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NOTIFICATION

No. B. 12012/39/2018-SWD, the 25th June, 2019. In exercise of the powers conferred by section 43 of the Mizoram Drugs (Controlled Substances) Act, 2016, the Governor of Mizoram is pleased to notify the Mizoram Drug Treatment cum Rehabilitation Centre Accreditation Rules, 2019 with effect from the date of publication in the official Gazette of Mizoram.

Zoramthangi Hauhna,
Secretary to the Govt. of Mizoram,
Social Welfare Department.

THE MIZORAM DRUG TREATMENT CUM REHABILITATION CENTRE (TRCS) ACCREDITATION RULES, 2019

1. **Short title, extent and commencement:-**

- 1) These rules may be called the Mizoram Drug Treatment cum Rehabilitation Centre Accreditation Rules, 2019.
- 2) They shall extend to the whole of Mizoram.
- 3) They shall come into force on the date of their publication in the Official Gazette.

2. **Definitions:-**

- (1) In these rules, unless the context otherwise requires-
 - a) "Act" means the Mizoram Drugs (Controlled Substances) Act, 2016.
 - b) "Accreditation" herein means being officially recognized, accepted or duly approved to implement and run the Drug Treatment cum Rehabilitation centres by the Government of Mizoram on the recommendation of the Accreditation Committee.
 - c) Accrediting Authority means Secretary to the Government of Mizoram Social Welfare Department.
 - d) "applicant centre" means the Drug Treatment cum Rehabilitation Centre applying for accreditation.
 - e) "functioning centre" means a centre that has been functioning for at least 6 months and has been providing drug treatment cum rehabilitation services in Mizoram.
"MSD& RB" means the Mizoram Social Defense and Rehabilitation Board constituted under the Social Welfare Department to look after the drug demand reduction programme within the State of Mizoram.

- f) "new centre" means a centre that has not started functioning and registered under the Societies Registration Act, 1860.
- g) "operational accreditation" means approval for operation given to the centre for providing drug treatment cum rehabilitation services after evaluation of the centre by the accreditation committee.
- h) "provisional accreditation" means permission to start providing drug treatment cum rehabilitation services and is valid for a maximum period of 9 months only.
- 2) Words and expressions used but not defined herein shall have the same meaning as respectively assigned to them in the Act or any rules made thereunder.
3. **Applicant for accreditation certificate:-**
Two types of centers can apply for accreditation namely:
- a) A new center can apply for provisional accreditation. During this period but after completion of 6 months of providing services, the centre will be re-evaluated as a functioning centre.
- b) A functioning center can apply for operational accreditation on submission of all the pre-requisite documents mentioned in Annexure I – VII.
4. **Submission, scrutiny and processing of applications:-**
- 1) The applicant centre shall submit to the Accrediting Authority the application in the prescribed format along with all the required documents as mentioned in Form 1 to VII.
- 2) If the proposal along with all its documents/annexures is complete, Accrediting Authority shall issue a receipt in the format given in Form VIII to the applicant centre.
- 3) If the proposal is incomplete or the infrastructure, staff, services and documentation does not match the criteria, it shall be communicated to the applicant centre and request for rectification and resubmission of the application on fulfillment of the criteria.
- 4) Date shall be intimated to the applicant about the evaluation visit.
- 5) In case there is a problem with the suggested date, the center may submit a written request for re-scheduling of the center visit.
5. **Constitution of Accreditation Committee:-**
For assisting the verification and evaluation of a center, MSD&RB, Social Welfare Department shall seek the help of experts from related fields and create an Accreditation Committee. The Accreditation Committee consisting of the following members may be constituted as follows:
- | <u>Sl. No.</u> | <u>Department/Organization</u> | <u>Designation</u> |
|----------------|--|--------------------|
| 1. | Secretary, SWD & Vice Chairman MSD&RB | Chairman |
| 2. | Commissioner, Excise & Narcotics or his representative | Member |
| 3. | SP CID (Crime) or his representative | Member |
| 4. | State Nodal Officer, National Mental Health Prog, Hospital & Medical Education or his representative | Member |
| 5. | DSWO Aizawl E & W | Member |
| 6. | CEO, MSD&RB | Member |
| 7. | Chairman, MKHC or his representative | Member |
| 8. | President, CYMA or his representative | Member |
| 9. | Chairman, FINGODAP or his representative | Member |
| 10. | President, FONWIDAPAC or his representative | Member |
| 11. | President, MDUF or his representative | Member |
| 12. | Director, SWD & Member Secretary, MSD&RB | Member Secretary |

6. **Pre requisites for application of provisional Accreditation and Operational Accreditation: -**
- 1) **Provisional Accreditation :**
 - a. Application in Form I to VII
 - 2) **Operational Accreditation :**
 - a) Application in Form I to VII
 - b) A functioning centre that has been functional for at least 6 months with 'provisonal accreditation' from Social Welfare Department
 - c) A team of staff members who have been functioning at the centre with their CVs and certificates

7. **Constitution of Inspection team and procedure of inspection and evaluation of centre thereof:-**

- 1) The Inspection team will be constituted in all the 8 (eight) districts of the state consisting of the following members;

<u>Sl. No.</u>	<u>Department/Organization</u>	<u>Designation</u>
1.	District Social Welfare Officer (DSWO)	Chairman
2.	SP Excise & Narcotics or his representative	Member
3.	Medical Superintendent or his representative	Member
4.	SP Police or his representative	Member
5.	President, YMA sub headquarter/MTP/YLA or his representative	Member
6.	President, MHIP/MCHP or her representative	Member
7.	President, MDUF sub headquarter	Member
8.	Chief Executive Officer (CEO), MSD&RB	Member Secretary

- 2) The Inspection team shall inspect the applicant centres and conduct on the spot evaluation of the components using the prescribed tools attached in the Form- IX.
- 3) Each members of the team will grade the center based on their views upon inspection of the center in the format prescribed in Form- IX. The scores from individual members will be tallied and the average shall be taken for final grading.

8. **Required basic minimum scores for accreditation :-**

Components	Scores	
	Functioning centre	New centre
Infrastructure	60%	50%
Human resource	70%	50%
Services	70%	40%
Documentation	70%	40%
Organizational Capacity	70%	50%
Overall	60%	40%

A centre will be scored based on both the scores received on individual components as well as on the overall. Thus if, a centre matches an overall score but fails to secure the minimum score for any of the components, then, it will be at the discretion of the Accreditation. Committee to approve the application.

9. **Result of evaluation and communication of result:-**

- 1) Grading System and period of validity will be as follows :
 Grade A = Excellent
 Grade B = Very Good

Grade C = Good

Functioning Centre (TRC) who have scored upto Good will be liable for consideration of Operational Accreditation by the Accreditation Committee.

- 2) The Inspection team will the report to the Accreditation Committee for consideration of the Accreditation.

- 10. Issuance of Provisional /Operational Accreditation Certificate :-** On the recommendation of the Accreditation Committee, Accrediting Authority will issue on the recommendation of the Accreditation will issue Provisional/Operational Accreditation Certificate in format prescribed in Form X.

<u>Sl. No.</u>	<u>Functioning centres</u>	<u>Grades</u>	<u>New centres</u>
1.	60%-70%	Good (C Grade)	40%-60%
2.	Above 70% -90%	Very Good (B Grade)	Above 60% -90%
3.	Above 90% – 100%	Excellent (A Grade)	Above 90%- 100%

- 11. Period of validity of Accreditation:-**

Period of validity of the Accreditation will be for 2 (two) years from the date of issuance of the Provisional /Operational Accreditation Certificate.

- 12. Disqualification and suspension of accredited treatment center:**

- 1) An accredited treatment center maybe disqualified or suspended from running the centre in case of any of the following reasons:
- Gross misdemeanor- like proven ill treatment/abuse of a patient.
 - Financial misconduct
 - Not registered under the Societies Registration Act 1860.
 - Non-performance as reflected in the monitoring reports by Social Welfare Department.
 - Not submitting scheduled activity or financial report to Social Welfare Department
 - Not being open to visits by authority assigned by the Government of Mizoram from time to time.

Provided that the centre shall abide by the terms and conditions prescribed in the Rules framed by the Government of Mizoram failing which the centre will be liable for disqualification from continuing to run the centre.

- 2) In such cases as in sub- rule 1 of rule 12, the inspection team may inspect and submit a report to the Accreditation Committee.
- 3) If any of the reasons given in sub- rule 1 of rule 12 is reported and proven to be true, the accreditation given to the center maybe cancelled or suspended for such period as may be decided by the Accreditation Committee.

Application Form for Provisional/ Operational Accreditation of a Centre :

Form- I

Full name of the individual, institution, organization, or community applying for accreditation	
Permanent address	
Phone number/s for official communication:	
Email –id for official communication:	
Society Registration no.	
Date of submission:	
Signature of the applicant	

Note to the applicant: please fill up all the columns clearly (you may type them out) and check that all listed documents are attached as per the checklist on page 2, failing which may disqualify the application.

Form- II

The following documents are to be submitted when applying for Provisional/ Operational Accreditation :

Sl. No.	List of documents	Type of centre	
		New centre	Functioning centre
1.	A proposal in the prescribed format (Annexure 1)	✓	✓
2.	Voter's ID card of Chairman/Director, Secretary	✓	✓
3.	An updated Certificate of registration under the Societies Registration Act 1860/Mizoram Societies Registration Act 2005	✓	✓
4.	A copy of the last audit report (if registered for more than one year) by CA or Government approved auditors	✓	✓
5.	A floor map of the site showing space available for the centre*	✓	✓
6.	A list of staff with their CVs that include qualifications, experiences and trainings received*	✓	✓
7.	List of services provided at the centre*	✓	✓
8.	A list of documentation/records maintained at the centre*	✓	✓
9.	A detailed plan for financing the running of the centre that includes the modes/sources of raising funds	✓	✓
10.	A brief report of the last quarter on the services provided in relation to drug treatment from the centre	✓	✓

Template for proposal

Form- III

Proposed name of the centre	
Address of the proposed venue	
Type of centre proposed	
TRC	
Number of Beds	
*A brief description of proposed services to be provided and the delivery modalities	
E.g.- Individual counseling for relapse prevention will be provided to each patient. The service will be provided through trained counselors. Each patient will be receiving at least 3 sessions of individual counseling every week, during his or her stay at the TRC. The sessions will cover –motivation enhancement, relapse prevention, management of craving, time, money and anger.	

Template for list of staff:**Form- IV**

(Note: In case of a new centre this list should include the personnel proposed to be attached to the centre, in case of a functional centre this list should include the staff already working at the centre). For each staff, a CV should be attached that mentions – the educational qualification, experience in the field of drug treatment and trainings received.

Position	Name	Sex	Education	Drug related trainings received	Experience in the field of drug treatment

Template for list of services:**Form-V**

List of services (Note: in case of a new centre this list should include the services proposed to be provided from the centre, in case of a functional centre this list should include the services already being provided by the centre)

Sl. Nos	Services	Tick (✓) if yes/cross (x) if no	Nos. per Month
1.	Follow up		
2.	Educative/Input Sessions		
3.	Individual counseling		
4.	Group sessions		
5.	Family therapy		
6.	Referral		
7.	Medical Assessment		
8.	Detoxification		
9.	Regular Medical Monitoring		
10.	Recreation, Work Therapy		
11.	Referral		

Template for list of documentation/records**Form- VI**

List of documentation (Note: in case of a new centre this list should include the documentation proposed maintained at the centre, in case of a functional centre this list should include the documentation already being maintained at the centre)

Sl. No	Documents and registers//records	Tick(✓)if being maintained and cross (x) if not
1.	Intake Form	
2.	Admission register, including discharge records	
3.	Individual patients Records/File	
4.	Educative/Input sessions register	
5.	Individual counseling register/records	
6.	Family meetings, Counseling register/records	
7.	Follow up register/records	
8.	Staff Movement register/records	
9.	Referral directory	

10.	Referral register/records	
11.	Medical Assessment Records	
12.	Medicine Stock Records	
13.	Case History Records	
14.	Cash Book, Ledger	
15.	Asset Register	
16.	Staff Training Register	
17.	Staff meeting Register	
18.	List of Managing Board Members	
19.	Latest Audited Statement of Account	
20.	Latest Annual Report	
21.	Society Registration Photocopy	
22.	Voter's ID/Aadhar Card Photocopy of President/Secretary	

Form- VII

<p>Receipt of application for accreditation</p> <p>Received one application for accreditation from _____ with all the required documents attached on (date) _____. Name and Signature of the receiving officer SWD</p>

Format for assessment at the centre:

Criteria for infrastructure:

Form- VIII

Sl. Nos	Infrastructure	TRC
1.	Dormitories for patients: Adequate bed space of at least 1 foot to comfortably accommodate all patients to be admitted Bedrooms should be adequately equipped with separate beds for each patients and separate locker for them to keep their belongings Audio & visual privacy will be maintained in the rooms.	✓
2.	One hall for group activity adequately sized to comfortably fit the number of patients to be admitted The hall should have adequate provision for sitting in chairs all at the same time.	✓
3.	Counseling room – · A well-lighted and ventilated room, with minimum 2 chairs and a small table and a provision for keeping records confidentially.	✓
4.	Office cum accounts room (with 1 lockable cupboard, chairs and tables for the staffs)	✓
5.	Office room for the TRC manager (with 1 lockable cupboard, 2 chairs and 1 small table)	✓
6.	Kitchen (with cooking equipments, provision for gas connection, firewood etc.)	✓
7.	Toilets- 1 toilet for 5 patients and bathroom per 10 patients	✓
8.	Detoxification room (Beds to accommodate at least 10 patients, toilet and bath room to be attached)	✓
9.	Recreation room (should have adequate provision for recreational activities like TV, books, carom board etc)	✓
10.	Medical examination room (a room with an examination table should be available for the patient to be examined by a doctor/nurse ensuring privacy)	✓

1. **Human Resource:-** The following are the minimum prescribed human resource required for running an approved treatment centre:

Criteria for staff:

Sl. No.	Staff positions	For TRC	Minimum requisite qualification		
			Educational Qualification	Experience	Trainings Attended
1.	Project Director	✓	From NGO	Prefer experiences in the field	
2.	Centre Manager	✓	HSSLC and above (Consideration should be made even if centre does not have Centre Manager while Project Director resides within the Centre)	Prefer experiences in the field	
3.	Accountant	✓	HSLC and above		
4.	Counselors –For TRC -1 per 7 patients admitted in a TRC (subsequently to be multiplied)	✓	B.A (Psychology)/BSW/Diploma in Pastoral Care & Counselling (DPCC) failing which BA in any subject or recovering user with a minimum sobriety period of 2 years		
5.	1 Cook and additional helping hands depending on the number of patients to be admitted	✓	Class VIII and above		
6.	Part-time Doctor	✓	MBBS		
7.	Nurse	✓	B.Sc, GNM, ANM		
8.	Ward Boy	✓	Class VIII and above		

For MSJE Funded IRCAs, the Staff structure and qualifications should be as prescribed by the Minimum Standard of Care & Services, MSJE

2. **Services:** The following are the minimum services that should be provided to each patient by a centre seeking accreditation:

Sl. No	Services	Nos. for TRC
1.	Detoxification	As per requirement
2.	Educative sessions/ Input Class	2 to 4 per week
3.	Individual counseling	1 per week & as per needs of the patients
4.	Family Meeting	time of admission & visiting day
5.	Referral	As per requirement
6.	Follow Up	home visit, telephone call
7.	Initial Assessment & Case History	At the time of Admission
8.	Medical Assessment	Within 48 hrs of admission
9.	Regular Medical Monitoring	1 per week

“Note: The services should be provided as per the Guidelines provided for TRC by SWD (MSD&RB) and in case of MSJE Funded IRCA's, services will be as per the Minimum Standard of Services laid by MSJE.”

3. Documentation/record keeping: The following are the minimum documentations/records that are to be maintained at the applicant centre:

<u>Sl. No</u>	<u>Documents</u>	<u>TRC</u>
1.	Intake Form	✓
2.	Admission Register ,including Discharge records	✓
3.	Individual patients File	✓
4.	Educative Input sessions register/records	✓
5.	Individual counseling register/records	✓
6.	Group counseling reports/records	✓
7.	Family Meeting, Counseling Register/records	✓
8.	Follow up Register/records	✓
9.	Staff Movement Register, Leave records	✓
10.	Referral directory/records	✓
11.	Referral register/records	✓
12.	Medical Assessment Records	✓
13.	Medicine Stock Records	✓
14.	Case History Records	✓
15.	Cash Book, Ledger	✓
16.	Asset Register	✓
17.	Staff Training Register	✓
18.	Staff Meeting Records	✓
19.	List of Managing Board Members	✓
20.	Latest Audited Statement of Account	✓
21.	Latest Annual Report	✓
22.	Society Registration Photocopy	✓
23.	Voter's ID/Aadhar Card Photocopy of President/Secretary	✓

Note: The documents/records should be maintained in accordance to the guideline provided for TRC by Social Welfare Department (MSD&RB). They may also be maintained on computers.

4. Organizational capacity : Organization should be monitored in the following points which depicts reliability

<u>Sl. No</u>	<u>Activities</u>	<u>Tick (✓) if yes/cross (x) if no</u>
1.	Conducting Monthly/Review meeting with Staffs	
2.	Quarterly Board Meeting	
3.	Constitute Management Board	

Form-IX

Tool for assessment of drug treatment centre for accreditation

Type of accreditation applied for (tick the appropriate box)	Provisional TRC (for new centre not yet operational)	Operational TRC	
Name of the centre/proposed centre visited Address/location Name of the accreditation committee member Designation Date of centre visit			
Score card	Maximum score for TRC	Obtained score TRC	Percentage score obtained for TRC
Total score 1(Infrastructure)	27		
Total score 2(Human resource)	25(for a 15 bedded TRC)		
Total score 3(Services)	17		
Total score 4(Documentation)	51		
Total Score 5(Organizational Capacity)	5		
Overall score obtained	125 (for a 15 bedded TRC)		

Section 1. Assessing Infrastructure:

Means of verification- physical verification of infrastructure

Infrastructure	TRC	For TRC-Calcula- tion for space re- quired based on criteria and number of patients to be admitted	Actual space available	Scoring guide	Score obtained (circle the app- ropriate)
Dormitories for patients: Adequate bed space to comfortably accommo- date all patients to be admittedBedrooms should be adequately equipped with separate beds for each patients and lockers for them to keep their belongings	✓			Poor- Space available; not meeting the criteria	0
				Average – Space available; meets the measurement criteria	1
				Good- Space available; ;meets the measurement criteria and is adequately equipped	2
				Excellent- Space available is more than the set criteria and is adequately equipped	3
One hall for group activities adequately sized to comfortably fit the number of patients to be admittedThe hall should have adequate provision for sitting all in chairs at the same time.	✓			Poor- Space available not meeting the criteria	0
				Average – Space available meets the measurement criteria	1
				Good- Space available meets the measurement criteria and is adequately equipped	2
				Excellent- Space available is more than the set criteria and is adequately equipped	3

Counseling room – · A well-lighted and ventilated room (with 2 chairs and a small table and a provision for keeping records confidentially)				Poor- Space available not meeting the criteria	0
				Average – Space available meets the measurement criteria	1
				Good- Space available meets the measurement criteria and is adequately equipped	2
				Excellent- Space available is more than the set criteria and is adequately equipped	3
Office cum accounts room (with 1 lockable cupboard, chairs and table for staffs)	✓			Poor- Space available not meeting the criteria	0
				Average – Space available meets the criteria	1
				Good- Space available meets the criteria and is adequately equipped	2
				Excellent- Space available is more than the set criteria and is adequately equipped	3
Office room for the TRC manager (with 1 lockable cupboard, 2 chairs and 1 small table)	✓			Poor- Space available not meeting the criteria	0
				Average – Space available meets the criteria	1
				Good- Space available meets the criteria and is adequately equipped	2
				Excellent- Space available is more than the set criteria and is adequately equipped	3
Kitchen (with cooking equipment, provision for gas connection, firewood etc.)	✓			Poor- Space available not meeting the criteria	0
				Average – space available meets the criteria	1
				Good- Space available meets the criteria and is adequately equipped	2
				Excellent- Space available is more than the set criteria and is adequately equipped	3
Toilets& Bathrooms - 1 toilet per 5 patients and 1 bathroom per 10 patients	✓			Poor- Space available not meeting the criteria	0
				Average – Space available meets the criteria	1
				Good- Space available meets the criteria and is adequately equipped	2
				Excellent- Space available is more than the set criteria and is adequately equipped	3

Detoxification Room (Adequate space to accommodate at least 5 to 6 patients, toilet & bath room to be attached)	✓			Poor-Space for 5 to 6 beds not available, bathroom & toilet not attached	0
				Average - Space for 5 to 6 beds available, bathroom & toilet attached	1
				Good - Space for 5 to 6 beds available, bathroom & toilet attached, recreational facilities like TV, books available	2
Recreational Room (should have adequate space and provision for recreational activities like TV, books etc)	✓			Poor – No recreational room and no provision for recreational activities	0
				Average -Not adequate space and not adequate provision for recreational activities	1
				Good – adequate space and provision for recreational activities	2
Medical Examination Room (a room with an examination table should be available for the patient to be examined by a doctor/ nurse ensuring privacy)	✓			Poor – No Medical room available	0
				Average–Medical room available/ designated, but no examination table provided	1
				Good – Medical room available with examination table provided; privacy during examination ensured	2
Total Score Obtained 1 (Infrastructure)					

Any additional remarks on infrastructure

Section 2. Assessing Human resource:

Means of verification- CV/bio data of the staff, with educational and training certificates obtained and meeting in person

Staff positions	For TRC	Calculation on number of staff based on criteria and number of patients	Scoring guide	Score obtained (circle the appropriate)
Project Director (From NGO) (B.A and above, but having experiences in the field is preferable even without the desired qualification)	✓		Staff not in place	0
			Staff recruited but not sufficiently qualified	1
			Qualified staff recruited but not adequately trained	2
			Qualified and trained staff recruited	3
Center Manager (HSSLC and above)	✓		Staff not in place	0
			Staff recruited but not sufficiently qualified	1
			Qualified staff recruited but not adequately trained	2
			Sufficiently qualified and trained staff recruited	3
Accountant (HSLC and above, experiences in the field is preferable)	✓		Staff not in place	0
			Staff recruited but not sufficiently qualified	1
			Qualified staff recruited but not adequately trained	2
			Sufficiently qualified and trained staff recruited	3
Counselors – (BA and above, with preferences given to recovering user with a minimum 2 years sobriety period) · For TRC -1 per 7 patients admitted in a TRC (eg. 2 counsellors should be placed in a 15 bedded TRC)	✓		Staff not in place	0
			Staff recruited but not sufficiently qualified	1
			Qualified staff recruited but not adequately trained	2
			Sufficiently qualified and trained staff recruited	3
Cook (1 per 15 patients)	✓		Staff not in place	0
			Staff in place	1
Assistant cook/helper (1 per 15 patients)	✓		Staff not in place	0
			Staff in place	1
Part-time Doctor (MBBS)	✓		Staff not in place	0
			Qualified staff recruited but not adequately trained	1

			Sufficiently qualified and trained staff recruited	
Nurse (B.Sc, GNM, ANM)	✓		Staff not in place	0
			Staff recruited but not sufficiently qualified	1
			Qualified staff recruited but not adequately trained	2
			Sufficiently qualified and trained staff recruited	3
Ward Boy (Class VIII and above)			Staff not in place	0
			Staff recruited but not sufficiently qualified	1
			Qualified staff recruited but not adequately trained	2
			Sufficiently qualified and trained staff recruited	3
Total score obtained 2 (Human resource)				
Any additional remarks on human resource				

Section 3. Assessing Services

Means of verification- registers, individual patient records and discussion with the patients

Services	Nos. for TRC	Calculations as per criteria and number of patients	Scoring guide	Score obtained (circle the appropriate)
Follow up	Home visits, through telephone		Not provided at all	0
			Contact within 2 months	1
			Contact at least once a month (home visit/telephone)	2
Educative/Input Sessions	2 to 4 per week		Not provided at all	0
			Provided 1-2 times a week	1
			Provided 3-4 times a week	2
			Provided 4 and above per week	3
Individual counseling	1 per week per patient		Not provided at all	0
			Provided once a week	1
			Provided more than once a week	2
Family Meeting	at the time of admission & visiting day		Not provided at all	0
			Provided either at the time of admission or visiting day	1
			Provided both at the time of admission & visiting day	2

Referral	As per requirement		Not done at all	0
			Done as per needs of clients	1
Detoxification	As per requirement		Not provided at all	0
			Provided; but not manage withdrawal	1
			Withdrawal managed in adequate doses	2
Regular Medical Monitoring	1 per week		Not provided at all	0
			Irregularly done by a doctor	1
			Monitoring done once a month by a doctor	2
			Monitoring done every week by a doctor	3
Recreation			Does not have the room and facilities	0
			Facilities available but no room	1
			Room and facilities available	2
Total Score Obtained 3 (Services)				

Any additional remarks on services

Section 4. Documentation:-

Means of verification- registers/patient files, individual and group counseling records on paper or on computers maintained at the centre and through discussion with the staff

Documents	TRC	Scoring guide	Score obtained (circle the appropriate)
Intake Form	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Case History	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Admission & Discharge Register/records	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Individual patient's File	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3

Educative& Input sessions records	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Individual counselling register /records	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Family Meetings Register/records	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Follow Up Records/Register	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Staff Movement Register/ Leave records	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Staff Training Register/records	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Staff meeting Records/register	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Asset Register/Records	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Cash Book, Ledger	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Networking & Referral directory	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Referral register/records	✓	Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3
Medical Assessment Records		Not maintained/available for assessment	0
		Maintained but poorly and irregularly	1
		Maintained properly but irregularly	2
		Maintained properly and regularly	3

Medicine Stock Records	Not maintained/available for assessment	0
	Maintained but poorly and irregularly	1
	Maintained properly but irregularly	2
	Maintained properly and regularly	3
Organizational Structure (list of Managing Board members)	Not maintained/available for assessment	0
	Maintained but poorly and irregularly	1
	Maintained properly but irregularly	2
	Maintained properly and regularly	3
Total Score Obtained 4 (Documentation/Record Keeping)		

Any additional remarks on documentation

Section 5. Organizational Capacity:-

Means of Verification – register and file records on paper or computer maintained at the centre, individual and group interaction with managing board members and staffs.

Documents	Scoring Guide	Score Obtained (circle the appropriate)
Quarterly Board Meeting	Does not conduct at all	0
	Meeting conducted less than 4 times	1
	Meeting conducted quarterly	2
Conducting Monthly/Weekly Review with Staffs	Does not conduct at all	0
	Meeting conducted less than Monthly/Weekly	1
	Meeting conducted Monthly/Weekly	2
Constitute Management Board	Does not constitute Management Board	0
	List of Management Board members available	1
Total Score Obtained 5 (Organizational Capacity)		

Any other remarks on overall impression about the centre

Signature

CERTIFICATE OF ACCREDITATION

No : _____

Date : _____

This is to certify that xxxx (-name of the centre) run by YYYY (name of the applicant agency) is hereby certified with a Provsional/Operational accreditation' which hereby entitles them to provide Drug Treatment & Rehabilitation services in Mizoram in accordance to the provisions of the Mizoram Drug (Controlled Substances) Act 2016, under the guidance of Social Welfare Department, Government of Mizoram. This certificate is valid subject to continued compliance with the accreditation requirements.

The accreditation is valid from DD/MM/YYYY to DD/MM/YYYY.

Signature

Accrediting Authority.