

**SCHEME OF NATIONAL ACTION PLAN  
FOR DRUG DEMAND REDUCTION (NAPDDR)**



सत्यमेव जयते

**Government of India  
Ministry of Social Justice and Empowerment**

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## PREFACE

Substance use disorders are serious problem adversely affecting the social fabric of the country. Dependence to any substance not only affects the individual's health but also disrupts their families and the whole society. Regular consumption of various psychoactive substances leads to dependence of the individual. Therefore, substance use and dependence needs to be viewed as a psycho-social-medical problem.

2. The Ministry of Social Justice & Empowerment being the nodal Ministry for Drug Demand Reduction in the country has been working with the objective of creating awareness and educate people about the ill-effects of alcoholism and substance abuse and for providing a whole range of community based services for identification, motivation, counseling, de- addiction, after care and rehabilitation for Whole Person Recovery (WPR) of substance and alcohol users.

3. The first national survey on Extant and Pattern of substance Use in India, 2019 was conducted by MoSJE through National Drug Dependence Treatment Centre (NDDTC), AIIMS. As per the report, Alcohol is the most common psychoactive substance used by Indians followed by Cannabis and Opioids. About 16 Crore persons consume alcohol in the country, 3.1 Crore individuals use cannabis products and 2.26 Crore use opioids. A sizeable number of individuals use sedatives and inhalants.

4. In order to prevent the substance use and dependence in the country, MoSJ&E has formulated and enacted National Action Plan for Drug Demand Reduction (NAPDDR) (2018-2025). All the initiatives under NAPDDR aim towards DRUG DEMAND REDUCTION in the country that can be carried out through Government of India, State/UT Governments, implementing agencies like PRIs, NGOs, Trusts, ULBs, Autonomous organizations, Technical Forums, Hospitals, Prison etc. NAPDDR is proposed to be implemented through both modes of funding as in a central sector and a centrally sponsored scheme with 100% funding from the Centre.

5. The 4<sup>th</sup> Revised Scheme shall be effective from the 31<sup>st</sup> October, 2022.

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## 1. **BACKGROUND**

1.1 Article 47 of the Constitution provides that “The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavor to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.”

1.2 India is a signatory to the three UN Conventions namely, Single Convention on Narcotic Drugs, 1961, Convention on Psychotropic Substances, 1971 and Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Article 38 of the Single Convention on Narcotic Drugs, 1961 and Article 20 of the Convention on Psychotropic Substances, 1971 obligates countries for taking all practicable measures for the prevention of harmful use of drugs/psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved and also for promoting training of personnel in these areas.

1.3 The Government of India has enacted the Narcotic Drugs and Psychotropic Substances (NDPS) Act in the year 1985 to make stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances. Section 71 of the NDPS Act, 1985 (Power of Government to establish centres for identification, treatment, etc., of addicts and for supply of narcotic drugs and psychotropic substances) states that “The Government may establish, recognize or approve as many centres as it thinks fit for identification, treatment, management, education, after-care, rehabilitation, social re-integration of addicts and for supply, subject to such conditions and in such manner as may be prescribed, by the concerned Government of any narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity.”

1.4 The Government of India has also brought out a National Policy on Narcotic Drugs and Psychotropic Substances (NDPS) in 2012 to serve as a guide to various Ministries/Departments, State Governments, International Organizations, NGOs, etc. and re-assert India’s commitment to combat the drug menace in a holistic manner.

The Policy, inter-alia, states the role of the Government for treatment, rehabilitation and social reintegration of individuals with substance dependence. For the purpose of drug demand reduction, the Policy lists out the roles of various Ministries/Departments which include conducting National Survey on Drug Use and Dependence, training of doctors in Government Hospitals in de-addiction, supporting other hospitals in setting up de-addiction and treatment facilities, establishing separate facilities for female patients, developing minimum standards of care to be followed by de-addiction centres, inclusion of rehabilitation and social reintegration programmes for victims of substance use/ dependence in all Government run treatment centres etc. The Policy also noted that several de-addiction centres have come up in the private sector and states that the Central Government shall lay down standards and guidelines for these de-addiction centres to follow and shall recognize such centres as are found to be meeting the standards and guidelines.

## **2. Extent and Pattern of Substance Use in India**

2.1 Ministry of Social Justice and empowerment has conducted the first National Survey on Extent and Pattern of Substance Use in India through the National Drug Dependence Treatment Centre (NDDTC) of the All India Institute of Medical Sciences (AIIMS), New Delhi during 2018. The report of the survey was released in February, 2019. The report of the Survey presents the major findings in terms of proportion of Indian population using various substances and those affected by substance use disorders.

2.2 As per the report, Alcohol is the most common psychoactive substance used by Indians followed by Cannabis and Opioids.

2.3 About 16 Crore persons consume alcohol in the country, 3.1 Crore individuals use cannabis products and 2.26 Crore use opioids.

2.4 More than 5.7 Crore individuals are affected by harmful or dependent alcohol use and need help for their alcohol use problems, about 25 lakh suffer from cannabis dependence and approximately 77 lakh individuals are estimated to need help for their opioid use problems.

### **3. OBJECTIVES**

3.1. Substance use disorders are serious problem adversely affecting the social fabric of the country. Dependence to substances not only affects the individual's health but also disrupts their families and the whole society. Of late, the menace of substance dependence in the younger generation has been rising all over the world and India is no exception to it. The major objectives of NAPDDR therefore are to:

- i. Focus on preventive education, awareness generation, identification, counseling, treatment and rehabilitation of individuals with substance dependence, training and capacity building of the service providers through collaborative efforts of the Central and State Governments and Non-Governmental Organizations
- ii. Create awareness and educate people about the ill-effects of substance dependence on the individual, family, workplace and the society at large
- iii. Reduce stigmatization of and discrimination against groups and individuals dependent on substances in order to integrate them back into the society
- iv. Develop human resource and build capacity to
  - o Provide for a whole range of community based services for identification, motivation, counseling, de-addiction treatment, after care and rehabilitation for Whole Person Recovery (WPR) of dependents;
  - o Formulate and implement comprehensive guidelines, schemes, and programmes using a multi-agency approach for drug demand reduction;
  - o Undertake drug demand reduction efforts to address all forms of illicit use of any substances;
  - o Alleviate the consequences of substance dependence amongst individuals, family and society at large.
  - o Facilitate research, training, documentation, innovation and collection of relevant information to strengthen the above mentioned objectives;

#### **4. SCOPE OF ACTIVITIES**

Scope of activities to be undertaken under the NAPDDR are given at **Appendix-I**

#### **5. COMPONENTS ADMISSIBLE FOR FINANCIAL ASSISTANCE**

The following components are admissible for financial assistance under the NAPDDR:

- i. Preventive Education and Awareness Generation
- ii. Capacity Building
- iii. Treatment and Rehabilitation
- iv. Focused Intervention in vulnerable areas
- v. Skill development, vocational training and livelihood support of user/dependent.
- vi. Survey, Studies, Evaluation, Research and Innovation on the subject covered under the scheme.
- vii. Programmes for Drug Demand Reduction by States/UTs
- viii. Programme Management
- ix. Monitoring & Evaluation, Surveillance and Social Audit
- x. Accreditation for organizations
- xi. Any other activity or item which will augment/ strengthen the implementation of NAPDDR

## 6. Preventive Education and Awareness Generation

6.1 Preventive education and awareness generation programmes to address specific target groups (vulnerable and at risk groups) in their neighborhood, educational institutions, workplace, slums etc. with the purpose of sensitizing the target groups and the community about the impact of substance dependence, accept the need for help and accordingly seek professional help for treatment and Whole Person Recovery. The programmes would be carried out through collaborative efforts of other Central Ministries, State Governments/UTs, Universities and autonomous institutions, Foundations, Non profitable organizations, Training/ Educational bodies /Institutions, Medical/ Health care institutions, NGOs, other voluntary organizations etc.

6.2. Though NAPDDR lists out an indicative list of programmes to address specific target groups (**Appendix-I**), the implementing agencies may devise other innovative interventions for early prevention of substance use and dependence such as Navchetna Module for school Children (**Annexure-XIV**). Efforts should be made to develop a prevention strategy that is based on scientific evidence, both universal and targeted, in a range of settings. With an aim to expand the outreach and specifically focus on vulnerable groups, the implementing agencies may consider the following:

- a. Programmes should start at the school level and continue with college students.
- b. Parents/teachers should be sensitized to develop skills to understand the psychology of the youth/students and to help them keep away from substance use and to accept the need for treatment
- c. Commercial sex workers, mobile population like tourists and truck drivers, children of alcohol dependents and other substance dependents, children of HIV affected parents, street children, prisoners, school dropouts and other high risk groups should specifically be addressed through these programmes.
- d. Awareness programme should be appropriate to the local culture and in the local language. Utilization of audio visual aids such as OHPs, slides, CDs, Power Point, films, TV and Radio Spots etc.

and use of methods like street plays, puppet shows, seminars, group discussions and other innovative methods etc. are to be included.

- e. People holding positions of respect and credibility like Panchayat leaders, village level functionaries, school/college Principals/teachers/Lecturers, eminent senior citizens, celebrities, prominent local achievers etc. should be associated with the programmes.
- f. Social Media strategies should be used appropriately to reach maximum beneficiaries.

**6.3 Eligible Organizations:** Financial assistance shall be provided for carrying out preventive education and awareness generation programmes in collaboration with the following organizations/institutions:

- i. University Grants Commission (UGC) and All India Council for Technical Education (AICTE) for the higher educational institutions;
- ii. Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), organizations/ institutions fully funded or managed by State/ Central Government or a local body;
- iii. Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme(NSS);
- iv. Central/ State/ Deemed/Private Universities, Autonomous institutions, Social work Institutions, Aided/ Un aided Colleges/ Schools, Association of Indian Universities, Kendriya Vidyalaya Sangathan (KVS), NCERT, SCERT, other educational councils/ institutions etc.
- v. Center and State/UT Governments
- vi. Foundations, Non profitable organizations, Start Ups, Pvt. Ltd Companies and other registered organizations.
- vii. State Level Coordinating Agencies (SLCAs), District De-Addiction Centre (DDACs), Outreach and Drop In Centres (ODICs), Community based Peer led Interventions (CPLIs) and Integrated Rehabilitation Centres for Addicts (IRCAs) of Ministry of Social Justice and Empowerment working in the field of drug demand reduction with good track performance;
- viii. Organizations/Institutions associated with Awardees who have been conferred National Awards for outstanding services in the field of prevention of alcoholism and substance (drugs) abuse;



- ix. Any other organization/institution considered fit and appropriate by the Project Management Committee of the Ministry.

#### **6.4. Norms for Financial Assistance**

6.4.1 An Annual Action Plan (AAP) will be prepared during each financial year for carrying out preventive education and awareness generation programmes in collaboration with organizations/institutions specified in pre para along with other interventions. Financial assistance would then be provided as per AAP to the NISD and/or State Governments or other organizations. Institutions would be eligible to receive Grants up to 100% for conducting the programmes.

6.4.2 Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) in the prescribed format (Performa attached at **Annexure-XII**), as per provisions of GFR 2017, which will indicate the three items in the heading – (i) Project specific ID given by DoSJE, (ii) Name and location of the project, and (iii) Name of the NGO/Org. Further, as per provisions of rule 230(8) of GFR, 2017, all interest or other earnings against Grants-in-aid or advances released to any grantee institution should be mandatorily remitted to the Consolidated Fund of India immediately after finalization of accounts.

#### **6.4.3 FUND TRANSFER:**

The flow of funds in the schemes will be through PFMS in order to ensure complete tracking of funds up to “last mile” using EAT/REAT module.

**6.5 Media Publicity:** Preventive Education and Awareness generation through media publicity would also be accorded adequate focus for which a well-targeted media campaign to spread the message against ill effects of drug abuse and negative health effect of alcohol through social, electronic, print, digital and online media will be launched.

6.6 Flagship programme like Nasha Mukt Bharat Abhiyaan (NMBA) (**Annexure-XIII**) covers a wide range of preventive education and awareness generation programmes in collaboration with States/ UTs, Districts, Universities, Colleges, Institutions etc.

## **7. Capacity Building**

7.1 Training is an important component for capacity building and skill development of various stakeholders and the service providers. Training is important to ensure effective prevention, appropriate treatment and for holistic management of individuals with substance dependence. It is also important to have exposure to the new trends regarding the kind of substances used, associated medical and psychiatric problems, treatment models/approaches through participation in training programmes and conferences.

7.2. Capacity building programmes would be undertaken to provide intensive training to personnel in the identification, treatment, after-care, rehabilitation and social reintegration of substance dependents. To create a pool of trained human resources personnel and service providers, the following list of programmes have been enlisted under the NAPDDR:

- i. Training of teachers and counselors on different assessment tools for early identification of substance use and associated factors. These trainings would be organized by the Ministry/ NISD/ any other designated agencies by the Ministry.
- ii. Workshops, Seminars and interactions with parents.
- iii. Mandatory training programmes on de-addiction counseling, rehabilitation and other themes for social workers/ psychologists/ counselors, other functionaries of DDACs, ATFs, ODICs, CPLIs, IRCAs, working professionals etc. organized by the Ministry/ NISD/ any other designated agencies by the Ministry within one year.
- iv. Training programmes for women's groups, anganwadi/ asha workers, village level functionaries, Youth volunteers, NSS/NYK resource persons/ volunteers, student groups and others so on who can play a crucial role in early detection of users and vulnerable persons organized by the Ministry/ NISD/ any other designated agencies by the Ministry.
- v. Orientation Courses in the field of substance use prevention, treatment and rehabilitation for functionaries of DDACs, ATFs, ODICs, CPLIs and IRCAs.

vi. Training Courses for service providers, in Government, Semi-Government and Non-Government Settings

vii. Training programmes for representatives of PRIs and ULBs, police functionaries, paramilitary forces, judicial officers, bar council, personnel of other law and security enforcement agencies on substance use prevention

viii. Training of staff in Prisons and Juvenile Homes, ICPS functionaries (CWC & JJB) in order to ensure respectful, non-judgmental and non-stigmatizing attitude of the staff and also to ensure appropriate referrals and treatment.

ix. Basic Training Course for the peer educators, counselors, outreach workers, peer educators etc. to assist in dissemination of accurate information about various substances, their use, issues of dependency, treatment options and for overall improvement of social and behavioral issues associated with substance use.

x. Specialized training for those who work with vulnerable groups, such as patients with psychiatric co-morbidities, children and women including pregnant women, person living with HIV/AIDS etc.

xi. Any other training/skill development programs, which furthers the objectives of NAPDDR.

7.3 Ministry of Social Justice and Empowerment has established a National Centre for Drug Abuse Prevention (NCDAP) at National Institute of Social Defence (NISD), New Delhi to serve as an apex body for training, research and documentation in the field of alcoholism and drug demand reduction.

7.4 Ministry has designated Organizations/Institutions of repute with adequate experience in the field of Drug Demand Reduction and having consistently good track record as State Level Coordinating Agency (SLCA) following the prescribed procedure. SLCAs, so designated, are essentially responsible for devolution of the mandate of NCDAP in their jurisdictional area. Following are the roles and responsibilities of these SLCAs –

- i. To prepare an annual action plan for their activities which should include visits, Capacity Building, Monitoring and evaluation exercise (DDACs/ IRCAs, Agencies implementing ODIC &CPLI).
- ii. To assist organizations under their jurisdiction in the preparation of website, installing of CCTV cameras, and implementation of EAT module & PFMS, handling e-Anudaan etc.
- iii. Facilitate the State Government departments in undertaking drug demand reduction programs and any other activity initiated by the Ministry/ State viz a viz NMBA.
- iv. Any other activity as decided by the Ministry

**7.5. Eligible Organizations:** Capacity building programmes would be carried out as specified in para7.2 by NISD in collaboration with the concerned Ministries/Departments/Organizations/Institutions of the Government of India as well as the State Governments, SCERTs/DIETs, Aided/ Unaided educational institutions, SLCAs, Medical/ Health care Institutions and any other organization/ institutions as decided by the Ministry.

## **7.6 Norms for Financial Assistance**

7.6.1 An Annual Action Plan (AAP) will be prepared during each financial year for carrying out the above programmes. Financial assistance shall be provided as per the AAP to the State Government or other organizations on the basis of their proposals.

7.6.2 Financial Assistance to SLCAs will be provided as per the approved Cost Norms **(Appendix-VII)**.

7.6.3 Institutions would be eligible to receive grant up to 100% for conducting the programmes.

7.6.4 Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) in the prescribed format (Performa attached at **Annexure-XII**), as per provisions of GFR 2017, which will indicate the three items in the heading – (i) Project specific ID given by DoSJE, (ii) Name and location of the project, and (iii) Name of the NGO/Org. Further, as per provisions of rule 230(8) of GFR, 2017, all interest or other earnings against Grants-in-aid or advances released to any grantee

institution should be mandatorily remitted to the Consolidated Fund of India immediately after finalization of accounts.

7.6.5 In pursuance of Department of Expenditure instructions, where fund is released to the State Govts./UTs, modified procedure for release of funds under Centrally Sponsored Schemes (CSS) will have to be followed by them with effect from 1st July, 2021. It includes that every State Government will designate a Single Nodal Agency (SNA) for implementing each CSS. The SNA will open a Single Nodal Account for each CSS at the State level in a Scheduled Commercial Bank authorized to conduct government business by the State Government. Implementing Agencies (IAs) down the ladder should use the SNA's account with clearly defined drawing limits set for that account. However, depending on operational requirements, zero-balance subsidiary accounts for each scheme may also be opened for the IAs either in the same branch of the selected bank or in different branches. All zero balance subsidiary accounts will have allocated drawing limits to be decided by the SNA concerned from time to time and will draw on real time basis from the Single Nodal Account of the scheme as and when payments are to be made to beneficiaries, vendors etc. The available drawing limit will get reduced by the extent of utilization.

## **7.7 FUND TRANSFER:**

The flow of funds in the schemes will be through PFMS in order to ensure complete tracking of funds up to "last mile" using EAT/REAT module.

## **8. State Action Plan (SAP)**

"Ministry of Social Justice & Empowerment will support the State Governments in launching a sustained effort against drugs in the following manner:

(a) The State Action Plans designed to educate and mobilize the community against the drugs and institutionalize the NMBA will be sanctioned under NAPDDR.

(b) Strengthening the counselling mechanism for the victims of drugs abuse. To start with a pool of 50 counsellors to be created and be available both online and offline for providing counselling services in the de-addiction centre in each States. States to identify such trained and experienced counsellors from their States."

Addressing the problem of drug abuse will require concerned action at different levels of the Government. The responsibility for actions at the field level lies within the purview of the State/ UT Government. Thus, the States and UTs, with the support of Central Government, may like to plan and take specific initiatives, taking into account their local considerations. They may devise specific and suitable strategies for drug demand

reduction in their identified areas. In this context, the States/ UTs may send proposals, which meet the objectives of NAPDDR.

The following components are admissible for financial assistance under SAP of the NAPDDR:

- I. Preventive Education and Awareness Generation
- II. Capacity Building
- III. Treatment and Rehabilitation
- IV. Setting quality standards
- V. Focused Intervention in vulnerable areas
- VI. Skill development, vocational training and livelihood support of user/ dependent.
- VII. Survey, Studies, Evaluation, Research and Innovation on the subject covered under the scheme.
- VIII. Programmes for Drug Demand Reduction by States/UTs
- IX. Programme Management
- X. Any other activity or item which will augment/ strengthen the implementation of NAPDDR

## **9. Treatment and Rehabilitation**

9.1. Under the NAPDDR, the Ministry of Social Justice and Empowerment would provide financial assistance for Drug Treatment facilities/Clinics for outpatient and inpatient treatment (IRCAs and DDACs) and for running and maintenance of ODICs and CPLIs. (At present IRCAs, ODICs, CPLIs, SLCAs supported by the Ministry are majorly operated by NGOs and ATFs supported by Ministry are being operated by District Hospitals/ State Governments). The Ministry would also provide financial assistance for setting up and running of District De-Addiction Centres (DDACs). These IRCAs/ATFs/DDACs provide services for identification of individuals with harmful use and dependence of any substance, motivational counseling, detoxification/de-addiction treatment and Whole Person Recovery, after care and reintegration into the social mainstream. ODIC and CPLIs would also do similar activities and also focus on community involvement and participation.

## **9.2 Scope for treatment and rehabilitation under this scheme would-be:**

- i. Establishing and assisting de-addiction centres in Government Hospitals and Medical Colleges.
- ii. Establishing and assisting counseling/de-addiction centres or facilities in closed settings such as Prisons, Juvenile Homes, for special groups such as women and children in need for care and protection/conflict with law or any other special group etc. by this Ministry or in convergence with other Central Ministries and implemented through various organizations/Government Departments. **(Cost Norms at Appendix- VIII to X).**
- iii. Establishing and assisting residential rehabilitation and stabilization programmes by setting up Model Rehabilitation Centres through State Governments.
- iv. Establishing and assisting DDACs in district Headquarters or suitably accessible place where rent free accommodation is provided by the District/ State Administration through government agencies or NGOs/Organizations duly selected by the Ministry with the due recommendation of State/ District Authorities. If the district administration of identified district is not able to provide suitable rent free accommodation, then the application will be called from the eligible VOs/ NGOs, who will provide rent free accommodation for setting up of DDAC in that district.

## **9.3 Setting up and running of District De-Addiction Centre (DDAC) will be done as per the following guidelines-**

9.3.1 There will be a District De-Addiction Centre (DDAC) preferably in each district headquarter or suitably accessible place where rent free accommodation is provided by the district administration. These DDACs would provide comprehensive facilities hitherto being provided by IRCA, ODIC & CPLI together. If the district administration of identified district is not able to provide suitable rent free accommodation, then the application will be called from the eligible VOs/ NGOs, who will provide rent free accommodation for setting up of DDAC in that district.

9.3.2 The districts, which have all the three existing facilities i.e. IRCA, CPLI, ODIC and being financially supported by the Ministry, will be brought under one roof. The existing IRCA, CPLI or ODIC in the same district will be shifted to DDAC building to be provided by the District Authority.

9.3.3 The functioning of DDAC will be monitored by the Committee headed by the District Magistrate, which has been formed under Nasha Mukta Bharat Abhiyaan (NMBA). Additionally, retired eminent personalities of the Districts, activists, Vice-Chancellor/ Head of Department (HoD)/ Principal, researcher, scholars and so on may be co-opted by Chairman as the members of the Committee. This committee would only monitor policy related issues. Day to day and other activities relating to implementation would be the responsibility of the concerned organization/NGO approved for setting up of the DDAC.

9.3.4 The Meeting of DDAC is to be held at least once in 6 months, where it will approve the expenditure incurred by DDAC on various activities permissible under NAPDDR. The Committee will also review the functioning and assess the performance of the DDAC in terms of the effectiveness of deliverables and make further suggestions to the management of DDAC.

9.3.5 A separate (dedicated) account will be opened for keeping funds of DDAC in the name of NGO/Organization. The account will be registered on PFMS and implemented through EAT Module.

9.3.6 For setting up of DDACs, preference would be given to those Districts, which do not have any facility of IRCA, CPLI, or ODIC. For this, the organization /start-up willing to work in the field of drugs will be eligible for applying for DDAC. The priority for selection of DDAC would be:

- i. The DDAC proposed to be run by the District administration itself.
- ii. Rent free accommodation in the district headquarter provided by the concerned DC/DM & further willingness from interested NGO is sought.
- iii. Where no proposal for rent-free accommodation is received from concerned DC/DM, interested NGO may directly apply for DDAC provided they did not seek any rent for same and only building maintenance will be given.

9.3.7 Start-up consists of young persons/ professionals, who have graduated from top social institutes of India or abroad are also eligible to apply.

9.3.8 The details of Minimum standards like physical space and necessary amenities to be provided by District administration or NGOs are as under:

- (i) The centre should be easily accessible and connected through public transport.



(ii) The total built-in area of the DDAC should be at least 3000 sq.ft. in case of metros and 4000 sq.ft. in case of small towns and villages to house 15 patients and 4000 sq.ft. in case of metros and 5000 sq.ft. in case of small towns and villages to house 30 patients. This includes an area of about 2000 sq. ft. for Treatment cum Rehabilitation centre, an area of about 700 sq. ft. for Drop-In Centre facilities and an area of about 300 sq. ft. for CPLI Centre facilities.

(iii) The centre should be properly ventilated, well-lit and maintained in a clean manner. Water to be made available.

(iv) Basic safety of the patients to be ensured.

(v) Facilities at the centre -

- Waiting space with seating arrangements for a minimum 5 persons
- Cubicles / rooms for consultation for physical examination
- Facilities to store drugs, linen, and records of patients
- Facilities with privacy for providing individual counselling, group therapy, re-educative sessions, family classes. They should be airy with comfortable seating with floor mats / chairs. Blackboard, chalk and other material to be provided.
- Availability of recreational facilities.
- Separate Drop In Facility centre with recreation room, counselling room and medical room.
- Project room for CPLI activities including consultation room for interviewing

9.3.9 Standards set in the above para of the guidelines may change from time to time as and when necessary with the approval of competent authority and the stakeholders / NGOs/ VOs would be intimated of same and as when such changes happen.

#### **9.4 Role and Responsibility of DDACs**

The main focus of the DDAC is early prevention, education, demand reduction, identification, treatment and rehabilitation services of vulnerable individuals or individuals affected by substance use disorders.

DDAC would:

- a. Conduct primary prevention activities through awareness programs among the vulnerable and affected community
- b. Engage in risk mitigation of substance use among children/ adolescent/youth by:
  - Preventing substance use
  - Delaying initiation of substance use
    - c. Identify and train selected peer educators in the community
    - d. Implement **early prevention education through life skill training** led by trained peer educators
    - e. Provide awareness about referral and linkage to counseling, treatment and rehabilitation services for substance dependent adolescents identified in the community
    - f. Identifying adolescents and other individuals subjected to substance use and facilitating their referral/ admission into Rehabilitation Centers/ Drop In Centres.
    - g. Provide a whole range of services which includes treatment, after care and rehabilitation including skill development for Whole Person Recovery (WPR) of dependents;
    - h. Undertake drug demand reduction efforts to address all forms of illicit use of any substances and ensure overall well being of humankind;
    - i. Alleviate the consequences of substance dependence amongst individuals, family and society at large.

## **9.5 For a new DDAC**

9.5.1 Ministry will float Expression of Interest (Eoi) from the eligible NGOs/ Start ups/ organizations for seeking proposals for setting up and maintenance of DDAC at e-Anudaan portal within a set time frame as decided. The proposals so received would automatically go to the login of the States and districts. These proposals so received in the login of the district would be examined by the District and with due recommendation would come to the log in of the State for further examination and recommendation for selection of the organization for setting up of DDAC as per the guidelines prescribed by the Ministry.

9.5.2 An access of e-Anudaan will be provided to the District Authority by the State for this purpose.

9.5.3 The State may recommend eligible NGOs/ Organizations for running projects, as per suitability and as per the standard norms fixed by the Ministry.

9.5.4 The Project Selection Committee in the Ministry will select the eligible NGO(s)/start ups for establishing and running of the DDAC and recommend the release of funds in two instalments. However, the Organization shall be eligible for receiving GIA under the scheme from the date of approval of the competent authority.

9.5.5 States/ Districts preferably must provide suitable accommodation free of rent for the purpose of setting up of DDAC.

9.5.6 All DDACs will install CCTVs and link to their website for monitoring and for compliance of proactive disclosure.

9.5.7 All DDACs shall be open to third party evaluation, Social Audit and will be inspected by the Ministry's Officer/ District Administration/SLCA/ concerned PMU State Coordinator.

9.5.8 Detailed eligibility conditions of eligible organizations are indicated in Para 11.2.

## **9.6 Renewal of existing IRCAs/ODICs/ CPLIs/ DDACs will be done as per the following guidelines-**

9.6.1 For the release of grant-in-aid, an **IRCAs/ODIC/ CPLI/ DDACs**, shall apply online on the website <http://grants-msje.gov.in/ngo-login> and forward their application along with the relevant documents and the utilization certificate (UC) of expenditure till 31<sup>st</sup> March of the previous financial year (to be uploaded along with the application) before first week of May every year to the Ministry of Social Justice & Empowerment (Social Defence Division), Government of India, New Delhi. Incomplete applications shall be liable to be rejected for renewal.

9.6.2 Implementation of EAT module will be mandatory for the organizations desirous of seeking renewal of grant-in-aid.

9.6.3 Organizations are required to submit beneficiary's data on e-Anudaan portal on daily basis along with profile of beneficiaries in Drug Abuse Monitoring System (DAMS) maintained by NISD or any other software or in any prescribed manner.

9.6.4 Renewal of the applications will be considered based on the performance of the organization as reflected on the e-Anudaan/ online portal (for previous year/current year), on compliance with public disclosure norms/ guidelines and will be decided before end of May each year.

9.6.5 The total annual grant will be released in two equal half-yearly installments, first of which will be released along with the renewal order, before the second week of June each year. The second installment will be released before end of December, after observing the performance during the current year and considering the utilization of funds. The second Installment shall be released on the basis of following formula-

Target Beneficiaries ( <b>IRCA</b> s/ <b>ODIC</b> s/ <b>CPLI</b> s/ <b>DDAC</b> s)	Eligible GIA
Less than 60% of first half yearly targeted beneficiaries i.e. (i) less than 54 in case of 15 bedded IRCA, less than 108 in case of 30 bedded IRCA, and less than 180 in case of 50 bedded IRCA (ii) less than 1260 in case of ODIC, (iii) less than 360 in case of CPLI, and (iv) less than 1674 in case of DDAC.	Nil
60% to 80% of first half yearly targeted beneficiaries i.e. (i) 54 or more but less than 72 in case of 15 bedded IRCA; 108 or more but less than 144 in case of 30 bedded IRCA; and 180 or more but less than 240 in case of 50 bedded IRCA, (ii) 1260 or more but less than 1680 in case of ODIC; (iii) 360 or more but less than 480 in case of CPLI; and (iv) 1674 or more but less than 2232 in case of DDAC.	50 % of 2 <sup>nd</sup> instalment of GIA
80% to 100% of first half yearly annual targeted beneficiaries i.e. (i) 72 or more but less than 90 in case of 15 bedded IRCA; 144 or more but less than 180 in case of 30 bedded IRCA, and 240 or more but less than 300 in case of 50 bedded IRCA, (ii) 1680 or more but less than 2100 in case of ODIC; (iii) 480 or more but less than 600 in case of CPLI; and (iv) 2232 or more but less than 2790	75 % of 2 <sup>nd</sup> instalment of GIA

in case of DDAC.	
100% of first half yearly annual targeted beneficiaries i.e. (i) 90 in case of 15 bedded IRCA; 180 in case of 30 bedded IRCA, and 300 in case of 50 bedded IRCA, (ii) 2100 in case of ODIC; (iii) 600 in case of CPLI; and (iv) 2790 in case of DDAC	100 % of 2 <sup>nd</sup> instalment of GIA

9.6.6 If any IRCA/DDAC provided treatment to less than 75% of their annual targeted beneficiaries as mentioned in Appendix-II then Grant will be stopped in the subsequent financial year. However, IRCA/DDAC will be eligible to apply seeking GIA in the consequent year subject to approval of Secretary(SJE) and satisfactory performance found as per inspection report.

**9.6.7** Annual Target Beneficiaries for CPLI- 1200 (Adolescents) (Includes 800 Peer Volunteers to be trained by PEs, 400 beneficiaries receiving other services through the project)

**9.6.8** Annual Target Beneficiaries for ODIC- 4200 (Includes 1200 clients benefiting from Drop-In-Centre, 3000 clients benefiting through one to one and group interactions)

9.6.9 All institutions which have been set up with the grant-in-aid shall proactively disclose the performance on their website and also on the e-Anudaan/online portal. For this purpose, there shall be an online portal. This portal shall allow updating of the information on all the given performance criteria at regular intervals. Apart from this, in every institution there shall be closed circuit cameras from where live feed shall be available on the Organization's website. The rights to view can be restricted and specified by the Ministry. Financial support for setting up of these cameras and for their live feed will be provided as per the norms of the Ministry.

9.6.10 Every centre of an organization/DDAC running under NAPDDR shall be open to Internal Audit, CAG Audit / Social Audit every year as per the guidelines issued by the Ministry/NISD.

9.6.11 Besides the minimum standards prescribed by the MoSJE they also need to follow the standards prescribed either by the respective State Mental Health Authorities or those notified by the Central Mental Health Authority.

9.6.12 The implementation of the scheme has to be in compliance of GFR 2017 provisions.

9.6.13 2nd and Full & final installment of grant-in-aid shall be released based on Para 8.6.5 to 8.6.8 and on the basis of satisfactory inspection report of the PMU State Coordinator.

9.6.14 New organization may provide the eligible educational/technical qualification details & documents of staff at the time of next grant/renewal, whichever is earlier. Further, if there is change in any staff member at a later stage, these documents may also be provided.

## **9.7 For a New Project of ATF/ DDAC**

9.7.1 No proposals will be called for supporting new IRCAs/ODICs/CPLIs by the Ministry.

9.7.2 Ministry will provide financial assistance for Addiction Treatment Facilities (ATFs) in Government hospitals through NDDTC, AIIMS or any other agency specified by the Ministry in uncovered (where no IRCA exists) vulnerable districts as per the approved proposal of NDDTC AIIMS or any other agency specified by the Ministry and DDACs preferably at district Headquarters or suitably accessible place where rent free accommodation is provided by the district administration to be run by government agencies or other Organizations under the supervision of a committee headed by District Collector/DM. If the district administration of identified district is not able to provide suitable rent free accommodation, then the application will be called from the eligible VOs/ NGOs, who will provide rent free accommodation for setting up of DDAC in that district.

## **9.8 Norms for financial assistance**

9.8.1 The Ministry of Social Justice and Empowerment would apportion a certain amount in the internal budgetary allocation for establishing and assisting de-addiction centres as given above. Funds would be provided to the States/ UTs/ Organizations for financial support to the eligible agencies/organizations.

9.8.2 For IRCAs/DDACs being run by NGOs/VOs financial assistance will be given up to 90 percent of the approved cost on recurring and non-recurring expenditure (95% in-case of NE States, J&K, Ladakh and Sikkim). 10% of the expenditure would be borne by the organizations themselves (5% in-case of NE States, J&K, Ladakh and Sikkim). In

case of IRCAs being run by State Governments the financial assistance will be given up to 100 percent of the approved cost on recurring and non-recurring expenditure.

10% of the expenditure (5% in-case of NE States, J&K, Ladakh and Sikkim) to be borne by the organizations themselves will be raised through donations, contributions etc. and no fee will be charged from the beneficiaries.

**In case of State Government/ District Administration/ Institution (autonomous body like AIIMS), the quantum of assistance shall be upto 100% subject to these Institutions will not receive any donation, contribution, share from State Government etc.**

NGO/Organizations should ensure to utilize their share of contribution for the project. The same should also be reflected in the relevant financial accounts.

9.8.3 Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) as per provisions of GFR (proforma attached at **Annexure-XII**).

9.8.4 Every organization/ institution receiving funds under this component shall follow minimum standards regarding infrastructure required, treatment protocol, aftercare and follow-up services, food for the inmates and documents etc., as enumerated in the Manual of Minimum Standards of Services prescribed by Ministry/NISD and as may be revised from time to time.

9.8.5 Release of grant would be subject to the inspections by the Programme Monitoring Unit (PMU) and on the basis of satisfactory performance during the current year.

9.8.6 In pursuance of Department of Expenditure instructions, where fund is released to the State Govts./UTAs, modified procedure for release of funds under CSS will have to be followed by them with effect from 1st July, 2021. It includes that every State Government will designate a Single Nodal Agency (SNA) for implementing each CSS. The SNA will open a Single Nodal Account for each CSS at the State level in a Scheduled Commercial Bank authorized to conduct government business by the State Government. Implementing Agencies (IAs) down the ladder should use the SNA's account with clearly defined drawing limits set for that account. However, depending on operational requirements, zero-balance subsidiary accounts for each scheme may also be opened for the IAs either in the same branch of the selected bank or in different branches. All zero balance subsidiary accounts will have allocated drawing limits to be

decided by the SNA concerned from time to time and will draw on real time basis from the Single Nodal Account of the scheme as and when payments are to be made to beneficiaries, vendors etc. The available drawing limit will get reduced by the extent of utilization.

9.8.7 Every NGO should ensure that their staff are enrolled in EPFO system and shall intimate about their enrolment at the time of renewal of application.

#### 9.8.8 **FUND TRANSFER:**

The flow of funds in the schemes will be through PFMS in order to ensure complete tracking of funds up to “last mile” using EAT/REAT module.

#### 9.9 **Setting Quality Standards**

9.9.1 Efforts to develop modules, guidelines for treatment of substance dependents of different categories and age groups in order to create uniformity in treatment protocol across the country will be undertaken under NAPDDR. While developing such modules, emphasis should be given on integrating scientifically established mechanisms for diagnosis of substance use disorders as well as integrating pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counseling, cognitive behavioral therapy and social support) interventions based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration.

9.9.2 A Manual of Minimum Standards of Services is developed to bring about standardization and quality control in services being delivered by various government as well as private de-addiction centres. A Manual of Minimum Standards of Services already been prepared by Ministry/NISD indicates the standards regarding space and infrastructure required, treatment protocol, aftercare and follow-up services, food for the beneficiaries/ residents and documents and other necessary measures and requirements to be followed in the Ministry supported de- addiction centres. Documents will be revised from time to time as required..

9.9.3 Organization which would be taking GIA for the De-addiction/treatment facility mentioned in Para 8 must follow minimum standards developed and Module prepared by the Ministry/NISD or in collaboration with NDDTC, AIIMS or any other Institute authorized by the Ministry.



9.9.4 With an aim to standardize and improve the quality of the drug addiction treatment facilities across the country, every organization receiving GIA for De-addiction/treatment facility must have accreditation from organization identified by the Ministry **before 31.03.2024**.

9.9.5 From 2024-25 onwards, renewal of assistance to the organizations running centres with grants under this scheme would be dependent on securing third party accreditation.

## **10. Focused Intervention in vulnerable areas**

10.1 Substance use and related disorders are major problems affecting children and youth in school and out of school/college. This problem impacts negatively on the academic, social, psychological, economical and physiological development among the users. It is seen that substance use among the youth are influenced by adverse childhood experiences, literacy level, peer pressure, curiosity or urge to experimentation, availability of substance etc. The vulnerability of injecting drug users (IDUs) to get co-infected with HIV/AIDS, due to sharing of needles and syringes and risky sexual behavior makes the problem of substance dependence even more serious.

10.2 The Ministry of Social Justice and Empowerment would undertake focused intervention programmes in vulnerable districts across the country with an aim to increase community participation and public cooperation in the reduction of demand for dependence-producing substances and promote collective initiatives and self-help endeavour among individuals and groups vulnerable to addiction or found at risk including persons who have undergone treatment at IRCAs as a follow up measure. For this purpose, vulnerable districts has been identified in the country based on studies/surveys, inputs from other Ministries/ Government bodies, feedback from IRCAs and other stakeholders. For meeting the above objectives ATFs and DDACs and other de-addiction/treatment facilities will be set-up in these identified vulnerable districts on priority.

## **11. Operational Manual for CPLI and ODIC**

An Operational Manual for Community Based Peer-Led Intervention (CPLI) and Out Reach Drop In Centre (ODIC) has been developed to bring about standardization and quality control in services being delivered by implementing agencies. The

Operational Manual would be reviewed from time to time. This can be accessed through the home page of E-Anudaan portal as also through the website of the Ministry.

## **12. Application and Sanction**

### **12.1 For new project of DDAC**

12.1.1 Any request for new DDAC should be sent online on the website <http://grants-msje.gov.in/ngo-login> of the Ministry of Social Justice & Empowerment, Government of India, accompanied with the relevant documents (to be uploaded along with the application form). The receipt of such an application would not *suo moto* entitle an organisation/Institution to the sanction of grants. The Ministry of Social Justice & Empowerment, Government of India, shall consider the release of financial support, in each case, on the basis of the procedure prescribed by it from time to time and proposals complete in all respect, as per norms of the scheme.

1. Ministry will call proposals normally in March each year for selected districts/areas in every year in e-Anudaan portal from the eligible Institutes/Organizations through various Media communication. Eligible Institutions/ Organizations may apply within six weeks from the date of opening of e-Anudaan portal.
2. As soon as a proposal is uploaded in e-Anudaan portal, it would be notified automatically to the State Government and the District Administration concerned for examining the proposals at their level.
3. Physical inspection of the applicant organizations shall be done by the PMU from 1st May to 21st May of each year.
4. Proposals received would be considered by the Project Selection Committee constituted in the Ministry for this purpose in such a way that decisions are taken before 30th May each year for new sanctions for that financial year.
5. The Project Selection Committee shall be headed by the Joint Secretary (SD) in the Ministry and have the Principal Secretary/Secretary or authorized representatives of the concerned State Government as its members. The State Government does due diligence at their level about the correctness, performance, requirement, suitability and the eligibility of each proposal before coming for the meeting. There shall be no formal reference for report of the State Government before considering the proposal; and the State Government stand

would be considered during the Project Selection Committee meeting. Following will be the timelines:

Sl. No.	Activity	Timelines
1.	Letter to the District Collector	24th March of each year.
2.	Opening of the e-Anudaan for calling of proposals	24th March of each year.
3.	Closing of the e-Anudaan for calling of proposals	30th April of each year.
4.	Physical inspection by PMU	1st May to 21st May of each year.
5.	Project Selection Committee meeting	By 31st May of each year.
6.	Sanction of DDAC project	15th June of each year
7.	Release of 1st installment	15th July of each year
8.	Opening of DDAC	By 15th August of each year.

6. The following parameters shall be taken into consideration by the Project Selection Committee for recommending an organization to be eligible to receive grant from the Ministry.
- i. Those organizations solely concentrating on de-addiction shall be given preference over others undertaking multiple social activities. (10 **weightage** point out of 100)
  - ii. Performance of IRCA/De-addiction centre run by Organisation reflected in terms of number of addicts treated in previous years. (20 **weightage** point out of 100)
  - iii. Outreach activities performed during the last three years viz. number of Awareness camps, number of beneficiaries provided counseling and skill development training. (20 **weightage** point out of 100)
  - iv. Funds generated from other sources such as community/CSR/donations in case of NGO based organisation. (20 **weightage** point out of 100)
  - v. Organisation having own website for the purpose of proactive disclosure of their activities to the Public. (10 **weightage** point out of 100)
  - vi. Organisation having CCTV and link added to its website for the purpose of proactive disclosure of their activities to the Public. (10 **weightage** point out of 100)

- vii. Organisation registered on PFMS and implementing EAT Module. (10 weightage point out of 100)

**12.2 Eligible Organization/ Institution/ District administration/ State Government/ Start up:** Organizations/ Start up, which are already running MoSJE supported IRCA or State Government supported De-addiction Centre/Government Hospital or any private run De-Addiction centre would be eligible for applying for DDAC. Organisation can apply only for that State/UT in which they are already running IRCA/De-addiction Centre from the last 2 years or more from the date of call for the proposal. Condition may be relaxed for any Government run Hospitals, which are non profitable in nature. In case of State Government/ District Administration/ Institution (autonomous body like AIIMS), the 2 years experience shall not be applicable, if they set up new DDAC in a Hospital.

### **12.3 Financial Norms**

1. Financial norms for setting up of DDACs are at Appendix-VI.
2. The quantum of assistance shall be 90% (95% in-case of NE States, J&K, Ladakh and Sikkim) of the budget norms on the admissible items enumerated under DDAC. 10% of the expenditure (5% in-case of NE States, J&K, Ladakh and Sikkim) to be borne by the organizations themselves will be raised through donations, contributions etc. and no fee will be charged from the beneficiaries. All such assistance shall be as per the provisions of the General Financial Rules, 2017 (Government of India). In case of State Government/District Administration/ Institution (autonomous body like AIIMS), the quantum of assistance shall be upto 100% subject to they do not receive any donation, contribution, share from State Govt etc.
3. The total annual grant will be released in two equal half-yearly installments, first of which will be released along with the sanction order, before the second week of July each year. The second installment will be released before the end of December, after observing the performance and considering the utilization of funds.
4. Organization/institution/establishment shall, before it receives assistance from the Ministry of Social Justice & Empowerment, execute a bond in a prescribed proforma. The transfer of funds would be done only after acceptance of the Bond by the competent authority in the Ministry. The requirements regarding indemnity bond and pre stamped receipt and transfer of funds shall be fulfilled by

the organization/institution/establishment as per the extant instructions of the Ministry in this regard.

#### **12.4 FUND TRANSFER:**

12.4.1 The flow of funds in the schemes will be through PFMS in order to ensure complete tracking of funds up to “last mile” using EAT/REAT module.

12.4.2 In pursuance of Department of Expenditure instructions, where fund is released to the State Govts./UTAs, modified procedure for release of funds under CSS will have to be followed by them with effect from 1st July, 2021. It includes that every State Government will designate a Single Nodal Agency (SNA) for implementing each CSS. The SNA will open a Single Nodal Account for each CSS at the State level in a Scheduled Commercial Bank authorized to conduct government business by the State Government. Implementing Agencies (IAs) down the ladder should use the SNA's account with clearly defined drawing limits set for that account. However, depending on operational requirements, zero-balance subsidiary accounts for each scheme may also be opened for the IAs either in the same branch of the selected bank or in different branches. All zero balance subsidiary accounts will have allocated drawing limits to be decided by the SNA concerned from time to time and will draw on real time basis from the Single Nodal Account of the scheme as and when payments are to be made to beneficiaries, vendors etc. The available drawing limit will get reduced by the extent of utilization.

#### **13. Skill Development, vocational training and livelihood support of recovering drug users**

13.1 In order to promote meaningful livelihood activities and employment to instill a sense of purpose and self-esteem in individuals to steer them away from drugs, programmes for skill development, vocational training and livelihood support of recovering drug users would be carried out through Corporations under the scheme of PM-DAKSH of the Ministry of Social Justice and Empowerment. In addition to this, vocational training and livelihood programmes would also be carried out in collaboration with Ministry of Women and Child Development, Ministry of Skill Development and Entrepreneurship and its affiliated institutes and State Governments.

**13.2 Norms for financial assistance/Eligible Organizations:** Financial assistance shall be provided to Development Corporations of the Ministry of Social Justice and Empowerment, affiliated institutes of Ministry of Skill Development & Entrepreneurship and State Governments or any other organization on the basis of their proposals.

13.3 The organization running of IRCA may provide a list of beneficiaries/ de-addicted persons at the time for applying of first instalment of grant-in-aid every year, who get employment or self-employment after skill development/ vocational training.

13.4 In pursuance of Department of Expenditure instructions, where fund is released to the State Govts./UTAs, modified procedure for release of funds under CSS will have to be followed by them with effect from 1st July, 2021. It includes that every State Government will designate a Single Nodal Agency (SNA) for implementing each CSS. The SNA will open a Single Nodal Account for each CSS at the State level in a Scheduled Commercial Bank authorized to conduct government business by the State Government. Implementing Agencies (IAs) down the ladder should use the SNA's account with clearly defined drawing limits set for that account. However, depending on operational requirements, zero-balance subsidiary accounts for each scheme may also be opened for the IAs either in the same branch of the selected bank or in different branches. All zero balance subsidiary accounts will have allocated drawing limits to be decided by the SNA concerned from time to time and will draw on real time basis from the Single Nodal Account of the scheme as and when payments are to be made to beneficiaries, vendors etc. The available drawing limit will get reduced by the extent of utilization.

### **13.5 FUND TRANSFER:**

The flow of funds in the schemes will be through PFMS in order to ensure complete tracking of funds up to "last mile" using EAT/REAT module.

## **14. State/UT Innovative Interventions**

14.1 Addressing the problem of drug abuse will require concerted action at different levels of the Government. The responsibility for actions at the field level lies within the purview of the State/ UT Government. Thus, the States and UTs, with the support of Central Government, may like to plan and take specific initiatives, taking into account their local considerations. They may devise specific and suitable strategies for drug demand reduction in their identified areas. In this context, the States/UTs may send proposals which meet the objectives of NAPDDR.

**14.2 Organization/Institution/Department:** Concerned Departments of State Governments/UT Administrations.

**14.3 Norms for financial assistance:** The Ministry would apportion a certain amount from the internal budgetary allocation for drug demand reduction programmes to be carried out by States/UTs and release as per the proposals. Following will be the timelines:

Sl. No.	Activity	Timelines
1.	Calling of proposals from the States/UTs	30 <sup>th</sup> June of each year.
2.	Examination and approval of proposals in the Ministry	31 <sup>st</sup> July of each year.
3.	Release of funds to the States/UTs	31 <sup>st</sup> August of each year.

#### **14.4 FUND TRANSFER:**

14.4.1 The flow of funds in the schemes will be through PFMS in order to ensure complete tracking of funds up to “last mile” using EAT/REAT module.

14.4.2 In pursuance of Department of Expenditure instructions, where fund is released to the State Govts./UTAs, modified procedure for release of funds under CSS will have to be followed by them with effect from 1st July, 2021. It includes that every State Government will designate a Single Nodal Agency (SNA) for implementing each CSS. The SNA will open a Single Nodal Account for each CSS at the State level in a Scheduled Commercial Bank authorized to conduct government business by the State Government. Implementing Agencies (IAs) down the ladder should use the SNA's account with clearly defined drawing limits set for that account. However, depending on operational requirements, zero-balance subsidiary accounts for each scheme may also be opened for the IAs either in the same branch of the selected bank or in different branches. All zero balance subsidiary accounts will have allocated drawing limits to be decided by the SNA concerned from time to time and will draw on real time basis from the Single Nodal Account of the scheme as and when payments are to be made to beneficiaries, vendors etc. The available drawing limit will get reduced by the extent of utilization.

**14.5** Following will be the timelines:

Sl. No.	Activity	Timelines
1.	Calling of proposals from the eligible organizations/	30 <sup>th</sup> June of each year.

	institutions	
2.	Examination and approval of proposals in the Ministry	31 <sup>st</sup> July of each year.
3.	Release of 1 <sup>st</sup> installment to the eligible organizations/institutions	31 <sup>st</sup> August of each year.
4.	Release of 2 <sup>nd</sup> installment to the eligible organizations/institutions	31 <sup>st</sup> December of each year

## **15. Surveys, Studies, Evaluation, Research and Innovations on the subjects covered under the Scheme**

15.1 With an aim to develop measures based on scientific evidence that are relevant to different socio-cultural environments and social groups, continuous research and studies would be undertaken in collaboration with other apex institutions on drug use pattern and relevant areas.

15.2 To expand the coverage and quicken the process of treatment and rehabilitation, testing and implementation of innovative ideas shall be supported under NAPDDR.

**15.3 Eligible Organization/Norms for financial assistance:** Financial assistance shall be admissible to State/UT Government and private institutions and eligible organizations for the activities to meet the objectives given in the Scheme based on the merit of the proposal to be approved by the Ministry.

## **16. Programme Management**

16.1 A National Consultative Committee on De-addiction and Rehabilitation (NCCDR) under the chairpersonship of Minister for Social Justice & Empowerment has been constituted in July, 2008. The Committee has representation of various stakeholders including agencies dealing with supply and demand reduction. It is meant to advise the Government on issues connected with drug demand reduction, education/awareness building, de-addiction and rehabilitation of drug-addicts. It shall thus act as a mechanism for reviewing the implementation of NAPDDR at the National level.

16.2 A Steering Committee has been constituted under the chairpersonship of the Secretary, Department of Social Justice and Empowerment including representatives from Ministries of Health and Family Welfare, Human Resource Development, Women



and Child Development, Home Affairs, Skill Development & Entrepreneurship, Department of Revenue, State Governments, NGOs/Experts in this field. The chairperson of the Committee would be authorized to invite representatives of any other Ministry/ Department of the Government of India, State Government, NGOs and experts for the Meeting. The Committee shall hold quarterly meetings to consider and approve measures required, monitor effective implementation of the NAPDDR and establish coordination mechanism for achieving the goals and objectives envisaged in the NAPDDR.

16.3 A Project Management Committee (PMC) would be constituted under the chairpersonship of the Joint Secretary (SD), Department of Social Justice and Empowerment to monitor the implementation of components under this Scheme. The Committee would include Deputy Secretary/Director (DP), Department of Social Justice and Empowerment, and Director, NISD. The chairperson of the Committee would be authorized to invite representatives of any other Ministry/ Department of the Government of India, State Government, NGOs and experts for the Meeting.

16.4 The Ministry would decide notional allocation for each of the components under this Scheme at the beginning of each financial year.

### **16.5 Programme Management Unit (PMU) at NISD**

16.5.1 A Project Management Unit (PMU) for implementation of the NAPDDR under NISD would be responsible for conceptualizing, framing and implementing the activities of the NAPDDR across the country and liaison with various stakeholders for conduction of programmes covered under the NAPDDR. For this purpose, experts/consultants on the subject would be engaged by NISD as per prevailing norms of the Government of India. PMU would also undertake inspection of the GIA institutes from time to time.

16.5.2 Director, NISD is authorized to approve and release entire fund for different projects/ programmes under various components of the NAPDDR, beyond the delegation of power mentioned in by laws of NISD, for which fund has been transferred by the Ministry of Social Justice and Empowerment to the NISD.

16.5.3 The Ministry of Social Justice and Empowerment and NISD would formulate and establish any further monitoring mechanisms for effective implementation of various activities under the Scheme.

16.5.4 1% of the total funds of NAPDDR will be kept for monitoring, evaluation, and social audit of the organizations/ DDAC etc. as prescribed in the guidelines of I-MESA.

16.5.5 Similarly, the Ministry of Social Justice and Empowerment/ NISD would carry out Impact/ Assessment Studies on effectiveness of the programmes being carried out under this Scheme.

16.5.6 The Ministry of Social Justice and Empowerment would review and modify the guidelines and implementation arrangements based on progress of implementation of NAPDDR, whenever deemed necessary.

16.5.7 Every organization/institution receiving funds under this component shall submit Utilization Certificates (UCs) in the prescribed format (Performa attached at **Annexure-XII**), as per provisions of GFR 2017, which will indicate the three items in the heading – (i) Project specific ID given by DoSJE, (ii) Name and location of the project, and (iii) Name of the NGO/Org. Further, as per provisions of rule 230(8) of GFR, 2017, all interest or other earnings against Grants-in-aid or advances released to any grantee institution should be mandatorily remitted to the Consolidated Fund of India immediately after finalization of accounts.

16.5.8 Every centre of an organization/DDAC running under NAPDDR shall be open to audit every year by the Social Audit Team of the concerned State and as per the guidelines issued by the Ministry/NISD time to time.

## **17. Penal provisions**

17.1 All NGOs/ DDACs shall be inspected by the Ministry's Officer/ District Administration/SLCA/concerned PMU State Coordinator.

17.2 If glaring deficiencies are found or the project is non-recommended by any one of the officer mentioned in para 16.1, a show cause notice (SCN) will be issued to NGO to explain their position regarding shortcomings within 15 days from the issuing of SCN.

17.3 On receipt of reply, the same will be examined both with reference to the inspection report and the data that they have been giving to the Ministry through the e-Anudaan portal in the past and a decision will be taken by the Competent Authority for giving another chance or re-inspection of the centre to check the improvement made by them or stopping of further grant-in-aid with pending arrears or without pending arrears or blacklisting of organization depending on merit of each case.

### **17.4 Re-inspection of project of an Organization:**

Re-inspection will be carried out as per procedure to be prescribed by the Department from time to time. However, in case of re-inspection cases, officials from Ministry or PMU will visit the project and submit their re-inspection report for further consideration.

**18. Any other activity or item which will augment/ strengthen the implementation of NAPDDR**

18.1 Financial assistance would also be admissible to the activities/programmes recommended by the NCCDR, Steering Committee and the State Governments for strengthening the overall objective of the Scheme.

18.2 The change in project location shall be with prior approval of competent authority and in any case, the district of the project location shall not be changed. Further, in case no prior approval is obtained, the GIA may not be considered for the period till the approval is granted.

Also, change in project specific ID, mapping shall be reflected in e-Anudaan portal, as the project location has changed.

**Appendix-I**

**ACTIVITIES TO BE UNDERTAKEN UNDER THE NAPDDR**

<b>S. No.</b>	<b>Actionable Point</b>	<b>Outcome</b>
<b>1.</b>	<b>Prevention</b>	
1.1	Awareness generation programmes in schools involving students, teachers and parents	<ul style="list-style-type: none"><li>• Awareness building on the ill-effects of substance use</li><li>• Early identification of substance use among children</li><li>• Reducing stigmatization of children</li><li>• Sensitized parents &amp; teachers</li></ul>
	Forming 'Good Choices' club in Schools	<ul style="list-style-type: none"><li>• Enhanced decision-making skills</li><li>• Inculcating Drug Refusal Skills</li><li>• Making good choices &amp; habits</li></ul>
1.2	Awareness generation programmes in Colleges (Aided/ Unaided) and Universities (including Deemed) /involving students, NSS volunteers and faculties	<ul style="list-style-type: none"><li>• Weaning away youth from drug abuse</li><li>• Enhanced academic performance</li></ul>
	Forming Anti-Drug bodies/clubs in colleges	<ul style="list-style-type: none"><li>• Awareness about ill effects of substance abuse</li><li>• Peers as allies towards addressing the issue of substance abuse in youth in the campuses</li></ul>
1.3	Persuading Principals/ Directors/ Vice Chancellors & others of Educational Institutions (Aided/ Unaided) to ensure that no drugs are sold within/nearby the campus	<ul style="list-style-type: none"><li>• Prevention of substance use</li><li>• Drug Free &amp; Sensitized campuses</li></ul>
1.4	Awareness generation programmes in high risk and vulnerable areas	<ul style="list-style-type: none"><li>• Coverage of high risk and vulnerable areas where prevalence of substance use is more widespread with an expanded outreach</li></ul>

		<ul style="list-style-type: none"> <li>• Identification of hotspots and focused intervention with vulnerable population</li> </ul>
1.5	Awareness generation programmes at work places including corporate offices	<ul style="list-style-type: none"> <li>• Reduced instances of substance use at work places and increased productivity of employees</li> </ul>
1.6	Increasing community participation and public cooperation in the reduction of demand for dependence producing substances by involving Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), Govt departments, Central/ State/ Deemed/ Private Universities, Autonomous institutions, Social work Institutions, Aided/ Unaided Colleges/ Schools, Foundations and NGOs, Medical/ Healthcare training institutions, Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme (NSS), GIA institutions of MSJE, and other local groups like Mahila Mandals, Yuvak Mandals, Self Help Groups etc	<ul style="list-style-type: none"> <li>• Intensifying sensitization programmes in villages and urban areas etc.</li> <li>• Involvement of stakeholders at community level to deliver drug demand reduction programmes.</li> <li>• Involvement of youth in preventive education programmes.</li> </ul>
1.7	Awareness generation programmes for police/ prison functionaries, law enforcement agencies, paramilitary forces, judicial officers, BAR council etc	<ul style="list-style-type: none"> <li>• Sensitization of law enforcement agencies</li> <li>• Improved counselling by law enforcement agencies</li> </ul>
1.8	Awareness generation through social, print, digital and online media and engagement of celebrities to spread social messages against substance use.	<ul style="list-style-type: none"> <li>• Spreading messages against ill-effects of substance use through intensive outreach and well targeted campaigns.</li> </ul>

1.9	Coordination with implementing agencies for controlling sale of sedatives/ painkillers/ muscle relaxant drugs and checking online sale of substances by stringent monitoring by the cyber cell	<ul style="list-style-type: none"> <li>Monitored and regulated sale of prescriptions drugs like sedatives/painkillers etc</li> </ul>
1.10	Awareness generation programmes at work places including corporate offices	Reduced instances of substance use at work places and increased productivity of employees
<b>2.</b>	<b>Capacity Building</b>	
2.1	Workshops, Seminars and interactions with parents	<ul style="list-style-type: none"> <li>To provide forums for parents and equip them with necessary skills in dealing with substance abuse</li> </ul>
2.2	Training of teachers and counsellors on different assessment tools	<ul style="list-style-type: none"> <li>Early identification of substance use and associated factors in school children</li> <li>Early intervention for prevention of use</li> </ul>
2.3	Training programmes on de-addiction counselling, rehabilitation and other themes for social workers, functionaries of IRCAs/ DDACs, working professionals etc.	<ul style="list-style-type: none"> <li>Capacity building of people who work with victims of drug abuse</li> </ul>
2.4	Orientation Courses in the field of drug abuse prevention for functionaries of IRCAs/ DDACs including nurses, ward boys etc.	<ul style="list-style-type: none"> <li>Capacity building of staff of IRCAs/ DDACs/ ATFs</li> </ul>
2.5	Training of staff in Prisons and Juvenile Homes	<ul style="list-style-type: none"> <li>Development of a respectful, non-judgmental and non-stigmatizing attitude of the staff</li> <li>To carry out drug demand reduction measures that are based on scientific evidence and are ethical</li> </ul>

2.6	Basic Training Course in awareness of substance use and dependency associated health problems and various treatment approaches to prisoners.	<ul style="list-style-type: none"> <li>• Developing a core group of peer educators to assist in dissemination of accurate information about substances, their use, and issues of dependency, treatment options and for overall improvement of behavioural issues associated with substances, within the prison environment</li> </ul>
2.7	Specialized training for those who work with vulnerable groups, such as patients with psychiatric co-morbidities, children and women, including pregnant women	<ul style="list-style-type: none"> <li>• Focus upon specific needs of vulnerable groups for drug de-addiction treatment</li> </ul>
2.8	Training programmes for police functionaries, paramilitary forces, judicial officers, bar council, representatives of PRIs and ULBs on substance use prevention	<ul style="list-style-type: none"> <li>• Capacity building of various agencies on substance use prevention</li> </ul>
2.9	Basic Orientation program on ODIC and CPLI schemes	<ul style="list-style-type: none"> <li>• Capacity building program for staffs under ODIC and CPLI</li> </ul>
2.10	Training of on Basic Communication and counselling skills, Life skill education, Basic understating on substance use disorders and management, Behavioural Change Communication etc.	<ul style="list-style-type: none"> <li>• Capacity building of ORWs, Trainer Cum Supervisors, PEs, Medical officers etc. of ODIC/ CPLI &amp; DDAC projects</li> </ul>
2.11	Strengthening of National Centre for Drug Abuse Prevention (NCDAP) in National Institute of Social Defense (NISD) and making it a focal point for drug demand reduction programmes	<ul style="list-style-type: none"> <li>▪ Implementation of NAPDDR in mission mode.</li> <li>▪ Intensive training of personnel in the identification, treatment, after-care, rehabilitation and social reintegration of drug addicts.</li> <li>▪ Creating a pool of trained human resources personnel and service providers to strengthen the service delivery mechanisms.</li> <li>▪ Delivering prevention programmes based on scientific evidence, both</li> </ul>

		universal and targeted, in a range of settings (such as schools, families, the media, workplaces, communities, health and social services and prisons)
<b>3.</b>	<b>Treatment and Rehabilitation</b>	
3.1	Availability of Integrated Rehabilitation Centres for Addicts (IRCA) and DDACs supported by MSJE as per prevalence of substance dependence	<ul style="list-style-type: none"> <li>Easily accessible and affordable services of treatment, rehabilitation and counselling for substance use</li> </ul>
3.2	Establishing and assisting de-addiction centres in District Government and Private Hospitals/Medical Colleges	<ul style="list-style-type: none"> <li>Fill gaps in treatment services and to enhance availability of services</li> </ul>
3.3	Establishing and assisting de-addiction centres for women and children in Hospitals and other establishments	<ul style="list-style-type: none"> <li>Focused attention towards women and children so as to respond best to their needs.</li> </ul>
3.4	Model treatment and rehabilitation centres in highly affected areas for stabilized/residential facilities	<ul style="list-style-type: none"> <li>Such centres will create a benchmark in drug demand reduction services and eventually share expertise with the existing service providers.</li> </ul>
3.5	Establishing and assisting de-addiction centres in prisons, Juvenile Homes, slum areas, factories, major railway stations and other highly affected areas	<ul style="list-style-type: none"> <li>De-addiction facilities for prisoners and juveniles</li> <li>Reducing transmission of infectious diseases in prisons</li> <li>Curtail instances of substance use at workplaces and increased productivity of employees</li> </ul>
3.6	Conversion of IRCA into treatment clinics	<ul style="list-style-type: none"> <li>Indoor and Outdoor treatment facility to patients to enhance availability of Services</li> </ul>



3.7	Linkage of IRCAs/ DDACs/ ATFs with Opioid Substitution Therapy (OST) Centres of National AIDS Control Organization (NACO)	Networking and sharing of expertise among service providers.
<b>4. Setting up quality standards</b>		
4.1	Developing module for re-treatment, ongoing treatment post treatment of dependents of different categories and age groups	<ul style="list-style-type: none"> <li>• Uniformity in treatment protocol across the country</li> <li>• Integrating scientifically established mechanisms for diagnosis of substance use disorders</li> <li>• Integrating pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counselling, cognitive behavioural therapy and social support) interventions based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration</li> </ul>
4.2	Updating existing Minimum Standards of Services for treatment and rehabilitation of addicts as per present scenario	<ul style="list-style-type: none"> <li>• Standardization and quality control in services being delivered</li> </ul>
4.3	Accreditation of IRCAs/ DDACs/ ATFs supported by this Ministry and others	<ul style="list-style-type: none"> <li>• Standardization of treatment facilities across the country following certain minimum standards</li> </ul>
4.4	Persuading States to regulate Private De-addiction Centres by framing appropriate rules under the NDPS Act, 1985.	<ul style="list-style-type: none"> <li>• Laying down standards and guidelines for private de-addiction centres to follow and recognize such centres found to be meeting the standards and guidelines.</li> <li>• Emphasizing human rights and dignity in the context of drug demand reduction efforts</li> </ul>

<b>5.</b>	<b>Focused intervention in vulnerable areas</b>	
5.1	Identification of vulnerable areas based on study/survey and Feedback from the DDACs/ IRCAs/ODICs/ CPLIs and other stakeholders	<ul style="list-style-type: none"> <li>• Focused intervention in these areas for drug demand reduction</li> </ul>
5.2	Working with NGOs, NYKS, NSS etc. in the identified vulnerable areas for drawing a comprehensive strategy for demand reduction and de-addiction at all levels to achieve results in a time bound manner	<ul style="list-style-type: none"> <li>• Active participation from civil society and youth organization to address substance abuse effectively</li> <li>• Intensifying preventive education and sensitization programmes</li> <li>• Increase in availability and quality of treatment services and rehabilitation</li> </ul>
<b>6.</b>	<b>Skill Development, Vocational Training and Livelihood</b>	
6.1	Skill development, vocational training and livelihood support of ex-drug addicts through NISD & Development Corporations under the scheme of PM-DAKSH of the Ministry.	<ul style="list-style-type: none"> <li>• Promoting meaningful livelihood activities and employment to instil a sense of purpose and self-esteem in individuals to steer them away from drugs and become active members of the society</li> <li>• Reduction in social stigma and economic rehabilitation</li> </ul>
6.2	Linkage of IRCAs with Pradhan Mantri Kaushal Vikas Yojana Training Centres of the Ministry of Skill Development & Entrepreneurship for providing industry relevant training to ex-drug addicts.	
6.3	Vocational training and livelihood programmes in Juvenile Homes	<ul style="list-style-type: none"> <li>• Steering the youth and children from delinquency and substance abuse and involvement in better activities</li> </ul>
<b>7.</b>	<b>Extent, trend and pattern of substance use</b>	
7.1	Conducting National Survey on Extent and Pattern of Substance Use in every five years	<ul style="list-style-type: none"> <li>• To assess the extent, trend and pattern of substance use</li> </ul>

7.2	Continuous research, studies and innovation on substance use pattern and relevant areas	<ul style="list-style-type: none"> <li>• Will help in developing measures based on scientific evidence that are relevant to different socio-cultural environments and social groups</li> </ul>
7.3	Maintaining Drug Abuse Monitoring System (DAMS) and establishing database on substance use	<ul style="list-style-type: none"> <li>• Keeping a check on emerging trends of substance use</li> </ul>
<b>8.</b>	<b>Coordination, Monitoring and Evaluation</b>	
8.1	Coordination with all collaborating agencies and regular monitoring	<ul style="list-style-type: none"> <li>• For effective implementation of National Action Plan for Drug Demand Reduction (NAPDDR)</li> </ul>
8.2	Evaluation of NAPDDR through third party	<ul style="list-style-type: none"> <li>• Ascertaining the outcome envisaged in the NAPDDR</li> </ul>

**Appendix-II**

Type of Intervention	IRCA (Norms in appendix-III)	IRCA with Outpatient and Inpatient facility Norms in Appendix-III	De-addiction Centre for female Norms in Appendix-VIII	De-addiction Centre for Male Children Norms in Appendix-IX	De-addiction Centre for Prison Settings Norms in Appendix-X
Items					
Recurring Grant (annually)	Rs.35,46,000/- (15 B/U) Rs.35,94,000/- (15 B/R) Rs.51,34,900/- (30 B/U) Rs.51,82,900/- (30 B/R) Rs.69,88,300/- (50 B/U) Rs.70,36,300/- (50 B/R)	Rs.36,40,200/- (15B) Rs.49,00,800/- (30 B) Rs.62,72,400/- (50 B)	Rs.49,46,000/- (20 Bed In-Patients+ Out Patients)	Rs.46,08,000/- (20 bedded In- Patients +Out-Patients facility)	Rs.27,90,800/-
Non-Recurring Grant(one time)*	Rs.2,45,000/- (15 B) Rs.3,20,000/- (30 B) Rs.3,95,000/- (50 B)		Rs.2,50,000/-	Rs.2,50,000/-	
Targeted beneficiaries (Annually)	180 (15 Bed) 360 (30 Bed) 600 (50 Bed)	Inpatient s 180 (15 Bed) 360 (30 Bed) 600 (50 Bed) 6,000 Outpatients	240 In-patients and 2,400 Out-Patients	300 In-patients and 2,000 Out-Patients	180



**Appendix-III**

**NORMS FOR SETTING UP OF A 15-BEDDED INTEGRATED REHABILITATION CENTRE FOR ADDICTS [IRCA]**

S. No.	Name of the Post	No. of Posts	Monthly Expenditure as of 1/4/2020	Amended as of 1/4/2020 - Annual	Monthly Expenditure (Rs.) Revised	Yearly Expenditure (Rs.) Revised	Justification	Minimum qualification
<b>A. RECURRING EXPENDITURE</b>								
<b>a. Administrative:</b>								
1	Project Coordinator cum-Vocational Counsellor	1	18,000	2,16,000	25,000	3,00,000	To increase the retention rate of dedicated staffs an increase of salary is essential. Also, to bring par with the salary of project coordinators for De-addiction centres for male children, prison under the MSJE	Graduate with experience of managing such centres for a minimum period of 3 years or demonstrable capability for running such centres and having

								working knowledge of computers.
2	Accountant cum Clerk	1	10,000	1,20,000	12,000	1,44,000	To increase the retention rate of the staffs	Graduate with knowledge of accounts and working knowledge of computers.
3	Cook	1	8,000	96,000	10,000	1,20,000	To increase the retention rate of the staffs	-
4	Chowkidar (2)	2	8,000 x 2 = 16,000	1,92,000	9,000 x 2 = 18,000	2,16,000	To increase the retention rate of the staffs	-
5	House Keeping Staff (full time)	1	8,000	96,000	9,000	1,08,000	To increase the retention rate of the staffs	-
<b>B. Medical:</b>								
1	(a) Doctor (Part time) Urban	1	13,500	1,62,000	20,000	2,40,000	IRCA finds difficulty to find part time doctors with the current budget.	"MBBS with registration with medical council / medical
	(a) Doctor (Part time) Rural	-	16,500	1,98,000	24,000	2,88,000		
	(b) Doctor (Full		55,000	6,60,000	60,000	7,20,000		

	time)#				0		commissio n” along with “should undergo training arranged by the MOSJE / NISD within three months of joining the IRCA.”	
2	Counselo r /Social Worker /Psycholo gist (2)	2	12,500 x 2 = 25,000	3,00,000	17,500 x 2 = 35,000	4,20,00 0	To increase the retention rate of dedicated staffs an increase of salary is essential.	Graduate in any discipline with three years' experienc e in the field. He/ She must hold a Certificate of three months Training Course in de- addiction counseling by NISD and should have knowledge of English as well as



								<p>one regional language.</p> <p>For New Recruitment (i.e. future recruitment): Graduate in social sciences preferably in Social Work/ Psychology with 1-2 years' experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-</p>
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								addiction counselling from recognized institution.
3.	Yoga therapist/ Dance Teacher/ Music Teacher/ Art Teacher (Part time)	1	5,000	60,000	5,000	60,000	No change	Possessing experience of at least three years in the discipline.
4.	Nurse	2	12,000 x 2 = 24,000	2,88,000	15,000 x 2 = 30,000	3,60,000	To increase the retention rate of dedicated staffs an increase of salary is essential.	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical Institution.  New recruitment (i.e.

								future recruitment): A qualified nurse with GNM/B.S c. nursing degree and should be willing to be trained by the agency, as decided by MSJ&E.
5.	Ward Boys	2	11,000 x 2 = 22,000	2,64,000	13,000 x 2 = 26,000	3,12,000	To increase the retention rate of dedicated staffs an increase of salary is essential.	VIIIth Class pass preferably experienced in such centres. Ward Boy employed in an IRCA must be trained by NISD.



								refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful drug use and relapse
<b>Total - A (Urban)</b>	<b>15</b>	<b>1,58,500</b>	<b>19,02,000</b>	<b>2,00,000</b>	<b>24,00,000</b>			
<b>Total –A (Rural)</b>	<b>15</b>	<b>1,61,500</b>	<b>19,38,000</b>	<b>2,04,000</b>	<b>24,48,000</b>			
<p>*The total cost of manpower should be fixed accordingly as per the cost norms of the scheme guidelines. The flexibility of 20% re-appropriation of expenditure may be allowed within overall financial allocation of component relating to remuneration/honorarium.</p>								
<b>B. Recurring Expenditure (Other than Staff remuneration)</b>								
<b>S. No.</b>	<b>Item</b>	<b>Monthly Expenditure as of 1/4/2020</b>	<b>Amended as of 1/4/2020-Annual</b>	<b>Monthly Expenditure (Rs.) Revised</b>	<b>Yearly Expenditure (Rs.) Revised</b>	<b>Justification</b>		

1	Rent	18,000	2,16,000	18,000	2,16,000	No change		
2	Medicines ##	9,000	1,08,000	14,000	1,68,000	Anti Craving drug can be made available if there is hike in expenditure of medicine		
3	Contingencies (Stationery, water, electricity, postage, telephone, maintenance and replacement of bed, linen etc. )	6,000	72,000	8,000	96,000	Marginal increase keeping in view of maintenance of CCTV, RO etc		
4	Transport/ Petrol and Maintenance of Vehicle.	3,600	43,200	6,000	72,000	Compulsory Home visit has been introduced.		
5	In house Kitchen expenditure @ Rs. 110 per day for 3 meals per day to 15 inmates	33,750	4,05,000	49,500	5,94,000	Previously the meals were made available only for 8 beneficiaries vs. 15 beneficiaries as proposed.		

<b>TOTAL</b>	<b>70,350</b>	<b>1,15,200</b>	<b>95,500</b>	<b>11,46,000</b>			
<b>TOTAL (A + B) (URBAN)</b>	<b>2,28,850</b>	<b>20,17,200</b>	<b>2,95,500</b>	<b>35,46,000</b>			
<b>TOTAL (A + B) (RURAL)</b>	<b>2,31,850</b>	<b>20,53,200</b>	<b>2,99,500</b>	<b>35,94,000</b>			

**C. NON-RECURRING EXPENDITURE (Admissible during the setting-up of the Centre and also after a period of five years subject to condition that they have been receiving grants continuously)**

15 beds, tables, 3 sets of linen, blankets/office furniture/ equipments/computer/refrigerator etc.	Rs. 2,25,000
Aadhaar based Biometric Attendance System	Rs. 20,000
<b>Total</b>	<b>Rs. 2,45,000</b>

- 10% of the expenditure would be borne by the organizations themselves. However, in case of NE States, J&K, Laddakh and Sikkim the organizations will bear 5% of the expenditure.
- In case of self-owned buildings, no rent would be admissible. However, 10% of the admissible rent would be payable as 'maintenance' charges
- the non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled

**NORMS FOR SETTING UP OF A 30-BEDDED INTEGRATED REHABILITATION CENTRE FOR ADDICTS [IRCA]**

S. No.	Name of the Post	No. of Posts	Monthly Expenditure as of 1/4/2020	Amended as of 1/4/2020-Annual	Monthly Expenditure (Rs.) Revised	Yearly Expenditure (Rs.) Revised	Justification	Minimum qualification
<b>A. RECURRING EXPENDITURE</b>								
<b>a. Administrative:</b>								
1	Project Coordinator cum-Vocational Counsellor	1	18,000	2,16,000	25,000	3,00,000	To increase the retention rate of dedicated staffs an increase of salary is essential. Also, to bring par with the salary of project coordinators for De-addiction centres for male children, prison	Graduate with experience of managing such centres for a minimum period of 3 years or demonstrable capability for running such centres and having working knowledge of computers.



							under the MSJE	
2	Accountant cum Clerk	1	10,000	1,20,000	12,000	1,44,000	To increase the retention rate of the staffs	Graduate with knowledge of accounts and working knowledge of computers.
3	Cook	1	8,000	96,000	10,000	1,20,000	To increase the retention rate of the staffs	-
4	Chowkidar (2)	2	8,000 x 2 = 16,000	1,92,000	9,000 x 2 = 18,000	2,16,000	To increase the retention rate of the staffs	-
5	House Keeping Staff (full time)	1	8,000	96,000	9,000	1,08,000	To increase the retention rate of the staffs	-
<b>B. Medical:</b>								
1	(a) Doctor (Part time) Urban	1	13,500	1,62,000	20,000	2,40,000	IRCA finds difficulty to find part time	"MBBS with registration with medical
	(a) Doctor (Part time)	-	16,500	1,98,000	24,000	2,88,000		

	Rural						doctors with the current budget.	council / medical commission "should undergo training arranged by the MOSJE / NISD within three months of joining the IRCA."
	(b) Doctor (Full time)#		55,000	6,60,000	60,000	7,20,000		
2	Counsellor /Social Worker /Psychologist (2)	4	12,500 x 4 = 50,000	6,00,000	17,500 x 4 = 70,000	8,40,000	To increase the retention rate of dedicated staffs an increase of salary is essential.	Graduate in any discipline with three years' experience in the field. He/ She must hold a Certificate of three months Training Course in de-addiction counseling by NISD and should have knowledge of English as well as one regional

							<p>language.</p> <p>For New Recruitment (i.e. future recruitment) : Graduate in social sciences preferably in Social Work/ Psychology with 1-2 years' experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-addiction counselling from recognized</p>
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								institution.
3.	Yoga therapist/ Dance Teacher/Music Teacher/ Art Teacher (Part time)	1	5,000	60,000	5,000	60,000	No change	Possessing experience of at least three years in the discipline.
4.	Nurse	3	12,000 x 3 = 36,000	4,32,000	15,000 x 3 = 45,000	5,40,000	To increase the retention rate of dedicated staffs, an increase of salary is essential.	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical Institution.  New recruitments (i.e. future recruitments): A qualified nurse with GNM/B.Sc. nursing degree and should be

								willing to be trained by the agency, as decided by MSJ&E.
5.	Ward Boys	2	11,000 x 2 = 22,000	2,64,000	13,000 x 2 = 26,000	3,12,000	To increase the retention rate of dedicated staffs, an increase of salary is essential.	VIIIth Class pass preferably experienced in such centres. Ward Boy employed in an IRCA must be trained by NISD. New recruitment (i.e. future recruitment) : Class 8 <sup>th</sup> pass with experience of working in Hospitals/ Health Care Centres/ de-addiction centres.

6.	Peer Educator	1	9,000	1,08,000	10,000	1,20,000	To increase the retention rate of dedicated staffs, an increase of salary is essential.	Should be literate; Ex-drug user with 1-2 years of sobriety, Willing to work among drug using population and having communication skills. Agrees to refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful drug use and relapse
<b>Total - A (Urban)</b>		<b>18</b>	<b>1,95,500</b>	<b>23,46,000</b>	<b>2,50,000</b>	<b>30,00,000</b>		
<b>Total -A (Rural)</b>		<b>18</b>	<b>1,98,500</b>	<b>23,82,000</b>	<b>2,54,000</b>	<b>30,48,000</b>		
*The total cost of manpower should be fixed accordingly as per the cost norms of								

the scheme guidelines. The flexibility of 20% re-appropriation of expenditure may be allowed within overall financial allocation of component relating to remuneration/honorarium.

<b>B. Recurring Expenditure (Other than Staff remuneration)</b>								
S. No.	Item	Monthly Expenditure as of 1/4/2020	Amended as of 1/4/2020 - Annual	Monthly Expenditure (Rs.) Revised	Yearly Expenditure (Rs.) Revised	Justification		
1	Rent	30,000	3,60,000	30,000	3,60,000	No change		
2	Medicines#	18,000	2,16,000	28,000	3,36,000	Anti Craving drug can be made available if there is hike in expenditure of medicine		
3	Contingencies (Stationery, water, electricity, postage, telephone, maintenance replacement of bed, linen etc.)	8,400	1,00,800	11,200	1,34,400	Marginal increase keeping in view of maintenance of CCTV, RO etc		
4	Transport/Petrol and Maintenance	6,000	72,000	10,000	1,00,000	Compulsory Home visit has		





**C. NON-RECURRING EXPENDITURE** (Admissible during the setting-up of the Centre and also after a period of five years subject to condition that they have been receiving grants continuously)

30 beds, tables, 3 sets of linen, blankets/office furniture/equipments/computer/refrigerator etc.	Rs. 3,00,000
Aadhaar based Biometric Attendance System	Rs. 20,000
<b>Total</b>	<b>Rs. 3,20,000</b>

- 10% of the expenditure would be borne by the organizations themselves. However, in case of NE States, J&K, Laddakh and Sikkim the organizations will bear 5% of the expenditure.
- In case of self-owned buildings, no rent would be admissible. However, 10% of the admissible rent would be payable as 'maintenance' charges
- the non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled

**NORMS FOR SETTING UP OF A 50-BEDDED INTEGRATED REHABILITATION CENTRE FOR ADDICTS [IRCA]**

S. No.	Name of the Post	No. of Posts	Monthly Expenditure as of 1/4/2020	Amended as of 1/4/2020 - Annual	Monthly Expenditure (Rs.) Revised	Yearly Expenditure (Rs.) Revised	Justification	Minimum qualification
<b>A. RECURRING EXPENDITURE</b>								
<b>a. Administrative:</b>								
1	Project Coordinator cum-Vocational Counsellor	1	18,000	2,16,000	25,000	3,00,000	To increase the retention rate of dedicated staffs an increase of salary is essential. Also, to bring par with the salary of project coordinators for De-addiction centres for male children, prison under the MSJE	Graduate with experience of managing such centres for a minimum period of 3 years or demonstrable capability for running such centres and having working knowledge of computers.

2	Accountant cum Clerk	1	10,000	1,20,000	12,000	1,44,000	To increase the retention rate of the staffs	Graduate with knowledge of accounts and working knowledge of computers.
3	Cook	1	8,000	96,000	10,000	1,20,000	To increase the retention rate of the staffs	-
4	Chowkidar (2)	2	8,000 x 2 = 16,000	1,92,000	9,000 x 2 = 18,000	2,16,000	To increase the retention rate of the staffs	-
5	House Keeping Staff (full time)	1	8,000	96,000	9,000	1,08,000	To increase the retention rate of the staffs	-
<b>B.</b>	<b>Medical:</b>							
1	(a) Doctor (Part time) Urban	1	13,500	1,62,000	20,000	2,40,000	IRCA finds difficulty to find part time doctors with the current budget.	"MBBS with registration with medical council / medical commission" along with "should undergo training
	(a) Doctor (Part time) Rural	-	16,500	1,98,000	24,000	2,88,000		
	(b) Doctor (Full time)#		55,000	6,60,000	60,000	7,20,000		

							arranged by the MOSJE / NISD within three months of joining the IRCA."
2	Counsellor /Social Worker /Psychologist (2)	6	12,500 x 6 = 75,000	9,00,000	17,500 x 6 = 1,05,000	12,60,000	To increase the retention rate of dedicated staffs, an increase of salary is essential.  Graduate in any discipline with three years' experience in the field. He/ She must hold a Certificate of three months Training Course in de-addiction counseling by NISD and should have knowledge of English as well as one regional language.  For New Recruitment (i.e. future recruitment): Graduate in social

								sciences preferably in Social Work/ Psychology with 1-2 years' experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-addiction counselling from recognized institution.
3.	Yoga therapist/ Dance Teacher/Music Teacher/ Art Teacher (Part time)	1	5,000	60,000	5,000	60,000	No change	Possessing experience of at least three years in the discipline.

4.	Nurse	4	12,000 x 4 = 48,000	5,76,000	15,000 x 4 = 60,000	7,20,000	To increase the retention rate of dedicated staffs, an increase of salary is essential.	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical Institution. New recruitment (i.e. future recruitment): A qualified nurse with GNM/B.Sc. nursing degree and should be willing to be trained by the agency, as decided by MSJ&E.
5.	Ward Boys	2	11,000 x 2 = 22,000	2,64,000	13,000 x 2 = 26,000	3,12,000	To increase the retention rate of dedicated	VIIIth Class pass preferably experienced

							<p>staffs, an increase of salary is essential.</p> <p>Ward Boy employed in an IRCA must be trained by NISD.</p> <p>New recruitment (i.e. future recruitment): Class 8<sup>th</sup> pass with experience of working in Hospitals/ Health Care Centres/ de-addiction centres.</p>
6.	Peer Educator	1	9,000	1,08,000	10,000	1,20,000	<p>To increase the retention rate of dedicated staffs, an increase of salary is essential.</p> <p>Should be literate; Ex-drug user with 1-2 years of sobriety, Willing to work among drug using population and having</p>

								communic ation skills.  Agrees to refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful  drug use and relapse
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<b>Total - A (Urban)</b>	21	2,32,500	27,90,500	3,00,000	36,00,000		
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<b>Total –A (Rural)</b>	21	2,35,500	28,26,000	3,04,000	36,48,000		
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\*The total cost of manpower should be fixed accordingly as per the cost norms of the scheme guidelines. The flexibility of 20% re-appropriation of expenditure may be allowed within overall financial allocation of component relating to remuneration/honorarium.

**B. Recurring Expenditure (Other than Staff remuneration)**

S.No.	Item	Monthly Expenditure as of 1/4/2020	Amended as of 1/4/2020-Annual	Monthly Expenditure (Rs.) Revised	Yearly Expenditure (Rs.) Revised	Justification		
1	Rent	40,000	4,80,000	40,000	4,80,000	No change		



2	Medicines# #	30,000	3,60,000	46,667	5,60,000	Anti Craving drug can be made available if there is hike in expenditure of medicine		
3	Contingencies (Stationery, water, electricity, postage, telephone, maintenance and replacement of bed, linen etc. )	10,800	1,29,600	14,400	1,72,800	Marginal increase keeping in view of maintenance of CCTV, RO etc		
4	Transport/Petrol and Maintenance of Vehicle.	8,400	1,00,800	14,000	1,68,000	Compulsory Home visit has been introduced.		
5	In house Kitchen expenditure @ Rs. 110 per day for 3 meals per day to 50 inmates	1,12,500	13,50,000	1,65,500	20,07,500	Previously the meals were made available only for 8 beneficiaries vs. 15 beneficiaries as proposed.		

	<b>TOTAL</b>	<b>2,01,700</b>	<b>24,20,400</b>	<b>2,79,900</b>	<b>33,88,300</b>			
	<b>TOTAL (A + B) (URBAN)</b>	<b>4,34,200</b>	<b>52,10,400</b>	<b>5,79,900</b>	<b>69,88,300</b>			
	<b>TOTAL (A + B) (RURAL)</b>	<b>4,37,200</b>	<b>52,46,400</b>	<b>5,83,900</b>	<b>70,36,300</b>			

**C. NON-RECURRING EXPENDITURE (Admissible during the setting-up of the Centre and also after a period of five years subject to condition that they have been receiving grants continuously)**

50 beds, tables, 3 sets of linen, blankets/office furniture/equipments/computer/refrigerator etc.	Rs. 3,75,000
Aadhaar based Biometric Attendance System	Rs. 20,000
<b>Total</b>	<b>Rs. 3,95,000</b>

- 10% of the expenditure would be borne by the organizations themselves. However, in case of NE States, J&K, Laddakh and Sikkim the organisations will bear 5% of the expenditure.
- In case of self-owned buildings, no rent would be admissible. However, 10% of the admissible rent would be payable as 'maintenance' charges
- the non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled

**APPENDIX-IV**

<b>NORMS FOR OUTREACH AND DROP IN CENTER (ODIC)</b>								
<b>S. No</b>	<b>Budget Head</b>	<b>No s</b>	<b>Rate</b>	<b>Durati on</b>	<b>Amount (Existin g)</b>	<b>Amount (Revise d)</b>	<b>Justificati on</b>	<b>Minimum Qualification</b>
<b><u>A. One-time fixed set up cost</u></b>								
(i)	Furniture, chairs, almira, recreational equipment for Drop In Center	One-time Cost			1,00,000	00.00	Already the one time cost is set up is released	
<b><u>B. Human Resource Costs</u></b>								
(i)	Honorarium to Center In-charge Cum Counsellor	1	20,000	12	2,40,000	2,40,000	No change	Graduate with 3 years experience in institutes/organizations working in the field of drugs and possessing working knowledge of computers.
(ii)	Honorarium to Outreach Worker*	3	15,000	12	5,40,000	5,40,000	No change	12th Pass with two years experience in institutes/organizations working in the field of drugs.

(iii)	Honorarium for Part time Doctor	1	20,000	12	2,40,000	2,40,000	No change	“MBBS with registration with medical council / medical commission” along with “should undergo training arranged by the MOSJE / NISD within three months of joining the ODIC.”	
<b><u>C. Training Costs of ORWs and Staff (One time for 15 days duration through NISD)</u></b>									
(i)	Honorarium to Trainers for ToT @Rs. 1500 per session	4	1,500	15	90,000	00.00	The training of staffs/ PEs would be done by NISD	Graduate with experience of managing such centres/projects in social sector for a minimum period of three years and having working knowledge of computers, preferably from Social work/ sociology/ social science academic background.	
(ii)	Lunch, two Tea with Refreshment @Rs.175 per day (20 PEs, 3	25	175	15	65,625	00.00			

	staff and Resource Person (5 extra Peers training)								
(iii)	Stationery @Rs. 150 per Training including	20	150		3,000	00.00			
(i v)	Training Venue & AV equipment hiring	1	2,500	15	37,500	00.00			
<b><u>D. Admin. and Operational Costs</u></b>									
(i)	Honorarium for Part Time Account & M & E Officer	1	5,000	12	60,000	60,000	No change	Graduate with knowledge of accounts and working knowledge of computers.	
(ii)	Drop in Center - Rent	1	15,000	12	1,80,000	1,80,000	No change		
(iii)	Medicine		6,000	12	72,000	72,000	No change		
(i v)	Communication & Transportation for Outreach Workers*	3	2,000	12	72,000	72,000	No change		
(v)	BCC/ IEC	1	5,000	12	60,000	60,000	No		

)	material printing cost		0				change	
(vi)	Office Expenses	1	12,000	12	1,44,000	1,44,000	No change	
<b>Grand Total (B+C+D)</b>					<b>18,04,125</b>	<b>16,08,000</b>		

\*It would be the discretion of the organization to allocate the remuneration amongst the incumbents within the overall financial allocation

Note: The total cost of manpower should be fixed accordingly as per the cost norms of the scheme guidelines. The flexibility of 20% re-appropriation of expenditure may be allowed within overall financial allocation of component relating to remuneration/honorarium.

The non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled

**NORMS FOR COMMUNITY BASED PEER LED INTERVENTION FOR EARLY DRUG USE  
PREVENTION AMONG ADOLESCENTS**

S. No.	Budget Head	Nos.	Rate	Duration	Amount (Existing)	Amount (Revised)	Justification	Qualification
<b><u>A. Human Resource Costs</u></b>								
(i)	Honorarium to Area Coordinator	1	20,000	12	2,40,000	2,40,000	No change	Graduate with 3 years experience in institutes/ organizations working in the field of drugs and possessing working knowledge of computers.
(ii)	Honorarium to Trainer cum Supervisor*	2	15,000	12	3,60,000	3,60,000	No change	12th Pass with two years experience in institutes/ organizations working in the field of drugs.
(iii)	Honorarium to Peer Educators (PE) 1 PE will take 1 session of 2 hours duration @Rs. 150 per session over 60 sessions/ Quarter	20	150	240 sessions	7,20,000	7,20,000	No change	Should be literate with social skills like communication, empathy, conversant with regional language etc. He/ She should agree/given an undertaking to refrain from using, buying, or selling substance.

(iv)	Nutritional/ Refreshment support @Rs. 10 per day per child for 60 sessions/ quarter	200	10	240 sessions	4,80,000	4,80,000	No change	
(v)	Life skills educational kit printing cost including flex material / games / scrolls	100 sets	1,000		1,00,000	1,00,000	No change	

**B. Training Costs of PEs and Staff (One time for 15 days duration through NISD)**

(i)	Honorarium to Trainers for ToT @ Rs. 1500 per session	4	1,500	15	90,000	00	The training of staffs/ PEs would be done by NISD	Graduate with experience of dealing with persons working in social/health sector for a minimum period of 1 year and with good communication skill, preferably from Social work /sociology/social science academic background
(ii)	Lunch, two Tea with Refreshment @ Rs.175 per day (20 PEs, 3 staff and Resource	25	175	15	65,625	00		



	Person (5 extra Peers trained)							
(iii)	Stationery @ Rs. 150 per Training	20	150		3,000	00		
(iv)	Training Venue & AV equipment Hiring	1	2,500	15	37,500	00		

**C. Office Expenditure Cost**

(i)	Up keeping of documentation	1	4,000	12	48,000	48,000	No change	
(ii)	Project Site Office Rent Cost	1	10,000	12	1,20,000	1,20,000	No change	
(iii)	Office Expenses	1	12,000	12	1,44,000	1,44,000	No change	
<b>Grand Total (A+B+C)</b>					<b>24,08,125</b>	<b>22,12,000</b>		

## **APPENDIX-V**

\*It would be the discretion of the organization to allocate the remuneration amongst the incumbents within the overall financial allocation

**Note:** The total cost of manpower should be fixed accordingly as per the cost norms of the scheme guidelines. The flexibility of 20% re-appropriation of expenditure may be allowed within overall financial allocation of component relating to remuneration/honorarium.

## Appendix-VI

### **Norms for Drugs De-Addiction Centre (DDAC)**

A. NON-RECURRING EXPENDITURE\*(Admissible during the setting-up of the DDAC and also after a period of five years subject to condition that they have been receiving grants continuously)

(Amount in Rupees)

15 beds, tables, 3 sets of linen, blankets, office furniture, almirah, equipments, computers, refrigerator, installation of 7 CCTVs and linking it with website etc.	3,25,000
Adhaar based Biometric Attendance System	20,000
Total	3,45,000

\* the non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled.

### B. RECURRING EXPENDITURE

S.No.	Name of the Post	No. of Posts	Monthly Expenditure (in Rs.)	Yearly Expenditure (in Rs.)	Minimum Qualifications
a. Administrative:					
1.	Manager-cum-Incharge of DDAC *	1	40,000	4,80,000	Post Graduate with 2 years of administrative experience or Graduate with 5 years of administrative experience in institutes/organizations

					preferably in the field of drugs. They should possess working knowledge of computers.
2.	Project coordinator(one for outdoor and other one for indoor activities)	2	25,000 x 2 = 50,000	6,00,000	Graduate with 3 years experience in institutes/organizations working in the field of drugs and possessing working knowledge of computers.
3.	Trainer cum Supervisor of peers and community mobilizers	2	15,000 x 2 = 30,000	3,60,000	12th Pass with two years experience in institutes/ organizations working in the field of drugs.
4.	Outreach Worker and follow-up supervisors *	2	15,000 x 2 = 30,000	3,60,000	Should be literate; Ex-drug user with 1-2 years of sobriety,  Willing to work among vulnerable and drug using population and possessing good communication skills.  Agrees to refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful drug use and relapse

5.	Accountant (One Account cum Clerical Assistant and other one to be Account cum documentation Assistant)	2	12,000 x 2 = 24,000	2,88,000	Graduate in Commerce with knowledge of accounts and working knowledge of computers.
6.	Cook	1	10,000	1,20,000	
7.	Chowkidar	2	2 x 9,000 = 18,000	2,16,000	
8.	House keeping Staff	2	2 x 9,000 = 18,000	2,16,000	
b.	Medical:				
1.	(a) Doctor (Full time)	1	60,000 (Rural) 55,000 (Urban)	7,20,000 6,60,000	“MBBS with registration with medical council / medical commission” along with “should undergo training arranged by the MOSJE / NISD within three months of joining the DDAC.”
2.	Counsellor/ Social Worker/ Psychologist	2	2 x 17,500 = 35,000	4,20,000	Graduate in social sciences preferably in Social Work/ Psychology with 1-2 years' experience in the field and should have knowledge of English as well as one regional language. Preference shall be given to the person holding a Certificate of Training Course in de-addiction counselling

					from recognized institution.
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3.	Yoga therapist/ Dance Teacher/ Music Teacher/ Art Teacher (part time)	1	5,000	60,000	Possessing experience of at least three years in the discipline
4.	Nurse (full time)	2	15,000 x 2 = 30,000	3,60,000	A qualified nurse with GNM/B.Sc. nursing degree and should be willing to be trained by the agency, as decided by MSJ&E.
5.	Ward Boys	2	13,000 x 2 = 26,000	3,12,000	Class 8th pass with experience of working in Hospitals/ Health Care Centres/ de-addiction centres.
	TOTAL	19	3,76,000 (R)  3,71,000 (U)	45,12,000 (R)  44,52,000 (U)	

C. Recurring Expenditure (Other than Staff remuneration)

S.No.	Item	Monthly Expenditure (Rs.)	Annual Expenditure (Rs.)
1.	Maintenance of building (building to be provided by district administration)	5,000	60,000

2.	Medicines	19,000	2,28,000
3.	Contingencies including office expenses (Stationery, water, electricity, postage, telephone, maintenance and repairing of bed, linen, Documentation & IEC material, printing, etc.)	20,000	2,40,000
4.	Transport/ Petrol and Maintenance of Vehicles.	15,000	1,80,000
5.	In house Kitchen expenditure @ Rs. 110 per day for 3 meals per day to 15 inmates	49,500	5,94,000
	TOTAL	1,03,500	13,02,000

D. RECURRING EXPENDITURE					
a. Administrative:					
(i)	Honorarium to Peer Educators (PE) 1 PE will take 1 session of 2 hours duration @ Rs. 150 per session over 60 sessions /Quarter	20	150	240 sessions	7,20,000
(ii)	Nutritional/ Refreshment support @ Rs.10 per day per child for 60 sessions/ quarter	200	10	240 sessions	4,80,000
(iii)	Life skills educational kit printing cost including flex material / games / Scrolls	50 Sets	1000		50,000
	Total				12,50,000
Grand Total		70,64,000(R)			
		70,04,000 (U)			

\*The total cost of manpower should be fixed accordingly as per the cost norms of the scheme guidelines. The flexibility of 20% re-appropriation of expenditure may be allowed within overall financial allocation of component relating to remuneration/honorarium.

**Note:** The training of the staffs would be carried out by MoSJ&E/ NISD.

The non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled



**COST NORMS FOR SLCA**

<b>A. Recurring (Staff)</b>	<b>N os</b>	<b>Existi ng per month (Rs.)</b>	<b>Revised per month (Rs.)</b>	<b>Revised Annual Expenditure (Rs.)</b>	<b>Minimum Qualification</b>	<b>Justifica tion</b>	
Coordinator	1	20,000	27,000	3,24,000	Graduate with 3 years experience in institutes/organizations working in the field of drugs and possessing working knowledge of computers.	To increase the retention rate of dedicated staff an increase of salary is essential.	
Documentation Officer	1	15,000	18,000	2,16,000	Graduate with 1 year experience in institutes/organizations working in the field of drugs and possessing good knowledge of computers.	-do-	
Field Staff	2*	11,000 x 2 = 22,000	2 x 13,000 = 26,000	3,12,000	Graduate with experience in working in social sector.	-do-	
Accountant-cum-	1	10,000	12,000	1,44,000	Graduate in Commerce with	-do-	

Computer Operator					knowledge of accounts and working knowledge of computers.		
<b>Total (A)</b>	5	<b>67,000</b>	<b>83,000</b>	<b>9,96,000 (1-20 IRCAs)</b> <b>11,52,000( &gt; 20 IRCAs)</b>		-do-	
<b>B. Recurring (others)</b>						-do-	
Rent		<b>18,000</b>	<b>18,000</b>	<b>2,16,000</b>		No change	
Communication		<b>6,000</b>	<b>6,000</b>	<b>72,000</b>		-do-	
Contingencies		<b>5,000</b>	<b>5,000</b>	<b>60,000</b>		-do-	
Library Books		5,000	Lump sum	<b>10,000 (per annum).</b> <b>This fund may be utilized for printing of IEC material.</b>		Increase cost of books and IEC material.	
Travel Support (for assisting and facilitating NGOs)		No. of IRCAs under jurisdiction	<b>Amount</b>	<b>No. of DDAC/ IRCAs/ ODIC/ CPLI under jurisdiction</b>	<b>Amount</b>	No change	

and meetings with State Govt./Central Govt. officials)				n			
	<b>1-20</b>	<b>60,000</b>	<b>1-20</b>	<b>60,000</b>	-do-		
	<b>21-40</b>	<b>90,000</b>	<b>21-40</b>	<b>90,000</b>	-do-		
	<b>More than 40</b>	<b>1,20,000</b>	<b>More than 40</b>	<b>1,20,000</b>	-do-		
<b>Total (B)</b>	No. of IRCAs under jurisdiction	<b>Amount</b>	No. of DDACs/IR CAs/ ODIC/ CPLI under jurisdiction	<b>Amount</b>	No change		
	<b>1-20</b>	<b>4,18,000</b>	<b>1-20</b>	<b>4,18,000</b>	-do-		
	<b>21-40</b>	<b>4,48,000</b>	<b>21-40</b>	<b>4,48,000</b>	-do-		
	<b>More than 40</b>	<b>4,78,000</b>	<b>More than 40</b>	<b>4,78,000</b>	-do-		
<b>Total grant payable to SLC A</b>	No. of IRCAs under jurisdiction	<b>Amount</b>	No. of DDACs/IR CAs/ ODIC/ CPLI under jurisdiction	<b>Amount</b>	No change		

<b>(A+ B)</b>	<b>1-20</b>	<b>12,22,000</b>	<b>1-20</b>	<b>14,14,000</b>	-do-	
	<b>21-40</b>	<b>13,84,000</b>	<b>21-40</b>	<b>16,00,000</b>	-do-	
	<b>More than 40</b>	<b>14,14,000</b>	<b>More than 40</b>	<b>16,30,000</b>	-do-	
<b>Inspection of DDACs/ IRCAs/ ODIC/ CPLI  (On the directions of Ministry)</b>	<b>Rs.4,000 per inspection (will be reimbursed in the next financial year)</b>		<b>Rs.4,000 per inspection (will be reimbursed in the next financial year)</b>			<b>No change</b>

<b>GRANT ADMISSIBLE DURING SETTING UP OF SLCA (ONE TIME)</b>			
1	Office, equipments, computer, printer, telephone, furniture, etc		2,50,000
2	Biometric Attendance System		20,000

In case more than 20 IRCAs are there under the jurisdiction of the SLCA, then field staffs will be 3.

**Note:-**

In case of self-owned buildings, no rent would be admissible. However, 10% of the admissible rent would be payable as 'maintenance' charges.

SLCAs are required to visit each IRCA under their jurisdiction in a particular financial year and furnish the monitoring visit report with respect to each IRCA to the Ministry.

The non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled.

**Inspection has to be carried out by SLCA only on specific direction of the Ministry each year.**

**Appendix-VIII****Annual Budget for De-addiction Centre for female**

<b>Budget: for – Inpatient (20 Bedded) + Outpatient services (Annual, in Rs.)</b>						
<b>S. No.</b>	<b>Budget Head</b>	<b>Description</b>	<b>Unit Cost</b>	<b>No.</b>	<b>Duration</b>	<b>Total</b>
1	Infrastructure Refurbishment / Furniture / Equipment	One time	2,50,000	1	1	2,50,000
2	Project Coordinator	Local norms for Central Sector Scheme	20,000	1	12	2,40,000
3	Salary – Doctor (minimum qualification: MBBS)	To be paid as per the NHM / Local norms for Central Sector Scheme	60,000	1	12	72,0000
4	Salary – Nurse/ward attendant	To be paid as per the NHM / Local norms for Central Sector Scheme	20,000	3	12	7,20,000
6	Salary - Counsellor	To be paid as per the NHM / Local norms for Central Sector Scheme	20,000	2	12	4,80,000
7	Salary – Accountant/Data Manager	To be paid as per the NHM / Local norms for Central Sector Scheme	15,000	1	12	1,80,000

9	Chowkidar	Local norms for Central Sector Scheme	8,000	3	12	2,88,000
11	Yoga /Dance / Music /Art therapist	Local norms for Central Sector Scheme	5,000	1	12	60,000
	Life skills trainer/ teacher		20,000	2	12	4,80,000
	Gynecologist on-call		5,000	1	12	60,000
	Support for children of residents		2,000	1	12	24,000
	Nutritional support	@ Rs 100 per person per day for 15 persons	45,000	1	12	5,40,000
	Personal health and hygiene supplies (includes clothes, toiletries, sanitary items, etc.)	@Rs 500 per person per month for 15 persons	7,500	1	12	90,000
12	Contingency, Communication / Stationery					72,000
13	Medicines*					2,50,000
	Rent		25,000	1	12	3,00,000
	Conveyance & POL. Support for transporting and producing Children to CWC, Phone & Internet etc.		16,000	1	12	1,92,000
16	Gross Total					49,46,000

**NB: All staff employed in the centre must be females**

**Appendix-IX****Annual Budget for De-addiction Centre for Male Children**

<b>Sl. No.</b>	<b>Cost Head</b>	<b>No. of Units</b>	<b>Monthly unit cost (in INR)</b>	<b>Monthly budget (in INR)</b>	<b>Annual Budget (in INR)</b>
<b>A.</b>	<b>Staff</b>				
1	Project Coordinator-cum-counselor (with minimum additional two years' experience of working with children)	1	25,000	25,000	3,00,000
2	Psychologist/Counselor (with minimum additional two years' experience of working with children)	1	20,000	20,000	2,40,000
3	Doctor (Part time) (Minimum qualification MBBS) + Visiting paediatrician (MD, Paediatrics)	1	25,000	25,000	3,00,000
4	Health Attendant/ Ward boy/Nurse	3	15,000	45,000	5,40,000
5	Social Worker/Teacher/ Life Skill Trainer	3	20,000	60,000	7,20,000
6	Accountant	1	10,000	10,000	1,20,000
7	Outreach Worker	1	10,000	10,000	1,20,000
8	Yoga, Art, Music and Dance Therapists	Lump sum	20,000	20,000	2,40,000
9	Security Guards	3	8,000	2,40,000	2,88,000
10	Support Staff for preparing children's cases for CWC/JJB	1	15,000	15,000	1,80,000
<b>B.</b>	<b>Recurring Expenses</b>				



11	Nutrition for children (Meals @ Rs 100 per child per day)* * Meals include breakfast, lunch, morning/ evening tea & dinner; for children living at the centre	25	3,000	75,000	9,00,000
12	Medicines	12	9,000	9,000	1,08,000
13	Personal Shoes, Sanitation (Clothes toiletries etc.) @ Rs. 200/- per person for 25 children required monthly	25	200	5,000	60,000

<b>C.</b>	<b>Office Expenses</b>				
14	Conveyance & POL. Support for transporting and producing Children to CWC, Phone & Internet etc.	25	16,000		1,92,000
15	Rent	25	25000		3,00,000
	<b>Grand Total</b>				<b>46,08,000</b>

<b>D.</b>	<b>One Time Expenditure</b>				
	One-time Expenditure on Office Equipment (Furniture, Computer, Games, TV) & Library Equipment (Books, Shelves, AV equipment)	1 time		*25	2,50,000

The non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled

Appendix-X

**Annual Budget for De-addiction Centre for Prison Settings**

S.No	Name of the Post	No of Posts	Monthly Expenditure	Yearly Expenditure (Rs)
<b>A. RECURRING EXPENDITURE (ESTT) A. ADMINISTRATIVE:</b>				
1.	Project Coordinator	1	30,000	3,60,000
2.	Accountant Cum Clerk (part Time)	1	18,000	2,16,000
3.	Cook	1	Provided by Prison Authority	
4.	Chowkidar	2	Provided by Prison Authority	
5.	Sweeper	1	Provided by Prison Authority	
<b>B. Medical:</b>				
1.	Medical Officers (Part Time )	1	Provided by Prison Authority	
2.	Counsellor/Social Worker/Psychologist/Community worker	2	2*25,000 = 50,000	6,00,000
3.	Nurse/Ward Boys	2*	2*20,000 = 40,000	4,80,000
4.	Peer Educator	1	10,000	1,20,000
	<b>Sub. Total</b>	<b>12</b>	<b>1,41,800</b>	<b>17,76,000</b>
<b>C. RECURRING EXPENDITURE OTHER THAN ESTT.</b>				
S.No	Item	Monthly Expenditure (Rs)	Annual Expenditure (Rs)	
1.	Rent	Provided by Prison Authority		
2.	Medicines	9,500	1,14,000	
3.	Contingencies	10,000	1,120,000	
4.	In house Kitchen Expenditure	Provided by Prison Authority		
	<b>Sub. Total</b>	<b>70,350</b>	<b>2,28,000</b>	
<b>D. Noun Recurring Expenditure</b>				

1	Non- Recurring Expenses (One Time)	.....	2,45,000
	<b>Total</b>		<b>2,45,000</b>
	<b>Total A+B+C</b>	<b>2,12,150</b>	<b>20,10,800</b>

The non-recurring grants are admissible to the organization at the time of setup and also after a period of 5 years provided they are receiving grants continuously and conditions of GFR provisions are fulfilled

**Proposed Checklist for DDAC/IRCA/CPLI/ODIC**

Acknowledgement number:	
State Name:	
District Name:	
NGO Name (MoSJE Portal):	
NGO Name (NITI Aayog Portal):	
NGO Unique Id (NITI Aayog Portal):	
Project:	

S.No	Checklist	Status (Yes/No)	Remarks if any
1	Whether Registration certificate is valid for the year for which grant is applied for and scanned copy of original registration copy is uploaded**	<input type="radio"/> Yes <input type="radio"/> No	
2	Whether State Government has recommended**	<input type="radio"/> Yes <input type="radio"/> No	
3	a) Whether State Government/PMU/RRTC has recommended Inspection Report** b) Number of beneficiaries found as per IR**	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>	
4	Whether Annual Report for the year for which GIA is sought is uploaded, if applicable**	<input type="radio"/> Yes <input type="radio"/> No	
5	Whether Audited Statement of Accounts is uploaded (Income-	<input type="radio"/> Yes <input type="radio"/> No	

	Expenditure Statement, Receipt-payment statement , Balance sheet, audit report of CA) If current year GIA is proposed, audited accounts of previous year are required. In case GIA of previous year(s) is proposed audited accounts of that year is required. **		
6	Whether non-recurring grant released and if yes UC duly certified by CA is uploaded**	<input type="radio"/> Yes <input type="radio"/> No	
7	Whether UC duly certified by CA for previous recurring GIA is uploaded**	<input type="radio"/> Yes <input checked="" type="radio"/> No	
8	Whether list of Managing Committee is uploaded. **	<input type="radio"/> Yes <input type="radio"/> No	
9	Whether tenure of Managing Committee is valid for the proposed GIA year. **	<input type="radio"/> Yes <input type="radio"/> No	
10	Whether Staff list along with their requisite qualification in the prescribed format is uploaded**	<input type="radio"/> Yes <input type="radio"/> No	
11	Whether beneficiaries list in prescribed format is uploaded**	<input type="radio"/> Yes <input type="radio"/> No	
12	Whether building is owned by organization **	<input type="radio"/> Yes <input type="radio"/> No	
13	If 12 is NO, whether notarized rent/lease agreement is uploaded	<input type="radio"/> Yes <input type="radio"/> No	
14	Whether Budget Estimates for the proposed year is uploaded**	<input type="radio"/> Yes <input type="radio"/> No	
15	Whether Rural Area Certificate duly signed by competent authority is uploaded**	<input type="radio"/> Yes <input type="radio"/> No	
16	Whether EAT Module has been	<input type="radio"/> Yes <input type="radio"/> No	

	implemented**		
17	Whether CCTV camera has been operationalised **	<input type="radio"/> Yes <input type="radio"/> No	
17.1	Whether the organization has its own website **	<input type="radio"/> Yes <input type="radio"/> No	
18	Is the organization blacklisted**	<input type="radio"/> Yes <input type="radio"/> No	
19	Whether any actionable complaint is pending against the organization in the Programme Division **	<input type="radio"/> Yes <input type="radio"/> No	
20	Whether project specific ID of D/o SJE uploaded, if applicable**	<input type="radio"/> Yes <input type="radio"/> No	
21	Whether each of the uploaded documents has been attested by the authorized signatory of the NGO. **	<input type="radio"/> Yes <input type="radio"/> No	
	<b>FOR CPLI</b>		
22	Whether Service Delivery Register is uploaded in prescribed format **	<input type="radio"/> Yes <input type="radio"/> No	
23	Whether Quarterly prescribed report for previous financial year is uploaded in prescribed format **	<input type="radio"/> Yes <input type="radio"/> No	
24.	Whether details of Peer Educators recruited during previous financial year are uploaded in prescribed format **	<input type="radio"/> Yes <input type="radio"/> No	
	<b>For ODIC</b>		
25	Whether Service Delivery Register is uploaded in prescribed format **	<input type="radio"/> Yes <input type="radio"/> No	
26.	Whether Quarterly prescribed report for previous financial year is uploaded in prescribed format **	<input type="radio"/> Yes <input type="radio"/> No	

27.	Whether Assessment forms (1 for each month) is uploaded **	<input type="radio"/> Yes <input type="radio"/> No	
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**PART-II**

S.No	Checklist Items	Information
1	File No**	<input type="text"/>
2	Budgetary allocation (In Rs.)**	<input type="text" value="2.6E9"/>
3	Head of Account*	The Expenditure is debitable to the Major Head "2235" Social Security and Welfare,02-Social Welfare,105-Prohibition,01-Education Work for Prohibition,03-National Action Plan for Drug Demand Reduction,03.00.31 Grant-in-aid,under Demand No.92,Ministry of Social justice and Empowerment for the year 2021-22(plan)
4	(a) Funds proposed to be released*	Rs. <input type="text"/> /- as first/full & final installment of grant-in-aid for the year
	(b) Admissible Amount*	Rs. <input type="text"/>
	(c) For Installment**	<input type="radio"/> First <input type="radio"/> Full & Final
5	Whether any additional details/documents required from NGO*	<input type="radio"/> Yes <input type="radio"/> No
6	UPLOAD DOCUMENTS(Only Pdf Format Less	File 1 File 2

than 200 dpi Resolution and Size upto 3MB)	File 3 File 4 File 5	
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<b>7</b>	Note (Field should contain only number or alphabets , . / & ( ) + - and spaces)*	<input style="width: 100%; height: 100%;" type="text"/>

**PART-III**

S.No	Checklist Items	Information	Remarks, if any
	Year from which the NGO started receiving GIA for the project.**		<input style="width: 100%; height: 100%;" type="text"/>
<b>2</b>	Details of GIA released during last three years**		<input style="width: 100%; height: 100%;" type="text"/>

S.No	Year	Amount
<input style="width: 100%; height: 100%;" type="text"/>		

<input style="width: 100%; height: 100%;" type="text"/>		
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	



<input type="text"/>	X	
<input type="text"/>		<input type="text"/>
<input type="text"/>	X	
<b>Add more</b>		

Component-wise Calculation Sheet						
<b>FOR IRCA</b>						
No of beds*						
<b>FOR ODIC/CPLI</b>						
S.No	Item of Expenses	Cost Norms as per guidelines	Expenditure proposed as per budget estimate	Calculated Cost to be recommended	Grant Recommended by PD	Remarks
<input type="text"/>						
<input type="text"/>				<input type="text"/>		
<b>Add more</b>						
	Total:					<input type="text"/>
	Amount payable as 1st / 2nd / Complete Installment after deducting Project Share etc.:					<input type="text"/>

	Unspent amount as per UC:	
	Net Amount Payable:	
	Interest amount as per UC deposited in CFI:	

**GFR 12 – A**

[(See Rule 238 (1)]

**FORM OF UTILIZATION CERTIFICATE**

**FOR AUTONOMOUS BODIES OF THE GRANTEE ORGANIZATION**

UTILIZATION CERTIFICATE FOR THE YEAR \_\_\_\_\_ in respect  
of recurring/non-recurring  
GRANTS-IN-AID/SALARIES/CREATION OF CAPITAL ASSETS

1. Name of the Scheme.....
2. Whether recurring or non-recurring grants.....
3. Project specific ID given by DoSJE .....
- Name of project and project location .....
- Name of the NGO.....
4. Grants position at the beginning of the Financial year
  - i. Cash in Hand/Bank
  - ii. Unadjusted advances (iii)Total
5. Details of grants received, expenditure incurred and closing balances: (Actuals)

Unspent Balance s of Grants receiv ed years [figure as at Sl. No.	Interest Earned thereo n	Interest deposited back to the Govern- ment	Grant received during		Total Availabl e funds  (1+2- 3+4)	Expenditur e incurred	Closing Balance s (5-6)
				the year			

3 (iii)]								
1	2	3	4			5	6	7
			Sanction No. (i)	Date (ii)	Amount (iii)			

Component wise utilization of grants:

Grant-in-aid- General	Grant-in-aid- Salary	Grant-in-aid-creation of capital assets	Total

Details of grants position at the end of the year

- i. Cash in Hand/Bank
- ii. Unadjusted Advances
- iii. Total

Certified that I have satisfied myself that the conditions on which grants were sanctioned have been duly fulfilled/are being fulfilled and that I have exercised following checks to see that the money has been actually utilized for the purpose for which it was sanctioned:

- I. The main accounts and other subsidiary accounts and registers (including assets registers) are maintained as prescribed in the relevant Act/Rules/Standing instructions (mention the Act/Rules) and have been duly audited by designated auditors. The figures depicted above tally with the audited figures mentioned in financial statements/accounts.
- II. There exist internal controls for safeguarding public funds/assets, watching outcomes and achievements of physical targets against the financial inputs, ensuring quality in asset creation etc. & the

periodic evaluation of internal controls is exercised to ensure their effectiveness.

- III. To the best of our knowledge and belief, no transactions have been entered that are in violation of relevant Act/Rules/standing instructions and scheme guidelines.
- IV. The responsibilities among the key functionaries for execution of the scheme have been assigned in clear terms and are not general in nature.
- V. The benefits were extended to the intended beneficiaries and only such areas/districts were covered where the scheme was intended to operate.
- VI. The expenditure on various components of the scheme was in the proportions authorized as per the scheme guidelines and terms and conditions of the grants-in-aid.
- VII. It has been ensured that the physical and financial performance under..... (name of the scheme has been according to

the requirements, as prescribed in the guidelines issued by Govt. of India and the performance/targets achieved statement for the year to which the utilization of the fund resulted in outcomes given at Annexure – I duly enclosed.

- VIII. The utilization of the fund resulted in outcomes given at Annexure – II duly enclosed (to be formulated by the Ministry/Department concerned as per their requirements/specifications.)
- IX. Details of various schemes executed by the agency through grants-in-aid received from the same Ministry or from other Ministries is enclosed at Annexure –II (to be formulated by the Ministry/Department concerned as per their requirements/specifications).

Date:

Place:

Signature

Name.....

Signature

Name.....

Chief Finance Officer  
Organization

Head of the

(Head of the Finance)

(Strike out inapplicable terms)

**Nasha Mukht Bharat Abhiyaan (NMBA)**

Ministry of Social Justice and Empowerment has formulated an Annual Action Plan 'Nasha Mukht Bharat' for implementation in 272 districts in 32 States/UTs, which are identified as most vulnerable based on the inputs received from Narcotics Control Bureau (NCB) and the findings of the first Comprehensive National survey done by the Ministry with the help of NDDTC, AIIMS, New Delhi. The Abhiyaan started on 15th August 2020 initially for a period of one year and has been extended till August 2022. Ministry may extend the Abhiyaan from time to time. Ministry may also increase the number of districts to be covered under the NMBA.

2. Every identified State have a State Level Nasha Mukht Bharat Abhiyaan Committee under chairpersonship of Principal Secretary, Social Welfare (Drugs) and similarly, every identified District have a District Level Nasha Mukht Bharat Abhiyaan Committee formed under chairmanship of District Collector. Composition of the Committees should be as prescribed by the Ministry of Social Justice & Empowerment from time to time.

4. An amount of Rs. 10 lakhs per district per financial year would be provided as Grant-in-Aid by the Ministry for undertaking various activities under the Nasha Mukht Bharat Abhiyaan. Subsequent release of next instalment shall be subject to submission of UC and Physical progress report with details of activities undertaken.

5. Municipalities or Sub-District Campaign Committees to be formed and the functions to be defined accordingly by the District Collector.

6. Details of activities undertaken under Abhiyaan are available and shall continue to be made available at the website i.e. [www.nmba.dosje.gov.in](http://www.nmba.dosje.gov.in)

## **NAVCHETNA Modules**

The Ministry of Social Justice & Empowerment is going to launch the NAVCHETNA Modules. These training modules are tailored to provide and instill life skills in children studying in classes 6<sup>th</sup> – 11<sup>th</sup> and educate them on topics related to substance use, dependence and coping strategies. Recognizing the important role teachers play in the education of children, they have been given the stupendous responsibility of imparting these modules to the children and equip them to handle negative influences of substance use and create a positive environment in the school.

2. The modules will be helpful in educating children and young adults on substance use and the harmful effects associated with it. Over the next two years, the Ministry of Social Justice & Empowerment has set the goal to reach out to over 10 lakh teachers and 2.4 Crore students across the country.

3. Navchetna Modules are of immense help in creating awareness and play a vital role in equipping the children with necessary life skills to make balanced decisions and develop as healthy and productive individuals.

4. Society for the Promotions of Youth & Masses (SPYM) - North SLCA has developed these modules and assisting the Ministry in its efforts to combat substance use.

5. 300 districts in the Country have been identified for implementation of this Module. The school having more than 30 teachers have been selected for this purpose. Each district will nominate 5 Master Volunteers and SLCA will provide 5 resource persons for getting trained by SPYM, North SLCA. These resource persons along with Project Support Team of SPYM shall provide training to the Master Trainers. These Master trainers will further provide training in 100 schools of each 300 districts benefiting 2.4 crore students across the country in a year. This programme is to be implemented in collaboration with the Ministry of Education, NISD, SPYM- North SLCA, NCERT, State Education Departments and SCERTs.



6. The expenditure to be occurred on this programme will be borne by the Ministry/ NISD.

7. The Module can be extended in other districts, to be decided by the Competent Authority, after getting impact and outcome of the first phase of implementation of this Module.

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