

**CENTRAL SECTOR  
SCHEME OF ASSISTANCE FOR  
PREVENTION OF ALCOHOLISM AND  
SUBSTANCE (DRUGS) ABUSE AND FOR  
SOCIAL DEFENCE SERVICES**

**[Effective from 01.04.2018]**

**GUIDELINES**



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

## PREFACE

Drug and substance abuse is a serious problem adversely affecting the social fabric of the country. Addiction to drugs not only affects the individual's health but also disrupts their families and the whole society. Regular consumption of various drugs and psychoactive substances leads to drug dependence of the individual. Some drug compounds may lead to neuro-psychiatric disorders and other diseases such as cardiovascular diseases, as well as accidents, suicides and violence. Therefore, drug abuse needs to be viewed as a psycho-social-medical problem.

2. The Ministry of Social Justice & Empowerment has been implementing the Central Sector Scheme for Prevention of Alcoholism and Substance (Drug) Abuse since 1985-86 with the objectives of creating awareness and educate people about the ill-effects of alcoholism and substance abuse and for providing the whole range of community based services for indemnification, motivation, counselling, de-addiction, after care and rehabilitation for whole person Recovery (WPR) of addicts.

3. As a part of the Zero-Based Budgeting exercise, it was earlier decided in the year 2008 to merge the two Central Sector Schemes, viz. 'Scheme for the Prevention of Alcoholism & Substance (Drugs) Abuse' and 'General Grant in Aid Programme for Financial Assistance in the Field of Social Defence', with a new nomenclature, i.e. '*Scheme of Assistance for the Prevention of Alcoholism & Substance (Drugs) Abuse and for Social Defence Services*' under an umbrella scheme. The merged Scheme came into effect from 1<sup>st</sup> October, 2008.

4. The Scheme for the 'Prevention of Alcoholism & Substance (Drugs) Abuse and for Social Defence Services' is being revised w.e.f. 1<sup>st</sup> April, 2018 to incorporate changes in the financial norms, keeping in view the changing needs.

5. The Revised Scheme shall be effective from 1<sup>st</sup> April, 2018.

*S. I. Meena*

(Surendra Singh)

Joint Secretary

Social Defence Bureau

Ministry of Social Justice and Empowerment

Shastri Bhawan, New Delhi.

## Part I

### PREVENTION OF ALCOHOLISM AND SUBSTANCE (DRUGS) ABUSE

#### 1. INTRODUCTION

Alcohol and drug abuse has emerged as a serious concern in India. The geographical location of the country further makes it highly vulnerable to the problem of drug abuse.

In a National Survey sponsored by the Ministry of Social Justice and Empowerment and conducted by the United Nations Office on Drugs and Crimes, Regional Office South Asia in 2000-01 (report published in 2004), it was estimated that there were approximately 6.25 Crore users of alcohol, 87 Lakh cannabis users and 20 Lakh opiate users in the country. However, this is old data and experts suggest that the trends and patterns of substance abuse have since changed and presently the abuse of pharmaceuticals and other synthetic/chemical substances has grown.

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."

The Narcotic Drugs and Psychotropic Substances Act, 1985, was enacted, inter alia, to curb drug abuse. Within the purview of the Act, "Narcotic Drug" means "coca leaf, cannabis (hemp), opium, poppy straw and includes all manufactured goods", whereas "Psychotropic substance" means "any substance, natural or synthetic, or any natural material or any salt or preparation of such substance or material included in the list of psychotropic substances specified in the Schedule". Section 71 of the Act (Power of Government to establish centres for identification, treatment, etc of addicts and for supply of narcotic drugs and psychotropic substances) contains provisions for setting up of rehabilitation and treatment centres for drug dependent persons.

India is a signatory to three United Nations Conventions, namely: (i) Convention on Narcotic Drugs, 1961; (ii) Convention on Psychotropic Substances, 1971; and (iii) Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Thus, India also has an international obligation to, inter alia, curb drug abuse. The United Nations General Assembly, in its 20<sup>th</sup> Special

Session in 1998, has accepted demand reduction as an indispensable pillar of drug control strategies. The demand reduction strategy consists of education, treatment, rehabilitation and social integration of drug dependent persons for prevention of drug abuse.

For the purpose of drug demand reduction, the Ministry of Social Justice & Empowerment has been implementing the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse since 1985-86. The Scheme has so far been revised four times in 1994, 1999, 2008 and 2015 and at present provides financial support to NGOs and employers mainly for the following items:

- i) Awareness and Preventive Education
- ii) Drug Awareness and Counselling Centres
- iii) Regional Resource and Training Centres (RRTCs)
- iv) Integrated Rehabilitation Centres for Addicts (IRCA's)
- v) Workplace Prevention Programme (WPP)
- vi) De-addiction Camps
- vii) NGO forum for Drug Abuse Prevention
- viii) Innovative Interventions to strengthen community based rehabilitation
- ix) Technical Exchange and Manpower development programme
- x) Surveys, Studies, Evaluation and Research on the subjects covered under the scheme.

The Ministry takes up awareness generation programmes every year disseminating information, education and communication (IEC) materials, organizing programs in schools and community, holding exhibitions and publishing newsletters and journals.

Presently, about 400 IRCA's are functioning with the support of the Ministry in the country. De-addiction camps are organized regularly to reach out to uncovered areas. The Ministry has set up a National Centre for Drug Abuse Prevention (NCDAP) in the National Institute of Social Defence (NISD) for capacity building and training of NGOs running De-addiction centres. The Ministry is also supporting Twelve NGOs working in the field of drug abuse prevention to function as Regional Resource and Training Centres (RRTCs) for imparting training in local cultural setting to the service providers working in various IRCA's and for undertaking advocacy, research and monitoring of drug abuse programmes.

## **2. NEED FOR REVISION**

The Scheme for Prevention of Alcoholism & Substance (Drugs) Abuse was last revised in the year 2015 and the necessity to revise the Scheme has arisen due to following factors:-

- a. The National Consultative Committee for De-addiction and Rehabilitation (NCCDR), in its meetings held on 24.10.2016 and 24.05.2017, suggested that there is a need for further revision of the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse.
- b. Representatives of various IRCAs and RRTCs have raised the issue of increasing the remuneration being paid to some of the staff i.e. Doctor, Chowkidar etc. and to sanction some new posts like cook, additional nurse etc. in several meetings held in the recent past.

## **3. THE REVISED SCHEME**

Pursuant to the above, the Central Government has approved the revised scheme (Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse). The main elements of the scheme are as follows:-

### **3.1 OBJECTIVES**

The objectives of the Scheme for Prevention of Alcoholism and Substance (Drug) Abuse are:

- a) To create awareness and educate people about the ill-effects of alcoholism and substance abuse on the individual, the family, the workplace and society at large;
- b) To provide for the whole range of community based services for the identification, motivation, counselling, de-addiction, after care and rehabilitation for Whole Person Recovery (WPR) of addicts to make a person drug free, crime free and gainfully employed.
- c) To alleviate the consequences of drug and alcohol dependence amongst the individual, the family and society at large;
- d) To facilitate research, training, documentation and collection of relevant information to strengthen the above mentioned objectives; and
- e) To support other activities which are in consonance with the mandate of the Ministry of Social Justice & Empowerment in this field.

### **3.1.1 Target Groups under the Scheme:**

- i. All victims of alcohol and substance (drugs) abuse with a special focus on:-
  - a) Children including street children, both in and out of school
  - b) Adolescents/Youth
  - c) Dependent women and young girls, affected by substance abuse
  - d) High risk groups such as sex workers, Injecting Drug Users (IDUs), drivers etc.
  - e) Prison inmates in detention facilities including children in juvenile homes addicted to drugs.

### **3.1.2 Substances, abuse of which, will be covered under the Scheme:**

- i. Alcohol
- ii. All Narcotic Drugs and Psychotropic substances covered under the NDPS Act, 1985
- iii. Any other addictive substance, other than tobacco.

## **3.2 APPROACH & STRATEGY**

The approach of this Scheme is to provide the whole range of services including awareness generation, identification, counselling, treatment and rehabilitation of addicts through voluntary and other organizations. With a view to reducing the demand for and consumption of alcohol and dependence producing substances, the thrust would be on preventive education programmes and Whole Person Recovery of the drug dependent persons.

In order to achieve the objectives of the scheme the key strategies will be as follows:-

- a) To support at least one de-addiction centre in each district;
- b) To support de-addiction centres in Prisons, Juvenile Homes and Factories;
- c) To convert IRCAs into treatment clinics and provide both inpatient and outpatient services to the addicts;
- d) To evolve culture-specific models for the prevention of alcoholism and substance abuse and for rehabilitation of drug dependent persons;

- e) To evolve strategies for economic rehabilitation of addicts;
- f) To promote collective initiatives and self-help endeavour among individuals and groups vulnerable to addiction or found at risk;
- g) To increase community participation and public cooperation in the reduction of demand for dependence-producing substances;
- h) To involve local neighbourhood groups and their communities in counselling of rehabilitated addicts and their families etc.;
- i) To create and sustain an infrastructure of trained human resource personnel and service providers to strengthen the service delivery mechanisms;
- j) To establish and foster appropriate synergy between State interventions, corporate initiatives, the voluntary sector and other stakeholders in the field of substance abuse prevention;
- k) To facilitate networking among policy planners, service providers and other stakeholders, with an aim to encourage appropriate advocacy;
- l) To promote and sustain a system of continuous monitoring and evaluation including self-correctional mechanism;
- m) To develop a Media Plan for creating awareness against ill effects of drug/alcohol abuse.

### **3.3 COMPONENTS ADMISSIBLE FOR ASSISTANCE UNDER THE SCHEME**

The following components are admissible for assistance under the Scheme:

- i. Integrated Rehabilitation Centre for Addicts (IRCA)
- ii. Programme for Prevention of Alcoholism and Drug Abuse at Workplace (WPP)
- iii. Regional Resource and Training Centres (RRTC)
- iv. Awareness-cum-De-addiction Camps (ACDC)
- v. Preventive Education and Awareness Generation through Media Publicity
- vi. NGO Forum for Drug Abuse Prevention
- vii. Innovative Intervention to Strengthen Community Based Rehabilitation
- viii. Survey, Studies, Evaluation and Research on the subjects covered under the Scheme.
- ix. Vigilance-cum- Monitoring Committee/Cell/Agency to ensure quality of expenditure and also for monitoring the implementation of the Scheme.

### 3.3.1 Integrated Rehabilitation Centre for Addicts (IRCA)

The Integrated Rehabilitation Centre for Addicts (IRCA) would provide composite/integrated services for the rehabilitation of the substance dependent person. The structure of IRCAs is as given below:

#### STRUCTURE OF THE IRCAs

S. No.	Name of the Post	Number of Posts		
		15 Bedded	30 Bedded	50 Bedded
Administrative				
1	Project Coordinator cum-Vocational Counsellor	1	1	1
2	Accountant cum Clerk	1	1	1
3	Cook	1	1	1
4	Sweeper	1	1	1
5	Chowkidar	2	2	2
Medical				
6	Doctor (Part time/Full time)	1	1	1
7	Counsellor/ Social Worker/ Psychologist	2	4	6
8	Yoga therapist/Dance Teacher/Music Teacher/Art Teacher (Part time)	1	1	1
9	Nurse	2	3	4
10	Ward Boys	2	2	2
11	Peer Educator	1	1	1
	<b>TOTAL</b>	15	18	21

The IRCAs would be responsible for the following services:

#### 3.3.1.1 Preventive Education and Awareness Generation

Preventive Education and Awareness Generation programme should address specific target groups (vulnerable and at risk groups) in their neighbourhood, educational institutions, workplace, slums and social welfare organizations with the purpose of sensitising the community about the impact of addiction, and the need to take professional help to treat.

The programme needs to specifically focus on children and youth, in and outside Educational Institutions. The programme should start at the school level addressing adolescent groups and



continue with college students. Parents/teachers should be sensitised to develop skills to understand the psychology of the youth and to help them keep away from substance abuse. The high-risk groups like commercial sex workers, mobile population like tourists and truck drivers, children of alcoholics and drug addicts, children of HIV affected parents, street children, prisoners and school dropouts, should be specifically addressed.

The 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, etc and use of innovative methods like street plays, puppet shows, seminars, group discussions are to be included. People holding positions of respect and credibility like Panchayat leaders, school/college Principals/teachers/Lecturers, should be associated with the programmes.

Item-wise details for which grant would be admissible for Preventive Education and Awareness Generation Programme are indicated in **Appendix-I** of the Scheme.

#### 3.3.1.2 Identification of substance dependent persons for motivational counselling

This would require assessing the problem related to addiction and motivating the addict to avail the services at IRCA. It would envisage total recovery of the addicted person leading to his socio economic rehabilitation through an appropriate combination of individual counselling, group therapy, yoga, exposure to self-help/support groups, and introduction to other recovering addicts. It would also include support and care to families of the addicted person.

#### 3.3.1.3 Detoxification and Whole Person Recovery (WPR)

The IRCA would aim at enabling the addict to achieve total abstinence and improve the quality of their lives by helping them to:

- Identify areas of necessary change
- Become aware of risk factors leading to relapse and evolve positive coping skills
- Strengthen inter-personal relationships
- Develop a healthy work ethic
- Sustain their recovery through follow-up services

Detoxification services would be provided for safe and ethical management of withdrawal symptoms. The addict would be helped to overcome the desire to use drugs even when he is in situations, which were once tempting.

WPR would indicate that a person who has acquired life skills stays drug free and develops an interest in healthy living. It provides for the whole range of community based services for the identification, motivation, counselling, de-addiction, after care and rehabilitation for Whole Person Recovery (WPR) of addicts to make a person drug free, crime free and gainfully employed. The key elements of WPR include:

- i. Commitment to a drug and alcohol free life
- ii. Adaptation to work and responsibility
- iii. Social re-integration
- iv. Personal growth and self acceptance
- v. Acceptance of higher values

For people striving to WPR, four factors, popularly known as the Four Keys to Change are necessary. These are:

- i) Practical guidance on what needs to be done
- ii) Caring encouragement for one's effort a powerful "fuel" for motivating recovery
- iii) Successful role models who have achieved the goal
- iv) A peer learning group working together towards that goal.

#### 3.3.1.4 Referral services

Addicts showing deviant behavioural symptoms like violence, depression, suicidal thoughts, etc., should be assessed and referred to a psychiatric hospital immediately for availing specialized psychiatric services. For allied and opportunistic medical manifestations such as tuberculosis, hepatitis C, STDs, AIDS, etc., referral should be made for appropriate medical interventions which would, inter-alia, include services of other specialists, hospitals and testing laboratories, run/controlled/aided/accredited by the Union or State Governments such as National Aids Control Organization (NACO) and de-addiction hospitals set up by the Ministry of Health and Family Welfare including also other institutional networks established in the field of social defence focusing on the target groups covered under this scheme. There should be a system of inter-linkage of care givers and care-giving institutions to ensure effective handling of the social defence issues.

#### 3.3.1.5 After-care and Follow-up

After care and follow up are essential components of addiction treatment subsequent to the discharge of the client from the IRCA. The outcome of therapy depends largely on the effectiveness of the follow-up efforts towards the Whole Person Recovery (WPR) of the addict, and his reintegration into the community. As an after-care plan, alternative methods for clients who have not recovered should be devised. Adequate after care and follow-up would help in reducing relapse.

#### 3.3.1.6 Care and support to families for co-dependence and rehabilitation.

The IRCA would have a well-defined program for the family members especially for co-dependence and ensuring the social reintegration of the addict/family. This includes counselling, relapse prevention, self-help programme, and reaching out to the families of the addicts through regular home visits. The focus would be to make the families understand that addiction is a disease, and help them develop a caring attitude towards the addicts. The thrust would be to help the addicts as well as their families deal with their negative emotions and improve their quality of life.

#### 3.3.1.7 Rehabilitation

The primary objective of the IRCA is the total rehabilitation of the addict after having been treated for drug dependence. To facilitate the self-sustainability of the addict/dependent family members, an IRCA would avail of the services available through various schemes/programmes of the Govt/State through effective networking.

The IRCAs would collaborate with Pradhan Mantri Kaushal Vikas Yojana Training Centres under the Ministry of Skill Development and Entrepreneurship for providing industry-relevant skill training. The Centre would also maintain a network directory of specialized services.

#### 3.3.1.8 Period of stay

While a fixed period cannot be prescribed for the treatment of all the addicts, as the period of treatment will differ with type and severity of addiction (whether alcohol or drugs) and between individual addicts, a period of one month would generally be required for an addict to undergo the various phases of counselling, detoxification, de-addiction and psychological recovery. However, longer or shorter periods of stay may be required, in certain cases, depending upon individual circumstances, for after-care of the addicts, particularly in case of Therapeutic Community model to take care of co-dependence in the family members, psychological rehabilitation of the addict through

yoga, meditation, spiritual inputs etc. The period of stay, in no circumstances, should exceed three months.

If keeping an addict for a period of more than one month is necessary in view of local or case specific situation, consent to this effect should be obtained by the Organization from a district level committee consisting of the Civil surgeon, the District Welfare Officer and a representative of the NGO. While doing so, the interest of the clients being served by the centre shall be kept into mind without compromising on the basic components of the programme.

#### 3.3.1.9 Bed Capacity

An IRCA will ordinarily have a 15-bedded facility to cope with the clients at any given time. Centres with bed capacity of 30 and 50 may also be sanctioned by the Ministry in special cases on recommendations of the State Governments or an authority designated by the Government and on the basis of the credibility and performance of the NGO during the previous three years. The number of beds in any 15 and 30-bedded centres may be increased to 20 and 40 beds respectively in urban areas and the North-East, if there is a consistently higher occupancy for the last two years. Grant- in- Aid would be enhanced for an additional post of Nurse/Ward boy with a proportionate increase in entitlements for medicines and kitchen expenditure. Prior approval of the Ministry would be necessary in all such cases.

#### 3.3.1.10 Food for the Inmates

An IRCA shall provide wholesome food (breakfast, lunch and dinner) to the patients. The inmates shall be provided food free of charge. For this purpose, in addition to one cook, recurring grant @ Rs. 75/- per day per person for wholesome food of 3 meals a day for all the inmates, would be provided to the organization which would be duly accounted for on actual basis while submitting utilisation certificate for that year. It must be ensured by the organization that food of the same quality, as per fixed diet chart approved by the district level committee mentioned in para 3.3.1.8 above, is provided to all the inmates irrespective of their economic status.

#### 3.3.1.11 Financial Norms

The financial norms for setting up /maintenance of a 15-bedded, 30-bedded and 50-bedded IRCAs are at **Appendices-II, III and IV** respectively.

### **3.3.2 Programme For Prevention of Alcoholism And Drug Abuse At Workplace (WPP)**

3.3.2.1 It is recognized that the primary responsibility in this regard rests with the management and trade unions. In order to encourage these activities, financial assistance up to 25% of the expenditure for the setting up of a 15-Bedded or 30-Bedded IRCA shall be provided to the industry/enterprise. The balance of the expenditure according to the norms shall be borne by the industry/enterprise. Such centers will be located in an industrial establishment or a group of industrial establishments having strength of at least 500 workers or more in a particular area will be eligible for assistance.

3.3.2.2 No rent will be sanctioned as an industrial establishment concerned is expected to provide accommodation free of charge for the functioning of the IRCA for industrial workers.

3.3.2.3 Besides, IRCAs (15 bedded) run by a Non- Governmental Organization taking up workplace prevention programme will be entitled to 25 percent additional funds, admissible for the Centre to set up a focal unit, for awareness, preventive education and referral services within an industry/enterprise which may include recruiting additional staff, such as Counsellor(s), Community Worker(s), part-time Medical Officer; production of educational material; meeting of contingent expenditure etc. The enterprise taken under the programme should have at least total workforce of 500 per unit.

The proposal of such grant should come from the industrial enterprise in case of 3.3.2.1 and from the NGO (along with the consent of industrial enterprises) in case of 3.3.2.3.

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

3.3.3.1 Training is an important component for capacity building and skill development for the service providers. It is important to have exposure to the new trends regarding the kind of drugs abused, medical and psychiatric problems, new medicines/methodologies available for the treatment of addiction through participation in training programmes and conferences. Updating and training through refresher courses needs to be provided to existing staff.

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

3.3.3.3 The Ministry would designate an NGO of repute with adequate experience and consistently good track record as RRTC for each State following the procedure prescribed by it. RRTCs so designated shall essentially be responsible for devolution of the mandate of NCDAP at the State level. RRTCs should carry out inspections and monitoring. RRTC will give feedback to Ministry if NGOs

continue to perform poorly (in spite of repeated warnings) and are involved in malpractices. In case the Ministry decides to discontinue grant to an NGO, RRTC's feedback can also be obtained with regard to resumption of grants. The Structure of an RRTC would be as follows:

#### **STRUCTURE OF THE RRTC's**

<b>Sl No</b>	<b>Name of the Post</b>	<b>Number of Posts</b>
1	Coordinator	1
2	Documentation Officer	1
3	Field Staff	2
4	Accountant-cum-Computer Operator	1
	<b>Total</b>	<b>5</b>

They would, for the state represented by them, undertake the following activities:

- Training of service providers
- Documentation of programmes/results
- Advocacy, research and monitoring
- Technical support to NGOs, CBOs and Enterprises
- Strengthening the rehabilitation of the addicts
- Exposure visits
- Exchange programmes

3.3.3.4 The RRTC's would be entitled to manpower and infrastructure support under this scheme as per norms given at **Appendix V**.

#### **3.3.4 Awareness-Cum-De-addiction Camps (ACDC)**

An organization running an IRCA may organize Awareness-cum-De-addiction Camps (ACDC) in areas prone to substance (drug) abuse especially in rural areas with the objective of mobilizing the community, promote awareness and collective initiative towards the prevention of alcoholism and substance (drug) abuse. They would utilize their staff and community resources for this purpose. However, certain additional input shall be necessary for which an additional grant may be sanctioned under this Scheme as indicated in the norms at **Appendix-VI**.

District level functionaries/ local bodies/ RRTCs/ Treatment Services/ Hospitals, etc., should be involved in planning and implementation of the camps. Each grantee NGO may be allowed to conduct a maximum of 6 camps during a year.

### **3.3.5 Preventive Education and Awareness Generation Through Media Publicity**

Preventive Education and Awareness generation through media publicity would be accorded greater focus and every year the Ministry would apportion a certain amount in the internal budgetary allocation for the purpose.

### **3.3.6 NGO Forum For Drug Abuse Prevention**

3.3.6.1 The main functions of NGO forum will be to bring about an effective coordination among Voluntary Organizations engaged in this field to establish linkages among the programmes being offered by them, and to ensure convergence of services in the area of their operation. All the organizations being supported under this Scheme should be represented on the Forum, with one of their representatives being nominated as the Chairperson on a rotating basis. The office of the Forum may be located in the organization being represented by the Chairperson. All State/Regional Forums will be affiliated to the National Federation.

3.3.6.2 The National Federation shall be entitled to financial support, in the name of the organizations being represented by the Chairperson for admissible items under the Scheme as a collective initiative relating to the objecting of the Scheme especially for their annual programme and on national occasions such as Gandhi Jayanti, International Day against Drug Abuse and illicit Trafficking etc. For this purpose, the suitability/desirability of the programmes shall be decided by the Ministry of Social Justice and Empowerment.

3.3.6.3 It will be imperative on the part of the NGO Forum to submit their annual report, list of members and audited accounts to the Ministry every year.

### **3.3.7 Innovative Interventions to Strengthen Community Based Rehabilitation**

IRCA, which would have the capacity to do so, would be encouraged to develop innovative interventions to strengthen the community based approach towards rehabilitation of recovering addicts, like, half-way homes, drop-in-centres etc. For this purpose an additional amount of 5% of the total approved expenditure for the Centres would be admissible to the organization. Some other interventions which shall be eligible for assistance under the Scheme are as under:

#### **3.3.7.1 Community Sensitisation Programme**

This can be, say, in the form of 3-day training with community leaders, women's groups, youth groups and local government officials. The training should be in local language with a focus on understanding the problem of addiction, the methodology of rehabilitation and relapse prevention.

#### **3.3.7.2 Targeted Interventions for vulnerable groups**

Targeted Interventions are required for high-risk groups like sex-workers, street children, beggars, eunuchs and persons in prison. NGOs may be allowed to run de-addiction centres exclusively for such groups on a pilot basis in areas where the problem is severe and sufficient numbers of persons at risk are available. Such pilot centres need not run on continuous basis but on a need basis. Setting up of Centres exclusively for women addicts would be encouraged. For projects in prisons, recommendation from Director General, Prisons or Department in Government dealing with Prisons, would be necessary.

#### **3.3.8 Surveys, Studies, Evaluation and Research on the subjects covered under the Scheme**

Financial assistance shall be admissible to eligible organizations for the activities to meet the objectives given in the Scheme based on the merit of the proposal, to be decided in each case, by the Ministry of Social Justice & Empowerment.

### **3.4 ELIGIBLE ORGANIZATIONS/INSTITUTIONS**

3.4.1 The following organizations/institutions shall be eligible for assistance under this scheme:

- i. A Society registered under the Societies' Registration Act, 1860 (XXI of 1860) or any relevant Act of the State Governments/ Union Territory Administrations or under any State law relating to the registration of Literary, Scientific and Charitable societies, or
- ii. Registered Societies formed by the State Governments.
- iii. District Hospitals subject to condition that they maintain separate accounts for de-addiction.
- iv. Railway Hospitals near major Railway Stations subject to condition that they maintain separate accounts for de-addiction.
- v. A Public Trust registered under any law for the time being in force, or
- vi. A Company established under Section 25 of the Companies Act, 1956; or
- vii. Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs), organizations/institutions fully funded or managed by State/ Central Government or a local body; or



- viii. Universities, Schools of Social Work, other reputed educational institutions, NYKS, and such other well established organizations/ institutions which may be approved by the Ministry of Social Justice & Empowerment

**3.4.2 Organization/institutions specified in Para 3.4.1 (i) to (viii) should have the following characteristics:**

- i. It should have a properly constituted managing body with its powers, duties and responsibilities clearly defined and laid down in writing.
- ii. It should have resources, facilities and experience for undertaking the programme.
- iii. It should not be run for profit to any individual or a body of individuals.
- iv. It should not discriminate against any person or group of persons on the ground of sex, religion, caste or creed.
- v. It should ordinarily have existed for a period of two years. However, this would not be applicable if an organization is directly running under the control of State Government.
- vi. Its financial position should be sound.

**Note:** The conditions related to experience, period of existence and financial soundness may be relaxed by the Secretary in consultation with Financial Advisor, in rare and exceptional cases, for reasons to be recorded in writing.

**3.5 NORMS OF FINANCIAL ASSISTANCE**

3.5.1 The quantum of assistance shall not be more than 90% of the approved expenditure on any or all of the admissible items enumerated under each project.

In case of the seven North Eastern States, Sikkim and J & K, the quantum of assistance will be 95% of the total admissible expenditure for that item.

The balance of the approved expenditure shall have to be borne by the implementing agency out of its own resources to be clearly indicated in the application form and thereafter in the accounts of the organization.

3.5.2 An aided organization will be provided grants according to the general guidelines of the Ministry with regard to phasing out of grants to the NGOs after the financial support for 5 years.

3.5.3 District Hospitals, Railway Hospitals, Universities, Schools of Social Work and such other Institutions of higher learning will be eligible for 100% reimbursement of approved expenditure.

#### **EXTENT OF ASSISTANCE**

Sl No	Organizations/Institutions	Name of States/UTs	Extent of Assistance
1	District Hospitals, Railway Hospitals, Universities/schools of social work/institutions of higher learning	Throughout the country	100% of the approved expenditure
2	All other eligible organizations under the scheme	For the Seven North-East States, Sikkim & Jammu & Kashmir	Upto 95% of the approved expenditure.
3	All other eligible organizations under the scheme	Other States/UTs	Upto 90% of the approved expenditure.

### **3.6 APPLICATION AND SANCTION**

#### **3.6.1 For Ongoing Programmes**

##### **(Programmes already funded under the Scheme)**

3.6.1.1 For the release of grant-in-aid under the Scheme, an Organization/Institution, shall register themselves online on the website <http://ngograntsje.gov.in/ngo-login> and then file their application along with the relevant documents (to be uploaded along with the application) immediately on the commencement of the financial year to the Ministry of Social Justice & Empowerment (Social Defence Division), Government of India, New Delhi.

3.6.1.2 Grants for a particular year will be released in one or more instalment as per instructions issued in this regard by the Ministry from time to time.

3.6.1.3 For release of full amount of grants in a financial year, the recommendations and inspection report of the State Government or any other authority/institution designated by the Government of India shall be mandatory except for RRTC. The GIA to RRTC may be sanctioned as per the administrative order of the Department.

### **3.6.2 For a New Activity/Programme**

#### **(Programme not yet funded under the Scheme)**

3.6.2.1 Any request for a new programme/activity should also be sent online on the website <http://ngograntsje.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 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.

3.6.2.2 The following parameters shall be taken into consideration for recommending an organization to be eligible to receive grant from the Ministry of Social Justice and Empowerment:

- i. Equal geographical spread ensuring due considerations to un-served and under-served areas.
- ii. Priorities should be given to separate de-addiction centres for group like prisoners, juveniles, women etc.
- iii. Depiction of expenditure in the annual accounts.
- iv. Mention of the de-addiction in MOA.
- v. Normally not more than one NGO in a district and three in a big city. For metropolitan, a judicious view shall be taken in each case as per addiction rate, number of available projects etc.
- vi. Activity of de-addiction requires focused attention to patients. Therefore, those organizations shall be given preference who are solely concentrating on de-addiction to those who are undertaking multiple social activities.

3.6.2.3 An aided 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.

### **3.7 PROGRAMME MANAGEMENT**

#### **3.7.1 Nodal Department in the State Government/UT Administration**

Every State Government/UT Administration will designate one of its Departments as the Nodal Department for the programme. The Nodal Department should be so chosen that it can most efficiently carry out nodal responsibility for effective implementation of the programme all over the State/UT.

#### **3.7.2 Nodal Responsibility at the District Level**

Every State Government/UT Administration will also be expected to designate one nodal officer or agency at the district level which will be assigned overall responsibility of effective implementation of the programme at the district level.

#### **3.7.3 Management at the Local Level**

At the local level, the State Governments will be expected to assign responsibility for effective implementation and supervision of the programme to an appropriate body e.g Gram Panchayat, Municipality/Corporations as the case may be.

### **3.8 CONDITIONS FOR ASSISTANCE**

3.8.1 An aided organization/institution/establishment shall be open to inspection by an officer of the Central Government and the State Government or a nominee of their authorities or any other agency so designated by the Ministry.

3.8.2 An aided organization organizing a seminar, conference, refresher course or a workshop at Government's expense could invite foreign delegates only with the prior approval of the Government of India.

3.8.3 If an organization has already received or is expected to receive a grant from some other official sources for the purpose for which the application is being made under this Scheme, assessment for central grant will normally be made after taking into account grant from such other official sources.

3.8.4 An aided organization shall maintain separate accounts of the Grants received under this Scheme. They shall always be open to check by an officer deputed by the Government of India. This shall be open to a system of internal audit or concurrent audit. They shall also be open to test check by the Comptroller and Auditor General of India.

3.8.5 An aided organization shall maintain a record of all assets acquired wholly or substantially out of Government grant in the Stock Register and present these to the Auditor when required to do so. In this regard the provisions of the General Financial Rules, 1963 (Govt. of India) would be applicable.

### **3.9 INSPECTION AND MONITORING**

3.9.1 The organizations/institutions receiving grants under this Scheme shall submit periodic reports to the Ministry in prescribed Performa for regular feedback and monitoring. The State Governments/UT Administration or any other agency prescribed by the Ministry would conduct regular inspections of the agencies and send their reports to the Ministry of Social Justice and Empowerment.

3.9.2 It is important that the funded organizations/ institutions etc shall establish and maintain a computerized database. This would enhance effective communication along with timely submission of half yearly reports and Drug Abuse Monitoring System (DAMS) report, which is required by the Ministry for evaluation purposes. The IRCAs will submit on-line DAMS report to the National Institute of Social Defence regularly.

3.9.3 A Manual of Minimum Standards has been developed to bring about standardization and quality control in services being delivered under the scheme. The Manual delineates the objective of each activity under the Scheme the minimum expected inputs and outputs, the responsibilities of each functionary, the physical environment of a centre, the rights of the clients and the duties of the staff. The implementation of the various components of the Scheme should conform to the provisions of the Manual and inspection/assessment of the program would take into account the compliance of the organizations with the Manual on Minimum Standards.

3.9.4 The remuneration and overhead expenses for Vigilance-cum-Monitoring Committee/Cell/Agencies shall not exceed 3% of the total allocation of the Scheme.

### **3.10 PERIODIC RETURNS**

Every organization/institution receiving grants under this Scheme shall submit half yearly progress report to the Ministry of Social Justice & Empowerment as per the following details:

S. No.	Title of Return	Due date for receipt in the Ministry	Form
1	Half Yearly Progress Report (HYPR)	Within 15 days of the end of the half year (April-September and October-March)	Form IV

Proforma for the HYPR includes, inter alia, information regarding progress of utilization of grants during the half-year. Failure to furnish the information about the utilization of grants during the half year will affect further release of grants.

### **3.11 UTILIZATION CERTIFICATES (UCs)**

Every organization/institution receiving grants under this Scheme shall submit Utilization Certificates (UCs) at the end of each financial year as per the following details:

S. No	Type of UC	Due date for receipt in the Ministry	Form
1	Utilization Certificate in respect of grant-in-aid	30 <sup>th</sup> June of the following financial year	GFR-12 A

\*\*\*\*\*

**PREVENTIVE EDUCATION AND AWARENESS GENERATION PROGRAMME  
AGAINST ALCOHOLISM AND SUBSTANCE ABUSE**

**I. Production and dissemination of Educative and Publicity material**

- a) Posters/Flash Cards/Flannel Charts/Flip Charts
- b) Pamphlets/Brochures/Leaflets
- c) Hoardings/Panels/Banners
- d) Booklets/Periodicals etc.

**II. Community participation Programmes:**

- a) Identification of target groups
- b) Corner meetings/Workshops/Conferences
- c) Essay/Debate/Slogans/Drama/One Act Play Competitions
- d) Pantomime Shows/Street Plays/Folk Media etc.
- e) To organize special awareness programmes on National Days (26th January, 15 August and 2nd October) and International Day against Drug Abuse and Illicit Trafficking (26<sup>th</sup> June).

**III. *Training Camps for Voluntary Workers***

**IV. Any other activity for awareness building programme against alcoholism and substance (Drugs) abuse.**

**APPENDIX-II (Part 1)**

(vide para 3.3.1.11)

**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(Rs.)	Yearly Expenditure(Rs.)	Minimum Qualifications
<b>A. RECURRING EXPENDITURE</b>					
<b>a. Administrative:</b>					
1.	Project Coordinator cum- Vocational Counsellor	1	15,000	1,80,000	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	Graduate with knowledge of accounts and working knowledge of computers.
3.	Cook	1	8,000	96,000	
4.	Chowkidar	2	2x 4100= 8,200	98,400	
5.	Sweeper	1	4,100	49,200	
<b>b. Medical:</b>					
1.	(a) Doctor (Part time)	1	13,500 (Urban Areas) 16,500 (Rural Areas)	1,62,000 (Urban Areas) 1,98,000 (Rural Areas)	Doctors should essentially be qualified as MBBS and also hold a Training Certificate in Addiction Medicine from a recognized institute.
	(b) Doctor (Full time)#		55,000	6,60,000	
2.	Counsellor /Social Worker /Psychologist	2*	2 x 12,500 = 25,000	3,00,000	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.



3.	Yoga therapist/ Dance Teacher/Music Teacher/ Art Teacher (Part time)	1	5,000	60,000	
4.	Nurse	2	11,000 x 2 = 22,000	2,64,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical institution.
5.	Ward Boys	2	11,000 x 2 = 22,000	2,64,000	VIIIth Class pass preferably experienced in such centres. Ward Boy employed in an IRCA must be trained by NISD.
6.	Peer Educator	1	9,000	1,08,000	Should be literate; Ex-drug user with 1-2 years of sobriety,  Willing to work among drug using population as well as is possessing qualities like empathy, communication skills.  Willing to get trained; Agrees to refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful drug use and relapse
	<b>TOTAL</b>	<b>15</b>	<b>1,41,800</b>  <b>(Urban Areas)</b>  <b>1,44,800</b>  <b>(Rural Areas)</b>	<b>17,01,600</b>  <b>(Urban Areas)</b>  <b>17,37,600</b>  <b>(Rural Areas)</b>	

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

#For IRCAs which will be converted into treatment clinics. Thus, it has not been taken into account while summing up the staff remuneration.

<b>B. Recurring Expenditure (Other than Staff remuneration)</b>			
<b>S.No.</b>	<b>Item</b>	<b>Monthly Expenditure (Rs.)</b>	<b>Annual Expenditure (Rs.)</b>
1.	Rent	12000-14400-18000 (for Z/Y/X class cities)	1,44,000-1,72,800 2,16,000 (for Z/Y/X class cities)
2.	Medicines	9,000	1,08,000
3.	Contingencies (Stationery, water, electricity, postage, telephone, maintenance and replacement of bed, linen etc. )	6,000	72,000
4.	Transport/Petrol and Maintenance of Vehicle.	3600	43,200
5.	In house Kitchen expenditure @ Rs. 75 per day for 3 meals per day to 15 inmates	33,750	4,05,000
	<b>TOTAL</b>	<b>64,350-66,750-70,350 (for Z/Y/X class cities)</b>	<b>7,72,200- 8,01,000-8,44,200 (for Z/Y/X class cities)</b>
	<b>TOTAL A + B</b>	2,06,150 (Urban Area + Z Class City) 2,08,550 (Urban Area + Y Class City) 2,12,150 (Urban Area + X Class City) 2,09,150 (Rural Area + Z Class City) 2,11,550 (Rural Area + Y Class City) 2,15,150 (Rural Area +X Class City)	24,73,800 (Urban Area + Z Class City) 25,02,600 (Urban Area + Y Class City) 25,45,800 (Urban Area + X Class City) 25,09,800 (Rural Area + Z Class City) 25,38,600 (Rural Area + Y Class City) 25,81,800 (Rural Area +X Class City)

- 20% of re-appropriation of expenditure amongst medicines, contingencies, transportation heads would be permissible within the total admissible allocation.

**Note:**

**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)**

20 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>

- The in-house kitchen/ food expenditure shall be calculated as per actual inmates.
- 10% of the expenditure would be borne by the organizations themselves. However, in case of NE States, J&K and Sikkim the organisations will bear 5% of the expenditure.
- The payment of 'rent' for the centre would be subject to the location of the Centre in Class X, Y and Z cities as notified by the Government of India (Department of Expenditure OM No. 2 (13)/2008-E.II (B) dated 29.08.2008). The maximum admissible rent would be as under or actual, whichever is less:

Class X cities	Rs.18,000/-p.m.
Class Y cities	Rs.14,400/-p.m.
Class Z cities	Rs.12,000/-p.m.
- In case of self-owned buildings, no rent would be admissible. However, 10% of the admissible rent would be payable as 'maintenance' charges.

**APPENDIX-III (Part 1)**

(vide para 3.3.1.11)

**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(Rs.)	Yearly Expenditure(Rs.)	Minimum Qualifications
<b>A. RECURRING EXPENDITURE</b>					
<b>a. Administrative:</b>					
1.	Project Coordinator cum- Vocational Counsellor	1	15,000	1,80,000	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	Graduate with knowledge of accounts and working knowledge of computers.
3.	Cook	1	8,000	96,000	
4.	Chowkidar	2	2x 4100= 8,200	98,400	
5.	Sweeper	1	4,100	49,200	
<b>b. Medical:</b>					
1.	(a) Doctor (Part time)	1	13,500 (Urban Areas)  16,500 (Rural Areas)	1,62,000 (Urban Areas)  1,98,000 (Rural Areas)	Doctors should essentially be qualified as MBBS and also hold a Training Certificate in Addiction Medicine from a recognized institute.
	(b) Doctor (full time)#		55,000	6,60,000	
2.	Counsellor /Social Worker /Psychologist	4*	4 x 12,500 = 50,000	6,00,000	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.

3.	Yoga therapist/ Dance Teacher/Music Teacher/ Art Teacher (Part time)	1	5,000	60,000	
4.	Nurse	3	11,000 x 3 = 33,000	3,96,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical institution.
5.	Ward Boys	2	11,000 x 2 = 22,000	2,64,000	VIIIth Class pass preferably experienced in such centres. Ward Boy employed in an IRCA must be trained by NISD.
6.	Peer Educator	1	9,000	1,08,000	Should be literate; Ex-drug user with 1-2 years of sobriety,  Willing to work among drug using population as well as is possessing qualities like empathy, communication skills.  Willing to get trained; Agrees to refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful drug use and relapse
	<b>TOTAL</b>	<b>18</b>	<b>1,77,800</b>  <b>(Urban Areas)</b>  <b>1,80,800</b>  <b>(Rural Areas)</b>	<b>21,33,600</b>  <b>(Urban Areas)</b>  <b>21,69,600</b>  <b>(Rural Areas)</b>	

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

#For IRCAs which will be converted into treatment clinics. Thus, it has not been taken into account while summing up the staff remuneration.

<b>B. Recurring Expenditure (Other than Staff remuneration)</b>			
<b>S.No.</b>	<b>Item</b>	<b>Monthly Expenditure (Rs.)</b>	<b>Annual Expenditure (Rs.)</b>
1.	Rent	18000-21000-24000 (for Z/Y/X class cities)	2,16,000-2,52,000 2,88,000 (for Z/Y/X class cities)
2.	Medicines	18,000	2,16,000
3.	Contingencies (Stationery, water, electricity, postage, telephone, maintenance and replacement of bed, linen etc. )	8400	1,00,800
4.	Transport/Petrol and Maintenance of Vehicle.	6000	72,000
5.	In house Kitchen expenditure @ Rs. 75 per day for 3 meals per day to 30 inmates	67,500	8,10,000
	<b>TOTAL</b>	<b>1,17,900-1,20,900-1,23,900 (for Z/Y/X class cities)</b>	<b>14,14,800-14,50,800-14,86,800 (for Z/Y/X class cities)</b>
	<b>TOTAL A + B</b>	2,95,700 (Urban Area + Z Class City) 2,98,700 (Urban Area + Y Class City) 3,01,700 (Urban Area + X Class City) 2,98,700 (Rural Area + Z Class City) 3,01,700 (Rural Area + Y Class City) 3,04,700 (Rural Area + X Class City)	35,48,400 (Urban Area + Z Class City) 35,84,400 (Urban Area + Y Class City) 36,20,400 (Urban Area + X Class City) 35,84,400 (Rural Area + Z Class City) 36,20,400 (Rural Area + Y Class City) 36,56,400 (Rural Area + X Class City)

- 20% of re-appropriation of expenditure amongst medicines, contingencies, transportation heads would be permissible within the total admissible allocation.

**Note:**

**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)**

20 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>
--------------	---------------------

- The in-house kitchen/ food expenditure shall be calculated as per actual inmates.
- 10% of the expenditure would be borne by the organizations themselves. However, in case of NE States, J&K and Sikkim the organisations will bear 5% of the expenditure.
- The payment of 'rent' for the centre would be subject to the location of the Centre in Class X, Y and Z cities as notified by the Government of India (Department of Expenditure OM No. 2 (13)/2008-E.II (B) dated 29.08.2008). The maximum admissible rent would be as under or actual, whichever is less:

Class X cities	Rs.24,000/-p.m.
Class Y cities	Rs.21,000/-p.m.
Class Z cities	Rs.18,000/-p.m.

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

**APPENDIX-IV (Part 1)**

(vide para 3.3.1.11)

**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(Rs.)	Yearly Expenditure(Rs.)	Minimum Qualifications
<b>A. RECURRING EXPENDITURE</b>					
<b>a. Administrative:</b>					
1.	Project Coordinator cum- Vocational Counsellor	1	15,000	1,80,000	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	Graduate with knowledge of accounts and working knowledge of computers.
3.	Cook	1	8,000	96,000	
4.	Chowkidar	2	2x 4100= 8,200	98,400	
5.	Sweeper	1	4,100	49,200	
<b>b. Medical:</b>					
1.	(a) Doctor (Part time)	1	13,500 (Urban Areas)  16,500 (Rural Areas)	1,62,000 (Urban Areas)  1,98,000 (Rural Areas)	Doctors should essentially be qualified as MBBS and also hold a Training Certificate in Addiction Medicine from a recognized institute.
	(b) Doctor (Full time)#		55,000	6,60,000	
2.	Counsellor /Social Worker /Psychologist	6*	6 x 12,500 = 75,000	9,00,000	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.



3.	Yoga therapist/ Dance Teacher/Music Teacher/ Art Teacher (Part time)	1	5,000	60,000	
4.	Nurse	4	11,000 x 4 = 44,000	5,28,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical institution.
5.	Ward Boys	2	11,000 x 2 = 22,000	2,64,000	VIIIth Class pass preferably experienced in such centres. Ward Boy employed in an IRCA must be trained by NISD.
6.	Peer Educator	1	9,000	1,08,000	Should be literate; Ex-drug user with 1-2 years of sobriety,  Willing to work among drug using population as well as is possessing qualities like empathy, communication skills.  Willing to get trained; Agrees to refrain from using, buying, or selling drugs; Ready to work for the prevention of harmful drug use and relapse
	<b>TOTAL</b>	<b>21</b>	<b>2,13,800</b>  <b>(Urban Areas)</b>  <b>2,16,800</b>  <b>(Rural Areas)</b>	<b>25,65,600</b>  <b>(Urban Areas)</b>  <b>26,01,600</b>  <b>(Rural Areas)</b>	

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

#For IRCAs which will be converted into treatment clinics. Thus, it has not been taken into account while summing up the staff remuneration.

<b>B. Recurring Expenditure (Other than Staff remuneration)</b>			
<b>S.No.</b>	<b>Item</b>	<b>Monthly Expenditure (Rs.)</b>	<b>Annual Expenditure (Rs.)</b>
1.	Rent	24,000-27,000-30,000 (for Z/Y/X class cities)	2,88,000-3,24,000 3,60,000 (for Z/Y/X class cities)
2.	Medicines	30,000	3,60,000
3.	Contingencies (Stationery, water, electricity, postage, telephone, maintenance and replacement of bed, linen etc. )	10,800	1,29,600
4.	Transport/Petrol and Maintenance of Vehicle.	8,400	1,00,800
5.	In house Kitchen expenditure @ Rs. 75 per day for 3 meals per day to 50 inmates	1,12,500	13,50,000
	<b>TOTAL</b>	1,85,700-1,88,700-1,91,700 (for Z/Y/X class cities)	22,28,400-22,64,400-23,00,400 (for Z/Y/X class cities)
	<b>TOTAL A + B</b>	3,99,500 (Urban Area + Z Class City) 4,02,500 (Urban Area + Y Class City) 4,05,500 (Urban Area + X Class City) 4,02,500 (Rural Area + Z Class City) 4,05,500 (Rural Area + Y Class City) 4,08,500 (Rural Area +X Class City)	47,94,000 (Urban Area + Z Class City) 48,30,000 (Urban Area + Y Class City) 48,66,000 (Urban Area + X Class City) 48,30,000 (Rural Area + Z Class City) 48,66,000 (Rural Area + Y Class City) 49,02,000 (Rural Area +X Class City)

- 20% of re-appropriation of expenditure amongst medicines, contingencies, transportation heads would be permissible within the total admissible allocation.

**Note:**

**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)**

20 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>

- The in-house kitchen/ food expenditure shall be calculated as per actual inmates.
- 10% of the expenditure would be borne by the organizations themselves. However, in case of NE States, J&K and Sikkim the organisations will bear 5% of the expenditure.
- The payment of 'rent' for the centre would be subject to the location of the Centre in Class X, Y and Z cities as notified by the Government of India (Department of Expenditure OM No. 2 (13)/2008-E.II (B) dated 29.08.2008). The maximum admissible rent would be as under or actual, whichever is less:

Class X cities	Rs.30,000/-p.m.
Class Y cities	Rs.27,000/-p.m.
Class Z cities	Rs.24,000/-p.m.
- In case of self-owned buildings, no rent would be admissible. However, 10% of the admissible rent would be payable as 'maintenance' charges.

**Appendix-V(Part 1)**

(vide para 3.3.3.4)

**NORMS FOR SETTING UP OF A REGIONAL RESOURCE AND TRAINING CENTRE (RRTC)**

<b>A. Recurring (Staff)</b>	<b>Nos</b>	<b>Per Month (Rs.)</b>	<b>Cost for 12 months</b>
Coordinator	1	20,000	2,40,000
Documentation Officer	1	15,000	1,80,000
Field Staff	2	2 x 9,000 = 18,000	2,16,000
Accountant-cum-Computer Operator	1	10,000	1,20,000
<b>Total (A)</b>	5	63,000	7,56,000
<b>B. Recurring (others)</b>			
Rent		12,000-14,400- 18,000 (for Z/Y/X cities)	[1,44,000-1,72,800-2,16,000] (for Z/Y/X cities)
Communication		6,000	72,000
Contingencies		5000	60,000
Library Books		Lump sum	10,000 (per annum). This fund may be utilized for printing of IEC material.
Regional Level Workshop (atleast two)			75,000 (per annum)
<b>Total (B)</b>			3,61,000-3,89,800-4,33,000 (for Z/Y/X cities)
<b>Total grant payable to RRTC (A+B)</b>			11,17,000-11,45,800-11,89,000 (for Z/Y/X cities)
<b>Inspection of IRCAs</b>			4,000 per inspection (will be reimbursed in the next financial year)
<b>GRANT ADMISSIBLE DURING SETTING UP OF RRTC (ONE TIME)</b>			
	Office, equipments, computer, printer, telephone, furniture, etc		2,50,000
	Biometric Attendance System		20,000

**Note:-**

1. 10% of the expenditure would be borne by the Organizations themselves. However, in case of NE States, J&K and Sikkim the organizations will bear 5% of the expenditure.
2. In case of self-owned buildings, no rent would be admissible. However, 10% of the admissible rent would be payable as 'maintenance' charges.

**APPENDIX-VI(Part 1)**

(Vide para 3.3.4)

**NORMS FOR EXPENDITURE ON HOLDING AWARENESS CUM****DE-ADDICTION CAMPS**

1.	Number of Patients	Not less than 25 and not more than 40
2.	Duration of each Camp	Not less than 15 days

( In Rs.)

S.No.	Item	In Rural areas	In Urban areas
1.	Allowances for the Staff	24,000	15,000
2.	Medicines	12,000	12,000
3.	Transport	9,000	9,000
4.	Contingencies (including rent, water, electricity charges, hiring of beds and other essential equipments and expenses on follow-up)	15,000	24,000
5.	Publicity	3000	3000
	Total	63,000*	63,000*

\* 20% of re-appropriation of expenditure within the heads of accounts would be permissible subject to the overall allocation.

**VARIABLE COST**

Food @ Rs.50 per head per day

**Note:**

- 10% of the expenditure shall be borne by the organization themselves. However, in case of NE States, J&K and Sikkim the organisations will bear 5% of the expenditure.
- Ordinarily not more than 6 Awareness cum De-addiction Camps would be organised in a year by an organization.
- An organization desirous of holding the Awareness cum De-addiction Camps should:
  - Have a firm list of not less than 25 patients to be treated, after survey in an area.
  - The area should have high concentration of addicts as certified by District Authority and no de-addiction centre is available within 10 km.
  - Not enrol an addict who has already been treated in an IRCA (previously Treatment-cum-Rehabilitation Centre)

**FORM – I**

NAME OF THE SCHEME :

**Details of Governing Body/Managing Committee of the organisation**

- (i) Name of the Organisation:  
(ii) Name and address of the Project:  
(iii) Financial Year :

S.No.	Name	Occupation	Address	Tel. No.	Educational Qualification
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Sd/-

Secretary/General Secretary  
(ORGANIZATION NAME)

# FORM-II

## SCHEME :

- (i) Name of the Organisation :
- (ii) Name and address of the Project:
- (iii) Financial Year :

## DETAILS OF STAFF EMPLOYED

S. No.	Name	Father's Name	DOB	Gender	Designation	Address	Educational Qualification	Date of Appointment	Period for which employed (in months)	Honorarium per month	Total honorarium paid during the year	Total Honorarium proposed in the current year	Category	Aadhaar No.	Mob. No.	Email	Bank A/c No.	Bank IFSC Code	Bank Branch	Aadhaar seeded bank a/c no.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.

Sd/-

Secretary/General Secretary  
(ORGANIZATION NAME)

## ORGANISATION FUNDS FLOW:

	FOR THE ORGANISATION AS A WHOLE					
	Year preceding the financial year of Grant-in-aid assistance indicated at Sl. No. 3 ( c) form	Previous Year (New Projects)	Current Year budget/ actual	Year preceding the financial year of Grant-in-aid assistance indicated at Sl. No. 3 (c)	Previous Year	Current Year budgeted /actual
I. Financial Year						
II Total Income of which						
i) funded by office bearers, donation from private sector						
ii)funded by foreign contribution						
iii) Grant from Central Govt. (please inform for each Ministry/Deptt. CAPART separately)						
(iv)Beneficiaries contribution/ user charges						
vi) Miscellaneous Income						
vii) Any other sources not mentioned above (specify)						
Total Income						
Total Expenditure, of which						
i) Recurring						
ii) Non-recurring						
Details of expenditure on						
i) Salaries & wages						
ii) Rental						



a Building						
b Furniture & Fixture						
c Plant & Machinery						
iii) Traveling, daily allowances etc.						
iv) Other Administrative costs						
v) Expenditure on beneficiaries a in cash						
vi) Expenditure on beneficiaries in kind (a) Food (b) Uniform/clothing (c) Medicines (d) Transport facility (e) Recreation/games (f) Misc.						
Material costs incurred by Organisation. (For imparting Vocational Training) a) _____ b) _____ c) _____						
viii) Cost per beneficiary						

**HALF YEARLY PROGRESS REPORT ON THE FUNCTIONING OF INTEGRATED  
REHABILITATION CENTRE FOR ADDICTS (IRCA)**

**1. INSTRUCTIONS**

- This Progress Report is to be furnished by the organizations receiving grant-in-aid under the scheme for Prevention of Alcoholism and Substance(Drugs) Abuse of the Ministry of Social Justice & Empowerment, Government of India.
- The Report is to be submitted in duplicate to the Ministry of Social Justice and Empowerment on half-yearly basis—the first report (April to September) should be submitted before 15<sup>th</sup> October every year and the second report (October to March) before 15<sup>th</sup> April every year.
- While filing up the report, the organization should ensure that the figures supplied by them should match the records maintained by them.
- No column should be left blank and if any information is not available for some particular columns, it should be clearly indicated.
- The organizations should ensure that both copies of the progress report are signed in ink and should be legible.

**2. PROFILE OF THE ORGANIZATION**

1. (a) Name & address of the organization: (full postal address with Tel Nos. and E-mail)	
(b) Name and address of the Centre(full postal address with Tel. No. and E-mail)	
(c) Contact Person:	
Name	
Designation	
Complete Postal Address	
Telephone/Fax Number	
Mobile No	
E-mail Address	
2. Review Period (Please indicate whether the report is for April –September or October-March ,200.....)	
3. Year of receiving first grant-in-aid from this	

Ministry	
4. Number, date, amount and the year for the last financial aid received	
5. Amount utilized till the current half year report.	
6. No. of Beds for which the organization is receiving grant-in-aid	
7. No. of beds actually in position (including temporary arrangements made during the review period)	

### 3. REGISTRATION

A. Please state the number of clients registered in the Center during the Report period

New (1st time registered)	
Old (2nd time or more)	
Total	

B. No. of clients who had received treatment at other centers before joining this center:

C. Average age of clients registered at the Center during the Report period:

D. No. of female clients registered at the Center during the Report period:

### 4. DETAILS OF DRUG ABUSED

Number of Alcohol/Drug Abusers in the period under review at the Centre (Details regarding first time Registered Clients)

Drug Category	No. of Clients
Alcohol	
Opium	
Herion	

Morphine	
Buprenorphine	
Propoxyphene	
Brown sugar	
Other Opiates	
Synthetic Narcotic Analgesics	
Cocaine	
Cannabis	
Hallucinogens	
Amphetamines	
Barbiturates	
Minor Tranquilizers	
Sedatives/Hypnotics	
Multiple Solvents(not in above categories )	
Volatile Solvents (Inhalants)	
Others (Please specify)	
<b>Total</b>	

**5. METHOD OF DRUG TAKING (Please state the number of clients)**

ORAL	SNIFFING	INJECTING(IDU)	ANY OTHER

**6. CLIENT'S DETAILS**

**SOURCE OF REFERRAL**

Please state number of clients referred to the Center by:

Self	Friends	Family	Social Worker	Private Doctor/Hospital	Govt. Hospital	Counseling & awareness center/De-addiction Centers(NGOs)	Ex-clients Or their family members	Law enforcement agencies	Any other	Total

## 7. MARTIAL STATUS

Never Married	Married	Widow/Widower	Divorced	Separated	Separated/ Divorced due to drug use	Not Known	Total

## 8. EDUCATION

Illiterate	Literate (read & write)	Primary Education	Middle	Hr. Sec. Equiv.	Graduate	Post Graduate	Prof. Trained	Not Known	Total

## 9. EMPLOYMENT STATUS

Currently Unemployed	Never Employed	Part-time Employed	Full-time Employed	Self Employed	Student	House Wife	Pensioner Etc.	Not Known	Total

## 10. SERVICES

### 10.1 TREATMENT (DETOXIFICATION)- During Report Period

Please state number of clients Detoxified at the Centre

OPD	Indoor	Total

## 10.2 DETAILS OF STAY (INDOOR)- During Report Period

Break up of duration for which clients stayed at the Center:

1-10 days	11-20 days	21-30 days	31-60 days	Total

## 10.3 DROP OUT- During Report Period

Please state number of clients who dropped out of services at their own during treatment/counseling .

Poverty	Lack of family support	Unable to cope with the treatment	Inadequate facilities	Personal/any other reasons	Legal	Total

## 10.4 COUNSELLING

Please state number of clients provided counseling services:-

### A. GROUP COUNSELLING (During the Half-Year)

No. of clients	Average size of Clients groupings	Average/Time Session	Total No. of Sessions Held

### B. INDIVIDUAL COUNSELLING (During the half-year)

No. of clients	No. of sessions held	Average time/session

**C. FAMILY COUNSELLING (During the half-year)**

No. of clients	No. of sessions held	Average time/session

**10.5 CLIENTS REFERRED TO OTHER TREATMENT FACILITIES (REFERAL)**

Please state the number of clients referred to other centers/Hospitals for following referral services.

T.B.	HIV/AIDS	Sexually Transmitted Diseases	Hepatitis A or Hepatitis B	Any other infection	Intravenous drug users	Counseling Services	Total

**10.6 RECOVERY**

Please state number of clients recovered full after receiving treatment services at the centre and after observing a follow up:

Sober	Relapse	No News	Dead	Drop Out	Total

**10.7 FOLLOW UP ACTIVITIES**

Please state the follow up programmes taken up your Centre:

- (a) Total number of letters sent to ex-clients during the Report period

	Twice a month	Once a month	Quarterly	Once in 6 months	Total
Letters sent to drug clients					

(b) No. of ex-clients who visited the centre after recovery for:

Treatment	Counseling & Guidance	Any other	Total

#### 10.8 HOME VISITS & TELEPHONE CONTACTS-During the Report Period

No. of visits undertaken	No. of clients contacted	No. of ex-clients leading drug free life	Services provided during the visit

#### 10.9 REHABILITATION –During the Report Period

Please state the number of recovered clients provided linkage for reintegration into the community.

Vocational	With work place	With educational setting	Others

#### 10.10 DETAILS OF SUPPORTIVE PROGRAMME AVAILABLE

Programmes	Yes	No	Target Groups	Nature of programme in brief
Maintenance				
Out reach programmes, camps etc.				
Self help Groups				
Half way Homes				



Drop in Centres				
Family Assistance Programme				
Vocational Training Services				
Educational Support				
Work place Support				
Any other Services				

#### 11.0 TRAINING PROGRAMMES

- (a) Please indicate the details of the training programmes attended by your personnel during the Report period (enclose copies of certificates and names of personnel):

Training Programme attended (organized by)	Duration with dates	Venue	Subject Matter
--	---------------------	-------	----------------

- (b) Please state the total number of staff already undergone training from the time of sanction of the project and at present serving in the center:

12. Please indicate the incidence of any other types of during related morbidity during the period and causes thereof.
13. Any drug related mortality and if so the nature of drug being abused and immediate cause of death.
14. Please indicate the cases related to drug offenders and the services being provided to them.

I certify that the above information is true and is based on the records maintained at the centre.

**Signature and Stamp of the authorized signatory**

## **Part II**

### **FINANCIAL ASSISTANCE IN THE FIELD OF SOCIAL DEFENCE**

#### **1. INTRODUCTION**

The mandate of the Ministry of Social Justice and Empowerment is the welfare and empowerment of the following target groups/areas:

- Schedule Castes (SC)
- Other Backward Classes (OBC)
- Persons with disabilities
- Victims of substance (Drug) abuse
- Senior citizens/older persons
- Social security save to the extent allotted to any other Department.

For the above mentioned target groups, the Ministry implements a number of schemes. Voluntary organizations play an important role in implementation of quite a few of these schemes.

However, the Ministry sometimes has to step in to meet unforeseen circumstances and needs, which are not covered by its existing schemes. Since these relate to several types of problem areas not easy to predict, it is not possible to have a separate specific scheme for each problem. There are also some problems relating to social security/defence which are of an inter-state character and therefore cannot be effectively tackled by one State.

The above type of problems lends themselves to effective action through voluntary effort rather than administrative or legislative action. The 'Scheme of Financial Assistance in the Field of Social Defence' aims to meet such need which falls within the over-all mandate of the Ministry. It is not meant to overlap with the existing grant-in-aid schemes but to supplement them.

#### **2. OBJECTIVES**

The objectives of the scheme are:

- i) To meet urgent needs falling within the mandate of the Ministry this cannot be met under its regular schemes.
- ii) To support such initiatives of an innovative/pilot nature in the area of welfare and empowerment of the Ministry's target groups, as cannot be supported under its regular schemes.

### **3. ILLUSTRATIVE INTERVENTION AREAS:**

The illustrative intervention areas under the scheme would include:

- i) Projects to tackle problem areas which are relatively unserved but for which there is urgent need.
- ii) Projects which fill in essential gaps in existing services and complement them so as to maximize the impact.
- iii) Project which provide integrated services, all the components need not be financially supported by one source.
- iv) Projects which provide preventive, protective and development and rehabilitative services.
- v) Projects to mobilize public opinion and support to tackle pressing social problems.
- vi) Projects for training workers for social welfare activities.
- vii) Projects not covered by any of the existing schemes of the Ministry of Social Justice & Empowerment.

### **4. ITEMS ADMISSIBLE FOR ASSISTANCE UNDER THE SCHEME**

4.1 The following items are eligible for assistance:

- i) Construction of building or extension of existing buildings or rent of the building in which the service is being given (staff quarters are excluded except in the case of warden, chowkidar, etc.)
- ii) Salaries and allowances of staff; minimal administration support can also be considered.
- iii) Cost of equipment, furniture, etc.
- iv) Charges due to the delivery of the service (education, training, food etc.)
- v) Stipends, etc. in case of trainees.
- vi) Other charges as may be necessary for the proper running of the programme.

#### **4.2 BUILDING:**

4.2.1 A copy of the site-plans/layout of the proposed building (rough sketch giving a broad indication of the building to be constructed and area to be covered etc.) and estimated cost of construction should be submitted. After the proposal has been approved in principle, the institution/organization will have to submit blue-prints of plan with detailed structural estimates that the construction of the building has been permitted. The estimates need not however be approved by State P.W.D. A certificate by the State Government/Approved Value that the rates are not more than the prevailing P.W.D. schedule of rates for similar work shall suffice.

4.2.2 The institution must complete the building within a period of two years from the date of the receipt of the first instalment of grant-in-aid unless extension is granted by the Central Government.

4.2.3 A certificate shall also be furnished at the time of the application that a site for the construction of a building has been acquired by the voluntary organization/institution concerned. No grant shall be sanctioned unless a site has already been acquired. No portion of the grant shall be utilized for purchase of land.

4.2.4 After the completion of the building, the organization shall furnish to the Central Government copies of the following documents:

- (a) A certificate to the effect that the building has been completed in accordance with the approved plans and estimates; and
- (b) A statement of expenditure incurred on the construction of building, duly audited by the authorized auditors.

## **5. ELIGIBLE ORGANISATIONS/INSTITUTIONS**

5.1 The following organizations/institutions can be given financial assistance under this scheme:

- (a) A Society registered under the Indian Societies Registration Act, 1860 (Act XXI of 1860); or
- (b) A charitable non-profit making company;
- (c) A Public Trust registered under any law for the time being in force; or
- (d) Any registered non-official organization engaged in the conduct and promotion of social welfare.
- (e) Universities, research institutes, schools, statutory bodies like Panchayati Raj Institutions, Municipal Corporations, Town Area Committees, Red Cross Societies and its branches

5.2 The organisations/institutions specified in para 4.1 (a) to (e) should have the following characteristics:

- i. The Organisation should have at least two years of experience of working in the related area or should show evidence of competence to take up the proposed scheme.
- ii. It should not be run for profit to any individual or body of individuals.

- iii. It should have a properly constituted Managing Body with its powers, duties, and responsibilities clearly defined and laid down in a written constitution.

## **6. NORMS OF FINANCIAL ASSISTANCE**

- 6.1 Financial assistance will be given upto 90 percent of the approved cost on recurring and non-recurring expenditure. The balance of 10% to be met by the voluntary agency or any other organization but preferably by the voluntary organization itself. In the case of an organization working in a relatively new areas where both voluntary and Government effort is very limited but the need for the service is very great the Government may bear 100 per cent of the cost.
- 6.2 In the case of building grant, the Government grant will be limited to Rs. 10.00 lakhs. In so far as non recurring grant in aid under the scheme is concerned a ceiling of Rs. 10.0 lakhs per annum per project shall be observed. However, in exceptional cases the ceiling amount may be relaxed by the Secretary (SJ&E).
- 6.3 In so far as the expenditure on staff is concerned the following scales shall ordinarily be adopted:

<u>S.No.</u>	<u>Designation</u>	<u>Honorarium</u>
1.	Project Director	Rs. 8,400 p.m
2.	Social Worker	Rs. 4,200 p.m.
3.	Doctor (part-time)	Rs. 6,000 p.m.
4.	Compounder/Nurse	Rs. 3,000 p.m
5.	Vocational Trainer	Rs. 4,200 p.m
6.	Driver	Rs. 1,800 p.m
7.	Peon/Sweeper/Watchman etc.	Rs. 2,000 p.m

- 6.4 For the maintenance of the beneficiaries the following expenditure shall be permissible:

1.	Diet Charges (Per Person per month)	Rs. 600
2.	Bedding material (Per person)	Rs.600 (non-recurring)
3.	Uniform/Clothing (per person per annum)	Rs. 1000
4.	Washing charges (per person per month)	Rs. 150

5. Books & Stationery (per person per annum) Rs. 400
6. Water & Electricity charges (Per annum) Rs. 6,000

Since the Scheme is essentially meant to promote Pilot Projects and work in uncharted and unspecified areas falling within the field of social defence support will also be extended to cover other components depending upon the nature of the projects with the approval of the Secretary (SJ&E) in each case. In special cases and for adequate reasons to be provided scales specified above may also be varied by the Secretary.

## **7. APPLICATION AND SANCTION**

7.1 An organization desirous to apply for Grant-in-aid under this programme will send its application in the prescribed proforma to an authority or body designated for the purpose by the Ministry of Social Justice and Empowerment.

The proposal for grant-in-aid should be submitted giving in detail the following:

- i) The statement of the problem which the project seeks to tackle.
- ii) The objective of the Project.
- iii) The geographical area that will be covered.
- iv) The client group that is sought to be served.
- v) The services that will be delivered, both institutional and non-institutional and the charges, if any, that will be realized from the beneficiary.
- vi) The physical targets that the project seeks to achieve.
- vii) The expertise/experience that the organization has in planning and implementing such programmes/services.
- viii) The cost estimates (separately itemwise), for recurring and non-recurring items for each year. In the case of staff, the salaries and allowances for each post to be given separately.

7.2 On receipt of an application for grant-in-aid inspection will be undertaken by the prescribed agency. On the basis of the inspection report of the prescribed agency the proposal will be duly processed.

7.3 Grants will be given in two instalments. The first instalment will cover 70 per cent of the sanctioned amount and will be released on receipt of the prescribed proforma. The remaining 30 per cent will be released as the second instalment on receipt of the prescribed proforma.

7.4 An organization shall, before it receives assistance from the Government of India, execute a continuity bond valid for 5 years in the prescribed Performa to the effect that in the event of its failure to comply with any or all conditions of the grant it shall be liable to refund the whole or such part of the grant as the Government may decide with interests thereon.

7.5 The organization shall maintain separate accounts of the grants received under the scheme. It shall always be open to check by an officer/agency deputed by the Government. It shall also be open to test check by Comptroller and Auditor General of India at his discretion.

7.6 The Institution may reappropriate expenditure from one sanctioned sub-head to another sub-head to a maximum of 25 per cent in either case. Such re-appropriation will be within the overall sanctioned amount. No expenditure shall, however, be incurred by re-appropriation of savings on items not sanctioned by the Ministry. Savings shall not be re-appropriated for incurring expenditure on staff that has not been sanctioned by the Ministry. All permissible appropriation should be reported to the Ministry. Prior approval for such re-appropriation is not necessary.

## **8. INSPECTION & MONITORING**

The Ministry from time to time will specify the nature, type and periodicity of the inspection and audit and the agency which will be designated to carry out the inspection and the audit.

## **9. UTILIZATION CERTIFICATES(UCs)**

Every organization/institution receiving grants under this Scheme shall submit Utilization Certificates (UCs) at the end of each financial year as per the following details:

Sl No	Type of UC	Due date for receipt in the Ministry	Form
1	Utilization Certificate in respect of grant-in-aid	30 <sup>th</sup> June of the following financial year	GFR-12 A

**10. CHANGES IN APPROVED PROJECTS**

No major changes will be made therein even if no additional costs are involved unless the prior approval of the Ministry has been obtained.

**11. TERMINATION OF GRANTS**

If the Ministry is not satisfied with the progress of the Project or it finds that these rules are being seriously violated, it reserves the right to terminate the grant in aid.



**Appendix-I (Part II)**

**MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT**

**Name of the Scheme:**

**Application form for New Proposal.**

1. Organisation :

Address :

Phone :

Fax :

Telex :

E-Mail

Grams :

2A. (i) Name of the Act under:

Which registered

(ii) Registration No. and date:  
of Registration.

2B. Any other organisation/Institute/:

Body, if applicable, give details

3. Registration under Foreign :  
Contribution Act.
4. Memorandum of Association and Bye-Laws  
(Please attach a photocopy)
5. Name and Address of the  
Member of the Board of  
Management/Government Body :
6. List of documents to be attached:
  - a) A copy of the Annual :  
Report for the previous  
Year which should contain  
the balance-sheet  
(including receipt and  
payment account).
7. Details of the Project for which:  
the grant in aid is being applied:
8. Grant-in-aid applied for in the :  
current year:

Non-recurring

Recurring

9. Details of the staff employed :

Appendix-I.

10. List of additional papers, :

if any given.

I have read the scheme and fulfill the requirements and conditions of the Scheme. I undertake to abide by all the conditions of the Scheme.

Signature :

Name :

Address :

Seal :

Date :

Note: Wherever not applicable, specially in case of new organisation, please write-N.A.

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

Name of the Scheme:

Application form for 1<sup>st</sup> Instalment

1. Organisation :  
  
Address :  
  
Phone :  
  
Fax :  
  
Telex :  
  
E-Mail :  
  
Grams :  
  
2. Audited/unaudited Accounts :  
for the previous year  
indicating the expenditure  
incurred on each sanctioned  
item vis-a-vis the grant  
sanctioned  
(Not for a new NGO)  
  
3. Budget Estimates for the :  
financial year for which grant

in aid is required  
(Show recurring and non-  
recurring separately)

Signature:

Name :

Address:

Seal :

Date :

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

Name of the Scheme:

Application form for the 2<sup>nd</sup> INSTALMENT

1. Organisation :

Address :

Phone :

Fax :

Telex :

E-Mail :

Grams :

2. Grant in aid (in Rs.)	Recurring	Non Recurring	Total
--------------------------	-----------	---------------	-------

A. Applied in the current year:

B. Received as 1st Instalment:

C. Applied for 2<sup>nd</sup> Instalment

3. The applicant organisation should enclose following papers:-

(i) Annual Report of the previous year.

(ii) Audited Statement of Accounts of previous year  
(Receipts and payments statement and Balance sheet).

(iii) Audited Utilisation Certificate with itemwise expenditure as per the sanctioned norms of grant.

(iv) Details of staff employed as per Appendix.-I

(v) Details of beneficiaries as per Appendix-II.

(vi) Assets acquired wholly or substantially out of Government grants under GFR 19 as per Appendix. III.

(vii) Any other information considered necessary by the organisation or as asked for.

Signature:

Name :

Address:

Seal:

Date:

**MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT**

Name of the Scheme:

**Details of the Staff employed.**

Part .I (Previous year)

- (i) Name of the Organisation.
- (ii) Name of address of the project
- (iii) Year.

S.No.	Name & Address	Educational Qualification	Date of Appointment	Period for which employed during the year	Salary per month	Total salary period during the year	Remarks

Part - II (current year)

- I. Only notify change from previous year
- II. In case there is no change in part-I from the previous year. Please certify as follows.

"No Change in staff particulars from the previous years"

**MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT****Name of the Scheme:****Details of Beneficiaries**

- (i) Name of the Organisation
- (ii) Name and address of the Project:
- (iii) Year (Previous Year)

No. of Beneficiaries	Male	Female	Age	
			Below 18 years of Age	18 Years and above.
1	2	3	4	5