

**Summary report for**  
**Ministry of Social Justice and**  
**Empowerment**

**On**

**EFFECTIVENESS AND IMPACT OF**  
**ACTIVITIES OF NISD IN THE FIELD OF**  
**PREVENTION OF DRUGS & SUBSTANCE**  
**ABUSE AND GERIATRIC & OLD AGE CARE**

Summary .....	3
1. Prevention of Drugs and substance abuse: .....	3
2. Geriatric and old age care:.....	3
Datamation feedback.....	4
1. Geriatric and Old Age Care RRTC name as follows: .....	4
2. Prevention of Drug and Substance Abuse RRTC name as follows: .....	5
Trainings in FY 2016-17 .....	5
A. Geriatric and Old age care trainings .....	5
B. Prevention of Drugs and substance abuse trainings.....	6
Comments, suggestion and feedback of training program from the beneficiaries:.....	6
1. Comments and Feedback on Geriatric and Old Age Care Training provided .....	6
2. Comments and Feedback on Geriatric and Old Age Care Training provided .....	8
Training Impact Evaluation .....	10
1. Evaluation of Geriatric and old age care training by RRTC .....	10
1.A. Evaluation of Geriatric and old age care trainings by RRTC .....	10
1.B. Evaluation of Geriatric and old age care Trainings beneficiaries of RRTC .....	10
2. Evaluation of Prevention of drug and substance abuse training by RRTC.....	11
2.A. Evaluation of Prevention of Drug and substance abuse trainings by RRTC.....	11
2.B. Evaluation of Prevention of Drug and substance abuse Trainings beneficiaries at RRTC .....	12
3. NISD trainings at other locations .....	12
3. A. Geriatric and old age care Trainings by NISD at other locations .....	12
3. B. Prevention of Drug and substance abuse Trainings by NISD at other locations and its beneficiaries.....	13
Suggestion and recommendation by Datamation:.....	13
1. Suggestion.....	13
1.1 Identification of new programmes could be introduced in both program.....	13
1.2 Assessment of standard of NISD courses and their conforming to international standards .....	15
1.3 To examine the adequacy of number of program offered by NISD.....	15
1.4 Need for affiliation of NISD with a University.....	15
1.5 Need for affiliation with government skill development agencies / institutions .....	16
2. Recommendations .....	16

## Summary

The Datamation Consultant Private Limited conducted assessment of NISD and RRTC for Ministry of Social Justice, Government of India on following two projects:

1. Prevention of drug and substance abuse
2. Geriatric and old age care

### **1. Prevention of Drugs and substance abuse:**

The controversial film 'Uda Punjab' touched upon a grim reality of the drug menace in India – the widespread use of drugs by youths, teenagers and children's. Drug addiction, as the film depicted, is certainly not confined to any particular section of society but it is assumed that the most vulnerable and marginalized groups, would be at a considerably higher risk. The condition of drug addicted is compounded by an exploitative socio-economic structure within and outside the family, lack of access to education and healthcare, rapid urbanization, rural to urban migration, rapid population growth, and extreme poverty. These drug addicted work as hawkers, prostitutes, shoe shine boys and helps in shops, restaurants and dhabas and in factories. Many scavenge for food, beg and take to petty crimes. They are exposed to high health hazards, unhygienic conditions of living and harassment by the police (in some cases) or society. Drug abuse has serious consequences in terms of health, crime rates and economic and social development of the country. Many countries, including India, have taken steps to address the widespread problem with varying degrees of success.

For the purpose of prevention of drug and substance abuse and demand reduction, the Ministry of Social Justice & Empowerment has been implementing the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse since 1985. The Scheme was revised thrice in 1994, 1999, 2008 and 2015, at present provides financial support to NGOs and employers mainly for Awareness and Preventive Education, Drug Awareness and Counseling Centers, Integrated Rehabilitation Centers for Addicts (IRCAs), Workplace Prevention Program (WPP), De-addiction Camps, NGO forum for Drug Abuse Prevention, Innovative Interventions to strengthen community based rehabilitation, Technical Exchange and Manpower development programme, Surveys, Studies, Evaluation and Research on the subjects covered under the scheme.

### **2. Geriatric and old age care:**

Old age had never been a problem for India where a value- based joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. Ageing as a natural phenomenon has all along engaged the attention of the civilized world. Provision for the aged in the society has become one of the constitutive themes of our modern welfare state. The problems of the aged vary from society to society and have many dimensions in our country. However, the disintegration of the joint family system and the impact of economic change have brought into sharp focus the peculiar problems which the old people now face in our country. And in the traditional sense, the duty and obligation of the younger generation towards the older generation is being eroded. The older generation is caught between the decline in

traditional values on one hand and the absence of an adequate social security system on the other hand thus, finding it difficult to adjust in the family.

Ultimately, it could be concluded that the general feelings of the elderly women living in the families had better position than that of the elderly women of the institution. Better social relations were maintained by the family dwellers because they had regular interaction, expressions of feelings and support from the family. The existing condition of the elderly women living in the institution was that they felt lonelier, depressive and had a lower level of satisfaction with life. In this context, the need for preserving our tradition of a joint family and the mutual cooperation and understanding between the younger and the older generations could be more pressing. The situation calls for concerted efforts of the government, non-governmental organizations, religious institutions and individuals not only to understand but also to solve or at least mitigate the whole gamut of problems resulting from a graying society so that the aged people can lead a dignified and meaningful life.

For the purpose of Geriatric and old age care, the Ministry of Social Justice & Empowerment has been implementing the Scheme of Old age care. The Scheme provides financial support to NGOs and its employers mainly for:

- Awareness and Preventive Education
- Old age care
- NGO forum for Old age care
- Innovative Interventions to strengthen community based rehabilitation
- Technical Exchange and Manpower development programme
- Surveys, Studies, Evaluation and Research on the subjects covered under the scheme.
- Designate an NGO of repute with adequate experience and consistently good track record as RRTC for each State following the procedure prescribed by it. RRTCs so designated shall essentially be responsible for devolution of the mandate of old age program at the State level. RRTCs should carry out inspections and monitoring. RRTC will give feedback to Ministry if NGOs continue to perform poorly (in spite of repeated warnings) and are involved in malpractices.

## **Datamation feedback**

The Datamation study on both the topics and done evaluation of the programmes conducted by NISD at NISD, New Delhi and at 20 RRTCs which runs for the different programmes as below:

### **1. Geriatric and Old Age Care RRTC name as follows:**

- Anugrah
- Calcutta Metropolitan Institute of Gerontology (CMIG)
- Centre for the Study of Social Change
- Heritage Foundation
- Integrated Research Development Education Organization (IRDEO)

- Jana Seva Foundation
- National Resources Centre for Women Development
- Nightingales Medical Trust (NMT)

## 2. Prevention of Drug and Substance Abuse RRTC name as follows:

- TT Ranganathan Clinical Research Foundation
- Society For Promotion of Youth & Masses
- Kripa Foundation
- Calcutta Samaritans
- Galaxy Club
- Muktangamitra
- Mizoram Social Defence & Rehabilitation Board
- Changanachery Social Service Society Kerala
- Gunjan Organisation for Community Development
- Patron Opium De-Addiction Treatment Training and Research Trust
- Association for Voluntary Action (AVA)
- Sri Shakti Association

## Trainings in FY 2016-17

The trainings plan for both the program for FY 2016-17 details are as follows:

### A. Geriatric and Old age care trainings

Training Calendar of the NISD and other partnering agencies in the year 2016-2017 for Geriatric and Old Age Care: In the year 2016-2017, NISD conducted following programmes in the partnership with the RRTCs as follows:

Collaborating Agency	No of Programme	No. of Beneficiaries	Fund Released
Anugraha, Delhi	10	820	1559892.00
Calcutta Metropolitan Institute of Gerontology (CMIG)	11	380	1300070.00
Centre for the Study of Social Change	7	260	317360.00
Heritage Foundation	11	342	1030390.00
Integrated Research Development Education Organization (IRDEO)	11	380	1283900.00
Jana Seva Foundation	9	308	678942.00
National Resources Centre for Women Development			
Nightingales Medical Trust (NMT)	8	320	670330.00
Others	15	1315	5075974.00
<b>Grand Total</b>	<b>82</b>	<b>4125</b>	<b>1,19,18,858.00</b>

Implementation of the Old Age and Geriatric Care Training Programmes in the year 2016-2017: 82 training programmes were sanctioned mandated to benefit 4125. NISD budget for the coverage of the 2016-17 training programmes was Rs. 1,19,18,858/- (Rs. One Crore Nineteen Lakh Eighteen Thousand Eight Hundred Fifty Eight only).

## B. Prevention of Drugs and substance abuse trainings

The distribution summary of the Training Programmes conducted in the Prevention of Drug & Substance Abuse in 2016-17 is as follows:

Collaborating Agency	No of Programme	No. of Beneficiaries	Fund Released
TT Ranganathan Clinical Research Foundation	14	500	762080.00
Society For Promotion of Youth & Masses	14	500	762080.00
Kripa Foundation	5	200	74800.00
Calcutta Samaritans	14	500	732320.00
Galaxy Club	15	525	732060.00
MuktanganMitra	2	50	276640.00
Mizoram Social Defence & Rehabilitation Board	17	600	903200.00
Changanachery Social Service Society Kerala	15	525	864160.00
Gunjan Organisation for Community Development	15	525	804060.00
Patron Opium De-Addiction Treatment Training and Research Trust	14	500	707680.00
Association for Voluntary Action (AVA)	15	525	804060.00
Sri Shakti Association	15	525	804060.00
Others	112	11559	5042243.00
<b>Grand Total</b>	<b>267</b>	<b>17059</b>	<b>1,32,69,443.00</b>

Implementation of the Drug and Substance Abuse Training Programmes in the year 2016-2017: 267 training programmes were conducted to benefit 17059. NISD budget for the coverage of the 2016-17 training programmes was Rs. 1,32,69,443/- (Rs. One Crore Thirty Two Lakh Sixteen Nine Thousand Four Hundred Forty Three only).

## Comments, suggestion and feedback of training program from the beneficiaries:

### 1. Comments and Feedback on Geriatric and Old Age Care Training provided

- The popular courses are three months course for bedside assistance for geriatric care (54.9%), followed by five day training programme on geriatric care (31.1%) and even six months certificate course on geriatric care (11%) also appear to be a popular programme.
- Most participants of the Geriatric Care programmes are distributed across rural and urban areas with the semi-urban areas origin being on the higher side.

- Predominantly Women Participants were 65.7% and the engagement of the male participants appears on the lower side i.e. 34.3%.
- It is heartening to see a large concentration of the participants from the OBC, ST and SC backgrounds; however the General category accounts for 56.2% participants.
- The Education Profile of the Participants reveals higher concentration at the Graduate and less for e.g. Plus 12 accounting (26.2%), 10<sup>th</sup> or less (6.9%) establishing a career prospect for both lesser educated. PG and above are around 15% also establishing attraction of the NISD training programmes for the specialized programmes.
- The occupational profile of the participants is predominantly Private sector health care (34%) and also a large concentration of students (19.7%) and also a specialized Govt. & NGO Jobs working in the specialized Geriatric and Old Age Care (7.3%).
- Majority participants stated they are from the Joint Family Background.
- While most participants are from the APL category, the BPL and other economic category is also a very large proportion of the participants (45%).
- The income backgrounds of the trainee participants are from the lower economic strata of the society. Largest chunk of the participants are from the income range (62%) of Rs. 1-2 lakh and less.
- The age group of the participants is predominantly less than 40 years of age viz. 30-40 years (10.3%) 20-30 years (59.2%), Less than 20 (12.9%). Higher age bracket engagement is limited.
- Most participants attend 3 months programme (93.6%), followed by 1 month training programme (4.7%) and other categories participation is less.
- All participants have not paid for the course in the training programme.
- The Informal sources of Information are by Friends or Family (36.9%) followed by the Institutional sources be they RRTC and NGOs account for 19.7% sources of awareness of the Old Age and Geriatric Care.
- Mostly all the participants registered online for the Geriatric and old age care training programmes. (Please note that online means via email, or sending information through mobile)
- Highest number of participants affirmed to increase the programme duration (36.9%), improvement in the quality and Programme content related responses accounted for (19.7%) responses, Placement related responses were also 18.9% and the training infrastructure related improvements sought (16.3%).
- Full time residential Programme accounts for the largest share of the training participants (79.8%) and non-residential programmes accounted for (20.2%).
- A large number of participants of the Old Age & Geriatric Care training programme (29.2%) whilst 67% rated the training programmes as Good; whilst 3.9% rated the training programme as fair. There were no responses for the training programme rated poor.
- A large number of participants confirmed that the training programme was interactive and encouraged participation (71.7%); while an equally large percentage of the

participants felt the programme was both theoretical as well as interactive (17.2%). Only a small group of participants felt the training programme was theoretical (10.7%).

- The NISD Old Age & Geriatric Care training programmes related training programmes appear to have benefitted the participants by enhancing skills & knowledge (77.3%), enhanced social consciousness (12.9%) and also improved employability (9.9%).
- An overwhelming share of participants (99%) confirms they shall recommend the course to others.
- In the Old Age & Geriatric Care 52.8% participants confirmed the Training Organizers keeping in contact with them after training programme; however still lot of improvement in this regard needs to get implemented as 47.2% participants confirmed the organizers do not remain in contact with them.
- Only 18.5% participants appeared to be confirming placement assistance, and 81.5% not getting any placement assistance.
- Social empathy accounts for 29.6% response for attending the course. However for 65.2% participants the training programme is seen as improving the career prospects (35.7%) and specialization in the field (2.1%) are few other reasons for the training participants for joining the programme.

## **2. Comments and Feedback on Geriatric and Old Age Care Training provided**

- The popular courses are three days orientation course for the nurses and for the ward boys (20.2%), One Month Course On Drug De-addiction Counseling for NGOs/IRCA's functionaries or minimum graduates in Social Sciences such as Social Work, Psychology & Sociology (13.7%), followed by 5 Days Orientation Course on Drug Abuse Prevention (Unit-II) skill Development on Counseling Issues & Process for functionaries (11.5%) . One day Awareness Programme on Drug Abuse Prevention for Students (8.2%) also appears to be a popular programme.
- Most participants of the Drug & Substance Abuse Prevention training programmes are from urban areas (56.4%).
- Predominantly Male Participants (53.7%), however the women participants are in equal force in many of the Programmes.
- It is heartening to see the largest concentration of the participants from the OBC, ST and SC backgrounds and also from MBC (4.5%) Minorities (6.7%).
- The Education Profile of the Participants reveals higher concentration at the Graduate and less establishing a career prospect for both lesser educated. PG and above are around 42% also establishing attraction of the NISD training programmes for the social sector and development professionals.
- The occupational profile of the participants is currently distributed across Govt. Jobs working in the specialized Drug & Substance Abuse specially. Students from the schools and colleges also constitute a healthy mix from the participants attending NISD training programmes.
- There is an almost equal proportion of the joint and nuclear families background.



- While most participants are from the APL category, the BPL category is also a very large proportion of the participants (32.4%).
- The income backgrounds of the trainee participants are from the lower economic strata of the society. Largest chunk of the participants is in the range of Rs. 1-2 lakh and less.
- The age group of the participants is predominantly less than 40 years of age viz. 30-40 years (29.5%) 20-30 years (34.1%), less than 20 (19.1%).
- Most participants are for the 5 days programme (45.3%), followed by 3 days (21.6%) and lastly 1 day (19%). Interestingly the number of participants in the one month long programme is also significant (11%).
- The Institutional sources of awareness for training programmes are RRTC (20.8%) and their own NGOs as well as others (29.2%) are the predominant sources of information of the Drug and Substance Prevention Programmes.
- Highest number of participants affirmed to increase the programme duration (34%), improvement in the quality and Programme content related responses accounted for (24%) responses, Placement related responses were also 11.8% and the training infrastructure related improvements sought (10.6%).
- Full time residential Programme accounts for the largest share of the training participants (60%) and non-residential programmes accounted for (28.8%).
- A large number of participants confirmed that the training programme was interactive and encouraged participation (61.7%); while an equally large percentage of the participants felt the programme was both theoretical as well as interactive (31%). Only a small group of participants felt the training programme was theoretical (7%).
- A large number of participants of the Drug and Substance Abuse (53.3%) rated the training programmes as excellent; whilst 43.4% rated the training programme as fair. Only a very insignificant part of the training participants rated the programme poor.
- A large number of participants confirmed not getting any practical exposure in the training programme(39%) while 61% participants confirmed they got practical field exposure and orientation.
- The survey also made an attempt to analyze the reasons for dissatisfaction amongst the participants who felt the training programme was not satisfactory viz. Practical exposure not provided (19.6%) and also the Quality of the Instructor /Resource Person (8.1%).
- Social empathy accounts for the highest response for attending the course (42.4%), followed by the training programme being seen as improving the career prospects (35.7%) and Specialization in the field (15.8%) are few other reasons for the training participants for joining the programme.
- The NISD Drug & Substance use prevention related training programmes appear to have benefitted the participants by enhancing skills & knowledge (58%), enhanced social consciousness (25.2%) and also improved employability (11.7%).
- An overwhelming share of participants (96%) confirms they shall recommend the course to others.

- In the Prevention of Drug & Substance abuse programmes 54.2% participants confirmed the Training Organizers keeping in contact with them after training programme; however still lot of improvement in this regard needs to get implemented as 46% participants confirmed the organizers do not remain in contact with them.
- Unfortunately only 17% participants appeared to be confirming placement assistance, and 82.6% not getting any placement assistance.

## Training Impact Evaluation

### 1. Evaluation of Geriatric and old age care training by RRTC

#### 1.A. Evaluation of Geriatric and old age care trainings by RRTC

As per NISD schedule, RRTCs have to arrange minimum 67 trainings on Geriatric and old age care. The details of training organized as per requirement is as follows:

OLD AGE RRTC and NISD Training Details	As per RRTC	As per NISD Schedule	Difference	RRTC
RRTC Name	No. of Program	No. of Program	No. of Program	% achievement
Anugraha Delhi	10	10	0	100%
Center for Study of Social Change Mumbai	22	7	15	314%
CMIG Kolkata	10	11	-1	91%
Heritage Foundation	13	11	2	118%
IRDEO, Manipur	10	11	-1	91%
Jan Seva Foundation Pune	14	9	5	156%
NRCWD (IPOP) ODISHA	0	0	0	0%
Nightingales Medical Trust (NMT) Bangalore	9	8	1	113%
<b>Old Age TOTAL</b>	<b>88</b>	<b>67</b>	<b>21</b>	<b>131%</b>

#### 1.B. Evaluation of Geriatric and old age care Trainings beneficiaries of RRTC

As per the NISD, minimum number of beneficiaries for Geriatric and old age training beneficiaries would be 2810. In actual most of the RRTC achieved the target except Anugraha, Delhi and NRCWD, Odisha. The details are:

OLD AGE RRTC and NISD Training Beneficiary Details	As per RRTC	As per NISD Schedule	Difference	RRTC
RRTC Name	Number of beneficiaries	Number of beneficiaries	No. of Beneficiaries	% Achievement
Anugraha, Delhi	349	820	-471	43%
Center for Study of Social Change Mumbai	2207	260	1947	849%
CMIG Kolkata	385	380	5	101%
Heritage Foundation, Hyderabad	781	342	439	228%
IRDEO, Manipur	530	380	150	139%
JanSeva Foundation Pune	740	308	432	240%
NRCWD (IPOP) ODISHA	0	0	0	0%
Nightingales Medical Trust (NMT) Bangalore	485	320	165	152%
<b>Old Age TOTAL</b>	<b>5477</b>	<b>2810</b>	<b>2667</b>	<b>195%</b>

## 2. Evaluation of Prevention of drug and substance abuse training by RRTC

### 2.A. Evaluation of Prevention of Drug and substance abusetrainings by RRTC

As per NISD schedule, RRTCs have to arrange minimum 141 trainings on Prevention of drug and substance abuse. The details of training organized as per requirement is as follows:

Prevention of Drug & Substance abuse Training program at RRTC	As per RRTC	As per NISD	Difference	RRTC
RRTC Name	No. of Program	No. of Program	No. of Program	% Achievement
T TRanganathan Clinical Research Foundation, Chennai	15	14	1	107%
Association of Voluntary Action, Odisha	14	15	-1	93%
Calcutta Samaritans, Kolkata	15	14	1	107%
Gunjan Organization, Himachal Pradesh	15	15	0	100%
IPOP Odisha	2	0	2	0%
Kripa Foundation, Nagaland	5	5	0	100%
Mizoram Social defence & Rehabilitation Board, Mizoram	3	17	-14	18%
MuktanganMitra, Pune	30	2	28	1500%
Opium De addiction treatment, Jodhpur, Rajasthan	3	14	-11	21%
Changnacherry Social Service Society, Kerala	16	16	0	100%
Society for promotion of Youth & Masses, Delhi	7	14	-7	50%
Sri Shakti Associate Karnataka	22	15	7	147%
<b>Prevention of Drug and substance Abuse Total</b>	<b>147</b>	<b>141</b>	<b>6</b>	<b>104%</b>

## 2.B. Evaluation of Prevention of Drug and substance abuse Trainings beneficiaries at RRTC

As per NISD RRTC have to provide training to 4975 beneficiaries, in actual the number of beneficiaries were 8920. The details are:

Drug abuse Training program at RRTC	As per RRTC	As per NISD	Difference	RRTC
RRTC Name	No. of Beneficiaries	No. of Beneficiaries	No. of Beneficiaries	% Achievement
T TRanganathan Clinical Research Foundation, Chennai	891	500	391	178%
Association of Voluntary Action, Odisha	488	525	-37	93%
Calcutta Samaritans, Kolkata	812	500	312	162%
Gunjan Organization, Himachal Pradesh	1032	525	507	197%
IPOP Odisha	50	0	50	0%
Kripa Foundation, Nagaland	326	200	126	163%
Mizoram Social defence & Rehabilitation Board, Mizoram	154	600	-446	26%
MuktanganMitra, Pune	1768	50	1718	3536%
Opium De addiction treatment, Jodhpur, Rajasthan	28	500	-472	6%
Changnacherry Social Service Society, Kerala	1040	550	490	189%
Society for promotion of Youth & Masses, Delhi	329	500	-171	66%
Sri Shakti Associate Karnataka	2002	525	1477	381%
<b>Prevention of Drug and substance Abuse Total</b>	<b>8920</b>	<b>4975</b>	<b>3945</b>	<b>179%</b>

## 3. NISD trainings at other locations

Apart from trainings at RRTC, NISD conducted trainings itself at various locations on Geriatric and old age care and Prevention of Drug and substance abuse. The details are:

### 3. A. Geriatric and old age care Trainings by NISD at other locations

The NISD conducted training on Geriatric and old age care at following locations apart from RRTC. Total training conducted on GOAC are 15 and beneficiaries were 1315. Details are:

Others Program Conducted by NISD at	No. of Program	Number of beneficiaries
Guild of Services at Delhi	4	108
AIWEFA, New Delhi	2	411
PSGR, Krishnammal College for Women Peelamedu, Coimbatore	2	53
Tamil nadu Institute of Palliative, Cuddalore, Tamil Nadu	2	60
Winage, Delhi	1	30
NISD organized Old Age Programmes itself	4	653
<b>Grand total</b>	<b>15</b>	<b>1315</b>

### 3. B. Prevention of Drug and substance abuse Trainings by NISD at other locations and its beneficiaries

The NISD conducted 111 trainings at its own which benefits 11559 beneficiaries at different locations in India. The details are:

Others Program conducted by NISD at	No. of Program	No. of Beneficiaries
Red Cross Society, Delhi	18	2500
University of Kerala, Kerala	2	124
University of Karnataka, Karnataka	8	772
University of Himachal Pradesh, HP	2	210
University of Jammu	1	100
ICSSR, Shillong (Ministry of HRD)	1	200
University of Sikkim	2	260
University of Kota, Rajasthan	1	200
Don Bosco College, Panjim, Goa	1	200
MOSC Medical College, Kerala	1	300
Centre for the Study of Social Change, Mumbai	1	150
JamiaMiliaIslamia University, Delhi	1	60
National Institute of Open Schooling, Delhi	13	160
KendriyaVidhayalyaSangathan	44	5050
Health Fitness Trust	2	250
ASSOCOM	1	26
NISD (National Institute of Social Defence)	12	997
<b>Drug Abuse Total at Other Institutes or Venue</b>	<b>111</b>	<b>11559</b>

## Suggestion and recommendation by Datamation:

### 1. Suggestion

#### 1.1 Identification of new programmes could be introduced in both program

##### A. Geriatric and old age care

The Ministry of Social Justice should direct NISD to start program which help RRTC's and NGO's to improve health care for older people so that they achieve and maintain their maximum level of independence. Following are the suggestions on new programmes required with details on Geriatric and old age care:

1. NISD providing leadership and developing innovative patient care models for older adults across the healthcare system: the acute care hospital, ambulatory and homecare services, as well as long-term care settings.
2. NISD conduct trainings for the next generation of geriatricians, primary care physicians and specialists to understand and provide state-of-the-art geriatric care, emphasizing medical, functional, cognitive and psychosocial assessment.
3. Conducting and facilitating basic, clinical and health services research to advance knowledge and provide interventions to improve the care of older adults in collaboration with Ministry of Health and family welfare.
4. In order to maximize NISD resources and outcomes, they need to collaborate with investigators throughout the country and constitute a committee for Ageing Research Institute in collaboration with institutes like AIIMS, JamiaHamdard University Delhi etc.
5. Courses can be added like:
  1. Certificate in Ageing Brain for Medical practitioners
  2. Diploma course in Elder Abuse and Neglect consultation
  3. Diploma in Ambulatory practice
  4. Diploma in Geriatric home visiting care
  5. Certificate course on Police sensitization on age care in police academy

## **B. Prevention of Drug and Substance Abuse**

The Ministry of Social Justice should direct NISD to start program which help RRTCs and NGOs on Prevention of Drug and substance abuse so that people would aware of the drug and substance effects and live a healthy life. Following are the suggestions on new programmes required with details on Prevention of Drug and substance abuse:

The Workplace Substance Abuse Module may also assist big organization in complying with some of the specific training requirements under applicable Drug-Free Workplace standards or laws within specific jurisdictions. It's the responsibility of your organization to make this determination.

This unique training program is intended to help different sections of society. The training program would focus on:

- Need to meet specific student's education requirements under various Drug-Free laws.
- Need to meet specific government official training requirements under various Drug-and substance abuse laws.
- Teach the topic of Drug-Free Workplace Module for employee knowledge and enrichment.
- Create awareness on prevalence, progression, and dangers of substance abuse.
- Maintain an atmosphere of *Respect, Service, and Safety at all places.*
- Courses can be added like:

- I. Substance Abuse Awareness & Prevention Online Course
- II. Diploma in Treatment of Addiction Disease
- III. Diploma in Lifestyle, Stress & Coping - Addiction & Treatment
- IV. Diploma in recovery of drug and substance addict people
- V. Diploma in Substance abuse and mental health for Para medical staffs
- VI. Certificate course on Sensitization for tribunal heads

### **1.2 Assessment of standard of NISD courses and their conforming to international standards**

NISD training course for awareness are good, but need to improve as per the requirement from time to time. The NISD 3 months and 6 months certificate program to be replace with Diploma program or Degree program in collaboration with institutes of repute which would help in getting job. Following are our suggestions for NISD to make their program of international standard:

- The NISD can take support from World Health Organisation (WHO) to start Geriatric care degree or diploma program.
- In collaboration with UNICEF NISD can initiate awareness training program for school students.
- NISD can collaborate with UNODC (United Nation Office on Drug Control) to make Degree / Diploma program on preventions of Drugs and substance abuse in collaboration with Ministry of Health and family welfare and Ministry of Human Resource Development, Government of India.

### **1.3 To examine the adequacy of number of program offered by NISD**

All the RRTCs focused on increasing the number of training courses and suggest the training courses would be need based. We also recommend increasing the training programmes but evaluation after training must be followed. Those RRTCs who provide six month to one year training and focus on job assistance after training would get preference.

Apart from training RRTCs request for following expenses to be revised:

- To increase the outstation TA budget for the outstation participants
- To increase the food allowance and lodging budget for outstation participants

### **1.4 Need for affiliation of NISD with a University**

We recommend the NISD training curriculum would be prepared in discussion with Ministry of Health and Family welfare, Ministry of Skill development and Ministry of Human Resource Development under the guidance of Ministry of Social Justice and Empowerment. The course would be Diploma or equivalent to degree and should provide job opportunities after the training.

We recommend that in order to maximize NISD resources and outcomes, the institute need to collaborate with institutes like AIIMS, JamiaHamdard University at Delhi, Rajiv Gandhi University etc. for providing Diploma and degree for the trainees.

### 1.5 Need for affiliation with government skill development agencies / institutions

In order to maximize training outcomes, the NISD need to register the training program of RRTC with institutes registered with Ministry of Skill developments Government of India. It would help in getting jobs and directly make the course popular.

## 2. Recommendations

Based on our evaluation, we recommend following points:

- Notwithstanding a deeply flawed operational and implementation strategy deployed for the Drug & Substance Use prevention and Geriatric; the Evaluators recommend continuation of the scheme given MSJE-Govt. of India's deep and abiding concern for the aged and victims/prospects of drug and substance abuse. However the Scheme mandate ought to be recast with enormous modifications and improvements viz.
- Role, Goal and Mission of the NISD need to be redefined and recalibrated.
- The capacity of the NISD & RRTC in respect of developing specialized knowledge needs to be strengthened in "Narcotic Drug" viz. "coca leaf, cannabis (hemp), opium, poppy straw and Il manufactured goods", apart from "Psychotropic substance" viz. "any substance, natural or synthetic, or any natural material or any salt or preparation of such substance or material.
- Governance structure of the NISD and its relationship with the RRTCs to be redefined. Develop the NISD/Bureau as an independent deemed University.
- Compartmentalized and segregated RRTCs for different MSJE programmes.
- Enhance staffing especially Content Developers, Content Visualizers and Writers.
- Enhance ICT capability of the Bureau—develop MIS systems, mobile applications for beneficiaries tracking and monitoring linked with Aadhar.
- Enhance the coverage and geographical spread of the RRTCs. Vast geographies of states viz. UP, Bihar, MP, Punjab, J&K are entirely unrepresented.
- Increase the duration of the most sought after training programmes viz. in the Old Age segment three months course for bedside assistance for geriatric care, five day training program, geriatric care, six months certificate course on geriatric care.
- Develop deeper understanding of Dementia, atherosclerosis and cardiovascular **disease**, cancer, arthritis, cataracts, osteoporosis, type 2 diabetes, hypertension and Alzheimer's **disease**.



- Increase the duration of the three days orientation course for nurses and ward boys, One Month Course On Drug De-addiction Counseling for NGOs/IRCA's functionaries, 5 Days Orientation Course on Drug Abuse Prevention.
- Enhanced duration of the Programme must be devoted to practical sessions.
- Enhance placement linkages and other linkages with the health care segment.
- Convergence with the main stream programmes on mental health and ageing run by the MOH&FW-Government of India, Ayush-Government of India, and Ministry of Skills Development-Government of India.
- Stipend for the longer duration programmes for both segments.
- NISD-MSJE and Skills Development Council certification and accreditation.
- Foster International linkage with Japan and Scandinavian countries in Ageing and Geriatric Care; and other countries in Drug & Substance Abuse Prevention.
- Placement Cell to be set up in NISD and RRTC. /Job Fairs and Industry Participation, Association Participation for Placements.
- Create a Central Repository of the Resource Persons.
- Reduce the number of Programmes especially in the Drugs & Substance Abuse.
- Change the norms for the RRTCs and IRCA. One NGO or any other affiliate should have the mandate of running either IRCA or RRTC. No duplication.
- NISD Governance Structure to be changed. Highly specialized academic and Private Sector Professionals especially from Curative Clinical background both from the Drug & Substance Use Prevention & Rehabilitation background and Geriatric and Old Age Care diseases curative support; to be brought on board.
- ISO and other Global Training Standards and Accreditation to be put in place.
- NISD can upgrade its programme from Certificate programme to Diploma and Degree programmes.
- NISD can look into the process on generating revenues like giving Degree, Diploma instead of certificates by associating the programmes with Health universities.
- IRCAs to strictly follow the Ministry of Health training programme and guidelines.

Conclusively, we observed that the curriculum was prepared by NISD and followed by all the RRTCs in same pattern. We discussed with RRTCs, they suggest the curriculum to be upgrade

and focus would be a job oriented curriculum especially for 3 months, 6 months and 1 year training. The course would be Diploma or equivalent to degree and should provide job opportunities after the training.

We discussed with RRTC and based on their concern, we recommend increasing the number of training programs due to large number of IRCAs and that the one month course is residential instead of non-residential due to problems faced by IRCA staff in travelling long distances from their respective states to attend a non-residential program.