

HALF YEARLY PROGRESS REPORT ON THE FUNCTIONING OF TREATMENT CUM-REHABILITATION

PROFILE OF THE ORGANIZATION & CENTRE

- 1) (A) Name & address of the : **Community Development Programme Centre, (CDPC)**
 (Full Postal Address with Tel : **M.I. Road, Thoubal Achouba,**
 Nos. and E-mail) : **P.O. & P.S. Thoubal - 795138, Thoubal, Manipur State.**
 Tel No. : **03848-356752 (0)**
 E-mail address : **cdpcthoubal@yahoo.co.in**
- (B) Name & Address of the Centre : **Health Care Centre (HCC),**
 (Full Postal Address with Tel : **M.I. Road, Thoubal Achouba, P.O. & P.S. Thoubal - 795138,**
 Nos. and E-mail) : **Thoubal, Manipur State.**
 Tel No. : **03848-356752 (0)**
 E-mail address : **cdpcthoubal@yahoo.co.in**
- (C) Contact Person for the centre :
 Name : **T. Kenedy Singh**
 Designation : **Secretary**
 Complete Postal Address : **M.I. Road, Thoubal Achouba,**
P.O. & P.S. Thoubal - 795138, Thoubal Manipur.
 Telephone/ Fax Number :
 Mobile No. : **9774270125**
- (D) E-mail Address : **cdpcthoubal@yahoo.co.in**
- 2) Review Period (Please indicate : **April to September 2023**
 whether the report is for April to
 September or October to March)
- 3) Year of receiving first grant-in-aid : **1999-2000**
 from this Ministry
- 4) Number, date, amount and the year for : **Letter No. P-11013/124/2022.DP.III, Dated 13-03-2023,**
 the last financial aid received : **amount Rs. 842175/- (Rupees Eight Lakhs Forty Two**
Thousand One Hundred Seventy Five only) for the year 2022-
2023 (Second Installment).
- 5) No. of Beds for which the : **15 Nos.**
 Organization is receiving grant-in-aid
- 6) No. of Beds actually in position : **17 Nos**
 (including temporary arrangement
 made during the review period)

7) **REGISTRATION**

A) Please state the number of clients registered at the Centre during the Half-year under review.

For OPD	35
For Indoor Treatment	116
Total =	151

B) Average age of clients registered at the Center during the Report Period ::

C) No. of female clients registered at the Center during the Report Period ::

17 - 32
NIL

8) DETAILS OF DRUGS ABUSED

Alcohol / Drug Abusers during the half-year under review at the Centre

Drug Category	No. of Clients
Opium	0
Heroin / Brown Sugar	96
Morphine	0
Buprenorphine	0
Propoxyphene	0
Other Opiates	0
Cocaine	0
Alcohol	19
Cannabis	1
Hallucinogens	0
Amphetamines	0
Barbiturates	0
Minor Tranquilizers	0
Sedatives/ Hypnotics	0
Multiple Drugs (in not in above	0
Volatiles Solvents (Inhalants)	0
Others / SP	0
Total =	116

9) METHODS OF DRUG TAKING (Please state the number of clients)

Oral	Sniffing	Injecting IDU	Any Other
36	0	80	0

CLIENT'S DETAILS

(During the half-year under review)

10) SOURCE OF REFERRAL

Please state number of clients referred to the Centre by:

Self	Friends	Family	Social Worker	Private Doctor Hospital	Govt. Hospital	Counselling & Awareness Centre/ De addiction centers	Ex-clients or their family members	Law enforcement agencies	Any Other
32	10	40	4	2	0	15	6	7	0

11) **MARITAL STATUS**

Never Married	Married	Widow/ Widower	Divorced	Separated	Separated divorced due to drug use	Not Known
63	50	0	0	1	2	0

12) **EDUCATION**

Illiterate	Literate (read & write)	Primary Education	Middle	Hr. Sec. Equivalent	Graduate	Post Graduate	Prof. Trained	Not Known
6	0	26	32	36	16	0	0	0

13) **EMPLOYMENT STATUS**

Currently Un - Employed	Never Employed	Part time Employed	Full - time Employed	Self Employed	Student	House Wife	Pensioner etc.	Not Known
4	0	1	14	71	26	0	0	0

SERVICES

14) **TREATMENT** - During the half year under review

Please state number of clients

OPD	Indoor	Total
35	116	151

15) **DETAILS OF STAY (INDOOR)** - During the half-year under review

Indicate the number of indoor clients treated for the following durations of stay at the Centre:

1 - 10 days	11 - 20 days	21 - 30 days	31 - 40 days	41 - 50 days	51 - 60 days	More than 60 days	Total days
0	10	16	20	30	24	16	0

16) **DROP OUTS** - During the half-year under review

Please state the number of clients who dropped out of the Centre due to the following reasons:

Poverty	Lack of family support	Unable to cope with the treatment	Inadequate facilities	Personal/ any other reasons	Legal	Total

17) **COUNSELLING (for indoor clients)**

Please state number of clients provided the following counselling services:-

A) **GROUP COUNSELLING** (During the half-year)

No. of clients	Average/time Session	Total No. of sessions held
116	50 min	3 groups x 20 session / months x 6 months = 360 sessions.

B) **INDIVIDUAL COUNSELLING** (During the half-year)

No. of clients	No. of Sessions Held	Average /time Session (in mins)
116	116 x 8 = 928 x 6 = 5568	60

C) FAMILY COUNSELLING (During the half-year)

No. of clients	No. of Sessions Held	Average /time Session (in mins)
116	4 x 3 x 6 =72	60

18) CLIENTS REQUIRING ADDITIONAL TREATMENT (During the half-year under review)

Please state the number of clients suffering from the following ailments:

T.B.	HIV/AIDS	Sexually Transmitted Diseases	Hepatitis B & C	Abscess	Any Other Infection	Total
1	1	0	0	0	0	2

19) RECOVERY (During the half-yearly under review)

Please state number of clients in the following phases of recovery after receiving treatment services at the centre:

Sober	Relapsed	Dropped Out	No News	Expired
35	21	37	23	0

FOLLOW UP ACTIVITIES

(During the Half-year under review)

Details of follow up programmes taken up by the Centre:

20) Total number of letters sent / telephone calls made to ex-clients:

	Twice in a month	Once in a month	Quarterly	Total During the half-year
Letters/ phone calls to ex-clients	2	0	6	12

21) HOME VISITS (By counselors to homes of ex-clients during the half-year)

No. of ex-clients visited	Total No. of visits undertaken
152	152

22) REHABILITATION PROGRAMMES GIVEN/ REFERRED BY THE CENTRE

Programmes	No. of clients
Out reach programmes, camps etc.	25
Self Help Groups	15
Half Way Homes	0
Drop in Centers	5

Family assistance programme	41
Vocational training services	11
Educational support	0
Work place support	6
Any other services	13

23) TRAINING PROGRAMMES

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

Sl.	Name of the staff who attended training	Duration with dates	Organized by RRTC/NISD/ Any Other	Name of the Course
1	Mayengbam Upananda Singh, Ward Boy	6th & 7th April 2022	SLCA Manipur	2 Days Orientation training course for Nurse 2022
2	Ningthoujam Narajit Singh, Ward Boy	6th & 7th April 2022	SLCA Manipur	2 Days Orientation training course for Nurse 2022
3	Ningthoujam Narajit Singh, Ward Boy	29th & 30th April 2022	SLCA Manipur	2 Days Orientation training course for Ward Boy 2022
4	Waikhom Kamleshkumar Singh, Counsellor	21st to 22nd July 2022	SLCA Manipur	2 Days Orientation Training
5	Naorem Oken Singh, Peer Educator	21st to 22nd July 2022	SLCA Manipur	2 Days Orientation Training
6	Th. Bijando Singh, Accountant	17th to 18th August 2022	SLCA Manipur	2 Days Refresher Training
7	Akoijam Jiten Singh, Social Worker	28th - 30th March 2023	SLCA Manipur Supported by National Institute of Defense, MoSJE, New Delhi	3 Days Orientation Training
8	Ningthoujam Narajit Singh, Ward Boy	18th - 20th September 2023	The Galaxy Club, SLCA, Manipur	3 Days Orientation Training
9	Ningombam Shitaljit Singh	28th September 2023	Community Network For Empowerment (CoNE), Manipur	1 Day Orientation Training for Health Care Workers
10	Maibam Arun Singh Male Nurse	12th - 14th October 2023	SLCA Manipur Supported by National Institute of Defense, MoSJE, New Delhi	3 Days Orientation Training Course for Nurses
11	Naorem Oken Singh, Peer Educator	6th & 7th October 2023	SLCA Manipur Supported by National Institute of Defense, MoSJE, New Delhi	2 Days Orientation Training

b) Total no. of staffs trained in last Two years.

: 8 Nos

24) Please indicate the incidence of any other types of drug related morbidity during the period and causes

DECLARATION

I certify that the above information is correct and is based on the records maintained at the centre.

Wairchome Biren Singh
(W. Biren Singh)
Project Director, HCC/CDPC
Pakhangkhong Leirak, Thoubal, Manipur

Project Director
HEALTH CARE CENTRE
Thoubal District

Kenedy Singh
Secretary
Community Development
Programme Centre,
M.I. Road, Thoubal Achouba,
Thoubal, Manipur

(T. Kenedy Singh)
Secretary/ CDPC
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 Name : **T. Kenedy Singh**
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 Telephone/ Fax Number :
 Mobile No. : **9774270125**
- (D) E-mail Address : **cdpcthoubal@yahoo.co.in**
- 2) Review Period (Please indicate whether : **October 2023 to March 2024**
 the report is for April to September or
 October to March)
- 3) Year of receiving first grant-in-aid from : **1999-2000**
 this Ministry
- 4) Number, date, amount and the year for the : **Letter No. 11013/124/2022.DP.III, Dated 22-03-2024,**
 last financial aid received : **amount Rs. 2560725/- (Rupees Twenty Five Lakh Sixty**
Thousand Seven Hundred and Twenty Five)only for the
year 2023-2024 (1st Installment).
- 5) No. of Beds for which the Organization is : **15 Nos.**
 receiving grant-in-aid
- 6) No. of Beds actually in position (including : **17 Nos**
 temporary arrangement made during the
 review period)
- 7) **REGISTRATION**

A) Please state the number of clients registered at the Centre during the Half-year under review.

For OPD	21
For Indoor Treatment	108
Total =	129

B) Average age of clients registered at the Center during the Report Period

::

20 - 40

C) No. of female clients registered at the Center during the Report Period

::

NIL

8) DETAILS OF DRUGS ABUSED

Alcohol / Drug Abusers during the half-year under review at the Centre

Drug Category	No. of Clients
Opium	0
Heroin / Brown Sugar	93
Morphine	0
Buprenorphine	0
Propoxyphene	0
Other Opiates	0
Cocaine	0
Alcohol	9
Cannabis	0
Hallucinogens	0
Amphetamines	0
Barbiturates	0
Minor Tranquilizers	0
Sedatives/ Hypnotics	0
Multiple Drugs (in not in above categories)	6
Volatiles Solvents (Inhalants)	0
Others / SP	0
Total =	108

9) METHODS OF DRUG TAKING (Please state the number of clients)

Oral	Sniffing	Injecting IDU	Any Other
10	5	93	0

CLIENT'S DETAILS

(During the half-year under review)

10 SOURCE OF REFERRAL

Please state number of clients referred to the Centre by:

Self	Friends	Family	Social Worker	Private Doctor Hospital	Govt. Hospital	Counselling & Awareness Centre/ De addiction centers	Ex-clients or their family	Law enforcement agencies	Any Other
21	2	28	4	2	0	25	18	8	0

11 MARITAL STATUS

Never Married	Married	Widow/ Widower	Divorced	Separated	Separated divorced due to drug use	Not Known
42	63	0	0	1	2	0

) EDUCATION

Illiterate	Literate (read & write)	Primary Education	Middle	Hr. Sec. Equivalent	Graduate	Post Graduate	Prof. Trained	Not Known
1	9	8	32	46	12	0	0	0

13 EMPLOYMENT STATUS

Currentl y Un - Employe d	Never Employe d	Part time Employed	Full - time Employed	Self Employed	Student	House Wife	Pensione r etc.	Not Known
20	6	3	9	64	6	0	0	0

14 SERVICES

Please state number of clients

OPD	Indoor	Total
21	108	129

15 DETAILS OF STAY (INDOOR) - During the half-year under review

Indicate the number of indoor clients treated for the following durations of stay at the Centre:

1 - 10 days	11 - 20 days	21 - 30 days	31 - 40 days	41 - 50 days	51 - 60 days	More than 60 days	Total days
0	8	26	20	21	24	9	0

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Please state the number of clients who dropped out of the Centre due to the following reasons:

Poverty	Lack of family support	Unable to cope with the treatment	Inadequate facilities	Personal/ any other reasons	Legal	Total

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No. of clients	No. of Sessions Held	Average /time Session (in mins)
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Please state the number of clients suffering from the following ailments:

T.B.	HIV/AI DS	Sexually Transmitted Diseases	Hepatitis B & C	Abscess	Any Other Infection	Total
2	3	0	0	0	0	5

19 **RECOVERY** (During the half-yearly under review)

Please state number of clients in the following phases of recovery after receiving treatment services at the

Sober	Relapsed	Dropped Out	No News	Expired
38	23	12	35	0

FOLLOW UP ACTIVITIES

(During the Half-year under review)

Details of follow up programmes taken up by the Centre:

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No. of ex-clients visited	Total No. of visits undertaken
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Waikhom Biren Singh

(W. Biren Singh)
Project Director, HCC/CDPC
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