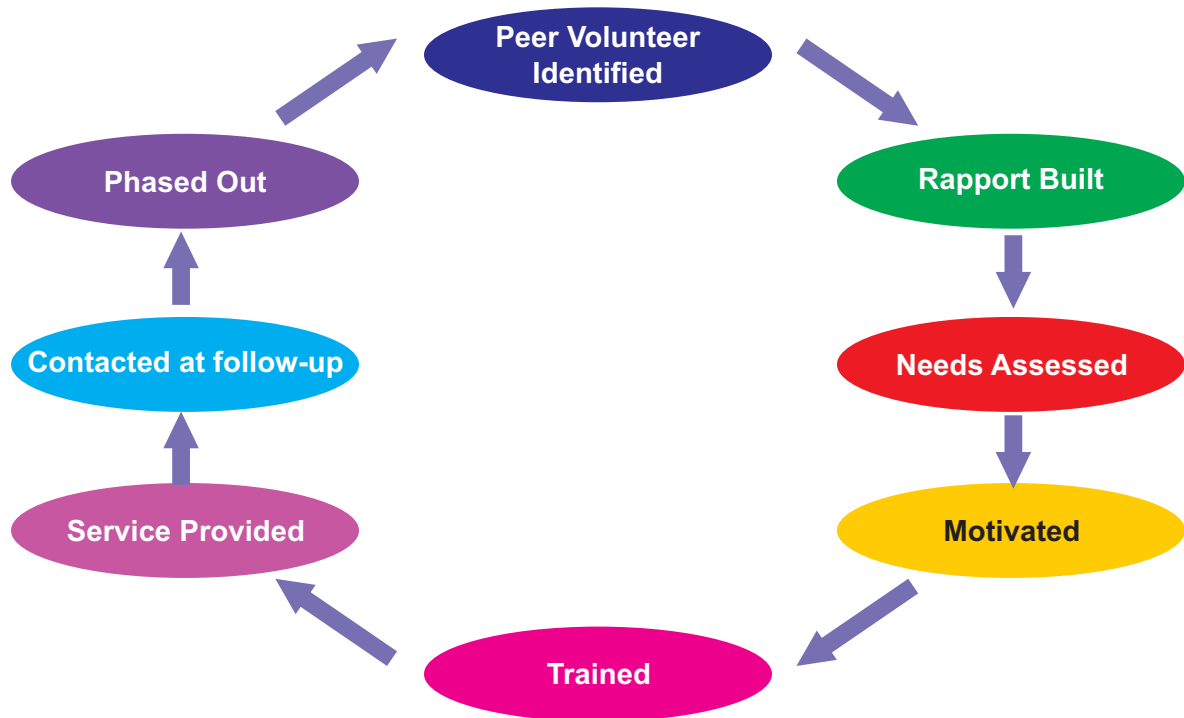
- To train the vulnerable children in life skill enhancement through participatory learning and action tools.
- To provide psychosocial intervention for individuals in need.

##### Activities

- ✓ Identify and contact groups of vulnerable children.
- ✓ Motivate them for recruitment into the intervention.
- ✓ Document the baseline assessment of individuals approaching for intervention.
- ✓ Enroll children into the project as peer volunteers.
- ✓ Train the peer volunteers.
- ✓ Motivating substance users to access & utilize treatment/referral healthcare services.
- ✓ Providing psycho social interventions for the needy.
- ✓ Organise a community meeting to recognise successful completion of phase two of the program and also to recognise successful participants through intervention.



## Service cycle for a peer volunteer



### Monitoring and outcome indicators

- Record of training sessions & attendance in log book.
- Documentation of incentives receipt by the peer educators.
- No of individuals benefited through the psycho social interventions.

#### 4.1.2. Phase Three

In the Phase three a random assessment of those members of the peer group who are trained by the Peer Educators would be done.

The Objectives of Phase Three are to:

- Assess the effect of educative session/training
- Determine the feasibility of using peer volunteers in imparting change of behavior
- Establish mechanisms for sustenance of project activities beyond project life;
- Facilitate substance users' access to and retention into treatment.

### Activities

- Continue field visits by the peer educator to maintain contact with the peer volunteers
- Provide assistance to substance users for referral to treatment whenever required.

At the end of three months from the date of last training/ educative session, the trainer will reassess those children who have functioned as peer volunteers.

During this period of three months the peer educator maintain contact with the peer volunteers and provide refresher training/session, and need based clarification on issues through life skill module. Whenever required, identified individual dependent on any substance in the community would be provided referral services and assistance for treatment..

### 4.2 Monitoring and outcome indicators

- Record of field visits of the peer educators including daily observation of interaction between a peer educator and peer volunteer



- Number of new peers enrolled by peer educators (batch wise)
- Number of new substance users identified and referred for seeking intervention.

### 4.3 Essential components of the project

#### 4.3.1 Signboard:

A signboard is to be displayed in front of every implementing agency clearly mentioning the Name of the project, collaborating/ funding agency. The size of the signboard should be at least of 4ft x 3ft.

#### 4.3.2 Situation Assessment

The situation assessment involves:

##### Mapping of the project site

Every implementing agency must be well conversed with the project site ie the area where the PLI project is to be implemented. A mapping of the site should be done at the beginning of the project.

Mapping will include:

- Identify the key places where vulnerable children/ early adolescents is present in a group to implement the project.
- Existing service facilities and resources availability in the community i.e. NGO, Hospital, PHC, CCC etc. should be identified and located.
- Locating other stakeholders like club, religious institute, school, police station etc.

Also, this map should be displayed in the implementing agency office, where the PEs are attached

##### Peer Educator & Peer Volunteer

After identifying a project implementation site, the Peer educator with the help of trainer cum counselor should enroll peer volunteers who can be part of the project. Peer educators will enroll the assigned number of peers under them and continues to do educative and follow up session with them till the phase out.

Soon after the phase out of first batch of peer led intervention, the next groups of peers are identified and intervention continues further

Apart from the usual life skill educative sessions, the peer educators with the help of trainer cum counselor can also identify individuals needing help to come out of substance use disorders and could extend help to clients by providing referral to other services. PE should ensure that a minimum of 5 substance users are motivated to access & utilize treatment/referral healthcare services. The sessions done with the peers would be recorded by peer educators in their log book under the supervision.

Assessments would be carried out during end of every three months/ phase out of each batch of peer volunteers.

### 4.3.3 NETWORKING AND REFFERAL

#### Need of networking & referral:

All the implementing agency should network and refer clients to avail various services:

- De addiction centres
- Govt Depts/ NGOs/CBOs working among children/ adolescents/ legal aid etc.
- Community care centers
- Counseling Centres
- Vocational Training Centres.
- Skill development Centres.



### **Document to be maintained**

A Network Directory where the name/ Address/ phone no./ contact person/ services available at the local clubs/ religious institutions/ NGOs/ PHC/ CCC/ Govt Depts etc. should be maintained.

#### **4.3.4 Availing IEC Material**

Information education and communication (IEC) comprises of approaches and activities to generate awareness to promote appropriate behavioral change through different channels of media. And the IEC materials should be available English and in local languages considering **Cultural acceptability, Literacy level and Gender sensitivity**. It should be displayed in the project and site office.

IEC material should avoid **Fear raising, Denial, Blaming and Moralities message**

IEC material needs to contain:

- ✓ Information through which children and adolescents stay away from illicit substances.
- ✓ Materials on Life Skills for Children
- ✓ Information on Substance disorders, its consequences and treatment modes.
- ✓ BCC skills to enhance motivation to withdraw from substance use.
- ✓ Services available in the project site etc.

It could be distributed during one to one interaction, groups sessions, community events, community meetings, training, special events like International day against substance use and illicit trafficking etc. The IEC material produced need to be cost effective and relevant to the issues and concerns of the target population. Same need to be update from time to time.

#### **4.3.5 Document to be maintained (Agency Administration)**

Document to be maintained: MOU, Sanction order, Stock register, Ledger book, Cashbook, Vouchers, Petty cash book, Staff attendance and acquaintance register. This should not be mixed with ant other project account i.e maintain separate account for the PLI project.





# Scaling of Activities, Expected Outcome & Monitoring Indicators



# SCALING OF ACTIVITIES, EXPECTED OUTCOME & MONITORING INDICATORS

## 5.1. FLOWCHART/ ACTIVITY OF THE TARGETTED INTERVENTION PROJECT CPLI



\*Reporting-in frequent intervals to PMU

\* Monitoring & Evaluation of project (PMU & TSU)



## 5.2 TIME FRAME (activity- wise)

Sr No	ACTIVITY	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
1.	Recruitment of staffs	✓											
2.	Training of Project Staffs	✓											
3.	Identification of designated nodal officer	✓											
4.	Capacity building of Peer Educator	✓											
5.	Community profiling and identification of hotspots	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Identify and contact Peer Volunteer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Development and distribution of IEC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Pre Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Training of Peer Volunteer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10.	Networking/ Referrals/ Linkages	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11.	Post Assessment			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12.	Reporting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

### 5.3

#### Expected Outcomes

- There would be 20 trained adolescents as peer educator in the community every year. Each Peer Educator will take 240 sessions covering 800 beneficiaries. *(The PE should conduct Life skill training for PVs attached to them on daily basis (Min 2 hrs) excluding Sundays. Each trained Peer Educator will work with atleast 10 peers in each quarter (three months) targeting to a total of 40 beneficiaries at the end of project year)*
- Also, psychosocial and other service to be reached to 400 adolescents/ youth who have initiated using substances. *(PE should ensure that a minimum of 5 substance users are motivated to access & utilize treatment/referral healthcare services.)*
- Impact on vulnerable adolescent who may or may not be substance users in the vicinity of the proposed centre.



- All adolescents vulnerable to substance use will be equipped informed and educated on harmful effects of substance use, and informed of appropriate services to respond to their needs
- Able to provide psycho social interventions/ support to identified children/ adolescent substance users

## 5.4 MONITORING MECHANISM

With the direction of Ministry of MoSJ&E Govt of India, the State Govt will designate a nodal officer at the district level to monitor and support the program. The implementing agency on a periodic basis should update the progress of the activities and challenges encountered during implementation the nodal officer for support whenever necessary to. The TSU and PMU will be making necessary visits to assess and evaluate the program of the project activities in tune with the operational manual. Technical support will be provided to the project staffs of implementing agency. The project staff will monitor activities on monthly, quarterly, half yearly and yearly basis spread on geographical and program coverage. Initial monitoring of the project will be indicated subject to the availability of proper mapping and vulnerability of resources and profile of the communities. Estimate of number of persons reached and services made available should be recorded and closely monitored.

The monitoring tool broadly include

1. Visits
2. Supervision and
3. Reporting as per the prescribed formats.

## 5.5 RECORD TO BE MAINTAINED

### By Agency:

Map of project  
 Signboard of the implementing project  
 Service Delivery Register  
 Log Book for PEs  
 PV details  
 Activity calendar  
 Social map  
 Spot Analysis details  
 Contact map  
 Work Plan  
 Clients individual file  
 Client follow-up format  
 Group Session format  
 Case Referral slip  
 Network Directory  
 IEC distribution register  
 Recording Focus group discussion  
 Register for attendance of members and minutes of the meeting  
 Documents related to financial affairs  
 Peer Educator's Activity calendar  
 Field diary of Trainer Cum Supervisor



# Training Strategy



## TRAINING STRATEGY

### 6.1. Training Strategy

An online course for the Project staffs/ Agency functionaries would be developed and further all the staffs would be asked to undergo training through that.

Also, few trainers who attended the initial Trainer of Trainer course conducted by NISD would be encouraged to provide training to the implementing agencies if required with the support of SLCAs.

NISD will be providing the training material including PPTs, Presentation slides, and other training tools to the concerned.



## References

1. Magnitude of substance use in India, 2019, MSJE, Govt of India & NDDTC, New Delhi, Feb 2019.
2. Counselling In Targeted Intervention For Injecting Drug Users – A Facilitator's Manual By UNODC
3. Targeted Interventions Under NACP III, operational Guideline, Volume I CORE HIGH RISK GROUPS
4. Community Based Targeted Interventions For Drug Abuse Prevention, Screening, Assessment & Counselling Operational Guidelines (Ministry Of Social Justice And Empowerment) Government Of India
5. Reducing risk taking behaviour among young drug users in South Asia- Field manual only 1 &3- UNODC
6. A Guide Book, Reducing the risk of HIV among drug users. A peer led Intervention project, SPYM



**Annexure 1**

**Log Book for Pes**

**Front page**

**LOG BOOK  
Community Peer Led Intervention (Targeted Intervention)**

**A  
Project  
Supported By  
National Institute of Social Defence, MoSJ&E, Govt of India**

Name of the Peer educator:

Agency:

Name of the Trainer Cum Counsellor:

Year: \_\_\_\_\_ to \_\_\_\_\_

**Inner pages shall contain following details**

SI No	Date	No of Pvs during the session	Session covered	Session Outcome	Remarks	Signature of PE	Signature of Trainer Cum Counsellor





(Peer Led Intervention Project- Funded by NISD, Ministry of Social Justice and Empowerment)

Activities	For the Month						
Recruitment of staffs							
TOT attended							
Capacity Building of Peer Educators							
Developed reporting formats							
Log Book of PEs Printed & Distributed							
Life Skills Training of Pvs							
<b>Initial Assessment format</b>							
Follow-up							
Group session							
Counselling							
Screening of clients							
Networking &referral							
Developing IEC							
Developing resource directory							
Monitoring and Evaluation (FGD)							
Review Meeting							
Reporting							

(Peer Led Intervention Project- Funded by NISD, Ministry of Social Justice and Empowerment)

Name of the Agency:

Referred by PE? If so Name of PE:

Name of the interviewer:

**Profile of the Client**

Ref ID :

Contact no :

Gender :

Education Status:

Age :

Family type :

SES :

Residence :

Employment Status :

Marital Status :

Able to build relationship with the client: Yes/No

Could initiate talk with the client:Yes/No.

Is the client aware about Substance Use Disorders :Yes/No.

Aversive Childhood Experience or any other factor identified in the client if any :

Details about First and last intake of substance :

Types of substances used regularly by the client in past 3 months:

Is the client motivated enough to quit the substance use:

Assessed needs :

Services provided:

Future plan if any:

Remarks:



## ANNEXURE IV

### FOLLOW UP FORMAT

(Peer Led Intervention Project- Funded by NISD, Ministry of Social Justice and Empowerment)

**Name of the Agency:**

**Name of Trainer Cum Counselor:**

Whether continuing interest in further interaction? YES/NO

Stage of Change identified:

List of substances abused by the client after the previous contact with agency:

Reason for Lapse/Relapse if any:

Services given/ Needs identified/ Discussion held/ Future planning of action

Remarks



**Case Referral Slip**

**(Peer Led Intervention Project- Funded by NISD, Ministry of Social Justice and Empowerment)**

Date:

Agency Name:

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Referred to: \_\_\_\_\_

Name & Address of the referred Institution:

Reason for Referral:

Referred By:





# Annexure VII

# IEC Distribution

Agency Name:

Name of the IEC:

Date of Distribution	Place of Distribution	To Whom	Received/ Opening balance	Distributed No.	Distributed No. Balance

## Ministry of Social Justice and Empowerment, Govt of India

## Reporting form for Community Based Peer Led Intervention (Quarterly)

Name and address of the Agency:

District &amp; State:

Induction Training of PE: Yes/No

Sign Board with Name of the project, Funders Name: Yes/No

Geographical Area demarcation of Project Site: Define, Drawn and Displayed in the Project Site

Resource and vulnerability Mapping: Yes/No If Yes, Complete /incomplete

Referral/ Network Directory: Yes/ No if not given reason yes, it is update/not updated

Sl No	Name of the PE	Location of Project	No. of PVs Enrolled	No of sessions carried out
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



\*Names of the PVs may be listed in enclosure

No of Clients visited for various intervention including referral services in last 3 months:  
(Details to be attached)

No of Referrals done in last three months:

Developing and reproduction of IEC in local language: Yes/No  
IEC distribution done in last three months: Yes/ No (enclose details)

