



**QUARTERLY/ ANNUAL PROGRESS REPORT IN RESPECT OF DRUG
REHABILITATION CENTER MULTAN**

PROJECT INFORMATION:

1. Progress report Quarterly/Annual: _____
2. Date of establishment of the Institution: _____
3. Name of the officer in charge/Suptt: _____
4. Date of posting: _____ 5.: Contact No. of the Incharge :office
_____ (cell) _____ Email id _____ 6. Address of
the institution: _____

S.No	1. INFORMATION REGARDING DRUG ADDICTS	Beneficiaries
i.	No. of Drug Addicts reported in the Previous Quarter/Year	
ii.	No. of Drug Addicts admitted in the quarter/year	
iii.	No. of Drug Addicts discharged in the quarter/year	
iv.	No. of Drug Addicts present at the end of Quarter/Year	
v.	No. of Case histories prepared in the Quarter/year	
S.NO	2. INFORMATION REGARDING TYPES OF ADMISSION	
i.	No. of Direct /Voluntary Admission in this quarter/year	
ii.	No. of Drug Addicts Referred from Hospitals, line departments	
iii.	No. of Drug Addicts Referred from NGOs/Philanthropist/Advisory Committee	
iv.	No. of Drug Addicts Referred from other sources (please specify)	
S.No	3. TREATMENT CENTER SERVICES	
i.	No. of addicts provided Detoxification treatment	
ii.	No of drug addicts provided psychological counseling/ Therapy	
S.No	4. REHABILITATIVE SERVICES	
4.1. PRIMARY REHABILITATION		
i.	No of drug addicts provided Religious Education	
ii.	No. of addicts provided drug education/awareness	
iii.	No of drug addicts provided Recreational Activities	
iv.	No. of family counseling sessions.	

S.No	4.2. SECONDARY REHABILITATION	Beneficiaries
i.	No. of drug addicts provided vocational/ technical trainings	
ii.	No. of Drug Addicts assisted for job Arrangement.	
S.No	4.3. FOLLOW UP	
i.	No. of Follow ups of rehabilitated cases	
ii.	No. of Follow ups of cases having treatment only	
5. ADVISORY COMMITTEE		
i.	Date of Notification of Advisory Committee	
ii.	No. of meetings of Advisory Committee during the quarter/year	
iii.	Financial Contribution of Advisory Committee (donations in RS)	
iv.	Contribution of Advisory Committee in kind	
v.	Balance in Bank Account(PKR)	
6. EVENTS CELEBRATION		
a.		
b.		
c.		
7. EFFORTS/INTERVENTIONS by INCHARGE (if any please give detail)		
a.		
b.		
c.		
8. PROBLEMS		
a.		
b.		
c.		
9. SUGGESTIONS		
a.		
b.		
c.		

(SUPERINTENDENT)
DRUG REHABILITATION CENTER
MULTAN