



## **Project: - Anti-Drug Mission**

**In West Bengal, India**

**By: - ABUTORAAB WORLD HUMANITY CHARITABLE FOUNDATION**

### **Introduction**

West Bengal faces significant risks from drug abuse, impacting youth and communities. An increase in drug trafficking and the proliferation of fake or substandard medicines across West Bengal have exacerbated the issue. This "massification" of drugs makes them easily accessible to youth, leading to addiction, social and economic problems, and increased crime.

Non-Governmental Organisations (NGOs) play a crucial role in anti-drug programs globally, often in collaboration with government bodies like the **Ministry of Social Justice and Empowerment (MSJE)** and the **Narcotics Control Bureau (NCB)** in India. These programs focus on prevention, treatment, and rehabilitation, aiming for a drug-free society.

### **Key issues:**

- **Seizures and trafficking:** Law enforcement has seized significant amounts of heroin in West Bengal, indicating an active drug trafficking network, some with interstate connections.
- **Youth vulnerability:** Risk factors for substance abuse include peer pressure, family problems, and a lack of awareness about the dangers of addiction. Access to drugs from trafficking networks contributes to the problem.
- **Community impact:** Drug abuse contributes to social disintegration, domestic violence, and a breakdown of community cohesion. Financial hardship and increased crime rates are also significant concerns.
- **Spurious drugs:** The West Bengal government has acted against fake and substandard drugs following seizures in multiple districts, including advisories for pharmacists and banning specific medicines. The proliferation of these drugs poses additional health risks.

### **Government Response:**

- **Nasha Mukta Bharat Abhiyaan:** The central government initiative targets vulnerable districts across India, aiming for a "Drug-Free India". It coordinates efforts between the Narcotics Control Bureau, the Ministry of Social Justice and Empowerment, and the Health Department.



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- **State-level Action:** The West Bengal government has focused on capacity building and anti-drug campaigns involving various stakeholders, including law enforcement, health professionals, and community leaders. It also provides financial assistance for rehabilitation centers and runs a de-addiction helpline.
- **Fake Drug Crackdowns:** Following raids that uncovered large quantities of fake medicines, the state is implementing stricter controls and involving inter-state coordination to curb the supply of counterfeit drugs.

## **2. Objectives of the Mission of AWHCF:**

- > To prevent drug addiction through Education and Awareness Campaigns.
- > To offer counselling and rehabilitation support to affecting individuals and families to affected individuals and families.
- > To collaborate with Educational Institutes, Communities and Law Enforcement Agencies for sustainable change.

## **3. Core Activities:**

Mission AWHCF targets 1/m rural blocks in various community locations, aspecholarly on schools, colleges, and high-risk communities.

## **4. Core Activities:**

### **Awareness Rallies and Street Plays in various community locations to be conducted by AWHCF:**

The original phrase "**Awareness Rallies and Street Plays** in various community locations" as an activity/plan:

- "The project includes Awareness Rallies and Street Plays in various community locations have been planned to aware local people regarding the dark aspects of Drug Addiction."

### **Educational Seminars & Workshops in Schools and Colleges:**

The original phrase, "**Educational Seminars and Workshops in Schools and Colleges,**"

#### **For General Usage / Description:**

- Educational Seminars and Workshops in various Academic Institutions like Schools and Colleges to be conducted on a regular basis in the districts of West Bengal by AWHCF. .

#### **Key Areas of NGO Involvement:**

NGOs work across several key areas to combat substance abuse:



- **Awareness And Education:** AWHCF will organize awareness campaigns, workshops, street plays, and seminars in communities, educational institutions, and workplaces to educate people, especially youth, about the harmful effects of drug abuse.
- **Identification And Counseling:** AWHCF will be involved in the early identification of substance users and provide motivational counseling and support services.
- **Treatment And Rehabilitation:** AWHCF will set up and run Integrated Rehabilitation Centres for Addicts (IRCAs) and Outreach and Drop-In Centres (ODICs) which offer detoxification, treatment, aftercare, and social reintegration services.
- **Skill Development And Livelihood Support:** Many programs, such as Project JOSH by the Ladli Foundation, include physical training and skill development to help at-risk youth build economic independence and new lives, steering them away from crime and substance abuse will be initiated by AWHCF..
- **Community Engagement:** AWHCF emphasises a community-based approach, involving Local Leaders, Women's Groups, and Youth Clubs to create a supportive environment and reduce the stigma associated with seeking help.
- **Research And Training:** Organisations like the National Institute of Social Defense (NISD) and SPYM provide training and mentoring support to volunteers and other service providers, building a skilled cadre of professionals in the field. Similarly AWHCF aims at the same level of activities for social reformities.

#### **Training Programs for Youth Volunteers to promote a drug free message:**

AWHCF is planning to arrange Training programs for youth volunteers to promote a drug-free message focus on equipping them with the skills, knowledge, and resources to act as peer educators and community advocates. These programs often involve a combination of educational, skill-building, and practical outreach activities.

#### **Key Components of Training Programs:**

- **Education on Substance Abuse:** In this process AWHCF Volunteers will receive factual, evidence-based information about the ill-effects of various substances, including alcohol, tobacco, and illicit drugs.
- **Life Skills Training:** A core component is developing personal self-management and general social skills, such as:
  - Decision-making skills: Analysing problem situations and considering consequences before acting..
  - Drug Resistance Skills: Recognising and challenging misconceptions and dealing with peer and media pressure.
  - Communication and Assertiveness Skills: Effectively communicating and refusing requests in tough situations.
  - Coping skills: Learning healthy coping mechanisms for stress and challenges.
- **Advocacy and Outreach Strategies:** AWHCF Volunteers will be trained on how to effectively deliver prevention messages and mobilise their communities. This includes training in:
  - Organising and leading awareness campaigns, webinars, and workshops.
  - Conducting creative outreach activities like street plays, mimes, and art competitions.
  - Utilising social media and other online platforms for awareness generation.
  - Engaging in community development programs and working with local NGOs.



- **Motivational Interviewing Techniques:** AWHCF Training may incorporate principles of motivational interviewing to help volunteers engage with peers who may be at risk, focusing on exploring and resolving ambivalence about substance use in an empathetic, nonjudgmental manner.
- **Capacity Building for Peer Leadership:** AWHCF Programs aim to develop youth into responsible leaders and role models, empowering them to initiate and sustain local initiatives.
- **Physical Training & Skill Development:** 3-6 Months' intensive physical training, followed by skill-based training to foster economic independence to be organized by AWHCF..
- **One-to-one Counselling Sessions:** AWHCF will arrange for personalised guidance and support to address individual needs and challenges faced by the Drug addicts.
- **Fitness, Yoga & Dance:** AWHCF aims in promoting mental and physical well-being through various enjoyable activities.

### **Major Initiatives in India by The Government:**

The Indian government's flagship initiative, the **Nasha Mukht Bharat Abhiyaan (NMBA)** or Drug-Free India Campaign, heavily relies on the collaboration of NGOs and civil society organizations.

- **Government Support:** The **Ministry of Social Justice and Empowerment** provides financial assistance (up to 90% of approved expenditure) to eligible voluntary organizations for running de-addiction and rehabilitation centers and other related programs under the **National Action Plan for Drug Demand Reduction (NAPDDR)** scheme.
- **Toll-Free Helpline:** The Ministry also maintains a national toll-free de-addiction helpline at **14446** to provide immediate assistance and primary counseling.
- **Spiritual Partnerships:** The **Narcotics Control Bureau (NCB)** has launched "**Mission SPANDAN**," partnering with spiritual organizations like **The Art of Living** and **ISKCON** to leverage their influence for wider community outreach and awareness campaigns.

### **Examples of Program Activities:**

- **Nasha Mukht Bharat Abhiyaan (Drug-Free India Campaign):** A government-led initiative in India that heavily utilizes youth volunteers (called "Youth Ambassadors") and focuses on community outreach, awareness generation in educational institutions, and providing linkage to treatment services.
- **Community-based Peer-led Intervention (CPLI) Centers:** These centers focus on vulnerable children and adolescents, where peer educators engage them in life skill activities and awareness generation.
- **School-based Programs:** Model programs like "**Life Skills Training**" (LST) and "**Project Towards No Drug Abuse**" (TND) are often delivered by trained teachers or counselors to equip students with the skills necessary to resist substance use.
- **Internship Programs:** Some initiatives offer structured internships for youth to involve them in prevention activities, social media engagement, and research on drug demand reduction.





These programs leverage the power of peer influence and community engagement to promote positive lifestyle choices and a drug-free message.

Counseling and rehabilitation for individuals affected by drug abuse typically involve a comprehensive, personalized approach that combines various behavioral therapies, medical interventions, and support systems.

### **Key Components of Treatment and Rehabilitation:**

- **Detoxification (Detox):** This initial step involves medically supervised withdrawal management to safely handle physical withdrawal symptoms and cravings. Medications may be used to ease this process, particularly for opioid and alcohol addiction.
- **Assessment:** A thorough psychological and medical assessment helps determine the severity of the substance use disorder (SUD), identify any co-occurring mental or physical health conditions (dual diagnosis), and develop a tailored treatment plan.
- **Behavioral Therapies:** These are core to the rehabilitation process, helping individuals modify their attitudes and behaviors related to drug use and learn healthy coping skills. Common approaches include:
  - **Cognitive Behavioral Therapy (CBT):** Helps patients recognize, avoid, and cope with situations where they are most likely to use drugs, by identifying and changing unhelpful thought patterns.
  - **Contingency Management (CM):** Uses positive reinforcement, such as rewards or privileges, for desired behaviors like remaining drug-free or attending counseling sessions.
  - **Motivational Enhancement Therapy (MET)/Motivational Interviewing (MI):** Helps individuals find and strengthen their internal motivation to change their behavior and commit to treatment.
  - **Family Therapy:** Involves family members in the treatment process to improve communication, address relationship dynamics, and build a supportive home environment.
  - **Dialectical Behavior Therapy (DBT):** Focuses on emotional regulation and mindfulness skills, often used for individuals with co-occurring disorders.
- **Medication-Assisted Treatment (MAT):** For certain addictions (e.g., opioids, alcohol, nicotine), medications are used in combination with counseling to reduce cravings and prevent relapse, helping patients re-establish normal brain function.
- **Support Groups:** Peer-led mutual help groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) provide a sense of community, shared experience, and ongoing support, which is vital for long-term recovery.
- **Holistic Approaches and Life Skills:** Many programs incorporate activities like yoga, meditation, nutritional therapy, and recreational therapy to address the "whole person" and help develop new life skills, self-esteem, and healthy routines.
- **Relapse Prevention and Aftercare:** A significant focus is placed on developing strategies to manage triggers and high-risk situations. Ongoing treatment and follow-up care (post-discharge programs, sober living environments) are crucial for sustaining recovery and preventing relapse.



Effective treatment is tailored to the individual's specific needs and may involve various levels of care, including inpatient/residential programs, intensive outpatient programs (IOPs), or standard outpatient services. The overall goal is to reduce symptoms, improve health and functional status, and support individuals in achieving a productive, drug-free life.

**Social media and Digital Campaigns for broader outreach and engagement:**

**Collaboration with local administration and police for enforcement and 'on support.**

## **5. Implementation Strategy:**

An effective operational plan for an integrated awareness, rehabilitation, and follow-up program requires a comprehensive, multi-phased strategy that emphasizes a continuum of care and community integration.

### **Operational Plan for Integrated Awareness, Rehabilitation, and Follow-up Services**

#### **Phase 1: Awareness and Preventive Education:**

**Objective:** To sensitize the target groups and the community about the impact of substance dependence, reduce stigmatization, and promote help-seeking behavior.

- **Target Audience:** Vulnerable populations, educational institutions (schools, universities), workplaces, and general community members (especially in high-risk areas like slums).
- **Activities:**
  - Organize regular awareness programs, workshops, and seminars using various media (IEC materials, social media, short films, community meetings).
  - Disseminate factual information on the ill-effects of substance abuse and provide messages on how to resist peer pressure.
  - Engage key stakeholders, including local government bodies, community leaders, and educational institutions, to promote collective initiatives.
  - Utilize an Android-based mobile application to capture data on ground activities and reach a wider audience.
- **Key Performance Indicators (KPIs):** Number of awareness sessions held, number of participants reached, feedback from participants, and changes in community perceptions regarding addiction (reduced stigma).

#### **Phase 2: Identification, Treatment, and Rehabilitation Services:**

**Objective:** To provide a whole range of community-based services for the identification, motivation, treatment, and holistic recovery of affected individuals.

- **Activities:**



- **Identification & Early Intervention:** Conduct proactive outreach activities to identify dependent populations and offer early intervention services.
- **Assessment and Treatment Planning:** Conduct comprehensive assessments to determine the severity of the condition and develop personalized, goal-oriented treatment plans.
- **Integrated Rehabilitation Centers for Addicts (IRCA):** Provide a continuum of care through IRCAs and District De-Addiction Centers (DDACs), including counseling, detoxification, and a range of therapeutic approaches (individual/group therapy, cognitive behavioral therapy).
- **Integrated Support:** Address a range of issues including physical health, mental health conditions, family dynamics, financial and legal problems.
- **Skill Development:** Offer vocational training, skill development programs, and livelihood support to instill a sense of purpose and self-esteem, preparing individuals for social reintegration.
- **Family Involvement:** Conduct family counseling and support group meetings to educate family members on their role in recovery and prevent enabling behaviors.

### Phase 3: Follow-Up Mechanisms and Long-Term Effectiveness:

**Objective:** To ensure sustained recovery, prevent relapse, and facilitate the successful reintegration of individuals into society.

- **Mechanisms:**
  - **Transition Support:** Provide clear pathways for transition from intensive care to less restrictive, community-based support systems (e.g., outpatient programs, halfway houses).
  - **Aftercare Programs:** Establish structured aftercare programs that include regular check-ins, support group meetings (e.g., self-help groups), and ongoing counseling sessions.
  - **Recovery Monitoring:** Implement a system for ongoing monitoring of client progress, focusing on social functioning, independence, and overall quality of life.
  - **Community-Based Peer-Led Interventions (CPLI):** Promote initiatives where recovered individuals act as peer mentors to support those currently in treatment or aftercare.
  - **Crisis Management Plan:** Have a clear plan for managing potential relapses, which may involve immediate re-referral to treatment centers or crisis intervention services.
- **KPIs:** Relapse rates, employment rates of ex-addicts, reduction in anti-social behavior, and feedback on the effectiveness of aftercare support.



### Cross-Cutting Principles for Long-Term Effectiveness:

- **Multisectoral Collaboration:** Ensure collaboration among health, social justice, education, and labor departments to provide holistic support.
- **Data-Driven Adaptation:** Continuously monitor and evaluate program outcomes using data collected through information systems to adapt strategies based on emerging needs and challenges.
- **People-Centered Care:** Emphasize the individual's choice and participation throughout the process, tailoring interventions to personal goals and contexts.

- **Workforce Capacity Building:** Ensure a well-trained, multidisciplinary workforce is available to deliver quality care across all phases.

## **6. Stakeholders & Partnerships:**

The mission is Collaboratory with the Police and district administration for awareness dissemination and policy as promote dissemination.

### **Option 1 (Focus on the objective):**

"The mission is to collaborate with the police and district administration for **awareness dissemination and policy promotion.**"

### **Option 2 (Focus on the nature of the work):**

"The mission involves **collaboration** with the police and district administration to **disseminate awareness and promote policy implementation.**"

### **Option 3 (Formal mission statement format):**

"Our mission: To **collaborate** with the police and district administration, **raise awareness**, and **promote relevant policies.**"

## **7. Expected Outcomes:**

**A noticeable reduction in drug abuse cases, empowered youth ante'sambassadors for a drug free message; healthier communities'ablur communities.**

### **Option 1 (Focusing on cause and effect):**

"A noticeable reduction in drug abuse cases, empowered youth **acting as** ambassadors for a drug-free message, **and** healthier communities **are the result.**"

### **Option 2 (Using a list structure):**

"**The outcomes include:** a noticeable reduction in drug abuse cases, empowered youth **serving as** ambassadors for a drug-free message, and healthier communities."

### **Option 3 (A single, flowing sentence):**

"**The program led to** a noticeable reduction in drug abuse cases, empowered youth **becoming** ambassadors for a drug-free message, and the creation of healthier communities."





## **8. Monitoring & Evaluation:**

Continuous monitoring to be surveys, reports, and feedback sessions, o end o accountability and ensure accountability.

Continuous monitoring uses tools like surveys, reports, and feedback sessions to track progress and ensure accountability. This ongoing process allows us for real-time adjustments, which helps in achieving objectives, improving performance, and maintaining compliance.

### **How It Works:**

- **Monitoring and Tracking:** Systems and methods are to be used by **AWHCF** (Abutoraab World Humanity Charitable Foundation) to collect and analyze data on an ongoing basis. This can include performance metrics, security events, or customer satisfaction scores.
- **Reporting and Analysis:** The data collected by **AWHCF** is compiled into reports, which are then analysed to identify trends, strengths, and weaknesses.
- **Feedback and Action:** Feedback is provided by **AWHCF** to relevant stakeholders (e.g., Employees, Managers) based on the reports. This information is used to make informed decisions and take corrective actions to ensure accountability and improve outcomes.

### **Examples of Continuous Monitoring in AWHCF:**

- **Employee Performance:** In **AWHCF** Managers use performance monitoring systems to provide continuous feedback to employees, helping them improve skills and meet goals.
- **Customer Satisfaction:** Surveys are used to collect customer feedback, which can be analysed to improve customer service and identify areas for improvement.
- **Security and Compliance:** Our organisation uses tools to continuously monitor networks and systems to detect threats and ensure compliance with regulations like **HIPAA** and **GDPR**.
- **Project Management:** Our monitoring and evaluation systems track project progress against objectives, ensuring that activities are on track and accountability is maintained.



## Demography of West Bengal

West Bengal's population is estimated at over 91 million, with a density of 1,029 per square kilometer, making it the second most densely populated state in India. The literacy rate is 77.08%, with males at 81.69% and females at 70.54%. The sex ratio is 947 females per 1,000 males.

### **Population and Density:**

- **Total Population:** ~91.28 million (as of 2025)
- **Population Density:** 1,029 inhabitants per square kilometer
- **Population Distribution (Census 2011):** 91.3 million
- **Population Rank in India:** 4<sup>TH</sup>
- **Decadal Growth Rate (2001-2011):** 13.84%
- **Urban Population Share:** 31.87%
- **Rural Population Share:** 68.13%
- **Population By Gender:**
  - **Males:** 46.80 million (51.3%)
  - **Females:** 44.40 million (48.7%)

### **Literacy:**

- **Total Literacy Rate:** 77.08%
- **Male Literacy Rate:** 81.69%
- **Female Literacy Rate:** 70.54%

### **Sex Ratio:**

- **Sex Ratio:** 947 females per 1,000 males
- **Child Sex Ratio (Age < 6):** 956 females per 1,000 males

### **Religion:**

The state has a diverse religious landscape, with Hindus as the majority and a significant Muslim minority.

- **Hinduism:** Over 70.54%
- **Islam:** 27%
- **Christianity:** Approximately 0.72%
- **Minority Religions:** Buddhism, Jainism, and Sikhism are also practiced (1.03%)

### **Languages:**

- **Official Language:** Bengali
- **Other Spoken Languages:** Hindi, Odia, and Urdu are also spoken



### Other Demographics:

- **Scheduled Castes:** 28.60% of the rural population & 19.90% of the urban population.
- **Scheduled Tribes:** 5.80% of the population & 1.50% of the urban population.
- **Other Backward Classes:** 16% of the population
- **Key Metropolitan Areas:**

**Kolkata** (Capital & Largest City): 14.04 million

**Assansol:** 1.24 million

**Siliguri:** 0.71 million

**Durgapur:** 0.58 million



## Anti Drug Campaign By AWHCF

**AWHCF** Anti-Drug Campaign is an organised effort to prevent and reduce drug abuse by raising public awareness and promoting a negative perception of drug use. These campaigns use various strategies, such as media advertisements, public service announcements, and community programs, to educate people about the risks associated with drug use and encourage them to avoid or quit drugs. Programs include the "**Simply Say No**" campaign and the **All Bengal Youth Anti-Drug Media Campaign**".

- **Goal:**

To change public attitudes and behavior regarding drug use to reduce and prevent drug abuse.

- **Methods:**

- **Media Campaigns:** Using advertisements, TV commercials, and online content to get the message out.
- **Community Programs:** Organising events and local initiatives to support drug-free lifestyles.
- **Public Education:** Holding workshops and presentations to inform the public about the dangers of drugs.

### Examples:

- **"Simply Say No":** A specially designed campaign that will encourage a simple rejection of drugs.
- **All Bengal Youth Anti-Drug Media Campaign:** A specific mass campaign aimed at preventing drug abuse among young people.

### Primary Purpose of The Campaign:



Our primary purpose of an Anti-Drug Campaign is to prevent substance abuse, educate the public about its dangers, reduce demand for illicit substances, and support the treatment and rehabilitation of those affected.

#### **Key Objectives Include:**

- **Raising Awareness:** Educating people, especially youth, about the harmful effects of drugs on individuals, families, and society at large.
- **Prevention And Early Intervention:** Providing individuals, particularly vulnerable populations, with the information and skills necessary to resist peer pressure and deter the onset of substance use.
- **Demand Reduction:** Working to change societal attitudes and behaviors towards drug use to decrease overall demand for illicit substances.
- **Stigma Reduction:** Combating the stigma and discrimination faced by individuals and families affected by drug dependence to encourage them to seek help without shame.
- **Promoting Healthy Lifestyles:** Empowering communities and individuals, especially the youth, to pursue creative paths and adopt healthy, drug-free lifestyles.
- **Facilitating Treatment And Support:** Providing information about available treatment options, rehabilitation services, and support systems (such as helplines and counseling) and encouraging early intervention.
- **Community And Stakeholder Engagement:** Uniting government agencies, educational institutions, NGOs, community organizations, and families in a collective effort to address the drug problem comprehensively.
- **Curbing Supply:** Supporting law enforcement efforts to disrupt drug trafficking networks and ensure a drug-free environment.

Campaigns like the **Nasha Mukh Bharat Abhiyaan** in India adopt a multi-pronged approach combining supply control, demand reduction, and medical treatment to achieve a drug-free society. Resources for prevention, treatment, and support are available through various organisations and government helplines, such as the national toll-free helpline **14446** in India. **AWHCF** will promote similar type of campaigns across various levels of the society.

Like **NAPDDR**, **AWHCF** aims to address the growing challenge of substance abuse through a comprehensive framework focused on preventive education, awareness generation, counselling, treatment, and rehabilitation.

#### **Role of AWHCF in Anti Drug Awareness:**

**AWHCF** aims to play an indispensable and multifaceted role in Anti-Drug Awareness by operating at the **Grassroots Level (Booth Level)** and providing a comprehensive range of services that complement government efforts. Our activities span prevention, treatment, rehabilitation, and policy advocacy.

#### **Key Roles of AWHCF in Anti-Drug Awareness And Prevention:**

- **Grassroots Outreach And Education:** **AWHCF** has designed and planned to implement creative outreach programs in vulnerable communities, schools, colleges, youth groups, and religious institutions. They use various media, including social media campaigns, workshops,

seminars, street plays, and public meetings, to educate people about the dangers and consequences of substance abuse.

- **Tailored Interventions:** Operating at a local level allows **AWHCF** to tailor interventions to the specific cultural and social needs of different demographic groups (e.g., street children, women, youth in conflict with the law), making their awareness campaigns more effective.
- **Counselling And Support:** **AWHCF** will provide essential guidance and counseling sessions, often confidentially, to individuals at risk or already using drugs. This personal support helps address the underlying psychological issues related to substance use.
- **Treatment And Rehabilitation Services:** **AWHCF** will establish and manage de-addiction and rehabilitation centers, offering a holistic approach that includes medical treatment, psychological counseling, therapy, and aftercare support within a short span of time. These services are often provided at low or no cost to those who cannot afford them.
- **Social Reintegration:** A critical role is helping recovered individuals reintegrate into society. This is achieved through social support networks, vocational training, skill development, and job placement assistance, which fosters economic independence and helps prevent relapse.
- **Community Mobilisation And Stigma Reduction:** **AWHCF** will work to mobilise communities, involving local leaders, youth, and families to create a supportive environment and reduce the stigma and discrimination associated with drug dependence. They advocate for treating addiction as a health issue rather than a purely criminal one.
- **Collaboration And Policy Influence:** **AWHCF** will collaborate with government agencies, law enforcement, and international organizations like the **United Nations Office On Drugs And Crime** (UNODC) to share knowledge, inform policy, and ensure a coordinated, multi-agency approach to the drug problem. In India, NGOs are key partners in implementing the government's National Action Plan for Drug Demand Reduction (NAPDDR) and the Nasha Mukta Bharat Abhiyaan. Similarly **AWHCF** has aimed to be a part of the same kind of activities for the sake of social reformities and refinement.
- **Innovation and Research:** **AWHCF** will be at the forefront of developing innovative, evidence-based intervention strategies and conducting research on drug use patterns, which helps in the continuous refinement of prevention programs.

By providing comprehensive, community-based services and advocating for a public health approach, **AWHCF** will be essential partner in tackling the complex challenge of drug abuse and promoting a drug-free society in West Bengal.

In essence, **AWHCF** will complement government efforts by offering a holistic, community-based approach that addresses the psycho-social aspects of substance abuse, not just the legal and medical ones. **AWHCF** will act as a bridge between official government bodies and the realities on the ground, ensuring that awareness messages are culturally relevant and reach those who need them most, while also offering crucial support mechanisms for prevention and recovery.





# **Functional Diagram of AWHCF**

**(For Mission – Anti Drug)**

## **District In-Charge**

**Assistant District In-charge**

**(1 No.)**

**District Co-ordinator**

**(1 No.)**

**Data Entry Operator**

**(2 Nos.)**

**Sub-Division In-Charge**

**(5 Nos.)**

**Block Team In-Charge**

**(26 Nos.)**

**Municipality & GP In-Charge**

**(254+8 = 262 Nos.)**

**Booth Level In-Charge**

**(As Per Requirement)**

**Booth Level Executives**

**(Approx. 5,000 – 10,000)**



## Project Cost for Abuturaab World Humanity Charitable Foundation

| Cost of Salary - Per Month  |                 |          |                       |        |
|-----------------------------|-----------------|----------|-----------------------|--------|
| Designation                 | No. of Position | Salary   | Total Salary          | T.A.   |
| District In-charge          | 1               | 45000.00 | 45,000.00             | Actual |
| Asst. District In-charge    | 1               | 35000.00 | 35,000.00             | Actual |
| District Co-ordinator       | 1               | 35000.00 | 35,000.00             | Actual |
| Data Entry Operator         | 2               | 12000.00 | 24,000.00             | N.A.   |
| Sub-division In-charge      | 6               | 28000.00 | 1,68,000.00           | N.A.   |
| Block Team In-charge        | 26              | 24000.00 | 6,24,000.00           | N.A.   |
| Municipality / GP In-charge | 35              | 20000.00 | 7,00,000.00           | N.A.   |
| Booth Level In-charge       | 100             | 18000.00 | 18,00,000.00          | N.A.   |
| Booth Level Executives      | 1000            | 12000.00 | 1,20,00,000.00        | N.A.   |
| <b>TOTAL</b>                |                 |          | <b>1,54,31,000.00</b> |        |

| Cost of Salary - Per Annum  |                 |          |                        |        |
|-----------------------------|-----------------|----------|------------------------|--------|
| Designation                 | No. of Position | Salary   | Total Salary           | T.A.   |
| District In-charge          | 1               | 45000.00 | 5,40,000.00            | Actual |
| Asst. District In-charge    | 1               | 35000.00 | 4,20,000.00            | Actual |
| District Co-ordinator       | 1               | 35000.00 | 4,20,000.00            | Actual |
| Data Entry Operator         | 2               | 12000.00 | 2,88,000.00            | N.A.   |
| Sub-division In-charge      | 6               | 28000.00 | 14,40,000.00           | N.A.   |
| Block Team In-charge        | 26              | 24000.00 | 49,92,000.00           | N.A.   |
| Municipality / GP In-charge | 35              | 20000.00 | 84,00,000.00           | N.A.   |
| Booth Level In-charge       | 100             | 18000.00 | 1,44,00,000.00         | N.A.   |
| Booth Level Executives      | 1000            | 12000.00 | 9,60,00,000.00         | N.A.   |
| <b>TOTAL</b>                |                 |          | <b>18,51,72,000.00</b> |        |



| Cost of Salary For 10 Years |                 |          |                         |        |
|-----------------------------|-----------------|----------|-------------------------|--------|
| Designation                 | No. of Position | Salary   | Total Salary            | T.A.   |
| District In-charge          | 1               | 45000.00 | 54,00,000.00            | Actual |
| Asst. District In-charge    | 1               | 35000.00 | 42,00,000.00            | Actual |
| District Co-ordinator       | 1               | 35000.00 | 42,00,000.00            | Actual |
| Data Entry Operator         | 2               | 12000.00 | 24,00,000.00            | N.A.   |
| Sub-division In-charge      | 6               | 28000.00 | 28,80,000.00            | N.A.   |
| Block Team In-charge        | 26              | 24000.00 | 2,01,60,000.00          | N.A.   |
| Municipality / GP In-charge | 35              | 20000.00 | 8,40,00,000.00          | N.A.   |
| Booth Level In-charge       | 100             | 18000.00 | 21,60,00,000.00         | N.A.   |
| Booth Level Executives      | 1000            | 12000.00 | 144,00,00,000.00        | N.A.   |
| <b>TOTAL</b>                |                 |          | <b>185,17,20,000.00</b> |        |

| AWHCF Office Expenses |            |            |
|-----------------------|------------|------------|
| Item Description      | Monthly    | Yearly     |
|                       | Price(Rs.) | Price(Rs.) |
| Office Papers (A-4)   | 1800.00    | 14400.00   |
| Cover Files           | 800.00     | 8400.00    |
| Other Expenses        | 4500.00    | 42000.00   |
| Office Rent           | 20000.00   | 180000.00  |
| Electricity           | 3000.00    | 36000.00   |
| Lift Maintenance      | 1200.00    | 12000.00   |
| Maid Salary           | 4000.00    | 48000.00   |
| Other Staff Salary    | 20000.00   | 240000.00  |
| Mobile Expenses       | 4500.00    | 18000.00   |
| Promotion             | 20000.00   | 120000.00  |
| Fuel                  | 20000.00   | 120000.00  |

|                       |                     |                       |
|-----------------------|---------------------|-----------------------|
| Car Hire              | 30000.00            | 288000.00             |
| Misc.                 | 5000.00             | 36000.00              |
| Printing & Stationery | 10500.00            | 18000.00              |
| Office Maintenance    | 6000.00             | 36000.00              |
| Drinking Water        | 1500.00             | 3600.00               |
| <b>TOTAL</b>          | <b>18,33,600.00</b> | <b>1,83,36,000.00</b> |

**Total Office Expenses to be incurred in the coming 10 Years will be  
Rs.18,33,000.00/- X 10 Years = Rs. 1,83,36,000.00/-**

**(Rupees One Crore Eighty Three Lacs Thirty Six Thousand Only)**

**Therefore, Total Expenses to be incurred by AWHCF in the coming 10 Years  
will be Rs. 1,83,36,000.00/- + Rs. 185,17,20,000.00/-**

**= Rs. 187,00,56,000.00/-**

**(Rupees One Hundred Eighty Seven Crores Fifty Six Thousand Only)**



## District In-charge:

The role of a District In-charge in an Anti-Drug Awareness mission is to lead, coordinate, and monitor all demand reduction, awareness, treatment, and rehabilitation activities within their assigned district. This position involves strategic planning, community Mobilisation, and collaboration with local government bodies and other stakeholders.

### Key Responsibilities of a District In-charge include:

#### Strategic Planning & Implementation:

- **Developing Action Plans:** Preparing and executing a localised district action plan for anti-drug campaigns tailored to the specific needs and vulnerabilities of the local population.
- **Program Management:** Overseeing the implementation of various intervention programs, such as Community Peer-led Interventions (CPLI) and Outreach and Drop-In Centres (ODIC).

#### Community Outreach & Awareness:

- **Public Awareness Campaigns:** Organising and leading awareness programs, campaigns, rallies, and educational sessions in schools, colleges, and communities to educate the public about the ill effects of drug abuse.
- **Community Mobilisation:** Increasing community participation and public cooperation in the reduction of demand for dependence-producing substances.
- **Volunteer Management:** Identifying, recruiting, training, and supervising community volunteers and peer educators to effectively spread awareness at the grassroots level.

#### Networking & Collaboration:

- **Liaison with Stakeholders:** Coordinating with the District Commissioner/Magistrate and representatives from key government departments (Health, Education, Police, Women & Child Development, Narcotics Control Bureau) to ensure a multi-agency approach to the problem.
- **Partnership Building:** Fostering partnerships with other local NGOs, educational institutions, and self-help groups to expand the reach and effectiveness of the programs.

#### Service Delivery & Monitoring:

- **Identification and Referral:** Facilitating the early identification of victims and substance users and ensuring their referral and linkage to appropriate counseling, treatment, and rehabilitation services/centres (e.g., **Integrated Rehabilitation Centres for Addicts (IRCA)** or **District De-addiction Centres (DDAC)**).
- **Monitoring and Reporting:** Regularly monitoring the progress and effectiveness of all district-level efforts, collecting data, and providing feedback and reports to the state-level committees and the concerned Ministry.

#### Resource Management:

- **Resource Allocation:** Ensuring the efficient and transparent use of resources and, in some cases, managing financial assistance provided under government schemes like the **National Action Plan for Drug Demand Reduction (NAPDDR)**.





## District Co-ordinator:

The role of a District Coordinator in an NGO/Society for anti-drug awareness involves **planning, implementing, and monitoring community-based drug prevention programs** at the local level. Key responsibilities include coordinating with local stakeholders, supervising field staff, and ensuring program effectiveness and proper documentation.

### Key Responsibilities of a District Co-ordinator:

- **Program Implementation And Supervision:** Oversee the execution of all anti-drug awareness activities and initiatives within the assigned district. This includes providing supportive supervision to block coordinators, field staff, and volunteers.
- **Coordination And Networking:** Establish and maintain strong linkages with key stakeholders at the district level, including government agencies (Health, Education, Police), community-based organisations (youth clubs, self-help groups), and local influencers (religious leaders, community elders).
- **Community Mobilisation And Outreach:** Plan and organise community-based events, workshops, rallies, and awareness lectures to educate vulnerable populations, particularly youth and adolescents, about the ill effects of drug abuse.
- **Planning And Strategy Development:** Assist in preparing the district action plan for the anti-drug campaign and conduct regular district-level planning and review meetings to track progress and address challenges.
- **Identification And Referral:** Help in identifying individuals with substance use disorders and facilitate their referral and linkage to appropriate treatment, counseling, and rehabilitation services.
- **Monitoring And Reporting:** Regularly monitor program outcomes, collect and analyze data on activities, and ensure timely and accurate reporting and documentation of all program activities to the state/national level.
- **Capacity Building:** Support the capacity development of local stakeholders, partners, and field teams through training sessions and workshops to ensure effective program delivery.
- **Resource Management:** Manage program resources, including budgets, staff, and IEC (Information, Education, and Communication) materials, to ensure efficient operation of initiatives.
- **Advocacy And Policy Support:** Advocate for supportive policies and help enforce existing regulations related to drug prevention, such as the ban on the sale of prohibited substances near educational institutions.

## Data Entry Operator

In an NGO/Foundation or Trust, a Data Entry Operator accurately inputs, updates, and maintains critical information (beneficiaries, projects, donations) from physical forms/digital sources into databases, ensuring data integrity, confidentiality, and timeliness, which is essential for reporting, donor compliance, and effective program management by converting field data into actionable insights for decision-making and impact measurement.



### **Key Responsibilities:**

- **Data Input & Management:** Accurately entering data from surveys, beneficiary records, financials, and field reports into systems (like MIS, Excel).
- **Data Quality & Verification:** Cross-checking entries, correcting errors, identifying inconsistencies, and ensuring data completeness.
- **Database Maintenance:** Organising digital files, performing backups, and ensuring easy retrieval of information.
- **Reporting Support:** Compiling data to help create reports for project progress, donor requirements, and internal reviews.
- **Confidentiality:** Protecting sensitive beneficiary and organizational data.
- **Coordination:** Liaising with field staff and other teams to resolve data issues and ensure smooth data flow.

### **Importance in NGOs/Societies:**

- **Donor Accountability:** Provides reliable data for donor reports and funding applications.
- **Program Monitoring:** Tracks beneficiary data (enrollment, retention, learning) for project effectiveness.
- **Strategic Decisions:** Converts raw data into usable information for management to make informed choices.
- **Operational Efficiency:** Keeps records up-to-date, ensuring smooth functioning and avoiding data loss or duplication.

## **Sub-division In-charge**

The term "Sub-Division In-charge" is not a standard or universal job title in the Non-Governmental Organisation (NGO)/Society sector; the specific roles and responsibilities would depend entirely on the NGO's/Society's structure, mission, and the program they are implementing.

In general, an individual in an "In-charge" role within a specific sub-division of an NGO/Foundation might be responsible for:

- **Program Implementation:** Monitoring and supporting program activities at the field level, ensuring that plans are implemented effectively to achieve quality results on time.
- **Coordination:** Acting as a primary link with local partners, community leaders, and government authorities to ensure effective collaboration and avoid duplication of efforts.
- **Administration & Finance:** Performing various administrative and financial monitoring tasks related to the sub-division's activities and managing the local budget and resources.
- **Documentation & Reporting:** Maintaining accurate and up-to-date records of project data, documentation, and information, and preparing reports for senior management, partners, and donors.
- **Community Engagement:** Serving as a primary point of contact for the public and volunteers within the local area, addressing concerns and encouraging community participation in initiatives.

- **Logistics & Resource Management:** Ensuring that supplies and equipment are properly distributed and utilized, particularly during emergency response activities.
- **Disaster Response (if applicable):** Assisting in disaster management operations, which may include preparedness, response, and recovery efforts, working closely with local authorities and the community.

The precise nature of the role is highly dependent on the NGO's specific operational needs and the context in which it operates.

## Block Team In-charge

The role of a Block Team In-charge (also known as a Block Officer or Program Officer) in an NGO is a pivotal field-level leadership position, essentially functioning as the "**CEO of the block**" for the organization's interventions in that specific geographical area. This individual is responsible for the end-to-end execution of projects, team supervision, and coordination with local stakeholders.

Key responsibilities typically include:

### Program Implementation & Management

- **Oversee Project Execution:** Driving the implementation of thematic activities and ensuring program goals are met within the assigned block.
- **Field Support:** Conducting frequent field visits to all project villages and providing hands-on support and supervision to field coordinators and other team members.
- **Community Mobilisation:** Organising community meetings, awareness campaigns (e.g., enrolment drives for education, health camps), and working closely with the community to ensure effective project implementation.

### Coordination & Liaison

- **Government Relations:** Coordinating with various stakeholders, including government officials at the block and district levels, Panchayat representatives, and other line departments to facilitate smooth project implementation and ensure alignment with government schemes.
- **Partnerships:** Actively participating in networking meetings and fostering relationships with other NGOs/Societies and local partners.
- **Resource Management:** Facilitating access to resources, whether it's linking Self-Help Groups (SHGs) with banks or securing technical assistance through relevant extension officers.

### Monitoring, Reporting & Capacity Building

- **Data Collection & Analysis:** Collecting, maintaining, and analyzing project-relevant data to monitor progress and produce required reports (daily, weekly, monthly, etc.).
- **Monitoring & Evaluation:** Establishing metrics for success, analyzing project outcomes, and ensuring accountability and quality control of operations.
- **Training & Mentorship:** Identifying training needs, conducting training programs for field staff and community members, and providing handholding support to subordinates.



In essence, the Block Team In-charge acts as the primary link between the NGO's strategic goals and their practical application at the grassroots level, ensuring effective and impactful delivery of services to the target community.

## **Municipality / Gram Panchayat In-charge:**

The role of a **Gram Panchayat Supervisor** in **AWHCF** for Anti-Drug Awareness primarily involves community mobilisation, coordinating awareness programs, facilitating access to treatment services, and serving as a key liaison between the NGO, local government (Panchayati Raj Institutions) and the community.

### **Key Responsibilities of Panchayat Supervisors:**

- **Community Mobilisation And Outreach:** The Panchayat Supervisor engages community leaders, youth, women's associations (Mahila Mandals), and self-help groups to participate in awareness generation programs. They work to build a sense of collective responsibility against drug abuse.
- **Program Coordination And Implementation:** They assist NGOs/Societies in formulating and implementing comprehensive anti-drug programs that are culturally appropriate and use local languages. This includes organizing public meetings, seminars, street plays, and competitions (essay writing, etc.) to educate the masses on the ill-effects of drugs.
- **Identification And Referral:** The Panchayat Supervisors help identify vulnerable individuals (especially adolescents and youth) within the community who are at risk or already using substances. They then facilitate their referral and linkage to professional counseling, treatment, and rehabilitation services provided by the NGO or government centers.
- **Capacity Building And Training:** They help develop human resources at the local level by training volunteers and peer educators to deliver preventive education and life skills sessions.
- **Data Collection And Reporting:** Panchayat Supervisors may be involved in community mapping and assessment to measure the extent of drug abuse patterns and trends, helping the NGO to tailor its strategies and report progress to relevant authorities.
- **Enforcement Linkage:** They collaborate with local law enforcement agencies and educational institutions to increase surveillance in areas around schools and ensure that drugs and substances are not easily available to children.
- **Advocacy And Stigma Reduction:** A key role is to advocate for the reduction of stigma and discrimination against individuals dependent on substances, promoting their social reintegration and acceptance within the community.

In essence, the Panchayat Supervisor acts as a bridge, ensuring the NGO's efforts reach the grassroots level effectively and are sustained through local participation and ownership.

## **Booth Level Executives:**

In **AWHCF** Anti-Drug Awareness campaign, Booth Level Executives (BLEs) serve as **grassroots-level change agents** who connect the community with the organization's initiatives. Their primary roles include community mobilization, information dissemination, and facilitating access to support services.



**Specific responsibilities of a Booth Level Executive Typically involve:**

- **Community Mobilisation:** Engaging local residents and encouraging active participation in anti-drug programs, events, and workshops.
- **Awareness Generation:** Organizing and conducting door-to-door outreach, street plays (Nukkad Plays), rallies, and local events to educate people about the harmful effects of drug abuse.
- **Information Dissemination:** Distributing informative, educational, and communication (IEC) materials such as pamphlets, posters, and booklets in their assigned areas.
- **Identification and Referral:** Identifying individuals who may be vulnerable to or already involved in substance abuse and guiding them to the nearest counseling centers, treatment facilities, and de-addiction centers.
- **Data Collection and Reporting:** Assisting in surveys to identify high-risk populations (e.g., unemployed youth, slum dwellers) and submitting periodic reports on field activities and progress to district or state-level committees.
- **Networking And Collaboration:** Working with local stakeholders, including school/college authorities, resident welfare associations (RWAs), and other community leaders, to strengthen the anti-drug messaging and support systems.
- **Capacity Building:** Participating in training and capacity-building programs to acquire the necessary skills and knowledge for effective primary drug abuse prevention efforts.

Essentially, the BLEs are the frontline workers responsible for ensuring that the campaign's message reaches every household and that affected individuals receive timely help, thereby ensuring effective implementation at the most local level.





# **Roles & Responsibilities of The Staff Across Levels - At A Glance**

## **1. District In-Charge (District Head)**

### **Main Role:**

Overall leader of Anti-Drug Mission at district level.

### **Responsibilities:**

- Plan, manage, and monitor all anti-drug activities in the district.
- Coordinate with district administration, police, health department, and NGOs.
- Approve action plans of coordinators and supervisors.
- Conduct monthly district review meetings.
- Ensure awareness camps, school programs, and community campaigns are executed properly.
- Manage district-level reporting and documentation.
- Handle media communication and public relations.
- Provide support in crisis situations such as drug-related emergencies.
- Maintain transparency and accountability of district operations.

## **2. District Co-ordinator**

### **District Co-ordinator – Roles & Responsibilities**

#### **A. Official & Administrative Work**

- Maintain all district-level Anti-Drug project files and documentation.
- Prepare and update action plans, monthly schedules, and activity calendars.
- Issue instructions and circulars to GP Supervisors and Booth Level Executives (BLEs).
- Prepare meeting agendas and conduct review meetings.
- Maintain communication with police, health department, schools, and local administration.
- Verify and approve reports submitted from GP and booth levels.
- Ensure all activities follow organizational rules and government compliance.

#### **B. System Work & Data Entry**

- Monitor all digital data collection from GPs and booths.
- Verify household surveys, youth risk assessments, awareness program reports, etc.
- Update district dashboard, MIS, Google Sheet, or software system.
- Maintain digital records of counselling cases, referrals, and follow-up cases.
- Ensure BLEs and GP Supervisors submit data correctly and on time.
- Prepare clean, error-free MIS reports for headquarters.

#### **C. Follow-up Work (GP Supervisor & BLE Activities)**

- Daily follow-up with Gram Panchayat Supervisors regarding field visits.
- Confirm BLE attendance, field movement, and daily reports.



- Follow up on special cases (youth addicts, high-risk families).
- Track progress of awareness campaigns, school programs, rallies and meetings.
- Identify low-performing areas and arrange corrective actions.
- Provide support, reminders, and guidance to improve field performance.

### 3. Sub-division In-charge

#### Responsibilities:

- **Project Execution:** Overseeing the day-to-day operations and execution of the NGO's programs and works within their assigned sub-division.
- **Resource Management:** Mobilizing and managing local human resources, including staff, volunteers, and community cadre, as well as managing financial resources and maintaining accurate accounts for the sub-division.
- **Capacity Building:** Ensuring the ongoing training and development of local staff and volunteers to effectively meet the program's objectives.
- **Community Liaison:** Acting as the key link between the local community/beneficiaries, local government (e.g., civic agencies, law enforcement), and the NGO's main office to ensure community needs are met and collaboration is effective.
- **Monitoring and Reporting:** Keeping track of project status, progress, and follow-up actions, and providing timely and accurate reports to superior officers (e.g., Executive Engineer or Project Manager).
- **Problem-Solving:** Addressing challenges, ambiguities, and problems that arise during the course of work at the local level and finding innovative solutions to adapt to changing circumstances.
- **Compliance and Regulation:** Ensuring all local activities and financial management comply with organizational policies, work norms, and relevant legal and regulatory requirements.
- **Stakeholder Collaboration:** Collaborating with various local stakeholders, government departments, and community groups to ensure a coordinated and participatory approach to development initiatives.

### 4. Block Team In-charge

#### Responsibilities:

- **Program Implementation:** Manage, coordinate, and ensure the quality and timely execution of all thematic project activities within the block, adhering to the project plan and objectives.
- **Team Leadership & Supervision:** Provide guidance, support, and handholding to field coordinators and community-level staff (e.g., community health workers, volunteers), including training, monitoring their work, and resolving day-to-day issues.



- **Community Mobilisation & Engagement:** Organise and participate in community meetings (e.g., Gram Shiksha Sabha, Mohalla Meetings) to raise awareness, encourage participation, gather feedback, and ensure the community feels supported and connected to the NGO's/Society's mission.
- **Stakeholder Coordination & Convergence:** Act as the nodal person for liaising and coordinating with local government officials, Panchayat representatives, other line departments (e.g., Health, Education), and partner organisations to facilitate smooth implementation and avoid duplication of effort.
- **Monitoring And Evaluation (M&E):** Monitor program progress against agreed indicators and milestones, ensure the collection and maintenance of accurate data and use this information to take corrective actions or adapt strategies as needed.
- **Reporting And Documentation:** Ensure daily, weekly, and monthly data collection and report writing, submitting timely updates on program activities, progress, and performance to the District Program Officer or relevant higher authorities.
- **Problem Solving:** Identify and resolve problems or challenges faced by the field team in their daily duties, escalating difficult or complex issues to the district level for resolution.

This role requires extensive field travel and a strong understanding of local dynamics and government policies to effectively serve marginalised communities and drive positive social change.

## 5. Gram Panchayat Supervisor

### Main Role:

Lead anti-drug activities at the Gram Panchayat level.

### Responsibilities:

- Supervise all Booth Level Executives under the GP.
- Conduct door-to-door awareness activities and guide BLEs.
- Maintain GP-wise register of drug-related cases, awareness events, and surveys.
- Meet Panchayat Pradhan and local leaders to plan awareness programs.
- Organise village campaigns, rallies, and public meetings.
- Support schools, clubs, and SHGs in spreading anti-drug messages.
- Submit weekly reports to District Coordinator.
- Identify vulnerable households and refer cases for counselling or help.



## 5. Booth Level Executives (BLEs)

### Main Role:

Ground-level field worker, directly interacts with the community.

### Responsibilities:

- Conduct household surveys (Drug Risk Assessment).
- Record data of youth, students, and vulnerable persons.
- Distribute awareness leaflets and explain harmful effects of drugs.
- Report any suspicious drug activities to the GP Supervisor.
- Organise small group meetings with families, youths, and local clubs.
- Support recovery counselling and guide people towards medical help.
- Maintain daily field activity report.



## Key Roles/Activities & Operational Aspects of AWHCF

As a new Society or Foundation AWHCF primarily operates to address social, environmental, or humanitarian issues where governmental or market solutions fall short. Its role can be broadly summarised as filling service gaps, advocating for change, and empowering communities.

### Core Roles of AWHCF

- **Service Delivery:** As a New operational Foundation AWHCF will start by providing direct, on-the-ground services and humanitarian aid to specific, underserved communities. This can include immediate relief (food, shelter, medical care during disasters) or ongoing services like education, healthcare, and skill development.
- **Advocacy And Awareness:** AWHCF will focus on raising public awareness about critical issues (human rights, environmental protection, social justice) and lobbying for policy changes. It will act as a voice for marginalised or vulnerable populations to influence public opinion and government accountability.
- **Community Empowerment:** A key function of AWHCF involves working at the grassroots level to mobilise and organise communities, helping individuals understand their rights and build self-reliance through training and capacity-building programs.
- **Innovation And Research:** AWHCF will often pilot innovative approaches to social problems. Through research and data collection, we will provide valuable insights that can inform more effective strategies for both themselves and government agencies.
- **Bridging Gaps:** AWHCF will act as a crucial link between the government, private sector, and the public, ensuring that concerns from the ground level reach policymakers and that services are delivered efficiently to those who need them most.

## Key Operational Aspects

- **Non-Profit:** By definition, all profits or income are used to further the organisation's objectives, not distributed to members or shareholders.
- **Independence:** While many NGOs receive government funding for specific projects, they operate independently of direct government control, which allows for greater flexibility and an unbiased approach to their mission. The same is applicable for AWHCF.
- **Funding:** As a New Foundation AWHCF will typically rely on a diverse range of funding sources, including individual donations, grants from foundations and corporations (often through Corporate Social Responsibility initiatives), and crowd funding.
- **Transparency:** To build trust with donors and the public, AWHCF will be maintaining a high degree of transparency in its' work and finances which is essential for a new entity's credibility and long-term viability.

In essence, as a new Foundation's role is to be an agile, mission-driven agent of positive social change, working tirelessly to address specific needs and build a more equitable society.

**This Project is Prepared by Me on Dated: - 15/12/2025**



**For SHUBHASHISH SARKAR & CO.**

**Chartered Accountants**

**Proprietor**

**SHUBHASHISH SARKAR**



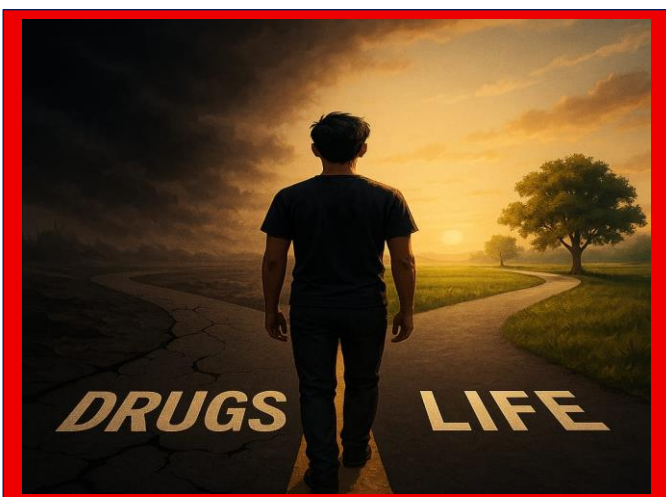
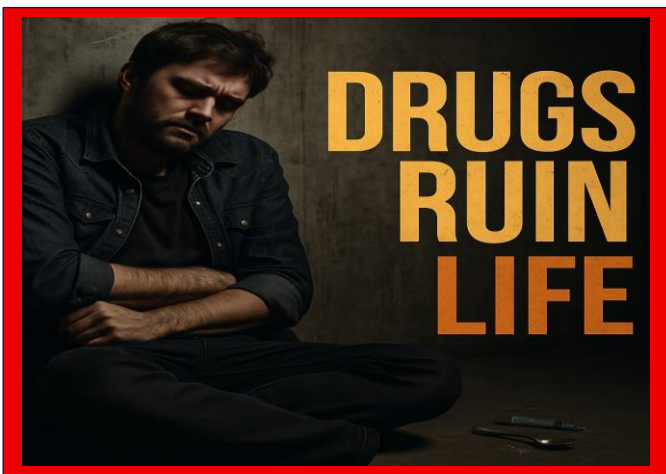
# Project: - Anti-Drug Mission

In West Bengal, India

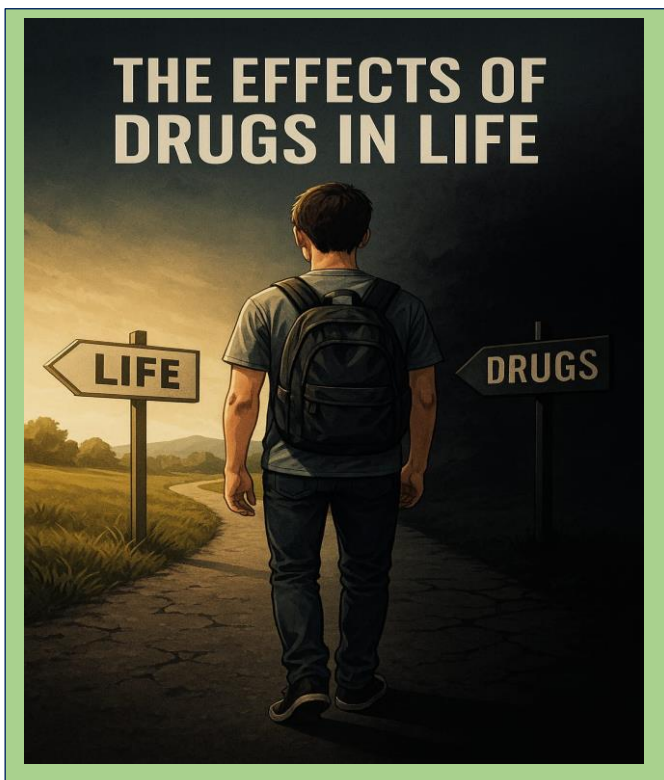
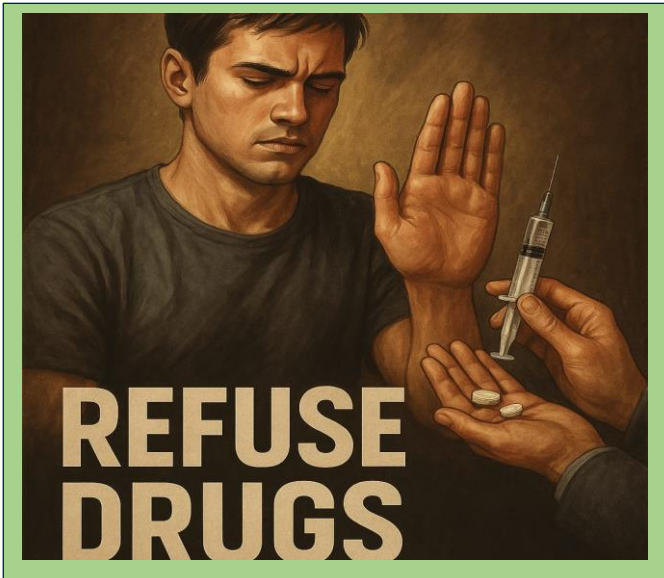
By: - ABUTORAAB WORLD HUMANITY CHARITABLE FOUNDATION

Picture of Drug Addicted Teenager

## BEFORE TREATMENT

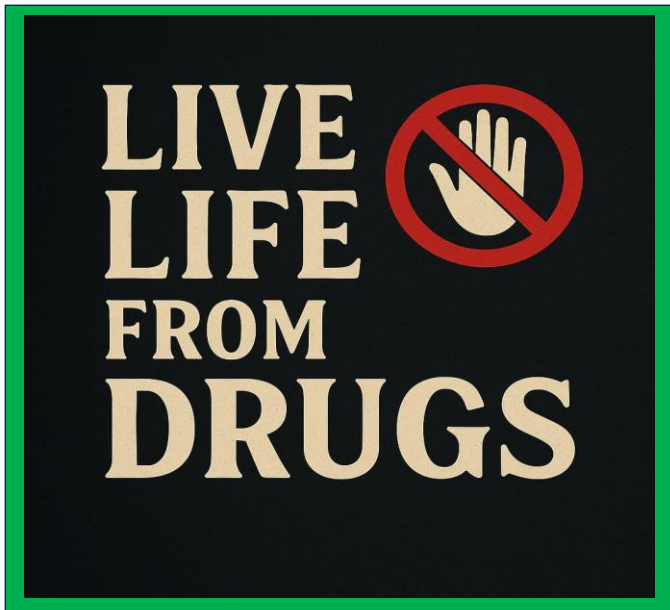





## AFTER TREATMENT





## DRUG HATAW DESH BACHAW





Together for Drug Free Tomorrow

### ANTI DRUG MISSION IN MURSHIDABAD WEST BENGAL, INDIA

UNDER ABUTORAAB WORLD HUMANITY  
CHARITABLE FOUNDATION

**Introduction**  
The rising prevalence of drug abuse, adversely impacts youth and communities of Murshidabad.

**Objectives of the Mission**

- Educating youth about the hazardous risks, and providing counseling and through a drug-free society
- Collaborating with local entities, for a drug-free society

**Target Areas**

- Schools, colleges, and high-risk communities, social media outreach

**Implementation Strategy**

- Systematic plan focus on awareness, intervention, and rehabilitation, social media outreach

**Expected Outcomes**

- Empowering youth, reduce drug addiction, and raising public awareness

**Stakeholders & Partners**

- Local NGOs, volunteers, influencers and administration
- Media partners

**Foundation Overview**  
ABUTORAAB WORLD HUMANITY CHARITABLE FOUNDATION

**AWARENESS TODAY, FREEDOM TOMORROW**  
**ABUTORAAB WORLD HUMANITY CHARITABLE FOUNDATION**  
3rd Floor, Radhikanagar, Berhampore, Murshidabad, West Bengal-742102, India, Near Passport Office.

