



**FUNCTIONING OF  
NATIONAL INSTITUTE OF SOCIAL DEFENCE  
(NISD)**

**Summary Report**

*Submitted to*  
Ministry of Social Justice & Empowerment  
Department of Social Justice & Empowerment  
Government of India

*Submitted by*  
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## **Background of NISD**

The National Institute of Social Defence (NISD) was set up originally as Central Bureau of Correctional Services in 1961, under the Ministry of Home Affairs, in pursuance of the recommendation emerging at various National Forums in 1964, the Bureau was transferred to the department of social security

Since 1975 the institute was a subordinate office under the Ministry of Social Justice & Empowerment. The National Institute of Social Defence has become an Autonomous Body vide Government of India Notification No 10-3/2000-SD. Vol.II dated 15<sup>th</sup> July 2002 and is registered under societies Act XXI of 1860 with the Government of NCT, Delhi

The National Institute of Social Defence is the nodal training and research institute in the field of Social Defence. Though Social Defence covers the entire gamut of activities and programmes for the protection of society, NISD has been focusing on human resource development in the areas of drug abuse prevention, welfare of senior citizens, beggary prevention, transgender and other Social Defence issues

### **About National Institute of Social Defence**

The NISD is

- A Central Advisory Body for Ministry of Social Justice and Empowerment, Government of India
- A Centre of Excellence on research and training in the field of Social Defence
- Coordinates and liaises between the Government and the Non-Government organization at state, National and International level
- Develops preventive, curative and rehabilitative tools, programmes and policies in the field of Social Defence, undertakes research, training, consultancy, documentation and publication in the field of Social Defence

## **Mandate, Vision, Mission and Activities**

**Mandate:** The mandate of NISD has been to provide inputs for the Social Defence programmes of the Government of India through training, research and documentation

**Vision:** The vision of NISD has been to foster public sensitivity to issues related to marginalized sections including old age and victims of substance abuse and in pursuit of strengthening effective service delivery.

**Mission:** NISD has charted its mission as one of enhancing the capacities of service providers and wider dissemination of information in the field of old age care, victims of substance abuse and other Social Defence issues through training, research and documentation

### **The Main objectives of the institute are to:**

- Develop preventive, rehabilitative and curative policies in the field of Social Defence
- Review the policies and programmes in the field of Social Defence
- Anticipate and diagnose Social Defence problems
- Identify and develop the instruments for realizing the objectives of Social Defence policies
- Review and evaluate the implementation of Social Defence policies and programmes
- Develop and promote voluntary efforts in Social Defence

In order to realize the above objectives, the institute carries out the following activities

- Research on Social Defence issues
- Compilation and analysis of statistics in the areas of Social Defence
- Develops, promotes, sponsors and undertakes training/orientation in the field of Social Defence
- Advices the central and state Governments/Union Territory Administrations on Social Defence problems and provides technical inputs for preparation of model rules and regulations in the field of Social Defence

- Provides a forum for exchange of information on Social Defence amongst state/union Territories and voluntary organizations and thus serves as a clearing house for information in the field of Social Defence
- Creates public awareness on Social Defence problems specially regarding preventive and rehabilitative role of the community
- Assists the Government of India for exchange of information on Social Defence with other countries and with the united nations for their specialized agencies
- Organizes conferences/seminars workshops on Social Defence
- Liaison with universities, research institutes and voluntary organizations in the area of Social Defence
- Brings out publications in the field of Social Defence, both popular and professional

### **Areas of concern**

NISDs areas of concern have been substance Abuse Prevention and Care of Older Persons.

The target group of the institute is

- Functionaries of concerned departments of the Central and State Governments
- Service providers/care givers working in the area of Social Defence both in voluntary sector and Govt.
- Academicians and professionals of schools of social work & concerned academic institutions

Organizational Set-up:

The Institute is headed by Director and has the following Divisions:

1. Administration and Planning
2. Drug (Substance) Abuse Prevention
3. Old Age Care
4. Other Social Defence Issues
5. Media, Publication & Coordination

## Councils

**General Council** – The General Council is the apex governing body of the institute with the Secretary, Ministry of Social Justice and Empowerment as its ex-officio President. Other members of the Council, are representatives from concerned Central Ministries/ Departments and experts/ professionals in the areas of Social Defence. The Council lays down the broad policy framework for the Institute.

**Executive Council** – This is headed by the Joint Secretary (Social Defence), Ministry of Social Justice and Empowerment, Government of India. Other members of the committee are Director/ Deputy Secretary (IF wing), Director NISD and two Non-Official Members. The Council monitors and guides the activities and programmes of the Institute.

## Collaborating Partners

The collaborating partners of the Institute are as follows:

### Government Sector

<b>National</b>	<b>State</b>	<b>Regional</b>	<b>Local</b>	<b>International</b>
Concerned State & Central Ministries/ Departments – AIIMs Police, NCB, NYKs	State Social Welfare Depts, Police Training Institutes	Universities and Social Work Institutions	PRIs	UNODC, Colombo Plan, UNFPA
FINGODAP (Federation of NGOs)	NGOs	RRTCs	NGO funded by Ministry of Social Justice & Empowerment	Nil

## **DRUG ABUSE PREVENTION DIVISION**

Substance abuse has emerged as a serious concern, adversely affecting the physical and socio-economic well-being of the country. The stress and strain of the modern-day life has rendered the individual more vulnerable to the problem of substance abuse. Addition to alcohol-drugs not only affects the individual involved but also the family and society at large.

In various national surveys conducted in India, including the one conducted in 2001-2002 (Published in 2004) by the United Nations Office on drugs and crime (UNODC) and the Ministry of Social Justice and Empowerment, it was estimated that about 73.2 million persons were users of alcohol and substances. Of these 8.7, 2.0 and 62.5 million were users of cannabis, Opiates and alcohol respectively. About 26%, 22% and 17% of the users of three types respectively were found to be sedatives/hypnotics, volatile substances, hallucinogens, stimulants and pharmaceutical preparations were also abused

Several other studies also indicated that the changing prevalence and incidence of substance abuse shows the increasing use of substances among women and children, also the increase of pharmaceutical substance abuse and inhalant use specially with the street children are now of serious concerns. Section 71 of the Narcotic Drugs & psychotropic substance Act 1985 empowers to Government for establishment of identification, treatment and rehabilitation centers for drug addiction. The Ministry of Social Justice and Empowerment as a nodal agency has been supporting Integrated Rehabilitation Centers for Addicts (IRCA's) under the scheme of prevention of Alcoholism and Substance (Substances) abuse being run by voluntary organizations

While a considerable number of efforts are being carried out through various interventions for various target groups, there was a felt need for human resource enhancement and professional training for effective delivery in the changing scenario of substance abuse. Thus, substance abuse prevention is one of the core concerns of the institute

In view of the growing threat of substance abuse and its impact on the nation, it was decided to give the then Bureau of Substance Abuse prevention in the institute a broader role by setting up a National Centre of Substance Abuse Prevention (NC-DAP) in September 1998. The mandate of the unit is to provide technical support to Government

on policies relating to substance abuse prevention and facilitate a wider and improved coverage of services throughout the country for substance demand reduction

Through NC-DAP, the NISD has been able to expand its activities and has worked out strategies for tackling the issues of substance abuse and brings about qualitative improvements in service delivery. It has evolved a strategy for the capacity building of the service providers through a series of training and orientation courses. To formulate effective intervention modules and programmes, impetus has been provided to research and documentation activities to develop deeper insight into the problem and collection of information on extent, trends and patterns of substance abuse through feedback from the field

NISD runs several programme and training courses, tailored for specific target groups by adopting the following three-pronged approaches:

1. Three Months Certificates Course on “De-addiction Counseling and Rehabilitation” – The course is designed for project officers, senior counselors and NGOs functionaries working in treatment cum rehabilitation centers. The training course includes two months of classroom training and one month of field placement in selected treatment centers. The board content of the course in the form of eight learning units – Basics of Addiction, counseling treatment protocols, awareness creation and preventive education, rehabilitation, relapse prevention and aftercare services, record keeping and documentation
2. Thematic skill building programme – under this category the following two to five days programme are undertaken
  - Substance Addiction Identification, Initial Motivation and Early Intervention to orient service providers on symptomatic behavior, early identification and early warning signs to equip them with requisite techniques for early intervention
  - Counseling for Addiction – Individual family and group to train counselors working in the areas of substance demand reduction to expand their knowledge base and sharpen their individual, group and family counseling skills



- Preventive Interventions for High Risk Groups to sensitize the service providers working with high risk groups such as truckers, commercial sex workers etc., on issues pertaining to behavioral change communication (BCC)
- Management of codependency and family issues to enable counselors / social workers to deal effectively with significant others including family and codependents of addicts
- Rehabilitation and relapse prevention – issues & Modalities for service providers for development and implementation of rehabilitation and relapse prevention programmes
- Alcohol and substance Abuse Prevention at workplace to sensitize labor welfare officers of corporate houses and project officers/senior counselors of treatment cum rehabilitation centers working with the organizations/enterprises/industries
- Treatment and rehabilitation of substance addicts in prisons/correctional settings to sensitize and empower middle level functionaries working in prisons/correctional settings on alcohol and substance abuse prevention issues
- Documentation for addiction management – assessment, client profiling, recording and documentation to ensure proper recording and documentation of programme activities
- Orientation course based on TNA (Training Needs Assessments) on the selected thematic issues relating to treatment based on needs assessment in operational areas of RRTCs.

### **Regional Resource and Training Centre (RRTC)**

Twelve Non-Governmental Organizations (NGOs) with long years of experience and expertise in treatment, rehabilitation, training and research have been designated as Regional Resource and Training Centres (RRTCs) for different regions of the country. These serve as field training units of National Centre for Drug Abuse Prevention (NCDAP) on various aspects of demand reduction.

The list of RRTCs associated with Drug Abuse Prevention Division:

<b>SNo</b>	<b>Name and address of the organization</b>	<b>States allocated</b>
1	Galaxy Club, Imphal, RRTC North Zone -I	Manipur, Assam
2	Kripa Foundation RRTC North East Zone-II	Nagaland, Meghalaya, Arunachal Pradesh
3	Mizoram Social Defence & Rehabilitation Board, Mizoram, RRTC North East Zone-III	Mizoram & Tripura
4	Executive Director Society for Promotion of Youth & Masses, New Delhi	Uttar Pradesh, Uttarakhand, Delhi, Punjab, Haryana
5	Opium De-addiction Treatment Training and Research Trust, Rajasthan	Rajasthan & Gujarat
6	Kuktangan Mitra, Maharashtra	Goa, Maharashtra, Madhya Pradesh, Daman and Diu, Dadar & Nagar Haveli
7	Gunjan, Himachal Pradesh	Himachal Pradesh, Jammu & Kashmir
8	Calcutta Samaritans, Kolkata	Jharkhand, Bihar, Sikkim & West Bengal
9	Association for Voluntary Action (AVA), Odisha	Odisha
10	Sri Shakthi Association, Karnataka	Karnataka
11	TT Ranganathan Clinical Research Foundation, Chennai	Uducherri, Andhra Pradesh, Telangana, Tamilnadu, Andaman Nicobar and Lakshadweep
12	Changancherry Social Service Society, Kerala	Kerala

## **OLD AGE CARE DIVISION**

Article 41: “ Right to work, Right to education and Right assistance in case of unemployment, old age, sickness and disablement and in other cases of undeserved want.

Of the constitution provides that the state shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age sickness and disablement, and in other cases of undeserved want.

Old Age Dependency Ratio is defined as the number of persons in the Old Age group 60+ per 100 persons in the age group 15-59. Old Age Dependency Ratio has been steadily rising during the past three decades. As per the census 2011. Kerala has the highest and Dadra and Nagar Haveli has the lowest Old Age Dependency Ratio.

Ageing is an inevitable process of life. Global population ageing is a by-product of the demographic transition in which both mortality and fertility decline from higher to lower levels. Sudden spurt in the population of elderly in a country is bound to pose multiple challenges before the human society. Ageing has gone beyond the realm of welfare concern and needs to be viewed as a developmental challenge. Currently there is an estimated 6.9% in the age group of 55-64 years and 5.7% for 65 and above elderly in India (Census of India, 2011). Overall, the elderly percentage is 8.6% (9%) among the population and compared to Census, 2001 which was 7.4%. India is therefore experiencing a demographic transition, which will have impact on the individual, family, community, society at large and the nation.

The National Institute of Social Defence (NISD), has been actively involved in imparting training in the field of Social Defence including care of older persons for over a decade. The Old Age Care Division of the Institute runs a series of programmes/certificate courses. The aims and objectives of these programmes/certificate courses are as follows:

- Develop a cadre of professionals for the care and welfare of the older persons
- To provide a comprehensive and scientific knowledge base on various aspects relating to geriatric care
- Generate skilled man power focused on intervention in the family and community settings for the welfare of the older persons

- Orient the students on techniques/interventions for managing the care of the elderly with focus on programme development and management
- Identify and promote support systems and networking for care of the older persons
- Facilitate convergence of services of government/non-government sectors both locally and the national level
- The Institute conducts the courses by itself and in collaboration with Regional Resource Training Centres and other reputed organizations Training centre (RRTCs). There are presently eight RRTCs in the field of Old Age Care, designated by the Department of Social Justice and Empowerment.

The Long term, Short term and Thematic Based Courses that are presently being carried out by the NISD/Collaborating organizations are:

### **I. PG Diploma in Integrated Geriatric Care**

**Target Group:** An individual having graduation and above educational qualification and interested in working in this field.

#### **Aims & Objectives are to:**

- develop a cadre of frontline skilled/trained personnel of geriatric care
- provide a comprehensive and scientific knowledge base on various aspects relating to the geriatric care
- develop an appropriate aptitude and skill for working with older persons

#### **Course Curriculum broadly includes**

- Gerontology
- Public Policy and Planning
- Clinical Geriatrics
- Geriatric Management, ,
- Psychology and Counselling
- Research Methodology

#### **Academic inputs include**

- Seminar Presentation
- Dissertation
- Group Project
- Field work/Placement

Duration of the Course : One Year

Total Number of Seats : 20

Announcement of the Course in National/Regional Dailies: May/June

Admission into the course is made on the basis Common Aptitude Test (CAT) held on All India Basis, Group Discussion and Interview

Tentative Commencement of Course: 1st October

### **Career Prospects**

The career opportunities for the Post Graduate Course could range from Non-governmental Sector, Government Sector, Corporate Sector and the Academic institutions as:-

- Project Director/Programme Managers
- Counselors & Consultants in CBO
- Associates with RWA and NGOs
- Professionals in Hospital Settings
- Prospective Faculty Members and Instructors/Trainers in Academic Institutes

## **II. Certificate Courses in Geriatric Care**

### **1. *Three Month Basic Course for Caregivers /Bed Assistants***

**Target Group:** Any individual having passed 10th standard, having a desire to serve senior citizens.

#### **Aims & Objectives are to:**

- Create a cadre of care giver for having bed care assistance, etc
- Provide palliative care services, emergency and crisis management etc

#### **Course Curriculum includes**

- Ageing
- Health Care
- Fundamental Care
- Other Aspects

#### **Practical Training inputs include**

- Field Visits in Old Age Homes/Age Care Institutions for exposure
- Short term Placement in Hospitals.

## **2. Certificate Courses on Thematic Issues**

The Six Months and Two Months certificate courses have been converted into Three - Month Certificate Course.

### **3. One Month Course on Basic Issues in Geriatric Care**

**Target Group:** NGO functionaries and Service Providers

**Aims & Objectives are to:**

- Build a comprehensive knowledge base on basic issues in geriatric care
- Enhance their skill and capacities in counselling and management of age care institutions
- Expose to various situations and innovative approaches in the field of ageing
- Enhance their knowledge in resource management, advocacy and networking

**Course Curriculum includes**

- Socio-Demographic Dynamics
- Public Policy and Planning
- Fundamentals of Ageing Care
- Geriatric Counselling
- Geriatric Management

**Practical Training inputs include**

- Field Visits in Old Age Homes/Age Care Institutions for exposure
- Short term placement in Hospitals with Specialized facility for Geriatric Care
- Innovative Projects on Aged
- Report Writing and Seminar Presentation

## **4. Training Programmes on Themes like Geriatric Counselling, Management of Dementia etc.**

**Target Group:** NGO functionaries and Service Providers

**Aims & Objectives are to:**

- Develop and enhance the basic skills in Geriatric Counselling of the Key Functionaries of different NGOs.
- Enable the participants understand the various psychological factors related to Ageing.

- Orient the participants with various approaches in Counselling for the care of older persons.
- Give practical exposure of specialized intervention strategies while caring for the aged.
- Create awareness about dementia and its various types
- Educate volunteers and Care Givers to identify early warning signs of dementia and early prevention
- Enhance the skills of Care Givers in managing elderly with dementia

### **Training includes**

- Classroom Sessions (Theory & Practical) on specific topics
- Field Visits in Old Age Homes/Age Care Institutions for exposure

### **5. One Day Programmes**

**Target Group:** PRIs, Teachers, Counsellors, Anganwadi Workers, ASHA workers, School and College Students, Youth

### **Aims & Objectives are to:**

- Sensitize and create awareness for Bridging the Inter-generational Gap
- Sensitize and create awareness on Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The RRTCs/Collaborating agencies under Old Age Care Division

<b>SNO</b>	<b>Name of the Agency</b>
1	Calcutta Metropolitan Institute of Gerontology (CMIG), Kolkata, West Bengal
2	Anugraha, New Delhi
3	Nightingales Medical Trust (NMT), Bangalore, Karnataka
4	Integrated Research Development Education Organization (IRDEO), Manipur
5	Heritage Foundation, Hyderabad
6	Jana Seva Foundation, Pune, Maharashtra
7	Centre for the Study of Social Change (CSSC), Mumbai, Maharashtra
8	National Resource Centre for Women Development (NRCWD), Bhuvaneshwar, Odisha

<b>Other Collaborating Agencies</b>	
1	GrandAge Services Pvt Ltd/ WinAge, Bengaluru, Karnataka
2	All India Women's Education Fund Association (AIWEFA), Delhi
3	PSGR Krishnamma College for Women, Coimbatore, Tamil Nadu
4	Tamil Nadu Institute of Palliative Medicine (TNIPM) Scope of India, Cuddalore, Tamil Nadu
5	Apollo Medskills Centre, New Delhi
6	Department of Social Work Assam University, Assam
7	Department of Social Work University of Kashmir, Srinagar
8	Department of Social Work, University of Delhi
9	Madras School of Social Work, Chennai
10	Mahatma Gandhi State Institute of Public Administration (MGSIPA), Chandigarh
11	Healthy Ageing India, Delhi
12	Department of Psychology Assam Women's University, Assam
13	Department of Community Medicine ASSCOM Medical College & Hospital

The main activities :

- One year PG Diploma in Integrated Geriatric Care – Aims at developing a cadre of professional at Managerial/ Supervisory level for the care and welfare of the older persons; and to provide a comprehensive and scientific knowledge base on various aspects relating to geriatric care.



- Three Months Certificate Course on Geriatric Care for Bedside Assistance/ Geriatric Care givers: This is for developing a cadre of trained bedside assistants for care of elderly in institutional and non-institutional settings, and improving the quality of care to the elderly through bedside assistant with good nursing skills.
- Three Day Training Programme on Geriatric Care – This is to ensure the rights and dignity of the elderly through ethical care giving practices by developing knowledge on basic components of geriatric care among the staff of OAH/ DCCs and to facilitate quality service in the Old Age Homes by developing skills for resource management and networking among the staff of the institution.
- Three Day Training Programme on Dementia Care – This is to build a comprehensive knowledge base on dementia among the staff of Old Age Care Homes/ Day Care Centres; and to preserve the rights and dignity of the senior citizens with Alzheimer’s Dementia living in Old Age Homes/ Day Care Centres.
- One Day Awareness Programmes on Promoting Inter-generational Bonding in schools/ colleges for students / school teachers/ counsellors/ parents/ grandparents – The programmes include Technical Sessions on elderly issues, MWPC Act 2007 generational gap, Group Discussion, painting competitions on the theme of generational gap.

<b>S.No.</b>	<b>Target Group</b>	<b>Types of Programme/ Course conducted</b>
1	Capacity building programmes for the functionaries of RRTCs/ Drug Rehabilitation Centre’s (IRCAs)/ Old Age Home / Day Care Centre’s etc	<ul style="list-style-type: none"> <li>➤ 5 Day Training Programme</li> <li>➤ 3 Day Training Programme for nurses and ward boys of IRCAs</li> <li>➤ 3 Day Training Programme on thematic issues such as dementia care</li> </ul>
2	Persons to work as geriatric (Old Age) caregivers	<ul style="list-style-type: none"> <li>➤ 3 Months Certification Course</li> </ul>
3	Persons to work in supervisory/ managerial level in the field of Old Age Care	<ul style="list-style-type: none"> <li>➤ One year PG Diploma Course on Geriatric Care/ Gerontology</li> </ul>

		➤ 6 Months geriatric care course by some RRTCs
4	Workshop for school teachers/ MSW/ NSS volunteer students	➤ 2-3 Days capacity building programmes through workshop
5	Students / NSS volunteers in schools / college/ universities	One day awareness programmes in Schools/ Colleges/ Universities for Drug Abuse Prevention & Promoting Intergenerational Bonding
6	Middle & Field level police functionaries	3 Days programme covering various aspects of Drug Abuse, Old Age Care and Legislations etc.
7	PRI Functionaries through SIRDS & PRI Institutes	3 Days programme covering various aspects of Drug Abuse, Old Age Care and Legislations etc.

### **Other Social Defence Issues**

The following are the activities of this Division:

- Capacity Building of various functionaries' working in area of Other Social Defence issues like Drug Abuse Prevention and Old Age Care;
- Sensitizing Government officials, Police functionaries, Panchayati Raj functionaries, NGO functionaries and social workers in the areas of Social Defence Issues;
- Skill development training program to transgender and beggary with prime objective of enabling them to acquire skills resulting in their dignified life worth living
- Research and documentation in the areas of Other Social Defence Issues
- Organizing National level seminars and consultative meets on the issues related to Social Defence

## **Objectives of the evaluation study of Functioning of NISD**

1. The system of selection of collaborating agencies, including RRTCs, their existing set up; such as their infrastructure, their expertise/ experience in the said field, staff position & their qualification, collaborating partners etc and suggestions for improvement, if any;
2. Type of programme conducted by the institute (NISD) and other collaborating agencies and the method adopted by the institute for giving programs to the collaborating agencies and suggestions for improvement, if any;
3. Methodology to publicize and select the appropriate candidates for various courses/ programmes;
4. The quality frequency and focus of residential courses and other training programmes conducted by NISD considering type of trainers, feedback from the candidates, training aids used, duration and curriculum of the trainings etc
5. Monitoring mechanism for the programme and post training tracking and areas of concern, if any;
6. Institutionalization of concurrent monitoring mechanism procedure, and suggestions for improvement;
7. Cost benefit analysis including utilization of funds, financial norms, cashless/ digital transactions etc;
8. The impact made by the Institute in the field with reference to its objectives particularly the effectiveness of capacity building programmes such as three months drug abuse prevention programme and Geriatric Caregivers Course one year PG Diploma course conducted by NISD, suggestions for improvement, if any;
9. Need and effectiveness of the training programme to develop geriatric caregivers being conducted by NISD, RRTCs (old age care) and other collaborating agencies;
10. Need assessment for the said geriatric caregivers course viz mapping out existing agencies including RRTCs who conduct geriatric caregiver courses, their views, market analysis to ascertain need etc;
11. Scope of employability which includes networking with placement agencies/ hospitals/ clinic etc. engaging caregivers;
12. Identification of problematic collaborating agencies, including RRTCs on the basis of desired indices like target group, logistic infrastructure etc. and suggestions for more equitable distribution of fund;

13. Existing time schedule for receipt processing and sanction of programmes and suggestion for modification and improvement;
14. The feasibility of inviting applications for programmes online, including online monitoring of applications and to develop awareness among agencies working in rural areas on its intended benefits;
15. To evolve a system among collaborating agencies receiving funds from the NISD, for dissemination of information related schemes and programmes for the welfare of the target groups;
16. How useful has been DAMS software, and its applicability in the context of various IRCAs suggestions for improvement. If any;
17. Need for affiliation with Government Skill Development agencies/ institutions;
18. Key findings based on the data collected from the field on the objectives of the study;
19. Shortcomings identified in the design of the existing scheme if any;
20. Recommendations/ suggestions for necessary restructuring to be carries in the scheme with a view to bring improve in it;
21. Ten case study (5 each from Drug Abuse Prevention and Old Age Care).

## Study Area and Sampling Size

### Study Area

SNo	Components of study	Coverage	Sample size
1	Functioning of National Institute of Social Defence (NISD)	National Institute of Social Defence (NISD), RRTCs (Drug Abuse Prevention) & Old Age Care/ collaborating Agencies  Reference period 2017-18	(a) NISD: No. of Beneficiaries: 50 (as per Table 1) (b) RRTCs (drug Abuse Prevention): No. of Beneficiaries: 250 (as per Table 2) (c) RRRTCs (Old Age Care): No. of Beneficiaries: 150 (as per Table 3) (d) Two Representatives each form NISD and RRTCs (Drug Abuse Prevention) & Old Age Prevention) & Old Age Care/ collaborating Agencies

<b>Programme organized by NISD and sample 2017-18</b>				
<b>S.No.</b>	<b>Name of Course</b>	<b>Number of Programme</b>	<b>Number of beneficiaries assisted</b>	<b>Sample Size</b>
1	Three Months Programme on Drug de-addiction counselling & Rehabilitation by NISD	1	22	10
2	5 Days Orientation Programme on Drug Abuse Prevention & counselling for IRCAs functionaries by NISD	2	50	30
3	Skill Development vocational Course by NISD in collaboration with NSDC approved partner ASSOCOM at Civil Hospital, Bhatinda, Punjab	1	25	10
	<b>Total</b>	<b>4</b>	<b>97</b>	<b>50</b>

**Five days orientation programme of Drug Abuse Prevention by RRTCs with the support of NISD and sample size 2017-18**

<b>S.No.</b>	<b>Name of RRTCs</b>	<b>Number of Programme</b>	<b>Number of beneficiaries</b>	<b>Sample Size</b>
1	Society for Promotion of Youth & Masses (Delhi, RRTCs North-I)	2	50	25
2	T.T.Ranganathan Clinical Research Foundation (Chennai, RRTC South-I)	2	50	25
3	Association for Voluntary Action (Ava, Odisha, RRTC)	2	50	25
4	Srishakti (Karnataka, RRTC South - III)	2	50	25
5	Gunjan Organization Kolkata, (RRTC, North-II)	2	50	25
6	Calcutta Samaritans Kolkata (RRTC, North-II)	2	50	25
7	Mizoram Social Defence & Rehabilitation Board, Mizoram (RRTC NE-III)	2	50	25

8	Changnacherry Social Service Society, Kerala, (RRTC South-II)	2	50	25
9	Galaxy Club, Imphal (RRTC NE-I)	2	50	25
10	Kripa Foundation Nagaland (RRTC NE-II)	2	50	25
	<b>Total</b>	<b>20</b>	<b>500</b>	<b>250</b>

**Programme organized on Old Age Care by NISD/ Collaborating agency and sample size 2017-18**

SNo	Training Courses/ Programme	Name of Agency	Number of Programme	Number of Beneficiaries	Sample Size
1	One year PG Diploma in Integrated Geriatric Care	NISD, New Delhi	1	9	5
2	Three Months certificate Course on Geriatric Care for beside assistance/ care givers	NISD, New Delhi	3	64	40
		TNIPM – Cuddalore	2	50	25
		Apollo Medskills Ltd.- New delhi	5	120	50
		Grand Age Pvt. Ltd./ WinAge	2	50	30
			<b>13</b>	<b>293</b>	<b>150</b>

## **MAJOR FINDINGS**

### **Geriatric & Old Age Care Training Programmes**

- Most of the participants attending geriatric care programmes are distributed across the rural and urban areas around Delhi. 61% of the participants are from urban. 23% participants are from rural and 16% are from semi urban areas.
- Women participants are high compared to male participants in programmes organized by NISD, Grand Age Pvt Ltd/ WinAge and Apollo Medskills Pvt Ltd, whereas no male participation in Training programme organized at TNIPM Cuddalore, Tamil Nadu. Overall 67% are female participants and 33% are male participants amongst the beneficiaries.
- Hindu religion students are high when compared with Muslims and Christians. 80% participants are Hindus, 14% are Muslims and 6% are Christians.
- The general category students are high i.e., 52% when compared to OBCs (16%) and SCs (32%). In the Cuddalore Centre is found that all the students are from SC category only. Whereas the other centers have mixture of all the categories mentioned. However the General Category students' enrollment is high in all centres.
- The education of the students are mainly 12<sup>th</sup> pass i.e., 58% and then 10<sup>th</sup> pass i.e., 37%. There are very few students below 10<sup>th</sup> students also. The Under Graduates and Graduates are very less.
- Students in the private sector health care is predominant i.e., 46%. The rural area students are mostly from agriculture background i.e., 19%. Few of them i.e., 12% are doing their own work. About 3% joined Government Jobs, 6% have become homemakers. There are the students who are not placed anywhere as well.
- The students from Rural and Semi Urban areas are mostly living in Joint families i.e., 72.8% and the urban students who already got married are living in nuclear families i.e., 27.2% . But since most of them are 10<sup>th</sup> to 12<sup>th</sup> pass candidates, they are into Joint Families.
- While more than half of them are from APL families i.e., 56.9%, the BPL families are also high amongst the student i.e., 31.4% and others are 11.71%.
- The students are mostly from low income economic status families i.e., 1 lakhs or less income families are 50.8%. Whereas the students from 1 – 2 lakhs annual income are

found about 30.2%. The other categories belonging to income more than 2 lakhs are very less. 2-5 lakhs is 4.9%, 5-10 lakh is 1.4% and more than 10 lakhs is 1.9%.

- The age group between 20 and 25 are in high number i.e., 84%, whereas the age group between 26 and 30 are only 13.5%. This indicates that the student after 12<sup>th</sup> are joining these courses to take up it as profession. Further 2.5% participants are from 31-35 age group.
- The students are getting the training information mostly from friends and family i.e., 42.9% and then through NGOs i.e., 21.8% and RRTCs i.e., 14%. This indicates that the successful training and hand on experience along with placement will get advertised those students. The other source of information for students are like advertisement in newspaper (10.6%), NISD (5.7%), Government website (3.7%) and nomination by any organization is 1.3%.
- The registration of beneficiaries on the spot/ impromptu/ walk in is 70.2% and registration with the help of institution is 20.8%. Whereas 9% student register themselves offline. There is no online registration process. Online processing will be effective and easy process for students to enroll for the training programme. NISD has to develop an online registration process.
- Most of the trainings are Non-Residential at NISD and RRTCs provide hostel facilities for few training programmes. 78.8% are full time residential participants and 21.2% are from full time non-residential.
- 87% of the beneficiaries felt that the training programmes conducted by the NISD were good and the material given also were useful. However 13% of beneficiaries felt that they didn't get the required material.
- A large number of beneficiaries i.e., 73.7% felt that the training programme was interactive and they had hands on experience. While 17.6% of beneficiaries felt that training was in both theory and interactive. Moreover, about 8.7% beneficiaries felt that the training was only theoretical.
- 66.2 % of students opted these training programmes for building their career and about 27.6% opted course because of social empathy they have within them. About 1.3% students opted as addition certificate course for their academics and 3.2% for specialization in this field.



- The NISD one year and three months courses are opted by 78.2% students for employment facility and about 11.9% of students for enhancing their knowledge and skills. About 9.9% students for enhanced social consciousness.
- 98.2% students are willing to recommend this type of trainings to the other people as they found it very useful and 1.8% of the students do not want to recommend because of the various hurdles they faced to attend the training and also due to not getting placed in the jobs.
- Most of the beneficiaries i.e., 63.3% felt that the training good and new to them. The beneficiaries i.e., 31.5% who are already have some knowledge on Old Age Care felt it is excellent because they could understand the practical applicability of the course content. 5.2% beneficiaries felt training programme is fair to attend.
- The post training follow up was done in the trainings conducted by Apollo Medskills Pvt Ltd and Grand Age Ltd. Most them were follow up till the placement of them in the jobs. Therefore, 54% students were followed up because they were placed in the known centres and about 46% were not followed up after their placement. But in the one year and 3 months course organized at NISD, the students are being followed up.
- About 71.1% students from One Year and Three Months Training Programmes of the Old Age Care Division of NISD are placed. Especially in 3 months trainings about 6.3% students are waiting to be placed and 19.4% students are not placed till now. But about 2.9% students are working on their own.

### **Drug Abuse Prevention Training Programmes**

- The participants were more interested to participate in 3 months training programme organized by NISD i.e., 56% and next in 5 Day training programmes i.e., 24% and then Skill Development vocational course was 20% popular. The skill development programme need to be conducted in prime cities to increase its popularity.
- 64.2% of the beneficiaries are from urban areas and 31.8% are from Rural areas. Whereas, 4% are from semi urban areas.
- Among the participants of the training programmes organized by Drug Abuse Prevention Division of NISD, male participants are high i.e., 56.4% compared to female i.e., 43.6%.
- Hindu religion students are high i.e., 79% when compared with Muslims and Christians. Muslims are 4.8%, Christians are 9.3% and Sikhs are 4.9%.

- The general category students are high i.e., 46.2% when compared to OBCs (24.6%) and SCs (19.1%). whereas MBC beneficiaries are 5.6% and ST beneficiaries are 4.5%.
- High number of beneficiaries are Graduates i.e., 35.9% and then Post graduates i.e., 18.7%. There are also some MSW completed candidates and also above PG level students. On the other hand below 10<sup>th</sup> standard students are also found.
- The most of the training programmes are being organized for Drug De-addiction centre staff and so the beneficiaries from more from the centre i.e., 48%. The others include NGO staff (30%), Self-Employees (12%), Counselors' (4%) and students (6%).
- The students from Rural and Semi Urban areas are mostly living in Joint families (38.3%) and it is less when compared to urban beneficiaries (61.7%)
- While more than half of them are from BPL families (57.2%), the APL families (33.4%) are also high amongst the student. And others contribute 9.4%.
- The students are mostly from low income economic status families i.e., 52.4%. Whereas the students from 1 – 2 lakhs annual income are found about 28.9%. The other categories belonging to income more than 2 lakhs are 12.9%. A very less 5-10 lakh income (2.4%), More than 10 Lakh (2.4%), More than 10 Lakh (0.8%) are found.
- The age group between 26 & 30 are in high number i.e., 35.8%, whereas the age group between 31 & 35 are 20.4% and age group between 20 & 25 are 14.6%. There are also 11.7% of beneficiaries from age group less than 20 years, 8.5% are from 36-40 age group, 6.7% are from 41-45 age group and 2.3% of beneficiaries are from 46 and above age group.
- The most of the training programmes are free (86.8%), especially NISD organized training programmes are all free and very few organized by RRTCs are paid i.e., 13.2%
- The most of the participants are Drug De-addiction Centre staff and so participants from RRTCs is high i.e., 30.8% and then through NGOs i.e., 30.8% and Family & Friends i.e., 10.9%. The others are advt in newspapers (7.6%), NISD (5.7%), Govt website (3.7%) and nominated by organizations (1.3%)
- There is no online registration process but few claimed that they registered through email communication. Considering it as online the 2% participants registered online. On the spot registrations are high i.e., 42.2% and because the Drug De-addiction centres nominate the candidates, it is 31.4%. Few candidates fill form and submit to the training programme organizers and so offline contributes 24.4%.

- Most of the trainings are Non-Residential at NISD i.e., 56.2% and residential participants are 43.8% because RRTCs provide hostel facilities for few training programmes.
- A large number of beneficiaries i.e., 48.7% felt that the training programme was interactive and they had Role Play as well as Group Discussions. While 42.6% of beneficiaries felt that training was in both theory and interactive. And about 8.7% beneficiaries felt that the training was only theoretical.
- 66.5 % of beneficiaries opted these training programmes for building their career and about 24.6% opted course because of social empathy they have within them. About 4.3% students opted as addition certificate for their academics and 3.2% for specialization in this field.
- About 87% beneficiaries were placed in Drug De-addiction Centres or in NGOs working on those lines. Whereas 13% beneficiaries are not working or not placed anywhere.
- In the Drug Abuse Prevention programmes 55.8% participants told that training organizers keep contacting them after the programme. Whereas 44.2% participants told they didn't get any calls from organizers after training programme and few of them shifted and joint other private jobs.
- 67.4% students have opted for employment facility in the training Programmes organized by NISD and about 23.4% of students for enhancing their knowledge and skills. About 9.2% students for enhanced social consciousness.
- 97.9% students are willing to recommend this type of trainings to the other people. On the other hand 1.8% of the students do not want to recommend.
- 57.8% of the participants said that the programme is excellent and about 25.4% said that programme was good, 10.6% participants said they are fair enough. But 6.2% participants said that these trainings are to be updated.
- The study also made an attempt to analyze the reasons for dissatisfaction amongst the participants. 39.4% participants felt that the accommodation and small training halls are the major reason for dissatisfaction. Then 27.3% participants want to relevant material for future use. Other reasons like no practical exposure is from 19.6% participants and less experienced trainer was from 13.7% of the students.

## **Collaborating Agencies/RRTCs**

During the study it is understood that the RRTCs and other collaborating agencies are selected with a very effective and required Government procedures adopted by NISD. At the initial stage of work, the collaboration is really more effective with all agencies. But the training programme arrangements, logistics etc are more dependent on the fund flow. The timely fund release would have great impact on the effectiveness. For example the sanction of the yearlong programmes by NISD are finalized in the 2<sup>nd</sup> quarter and the implementation and utilization certification submission has to be done in the 3<sup>rd</sup> and 4<sup>th</sup> quarters by RRTCs. In such instance, the agencies are facing difficulties in implementation.

In view of the above, it is also understood that the RRTCs/agencies associated with the concerned State Governments/other organization for activities or funds and get the support and are surviving. But end of the day all of them are struggling with the delays and discrepancies and are trying to cop up with the limited resources and time frame. In the overall performance it is also evident that they are somehow taking up and completing the activities specified.

## **Quality of Training Programmes**

The trainings and course content is being made by NISD and RRTCs follow the same including the proceeding of the training programme. The training material and aids used are:

1. Brainstorming
2. Lecture with Power Point Presentation
3. Training related games
4. Audio Visual Aids
5. Mind Mapping
6. Hands on demonstrations
7. Mock counselling sessions and their debriefing
8. Role Play
9. Group activity, Discussions and Presentation

During the study it is felt that though there is standard curriculum and methodology of knowledge dissemination, the training schedules are to be customized as per the local

scenarios. There should be field visit or if possible interaction with the patients/ victims/ recovered persons.

### **Course Content of Trainings at RRTCs**

It is found that the content was prepared by NISD and the same is being implemented by RRTCs in the same methodology. Most of the RRTCs are of the opinion that the course content need to upgrade as per the latest technology and information available. They also want the job oriented courses especially with 3 months, 6 months and 1 year timeframe. The convergence with the Ministries like Health & Family welfare, Ministry of Skill Development will help the courses with holistic approach.

Similarly for effective 3 month or 6 month or one year diploma courses the NISD can collaborate with:

- UNICEF to initiate awareness or training programmes for school students
- World Health Organization (WHO) for Geriatric Care Degree or diploma
- United Nation Office on Drug Control (UNODC) for organizing diploma course on Drug Abuse Prevention

### **Drug Abuse Monitoring System (DAMs)**

The Ministry of Social Justice and Empowerment (MSJE) has taken an initiative to establish a Drug Abuse Monitoring System (DAMS) so that data on help seekers at centres funded by the Ministry is collected in a systematic way. It is an online data base, wherein data on the types of substances, method of consumption, clinical and general profile of treatment seekers at de-addiction centres will be collected on a quarterly basis for understanding the trends of the substance abuse in the country. Information thus gathered is intended to monitor drug using trends with time; equip the functionaries at MSJE to plan and implement prevention, education programs for drug users at all levels (State, District, Zone level).

During the study we could find that:

- Newly formed districts are not included in the scroll down box for example districts of Arunachal Pradesh
- The scroll down box for drugs is also having limited drug names. More drugs can be included to cover all the cases.

## KEY BOTTLENECKS & CHALLENGES

- RRTCs and collaborating institutions reporting doesn't have prescribed formats to collect the reports regarding the training programmes.
- Programme wise, quarterly and yearly documentation is not available at NISD
- MIS system of the entire database, especially beneficiaries is not there.
- Absence of proper Monitoring and Evaluation System at NISD Head Office.
- Updation of IEC Material is not at the pace of the new information availability. RRTCs/IRCAs/NGOs are using the same material and also preparing their own IEC Material.
- There is no database of Master Trainers and Faculty for highly technical courses at NISD Head Office.
- Impact Analysis is lacking.
- Physical and Financial Assessments of the NISD-RRTC training linkages is lacking.
- DAM Software is helpful for maintaining the Drug Addicts information. Few RRTCs are facing issues with the access. RRTC staff has to be trained on usage of this software.
- The Annual Action Plan of programmes is given to RRTCs in the month of October/ November, which is very late for them to cope up with the timeframes and effectiveness of the trainings are being hindered.
- The funds released for training programmes are not sufficient for organizing the programme. Especially travel, accommodation and honorarium specified are very less. This becomes more difficult in the North Eastern State where the travel and accommodation cost will be high.
- The staff salaries of RRTCs are under paid and they are not getting salaries on time. This is hindering their performance in the field.

## WAY FORWARD

- Creation of a cadre of young drug abuse prevention counselors and Geriatric Care Professionals in India is a highly laudable target; apart from sensitization and awareness creation.
- NISD need to restructure the implementation mechanisms to strengthen the Old Age Care and Drugs Abuse Prevention Division.
- The team/ staff of the NISD has to be increase with clear duties and responsibilities.
- Few trainings and courses are to be demand driven. The participants' online application and scrutinizing them would get good layer of beneficiaries who can be trained for future placements.
- Timely release of payments would magnify the performance of the field level coordinator.
- Revising the financials and timely payment of RRTCs will help them to perform well.
- Time to time updation of the course structure and material would benefit the beneficiaries while performing their duties.
- Basic placements at the end of the training programmes have been facilitated by a few RRTCs. There is a strong empirical evidence of NISD-RRTC fresher participants finding placements – new career prospects both in the drug abuse prevention as well as in the old age & geriatric care.
- Few RRTCs are doing excellent work in convergence with aligned activities also. Those are to be encouraged and involved in the decision making and implementation.

## RECOMMENDATIONS

1. Highly specialized academic and private sector professionals especially from Curative clinical background both from Drug Abuse Prevention & Rehabilitation background and Geriatric and Old Age Care diseases curative support; to be brought on board at NISD.
2. There is a need to increase the number of programmes especially in the Drugs Abuse Prevention.
3. Change the norms for the RRTCs and IRCAs. One NGO or any other affiliate should have the mandate of running either IRCA or RRTC.
4. Monitoring & Evaluation (M&E) has to be put in place for effective implementation of the trainings and get desired outcomes.
5. Need to create a Central Repository of the Resource Persons.
6. DAM Software need to be updated and RRTC staff are to be trained on its usage.
7. ISO and other Global Training Standards and Accreditation to be put in place.
8. Training programme calendar given to RRTCs much early so that they have enough time to effectively arrange and conduct the programmes.
9. Quarterly meeting and continuous consultations and monitoring with RRTCs will lead to the fulfillment of the objectives pertaining to each Division of the NISD.
10. Revising the financials and timely payment of RRTCs will help them to perform well at the ground level.
11. There is a need to setup a customer care/ Helpline for both Old Age Care and Drug Abuse Prevention Divisions. This helpline to in turn network with the RRTCs/IRCAs/NGOs and direct the beneficiaries. Otherwise the helpline system has to be created for all RRTCs. Some of the RRTCs are already running helplines. So they will be able to give technical support.