COLLECTORATE, ANGUL || ଜିଲ୍ଲାପାଳଙ୍କ କାର୍ଯ୍ୟାଳୟ, ଅନୁଗୋଳ
DISTRICT SOCIAL SECURITY SECTION, ANGUL
ଜିଲ୍ଲା ସାମାଜିକ ସୁରକ୍ଷା ଉପବିଭାଗ, ଅନୁଗୋଳ

Telephone: 06764-230567(O)/ 230234(R)/230685(F) || **Website:** www.angul.nic.in / **E-mail:** dm-angul@nic.in
DSSO Office: Telephone: 06764-234655|| **E-mail:** dssoangul@gmail.com/ dssoangulsse-od@gov.in

Letter No 2005 **Date** 21.11.24

NOTICE

Applications in plain papers are invited from intending and eligible NGOs to submit their documents as detailed below for selection of Project Implementing Agencies (PIA) for functioning of Geriatric Disability Center in Angul district.Applicant NGOs must submit authenticated copies of the following documents with self-attestation.

1. Certificate of registration under the Societies Registration Act, 1860/ Certificate of registration Indian Trusts Act, 1882/ Certificate of registration Section 8 of the Companies Act, 2013.
2. Certificate of registration under Section 139A & 12AA of the Income Tax Act, 1961 .
3. Certificate of registration under NGO Darpan Portal of Govt. of India.
4. Proof of document being existed for a period of two years and have resources, facilities and experience for undertaking the programme.
5. Certificate of not blacklisted by any central or state Govt. agencies.

Further the applicant NGOs are advised to submit their applications in the office of the District Social Security Officer, Angul in the office hours of working days only before 05.12.2024 by 1:00 PM. Applications shall not be received/considered after due date and time.

The undersigned is reserve the right to cancel or alter the notification partly or fully as and when it may be required.

21/11/24

District Social Security Officer
Angul

District Social Security Officer,
Angul

Memo No 2006 **Date** 21.11.24

Copy to the Notice Board, Collectorate, Angul/ All Sub-Collectors/ All BDOs/ All EOs/ DIO, NIC of this district for information. They are requested to publish the above notice for information of general public and wide publicity.

21/11/24

District Social Security Officer
Angul

District Social Security Officer,
Angul

GUIDELINE

State Action Plan for

Functioning of Geriatric Disability Center for Senior Citizens

Department of Social Security & Empowerment

Of Persons with Disabilities

Government of Odisha

Draft Guideline for functioning of Geriatric Disability Center for Senior Citizens

1. Rationale:

Augmenting the quality of life during old age is central to holistic care of the elderly. Geriatric Disability Center have been devised as the points where elderly persons with musculoskeletal diseases such as back pain, arthritis and even paralysis and other age-related mobility-challenges can be treated along with a range of therapy services to restore functional skills of the elderly.

The aim of this program is to enable the elderly to support and maintain their fitness and mobility level and make daily-living easier, restoring their self-confidence and self-esteem. This center will accommodate senior citizens for care and treatment of different impairments and disabilities.

2. Key Objectives:

- Providing drug free treatment
- Increasing mobility of elderly who suffer
  - **a.** due to sedentary lifestyle
  - **b.** from chronic illness
  - **c.** from age related other physiological disorders
- Help the elderly
  - **a.** regain their self-confidence and self esteem
  - **b.** perform their activities of daily living independently
- Generate awareness in the community about benefits of active ageing

3. Eligibility Criteria:

a. The age category of patients to be treated: 60 years and above

b. The treatment shall be totally free of cost for all BPL patients and a nominal fee may be collected from other senior citizens depending upon the service provided.

4. Operational Guidelines:

4.1 *Physical Infrastructure*:

a. Location: should be preferably in IIC or DDRC campus or District Headquarters Hospital premises

b. Living and Physical space: Situated at an easily accessible area ensuring safety and security of patients with proper ventilation and adequate area for sanitation facility,

c. Adequate area for therapies, counseling, follow-up or OPD etc., facility for safe keeping of personal belongings of patients.

4.2 *Human Resources:*

a. Trained Physiotherapist; full time (1) in number

b. Physiotherapy Technician; full time (1) in number

c. Counselor; full time (1) in number

d. Multi-tasking staff or Support Services; full time (2) in number

4.3 *Maintenance of Records:*

- For entering Patient Details & Treatment Sessions- All the entries to be made in the "PATIENT PROFILE SHEET" and "MONTHLY SUMMARY SHEET" in given format in excel file at **Annexure-1.**
- Monthly narrative report and monthly patient summary reports shall be submitted to respective district authority within 10th of next month by the Physiotherapist/ the representative of the organization
- A daily staff attendance shall be maintained.
- Annual narrative report with success stories and Annual patient summary report shall be submitted to the district authority within 30 days of completion of the year.
- Annual Audited Utilization Certificate shall be submitted to the district authority within 30 days of completion of the financial year.
- All individual patient records shall be kept for verification at any point of time.

4.4 *Minimum Standards of care:*

a. The Centre shall be open at least for 8 hours a day. The opening and closing time for the center shall be displayed outside the center and also intimated to the district authority in the monthly reports.

b. There should not be any discrimination against any person or group of persons on the grounds of sex, religion, caste, creed or disability.

5. Funding Structure:

Grant-in-aid will be given to NGOs/VOs that have shown credible track record in running projects for the welfare of senior citizens for running Physiotherapy Clinics. Recognized Charitable Hospitals/ Nursing Homes/ Medical Institutions/ Colleges are also eligible. Grants for the programme will be the 90% of the project cost as mentioned in **Model-1.**

The organizations/ institutions other than Government bodies shall be eligible for assistance under this programme subject to fulfillment of the following criteria:

a. Should be registered either under the Societies Registration Act, 1860 or the Indian Trusts Act, 1882 or Section 8 of the Companies Act, 2013 or any other appropriate Act as notified by the Government of Odisha from time to time;
b. Should be registered under Section 139A & 12AA of the Income Tax Act, 1961;
c. Should be registered under the NGO Darpan Portal of Government of India;
d. Should ordinarily have existed for a period of two years and have resources, facilities and experience for undertaking the programme.
e. Should not have been blacklisted by any central or state Government agencies.

6. Procedure of application:

a. Eligible PIAs shall apply for grant-in-aid in prescribed form at **Annexure-II** to the Collector concerned along with requisite documents.
b. The DSSO concerned shall inspect the organization and submit a report on the applicant organization.
c. Subsequently, the proposal will be placed before the DLPAC for consideration and recommendation to SSEPD Department.
d. On receipt of the application the Department will process the application and may call for presentation by recommended PIAs on their projects.
e. Subsequently the Department will consider for sanction and approval thereof which will be communicated to the PIA under intimation to district administration.
f. An MoU will be signed between the PIA and concern DSSO on behalf of the Department for management of the center and extension of GIA with the agreed terms and conditions.

7. Conditions of Grants:

a. The selected PIAs will sign an agreement with the Department that they shall abide by the guidelines issued from time to time regarding implementation of the project.
b. Grants for every financial year will be released in two installments.
c. The PIAs will submit monthly progress report preferably on online mode to the Department for review and records.
d. Release of grants shall be subject to availability of funds under the scheme and production of UCs in OGFR 7A **(Annexure -B)** for previous grants.
e. The PIAs shall also submit an undertaking that they will raise 10% matching grant for the project activity as per guideline provisions of Government of India.
f. Extension of project period shall be dependent on performance by PIAs and availability of funds under the State scheme.
g. SSEPD Department may suspend grants to any PIA and may recover the grants released if the PIA fails to comply to conditions of grant and/or blacklisted for any reason.

8. Monitoring and Inspection:

The institutions shall be open for Inspection by SSEPD Department or such other authorities as may be appointed on behalf of the Department such as DSSO or SSSO or BSSO or State Project Monitoring Unit. The PIA should mandatorily provide utilization certificate and audit report to the District Social Security Officer every year.

MODEL - I

Sl No.	Items	Monthly Cost	Annual Cost
1.	**Recurring Expenditure**		
	Honorarium to Physiotherapist (Full time)	14,000	1,68,000
	Honorarium to Physiotherapy Technician (full time)	10,000	1,20,000
	Honorarium to Counselor (full time)	10,000	1,20,000
	Honorarium to Multi-Tasking Staff (full time)	8,000	96,000
	Maintenance of Equipment	4,000	48,000
	Incidental expenses (medicines, electricity, water, etc.)	11,000	1,32,000
	Sub- Total	**57,000**	**6,84,000**
In the staff pattern, one male and one female shall be preferred for the posts of Physiotherapist and Physiotherapy Technician			

ANNEXURE-1

Sl No	Sheet	Description/Column	Guidelines
1.01	Monthly Summary	New Patient Registered (MALE, FEMALE and TOTAL separately)	The total number of New Patient Registered in the reporting Month.
1.02		Treatment Sessions conducted (MALE, FEMALE and TOTAL separately)	The total number of treatment sessions (MALE, FEMALE and TOTAL separately) done in the reporting month.
1.03		Assistive Devices	Specify the total number of patients prescribed Assistive Devices.
1.04		Family & Client Training	Specify the total number of Training (including Ergonomics, Home program, Precautions, DO's & DONT's etc.) done for the Patient & Family members.
1.05		Geriatric Disability Center Coverage Graph	Depicts the total number of new registrations and total people covered by conducting Family & Client Trainings.
1.06		Geriatric Disability Center Workload Graph	Depicts the total number of Treatment Sessions Conducted during the reporting month.
2.01	Individual Patient Profile	Serial Number	The serial no is number of patients/ cases visited the centre during the FY.
2.02		Registered as	**New Case:** To be used for a case who is coming in the current FY for the first time. 2nd time onwards the patients will become follow up/ repeat case till end of the FY.
			Follow-up Case: 2nd time onwards the patients will become follow up/ repeat case till end of the FY.
2.03		Registration Number	The registration number will be Unique for each center and will consist of **following 3 parts**:-
			1st part is selecting the unique acronym/ code for the location form which the report is being generated.
			2nd part is selecting the FY in which the patient is being registered & when the report is being generated.
			3rd part is the entering unique number given to the patient in the order of count. For this FY 2023-24 it will **start from 0001** for each centre.
2.04		Category	Select the category according to the original activity under which the patient has been registered i.e. Geriatric Disability Center

2.05		BPL/ Not BPL	Select BPL if the patient is form Below Poverty Line and is availing free services; otherwise select Not BPL if in a position to make small donation against the physiotherapy services being offered.
2.06		Name	Mention the Full Name of the Patient Correctly.
2.08		Age	Mention the Age of the Patient (rounded to nearest whole number).
2.09		Sex	Select the sex of the Patient. For Males=M, Females= F, Other =O
2.10		Address	Mention the Address in one line.
2.11		Condition	Select the most appropriate condition out of the given list from which the patient is suffering.
			If you do not find the condition on the list just select **OTHERS** and write the required in the **Remarks Column**.
2.12		Associated Disease	This may include any of the following co-morbid conditions Diabetes=DM, Hypertension=HT, Obesity=OB, Overweight=OW, Ischaemic Heart Disease=IHD, Tuberculosis=TB, Bronchial Asthma=BA, Chronic Obstructive Pulmonary Disease=COPD, etc.
2.13		Treatment Days	Specify the number of Days for which treatment is given.
2.14		% Improvement in Chief complains	Specify the % relief in the Chief Complains/ primary impairments like pain, limitation in ROM, weakness, swelling, tightness, etc. To be calculated, for e.g.., as = [(pain initial - pain final)/ Pain initial] x 100.
2.15		Remarks	Any other details about the case, worth pointing out/ reporting.

ANNEXURE-II

Form of application for grant-in-aid for Geriatric Disability Center

1. Financial Year in which Grant-in-Aid requested for:
2. Project for which grant-in-aid applied for (enclose detail project proposal and action plan):
3. Amount of grant-in-aid applied for (enclose detail estimates):
4. Name and complete address of the managing organization (PIN code, Phone, Fax, email etc.):
5. Date of establishment:
6. Registration details: (Act under which registered with no. & date) (enclose copies of certificates and byelaws)
7. Registration under Income Tax Act 1961 (PAN No. 12 AA, 80G etc.) enclose copies:
8. Registration under NITI Aayog portal (NGO Darpan):
9. Details of managing committee/governing body of the organization:

Sl No	Name and Address	Occupation	Educational Qualification	Contact Details

10. Financial Status of the Organization (enclose auditor's report & balance sheet with IT return certificate for last 3 years):
11. Whether separate project-wise accounts have been maintained for grants sanctioned earlier?
12. Details of asset of the organization:

Sl No	Items	No. of Units	Value

13. Activities/Programs of the Organization (please enclose latest annual report):
14. Projects/Programs under implementation (in format):

Sl No	Project Name	Location	Beneficiaries (category and number)	Project cost

15. Whether the organization is ever black listed or charge sheeted by any authorities? If Yes, details thereof:
16. Details of bank accounts (with branch address, account number, IFSC/RTGS code etc)
17. Name and address of contact persons with mobile number and email ID:
18. Utilization Certificate in respect of last GIA submitted or not. Enclose a copy of the same:
19. Any other (please specify):

Signature of Secretary/President with seal

Annexure-B

FORM O.G.F.R 7A

(See Rule 172)

Form of "Utilization Certificate for the Year _____

I hereby certify that the grant placed at my disposal/ at the disposal of _____ in the year _____ and the amount available for expenditure during the said year were as follows:-

I. (a) Unspent balance at the end of the year : Rs._____

(b) Grant received during the year of _____ : Rs._____

Quote the number and date of authorization issued by Accountant General, Odisha. Whenever it is dependent on such authority and in other cases only the number and date of sanction and designation of sanctioning authority. (FD Memo No. 30007- (144)/F dated 29th July, 1962)

Total : Rs._____

II. Expenditure during the year

(i) Out of unspent balance as in 1(a) above : Rs._____

(ii) Out of the grant referred to in 1(b) above : Rs._____

Total : Rs._____

III. Unspent balance at the end of the year :Rs._____

2. I further certify that the expenditure of Rs. _____ shown as expenditure in the year _____ has been expended solely on _____ under my charge within the jurisdiction of _____ and for no other purpose and that the sum of Rs. _____ shown as balance at the end of the year _____ is available for expenditure and no part of it has been diverted to other purposes.

3. I further certify that a list of works on which the expenditure Rs. _____ has been incurred and the amount spent on each has been prepared and maintained in my office/ in the office of the _____

Dated, _____ Chairman/ President/ Secretary of the PIA

Dated,_____ DSSO