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

An Operational Manual for Out Reach Drop In Centre (ODIC)

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**
BCC	**Behavioural Change Communication**
CBO	**Community Based Organization**
CBT	**Cognitive Behavioural Therapy**
CCC	**Child Care Centre**
DIC	**Drop In Centre**
IEC	**Information Education Communication**
IRCA	**Integrated Rehabilitation Centre for Addicts**
NDDTC	**National Drug Dependence Treatment Centre**
NGO	**Non Government Organization**
NISD	**National Institute of Social Defence**
ORW	**Out Reach Worker**
PHC	**Primary Health Centre**
PLI	**Peer Led Intervention**
PMU	**Program management unit**
SLCA	**State Level Coordinating Agencies**
SU	**Substance User**
TI	**Targeted Intervention**
TSU	**Technical Support Unit**

BACKGROUND, OBJECTIVES & STRUCTURES

1.1. Background

Substance use disorders have become matters of global concern because of its impact on individual health, familial and social consequences, criminal and legal problems, and the effect on the national productivity and economy. The range of problems from occasional use of substance through regular use to dependent use is wide and persons may slide across the spectrum of use as well as from softer substances to more harmful substance.

The National Survey on Extent and Pattern of Substance Use, conducted by National Substance 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.

Addressing the issue of substance use is of paramount importance and adolescents & children are to be given much focus in this regard. Evidence based intervention should be made available at their reach. Also, it becomes the states responsibility to provide cost effective health facility and also to create a non stigmatised platform to the individuals who need help.

Outreach and Drop-In Centre (ODIC) is a community-based facility for substance users. The ODIC caters to individuals, particularly youth to who use various substances and those who have the least access to resources. ODIC is client-focused with an ultimate goal to prevent youth in the community to initiate substance use, also to help the current users to become sober by taking treatment. An ODIC is a doorway for substance users to a **non-threatening and caring environment**. It is a hub for all services, which substance users can access as per his or her need and convenience. The ODIC must be within close proximity of substance users and located in the hotspot area of the substance users. In addition to addressing health needs of the substance users, ODIC will support their right to treatment and care services that are **respectful and non-discriminatory**. Other activities necessary for substance users will also be conducted in the ODIC (like recreational activity, group therapy, individual counselling, family counselling etc.) The ODIC will also provide psychosocial support, a space for rest and recreation, as well as access to other substance users and **OUTREACH WORKERS** for support and care through mutual sharing of experiences.

ODIC provides a safe, supportive and normalizing environment for individuals labelled as "Substance Users" in the community, especially among the youth who are isolated in society, and to whom even sheltered employment settings are not meeting their needs. It would provide an atmosphere of acceptance where individuals have a sense of belonging and grow in self-worth, dignity and self-respect. It would emphasise on helping individuals feel autonomous and having the capacity to make decisions. An important outcome is these individuals develop a sense of usefulness, increase their feelings of well-being, and minimize their risk of serious health problems that may have led to hospitalization.

Target Group: Vulnerable young population prone to substance use and using substances in select geographical areas

1.1. Objectives

a) To reduce substance use in the community.
b) To protect and promote human and youth rights.
c) To ensure that services are accessible, community based and differentiated along a continuum of care including psychosocial support for substance users, their primary caregivers and families.
d) To conduct outreach activities among vulnerable young population in the community for prevention of substance use.
e) To provide a safe and secure drop-in space for substance users in the community, which would have provisions of screening, assessment and counselling.
f) To render psycho social interventions particularly based on behavioural approaches including Adolescent Community Reinforcement Approach, Cognitive Behavioural Therapy, Contingency Management, Motivational Enhancement Therapy, Twelve- step facilitation therapy and Group therapy.
g) To provide referral and linkage to treatment, care and rehabilitation services for substance dependents.

1.3. Program Structure

2. The centre will be led by trained staff, which will be part of a multidisciplinary team that is adequately trained in the delivery of evidence-based interventions.
3. Comprehensive outreach, screening and counselling system comprising of evidence-based and integrated psychosocial interventions will be provided.
4. Basic services including outreach, drop-in and counselling support to the clients.
5. Basic health services and medical check-up and follow up support by a part time Physician.
6. Render psychosocial interventions and linkage for treatment, rehabilitation and vocational training.

Activities of ODIC

ACTIVITIES OF ODIC

2. Program Activities

a. Outreach activities in the community among young vulnerable population:

Outreach workers try to find people who need help or support rather than waiting for those people to come and ask for help. It is an activity of providing services to any populations who might not otherwise have access to the services. The agency should aim in setting up a static service point known as ODIC in the most common populated substance use sites situated among substance users in the community where substance users can freely access the centre.

b. Behaviour Change Communication (BCC) one to one and group sessions in the community by outreach workers:

The Outreach Worker would help and assist the ODIC in-charge on a day to day basis and ensure that all activities of the ODIC are conducted as per the schedule and plan. The outreach worker would go to the community and interact with the substance users individually or as a group to help the substance users to identify their own problems and needs, understand what solutions can be used to address their problems with their own resources combined with outside support. Most importantly an outreach worker would motivate and encourage the substance users to visit ODIC.

c. Screening and assessment of clients on substance use disorder at ODIC:

Assessment and diagnosis of the substance users would be carried out by the doctor, nurse or counsellor of the ODIC. Assessment would be conducted on basic medical history, information on the type of substance, mode and patterns of use, abstinence attempts in the past, help or treatment sought earlier and history of exposure to contaminated blood and other risk behaviours

d. Drop-in-Centre facility for people vulnerable on substance use:

Among substance users who are also injecting substances, there is a high incidence of abscesses, wounds, cellulites, vein collapse, that result in physical discomfort or pain often affecting normal duties and chores. Substance overdoses can arise and these can be fatal. Such centres will cater to the needs of substance users and serve as a critical point to initiate risk reduction. The ODIC would provide facility like recreation room, counselling room and medical room. It will also provide outpatient treatment services for substance use related issues such as abscess and wound management, substance overdose management, psychiatric treatment support, as well as issues of HIV/AIDS and hepatitis B and C. Harm reduction services and messages will be provided to substance users who do not have the capacity to cease their substance use with immediate effect in their life. The aim is to keep substance users alive, healthy and productive until treatment works or they grow out of their substance use.

e. Individual, group and family counselling:

The ODIC would provide counselling service to the substance users individually and as a group. The counselling session would be taken up by a trained counsellor on a daily basis where he/she would help and assist the substance users to retrospect what was the reason and cause behind the intake of substances by the substance users and give awareness on the negative impact the substances can cause to the substance users. The substance users would be involved in group discussion where various issues pertaining to substances and other related issues and information will be discussed. The counsellor would also give counselling to the family of the substance user because family play a vital role in avoiding their children in taking substances.

a. Specific Psychosocial interventions based on behavioural approaches:

Behavioural interventions help adolescents to actively participate in their recovery from substance abuse and addiction and enhance their ability to resist substance use. In such approaches, therapists may provide incentives to remain abstinent, modify attitudes and behaviours related to substance abuse, assist families in improving their communication and overall interactions, and increase life skills to handle stressful circumstances and deal with environmental cues that may trigger intense craving for substances. Few such interventions include Adolescent Community Reinforcement Approach, Cognitive Behavioural Therapy, Contingency Management, Motivational Enhancement Therapy, Twelve- step facilitation therapy and Group therapy.

b. Provision of consultation with doctor for referral and linkage with treatment facility:

Upon visit to the ODIC by the substance users, the substance users would be introduced to the various services offered in the ODIC. Then, the staff of the ODIC would make an assessment of the client regarding the basic medical history, information on the type of substances, mode and pattern of use, abstinence in the past, history of exposure to contaminated blood and other risk behaviours. Based on the assessment, the substance users would be referred to various services like HIV related issues, TB centre, shelter home, absence prevention, detoxification-cum-rehabilitation centre etc.

c. Safe and secure space for substance dependent youth accessible, in the community:

The ODIC would have a recreation room which would be the main entry room and the biggest of all the other rooms in the centre, a separate counselling room, and a medical room.

d. Complimentary therapies including art, music, dance and yoga for early recovery/Life Skills Program:

The organization would involve the client practically using Life Skills as a tool to help the substance users to recover faster. The organization believes that involving and doing physical activity would have an impact on the substance users rather than making them sit and listen. The organization would focus on the impact it can give to the substance users on holistic development be it in literacy, coping skill, behavioural change, adaptive behaviour etc.

e. Vocational training of the Substance Users:

Substance users during the course of the treatment will have the option of linking with vocational training, so that post treatment they could seek a job to sustain themselves.

f. Follow up care including family counselling:

With the objective to make the best possible intervention among the substance users, the substance user would be assessed post their recovery from the centre. Follow up on a weekly/monthly basis would be adopted by the organization. The staff of the organization would keep regular in touch with the substance user parents and family counselling would be given/provided even at the centre and also at home during the house visit by the team of the organization. The organization aims to update and keep on track about the status of those substance users who are released from the centre.

Establishment of Drop-in Centres' Location, infrastructure & equipment

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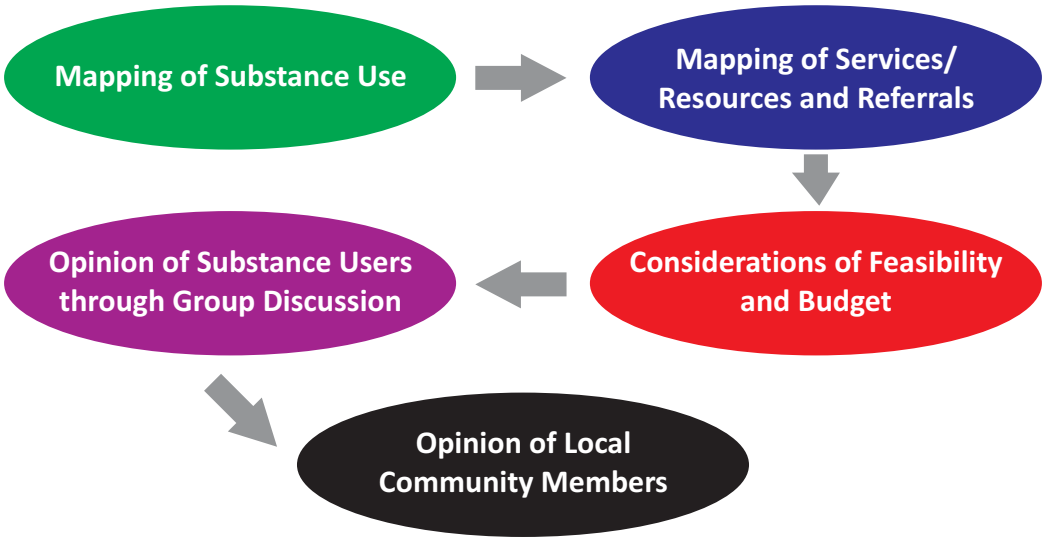
ESTABLISHMENT OF DROP-IN CENTERS- LOCATION, INFRASTRUCTURE, EQUIPMENT

3. Establishing the Drop-in Centre

The DIC must be located within easy access to congregation points of substance users. A number of considerations influence setting up a DIC, such as determining the location, infrastructure, and staffing required for the DIC

3.1. Location

Before choosing a site, it is helpful to keep three "A's" in mind. These are: Availability (of services), Accessibility (in terms of distance and timings) and Affordability (cost of travel to reach the DIC). **Mapping of Substance Use Hotspots Mapping of Services/ Resources and Referrals**The following flow chart will explain the step by step to be followed while selecting a location:



- Extensive mapping of the intervention area must be carried out to identify the substance use community, gain information on the availability of services in the area for networking, collaboration and referrals to local health care service providers, NGOs and social welfare and other local resources.

- The 'social mapping' exercise, which is conducted as part of outreach activity, helps in identifying the ideal location where a DIC can be set-up. Such a location should be accessible to many, if not majority, of the substance users.

- In addition, the substance users should be able to have easy accessibility to the referral services. About two to three such locations can be short-listed on the basis of the mapping exercise.
- Following this, a suitable place should be determined looking at the budgets that are provided to determine the financial viability of hiring a place. Additionally, group discussions with the clients should be held to understand their preferences and the location most preferred by substance users should be chosen.

- Finally, the opinion of the local community should be taken into consideration. Initially, many of the local community members residing nearby may oppose having a center for substance users in their vicinity. Appropriate sensitization programs should be conducted to take them into confidence.

3.2. Infrastructure

The DIC must have sufficient space to conduct various activities and provide harm reduction services – at least three to four rooms must be available. One large room should be designated for rest and recreation as well as for group meetings, while the other smaller rooms can be used for counselling, doctor's room and for providing primary medical care. The center should be properly ventilated, well-lit and must have provision of drinking water and a clean toilet.

- **Recreation Room**
  - This should be the entry room with the largest space. The recreation room should be made attractive to the clients by providing recreational materials. In addition, educational materials in the form of posters should also be displayed in the room.
  - The purpose of this room would be:
    - For users to spend time
    - For users to rest
    - For conducting group activities and discussions
    - For entertainment (board games, TV, movies, video games etc.)
- **Counselling Room**
  - This room would be used to conduct counselling services for users and their families/spouses/ sex partners. The room must have enough audio- visual privacy to maintain confidentially.
  - It would also be used to provide referrals
  - Table and two chairs for counsellor and clients
  - Relevant IEC materials
- **Medical Room**
  - This room would be used to conduct medical examinations, diagnosis and provide treatment. Adequate hygiene and sterilization should be ensured in the medical room.
  - Purpose:
    - Conduct general history raking and medical examinations
    - Provide treatment for general medical conditions

Apart from these rooms, space should be available for maintaining records, storage of consumables and medicines. Toilet facilities should be provided and, if possible, kitchen facilities.

3.3. Basic Equipment and Commodities

The DIC must have the following minimum basic equipment, furniture and commodities to operate an optimally functioning primary health services:

- Bleaching powder.
- Chairs/carpets for the users.
- Disposable gloves.
- IEC material
- Basic Medical equipment such as stethoscope, BP apparatus, thermometer, torch, tongue depressor, weighing scales, kidney trays, disposable gloves and masks, hydrogen peroxide solution, antiseptic solution, solvent ether spirit, povidone iodine solution, etc.
- Needle destroyer/burner/crusher.
- Notice board for display.
- Patient examination table.
- Recreational materials as per the local need such as carom, television, newspapers, magazines, etc.
- Sterilizer.
- Stool/chair for the clients.
- Storage space for substances.
- Tables and chairs for the staff
- Waste disposal containers

Recruitment Policy & staff roles and responsibilities

RECRUITMENT POLICY & STAFF ROLES AND RESPONSIBILITIES

4.1. Recruitment Policy

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

i. **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

Roles and Responsibilities of Centre in charge cum counsellor:

The Centre in charge cum counsellor will be:

- Supervising the centre activities particularly the outreach planning on regular basis
- Setting 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
- Building the capacity of outreach team through trainings/exposure visits
- Ensuring that the documentation of clients enrolled, screened, assessed and referred to other healthcare centres is maintained properly
- Key in providing psycho social interventions for the clients visiting the centre.
- Preparing Half yearly Progress Report for submission to NISD/Ministry

ii. **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

Roles and Responsibilities of Outreach Worker (ORW):

The Outreach Worker (ORW) will be:

- Developing outreach plan in consultation with centre in charge and feedback from the field
- Visiting community and hotspots on regular basis
- Distributing of IEC material in the community
- Motivating the substance users to avail screening, treatment & referral services of the centre
- Maintaining documentation/records of the vulnerable adolescents/ youth and substance users visited and motivated to seek services of the centre.

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

Roles and Responsibilities of Doctor:

The Doctor will be: • Assessing common physical and mental health problems

- Treatment (general, abscess management if needed etc.) and healthy lifestyle
- Advising for investigation and referral
- Counselling/motivating the client for follow up
- Educating the staff on medical issues

Staff Skills Needed for Drop-in Center

- Understanding of social mapping, the capacity to conduct group discussions with the target groups and conduct brief assessments of substance users.
- Ability to provide client support and assistance where appropriate.
- Communicating effectively in one to one and in group.
- Ability to render appropriate psychosocial and medical intervention to the client.
- Ability to understand the community and community dynamics.
- Ability to promote demand reduction within the community.
- Ability to conduct health promotion activities with clients and the community.
- Ability to carry out administrative tasks such as stock management, collecting data, following organizational policies and procedures.
- Ability to liaise with hospitals and emergency services to deal with any untoward medical incidents

4.1. Tips for effective functioning of DIC

A number of issues affect attendance at the DIC. These include staff related issues, activities conducted at the DIC, proximity of the DIC to the clients and finally, services available at the DIC.

- The staff at the DIC has to maintain a friendly relationship with clients and should never be disrespectful or judgmental.
- The DIC should be properly run with consistent opening and closing times, basic rules of conduct, follow up of rules and consistent availability of services.
- The availability of entertainment and recreational services, such as TV, movies, video games, carom, chess, musical instruments, etc., in addition to the harm reduction services, add to the attraction of the DIC.
- The DIC should have provisions for tea, coffee, snacks, etc., if funds are available. Such refreshments further attract attendance at the DIC.
- Other facilities like spaces for rest and relaxation, bathrooms etc at the center encourage more clients from the street to make regular visits and access the services provided at the DIC.
- The availability of additional professional services such as family counselling, medical treatment and care facilities for both clients and their families improves DIC attendance.
- Involving clients in day-to-day functioning of the DIC, including setting up and following the rules and regulations of the DIC, also positively impacts attendance.
- Prompt redressal of grievances helps in instilling faith of the clients in the DIC.

Community Participation & Essential Components of ODIC

COMMUNITY PARTICIPATION & ESSENTIAL COMPONENTS OF ODIC

4. **Key Elements of ODIC:**

- ✓ **Enabling Environment:** The DIC staff must advocate with the authorities and other stakeholders to secure an enabling environment. These local efforts are supported by advocacy efforts at the state and national levels. The DIC staff must plan regular sensitization meetings with law enforcement agencies and local communities on substance use, harm reduction and stigma and discrimination.
- ✓ **Development & Implementation** of the BCC Strategy and IEC Materials for Substance Users (SUs). BCC and IEC materials need to be available in local languages for the target audience, stakeholders and local community.
- ✓ **Group Education** for SUs social networks can have a positive effect on their capacity to maintain safer behaviours, opportunities to learn from and be motivated by each other. Using the group education technique offers several benefits including:
  - Sharing of information within the group, thus respecting the knowledge, experience and skills of SUs.
  - Acknowledging that SUs are a diverse group requires in a way that enables users to pass it on.
  - Reduce their own risk through a process of empowerment and negotiation skills.
- ✓ **Counselling**- The centre would provide various psychosocial interventions like Motivational Interviewing and Enhancement and Relapse prevention (CBT model|) and other evidence based practices. Counselling in individual, group and family level is the core activity to address the prevention and treatment of substance use.
- ✓ **Referral Networks** to ensure that SUs have access to the existing medical social support and legal services and forging linkages of services for convergence of services and addressing the multiple needs of SUs. The Networking of all available services including medical, welfare and legal that are relevant for SUs.

  All the implementing agency should network and refer clients to other service centers because any single organization may not be in a position to address all the needs of the clients. The clients may be referred to the following centre's to avail various services:
  - Integrated Rehabilitative centre for addicts (IRCAs)
  - Substance de-addiction center
  - NGOs/CBOs working in the area.
  - Community care centers
  - Counselling Centres
  - Government PHC/PHSC/ Hospitals
  - Private Doctors/nurses
  - Self-help groups operating in the area.
  - Vocational Training Centres.
  - Skill development centres.
  - Institutions providing tertiary support
- ✓ **Organising advocacy programmes** for awareness, acceptance and utility of services by the stakeholders as well the users.
- ✓ **Community Involvement: C**ommunity involvement in designing services for SUs and consulting local community leaders and other health services in the area. It also calls for involving and educating police officers in the planning and development of risk reduction services
- ✓ **Reducing Stigma and Discrimination: I**n order to reduce the stigma that is associated with substance use and associated substance users, awareness programmes become necessary for the general population and the potential benefits of risk reduction programmes targeting SUs.
- ✓ **Documentation and Reporting:** PMU and TSU of NISD will be monitoring and assess the project in periodic basis. In order to monitor and evaluate the process and progress of the drop in centre various formats have been developed.

Scaling of activities, indicators & outcome of ODIC

SCALING OF ACTIVITIES, INDICATORS & OUTCOME OF ODIC

4.FLOWCHART/ ACTIVITY OF THE TARGETTED INTERVENTION PROJECT- ODIC

Selection of implementing agencies

↓

Issuance of sanction order

↓

Release of fund

↓

Nodal officer at district to be contacted and update the progress of project

↓

Recruitment of staff as per in given criteria of operational guidelines

↓

Training of Project staffs

↓

TOT for doctors by NDDTC

↓

Meeting the stakeholders (by agency)

↓

Site assessment/Vulnerability resource mapping

↓

Establishment of Out Reach Centre (implementing agency)

↓

Outreach Planning by agency

↓

Implementing activity components

***Reporting-in frequent intervals to PMU *Monitoring and Evaluation (By 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.	Organizing TOT course for RRTC & Project Staffs	✓											
3.	Contacting Designated nodal officer	✓											
4.	Meeting the stakeholders	✓											
5.	Site Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Establishment of Drop in centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Outreach planning by Agency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Screening & Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Brief Intervention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10.	Treatment Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11.	Counselling-Individual, Group & Family			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12.	Complementary therapy services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13.	Community Visits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14.	Development & Distribution of IEC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15.	Referral networks	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16.,	Organising advocacy program	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17.	Documentation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18.	Reporting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

6.2 Expected Outcomes

i. The project will reach out to the vulnerable young population in the vicinity of the proposed centre.

ii. The centre will provide services to substance users and their families (who will be given access to referral/treatment services if required) at any given point of time.

iii. Recovering support group may be established.

iv. Substance users and their families will be equipped with proper information & education on harmful effects of substance use and its impact.

v. The substance users will conquer their social or communication problems and assume productive life-styles in the community.

vi. At any point of time there should be atleast 30 individuals who receive services from the centre and Outreach Worker to ensure that atleast 15 new cases are referred to the centre every month.

vii. Annually, a total of 4200 individuals should benefit from the project: 1200 clients from Drop-In-Centre and 3000 clients through one to one and group interactions.

Monitoring Mechanism

7. 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.

Training Strategy

8. Training Strategy

An online course for the Project staffs/ Agency functionaries would be developed and further all the staffs would be asked to under go 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.

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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 I **CLIENT ENROLMENT/ SERVICE DELIVERY REGISTER**

(Outreach Drop in Centre - 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							
Base Line assessment							
Initial Assessment format							
Follow-up							
Group session							
Counselling							
Screening of clients							
Networking &referral							
Developing IEC							
Network directory							
Monitoring and Evaluation (FGD)							
Review Meeting							
Reporting							

ANNEXURE II INITIAL ASSESSMENT FORMAT (CLIENTS)

(Outreach Drop in Centre - Funded by NISD, Ministry of Social Justice and Empowerment)
Name of the Agency: **Date:**

Name of the Outreach Worker:

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 :

Has the client aware of ODIC? If Yes, source of information:

Details about First and last intake of drug :

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 III FOLLOW UP FORMAT

(Outreach Drop in Centre - Funded by NISD, Ministry of Social Justice and Empowerment)

Name of the Agency:

Name of the Outreach worker:

Whether continuing interest in further interaction with the agency/ staff? YESNO

Whether taking part in group discussion? YES/NO

Stage of Change identified:

List of drugs 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

ANNEXURE IV **CASE REFERRAL SLIP**

(Outreach Drop in Centre - 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 V BASELINE ASSESSMENT (KABP FORM)

(Outreach Drop in Centre - Funded by NISD, Ministry of Social Justice and Empowerment)

Date of interview Interview by

Socio demographic Profile:

Age:

Sex:

Marital status

Occupation

Education:

Income per month

SES:

Domicile:

Family Type:

No of hospitalization in last 6 months:

Any history of accident after intoxication:

Absenteeism due to substance use if any:

H/O Disciplinary action in the past- School/Work Place:

Arrest/ Involvement in criminal activities/ any other legal history:

Caught for drug peddling in the past:

Maximum abstinent period in the past-

No of relapse in the past:

Substance Use History

Substance type	Age of First Intake	Last Intake	Average daily usage	Past history of intake Yes No
Alcohol				
Cannabis				
Opium				
Heroin				
Other Opiates				
Others (Specify)				
Combination (Specify)				

For Injectable Drug Users

Injected drug use and associated behavior
Have you ever injected drugs?
Age when you first injected
How often do you inject in a day?
Have you ever shared any injecting equipment while injecting drugs?
Which part of the body did you inject?
What drug do you inject?
Do you clean the needle before using? If Yes, How

Drug use and other associated behaviors

Do you drive after intoxicated?YES/NO
Have you ever contacted commercial sex workers after intoxication?YES/NO
Did you had unprotected sex after under the influence of drugs?YES/NO
Do you think that you are addicted to drugs? YES/NO
What is the reason for your problematic substance use?
(Internal/ External Factors)

Have you ever thought of quitting the habit of consuming substances? YES/NO
For what reason would you like to quit substance use?
Do you think that problematic substance use is a disorder? YES?NO
If YES, Medical_____ Psychiatric_____
Do you think that substance use disorders is treatable? YES/NO
If treatable, what are the different ways of treatment you know about?

Do you wish to take treatment to make you abstinent form substance use? YES/NO

Annexure VI

GROUP SESSION FORMAT

(Outreach Drop in Centre - Funded by NISD, Ministry of Social Justice and Empowerment)

Agency Name:

Facilitated By:

Date & Time Venue:

Total No. of Participants:

Programme Procedures:

Initial analysis (Knowledge / attitude):

Themes discussed / demonstrations held:

Suggestions / Future plans for this group:

Annexure VII **I.E.C DISTRIBUTION REGISTER**

(Outreach Drop in Centre - Funded by NISD, Ministry of Social Justice and Empowerment)

Agency Name: Name of the IEC:

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

ANNEXURE VIII **NETWORK DIRECTORY**

(Outreach Drop in Centre - Funded by NISD, Mnistry of Social Justice and Empowerment)

Sr No.	Date	Name Address and Contact No. of the Organizations/ Institutions/ Individuals	Available Services (including timings, charges if any)	Contact person with designation and contact details

Annexure IX **AGENCY MONITORING FORMAT**

(Outreach Drop in Centre - Funded by NISD, Ministry of Social Justice and Empowerment)

Name of the Agency & Address:

Person Contacted with Details:

Monitoring visit made by:

Date:

Sign Board	Yes / No	
Map of the Project area	Yes / No	
Registers/Files:	**Maintained**	**Updated**
Client enrolment/ Service delivery register	Yes / No	Yes / No
Individual files of the clients including KABP data sheets	Yes / No	Yes / No
Network directory maintained	Yes / No	Yes / No
ORW Field Diary maintained	Yes / No	Yes / No
Group discussion files	Yes / No	Yes / No
Referral slip files	Yes / No	Yes / No
IEC distribution register	Yes / No	Yes / No
Referral register	Yes / No	Yes / No
Cash Book	Yes / No	Yes / No
Stock Register	Yes / No	Yes / No
Bank Book	Yes / No	Yes / No
Ledger	Yes / No	Yes / No
Vouchers with supporting documents	Yes / No	Yes / No
Statement of expenditure (SOE)	Yes / No	Yes / No
Reproduction of Reporting formats	Yes / No	
Developing / reproduction of IEC	Yes / No	

ANNEUXURE X AGENCY REPORTING FORMAT

(for the first three month)

(Outreach Drop in Centre - Funded by NISD, Ministry of Social Justice and Empowerment)

Name of the Agency & Address: Contact person with details:	
Reporting Period:	Month:
Name of the Centre In Charge Cum Counsellor Name of Outreach Worker:	1) 1) 2) 3)
Induction Training of ORW:	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 and Network Directory	Yes/ No if not given reason If yes, it is update/not
Situation Assessment (Baseline KABP data collection) done	Yes/No
Reproduction of Reporting formats	Yes/ No
Developing and reproduction of IEC in local language	Yes/ No

Annexure XI NATIONAL INSTITUTE OF SOCIAL DEFENCE

NATIONAL ACTION POLICY FOR DRUG DEMAND REDUCTION- TARGET INTERVENTION PROGRAM

Feedback Proforma for ODICs (Quarterly/ Half Yearly)

(Period from_____ to _____)

Name of the organisation:

(Address)

District & State

1. How many outreach programs was conducted in last three/six month?

2. Does the outreach worker go to community for one to one / group sessions of Behaviour Change Communication? If yes, how many sessions were carried out in last 3/6 months?

3. Provide the number of clients visited to your agency for screening and assessment

4. Specify the no of interventions carried out in last 3/6months

Sl no	Type of intervention			
	No of Individual sessions	No of Group sessions	No of Family sessions	No of complimentary sessions

5. No of cases referred to physician/ psychiatrist in last 3/6 months:

6. Do u you think that your agency has met the outcome of the project? If so, brief in 150 words.

7. Attach 3 written testimonies along with the Performa.