

OFFICE OF THE COLLECTOR & DISTRICT MAGISTRATE, KHORDHA

(SOCIAL SECURITY SECTION)

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Notice No. 6373 /, Dated. 02-12-2022

Notice

Applications are invited in prescribed format from intending and eligible NGOs to run a 30 bedded Drug De-addiction Centre and Physiotherapy Unit at Integrated Infrastructure Complex, Khudupur, Jatni under Khordha district. Format of the application is required to be addressed to the District Social Security Officer, Khordha, Old Collectorate Building, Palahata, PO-Palahata, PS- Khordha Town, Dist- Khordha, PIN- 752055. The application form along with the supporting documents should be submitted only by Registered Post / Speed Post on or before 15/12/22 by 5.00 P.M. The details of the applications along with Guideline for setting up of 30 Bedded DDC and Physiotherapy Unit may be downloaded from the website www.khordha.nic.in . The undersigned reserves the right to cancel/reject the Advertisement without any prior Notice.


COLLECTOR & DM
KHORDHA

Terms & Conditions and Documents Required

1. The NGO must have been based in the state of Odisha.
2. The NGO should be registered under Society Registration Act, 1860/ National Trust Act.
3. The NGO should be registered under RPwD Act,2016.
4. The NGO should have been registered under NITI-Aayog / DARPAN Portal/ FCR Act.
5. The NGO should have valid PAN Number/ GSTIN Number/139A & 12AA of IT Act, 1961.
6. Last 3 years Annual Audit Report should be submitted.
7. Valid experience on running of Residential Projects funded by GOI/State Govt. /Own with authenticity should be submitted.
8. Last 3 years Financial turn over should be submitted.
9. Annual Activity report for last 03 years may be submitted.
10. Present Staff position engaged Project wise.
11. Whether the Office & Project Buildings are rented or own. If Own the ROR with authenticity may be furnished. In case of Rented, the rented agreement paper may be submitted.
12. The NGO should not be black listed for any corrupt practice.
13. The current project location should be mentioned from IIC, Khudupur, Jatni in Kilometers.
14. One NGO can apply for both the projects separately.
15. The application received after due date will not be entertained.
16. The Collector & District Magistrate, Khordha reserves the right to reject the proposal without assigning any reason thereof.

The details of the applications and Guidelines are enclosed as follows.

- The applications to be filled up is annexed at Annexure-"A" & "B"
- The Guidelines for establishment of 30 Bedded DDC is annexed at Annexure-"C".
- The Guidelines for establishment of Physiotherapy Unit is annexed at Annexure-"D".
- The Selection process of the NGOs will be finalized by the District Level Selection Committee as per the Guidelnes prescribed by the Govt. in SSEPD Deptt annexed at Annexure-"E".



Form of Application for accommodation in Integrated Infrastructure complex

PART-A

1. Name & complete address :
of managing organization
(PIN Code, Phone, Fax,
Website, Email etc.)
2. Date of Establishment :
3. Registration Details (Act :
Under which registered with
no. & date) (enclose copies
of certificates & Byelaws)
4. If registered under ICR :
Act, 2010 registration
Number, date & validity
Period (Enclose Copy)
5. Registration under Income :
Tax Act 1961 (PAN
Number, 12 AA, 80G etc.)
6. Registration under Niti :
Ayog (NGO Darpan)
MWPSA Act, 2007, RPWD
Act 2016 and NTMR Act
1999 (enclose copies)/
Other (Specify).
7. Details of Governing :
Body/Managing Committee
Of the Organization (in the
Format)
8. Financial status of the :
organization (encloses
auditor's report & balance
sheet with IT return
certificate for last 3 years.

Sl No.	Name & Address	Occupation	Tel. No	Education Qualification

- 9. Details of assets of the organization (in format) :
- 10. List of staff available :
- 11. Activities/ programmes of the organization (please enclose latest annual report) :
- 12. Projects/ programmes under implementation (in format) :
- 13. Whether the organization is ever black listed or charge sheeted by any authorities ? If yes details thereof. :
- 14. Name and address of contact person with mobile & email address :

Sl. No.	Items	No. of Units	Value
Sl. No.	Name & Address	Qualification	RCI Registration Number

Sl. No.	Project Name	Location	Beneficiaries (category & no.)	Project cost
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Signature of
Secretary/ President with Seal

Annexure - "B"

Part-B

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1. Name of the project to be :
located in IIC
 2. Present location with detail :
address
 3. Whether building :
own/rented (If owned, status
of the building)
 4. Year of establishment of :
project
 5. Sources of funds :
 6. Assets of the project :
 7. List of staff of project :
 8. Category and number of :
beneficiaries (Enclose list of
beneficiaries)
 9. Justifications/ Reasons for :
relocating the project
 10. Any other :

Signature of
Secretary/ President with Seal

Recovery Centre at IIC (Jatni) -30 Bedded

The **Recovery Centre at IIC (Jatni)** would provide a composite service for Recovery of person dependent with alcohol & drug abuse. Recovery centre envisages total recovery of the addicted person leading to his/her socio economic Recovery through an appropriate combination of individual counselling. Recovery centre also aim to enabling the addicts to achieve total abstinence and improve the quality of their lives. The 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.

OBJECTIVES:

- To find out the organizational structure of the Recovery Centre for Addicts
- To ascertain the functioning of the Recovery Centre for Addicts
- To determine the challenges faced by the Recovery Centre for Addicts
- To suggest remedial measures to improve the functioning of the centre and to overcome the challenges.

TABLE 1: PARTICULARS OF THE INFRASTRUCTURE OF RECOVERY CENTRE

Sr.No.	Type of Rooms	Number Of Rooms	Purpose
1.	Dormitory	2 with 15 beds each	Accommodation for the drug addicts
2.	Staff Room	1	For counseling and other activities carried out by staff
3.	Doctors Room	1	For treatment purpose
4.	Counseling Room	2	For counseling services
5.	Activity Hall	1	For various sessions like yoga, meditation etc.
6.	Washrooms (For In-patients)	2+2	With all hygienic facility
7.	Washrooms (for Staffs)	2	With all hygienic facility
8.	Kitchen	1	For cooking purpose
9.	Library	1	For reading purpose
10.	Vocational Room (with	1	As a recreational activity

	facility like Stitching Training etc.)		
11.	OPD Room	1	For diagnosis and treatment plan of drug addicts
12.	Medicine Dispensing Room	1	For storage and delivery of medicines to patients
13.	Room for Staffs	1 with 4 beds	For accommodation of a staff member
14.	Office	1	For management of data of centre

TABLE 2: PARTICULARS OF THE STAFFING PATTERN OF RECOVERY CENTRE

S.NO.	NAME OF THE POST	POST
Administrative		
1.	Project Coordinator	1
2.	Vocational Trainer	Hiring of MCMs as per requirement
3.	Accountant cum clerk	1
4.	Cook & Helper	2
5.	House Keeping Staff	1
Medical		
6.	Doctor (Full time & Part time)	2
7.	Psychologists cum Counselor	1
8.	Yoga therapist/Dance/Music/Art teacher	Hiring as per requirement
9.	Nurse	2
10.	Ward Boy	4
11.	Peer Educator	1
TOTAL		17

TABLE 3: Norms for setting up of a 30-bedded Recovery Centre

Sr. No	Name of the Post	No. of Posts	Monthly Expenditure (₹)	Yearly Expenditure (₹)	Minimum Qualifications

A. Recurring Expenditure

a. **ADMINISTRATIVE**

1.	Project Coordinator	1	25,000	3,00,000	MSW with 2 years' experience in drug de-addiction.
2.	Vocational Trainer	1	15,000	1,80,000	Hiring of vocational Trainer/ master crafts trainer
3.	Accountant cum clerk	1	12,000	1,44,000	Graduate with knowledge of accounts and working knowledge of computers.
4.	Cook with helper	1+1	10,000 8,000 (1+1)	2,16,000	
5.	House Keeping Staff	1	9,000	1,08,000	

b. **MEDICAL**

9,48,000/-

1.	Doctor (Part time)	1	30,000	2,16,000	Doctors should essentially be qualified as MBBS and also hold training Certificate in Addiction Medicine from a recognized institute.
1.	Doctor (Full time)#	1	60,000	7,20,000	
2.	Psychologists-cum-Counsellor	1	30,000	3,60,000	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 counselling by NISD and should have knowledge of English as well as one regional language.
3.	Yoga therapist/Dance/Music/Art teacher	1	20,000	2,40,000	
4.	Nurse	2	12,000×2= 24,000	2,88,000	Nurses should be qualified as Auxiliary Nurse Midwife (ANM) and trained by a recognized government medical institution.
5.	Ward Boys	4	10,000×4= 40,000	4,80,000	VIII Class pass preferably experienced in such centres. Ward boy employed in an IRCA must be trained by NISD.
6.	Peer Educator	1	10,000	1,20,000	Should be literate; Ex-drug user with 3-4 years sobriety;

					Willing to work among drug using population as well as 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.
	TOTAL	20		33,72,000	
				(A)	

#Fulltime doctor for IRCA with Outpatient treatment facilities.

B. Recurring Expenditure (other than Staff remuneration)			
Sr. No	Item	Monthly Expenditure (₹)	Annual Expenditure (₹)
1.	Medicine	25,000	3,00,000
2.	Contingencies (Stationery, water, electricity, postage, telephone, maintenance & replacement of bed, linen etc)	10000	1,20,000
3.	Hiring of Vehicle/Ambulance Service	12000	1,44,000
4.	In house kitchen expenditure @ ₹75 per day for 3 meals per day to 30 inmates	67,500	8,10,000
	Total (B)		13,74,000/-

Sub-Total 47,46,000/-

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

30 beds, tables, 3 sets of linen, blankets/office furniture/ equipments/ computer/refrigerator etc	₹ 3,00,000
Aadhaar based Biometric Attendance System	₹ 20,000
Total (C)	₹ 3,20,000
Total (A+B+C)	₹ 50,66,800/-

$$33,72,000/- + 13,74,000/- + 3,20,000/- =$$

REVISED GUIDELINES ON

MANAGEMENT OF REHABILITATION & THERAPEUTIC CENTERS FOR CHILDREN WITH INTELLECTUAL DISABILITIES and DEVELOPMENTAL DISORDERS



DEPARTMENT OF SOCIAL SECURITY AND EMPOWERMENT OF PERSONS WITH DISABILITIES

GOVERNMENT OF ODISHA

REHABILITATION & THERAPEUTIC CENTERS FOR
PERSONS WITH INTELLECTUAL DISABILITIES

Introduction: Rehabilitation and therapeutic services provide effective services to persons with intellectual disabilities and assist in their reintegration into community life. Voluntary organizations will be assisted in providing such services, necessary for rehabilitation of persons with intellectual disabilities including early intervention, development of daily living skills, therapeutic intervention, education, skill-development oriented towards employability, training and awareness generation.

2. Definition:

2.1 Intellectual disability, a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills, including—

- a. "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
- b. "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviors.

2.2 *Mental behavior,— "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub-normality of intelligence.*

3. Objectives: SSEPD department will provide financial support to selected NGOs working in the field of rehabilitative & therapeutic services to children / persons with intellectual disabilities such as Intellectual disability, Cerebral Palsy / Spasticity, Autism Spectrum Disorder, Mental Illness, ADHD, Specific Learning disabilities and multiple disabilities. Children with emotional trauma or disorders that are detrimental to the child's growth like delinquency, truancy, anti-social behavior and conduct disorders etc.

3.1 To expand the range of opportunities available for persons with Intellectual Disabilities including Autism Spectrum Disorder, Cerebral Palsy, Intellectual disability and Mental Illness and to ensure equal opportunities, equity, social justice & empowerment of persons with intellectual disabilities.

3.2 To create an enabling environment with focus on encouraging voluntary action for ensuring expansion of outreach activities for persons with intellectual disabilities by providing high-tech rehabilitation and care services.

3.3 To promote integration of people with intellectual disabilities in the larger community and to create mass awareness on rights of persons with intellectual disabilities.

4. Eligibility of PIAs: Following organizations/ institutions shall be eligible for assistance under this scheme:

4.1 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 may be notified by the Government of Odisha from time to time;

4.2 Should be registered under Section 139A & 12AA of the Income tax Act, 1961;

4.3 Should be registered under the NGO Darpan Portal of Government of India;

4.4 Should be registered under Section 50 of the Rights of Persons with Disabilities Act, 2016 and/or Section 65 of the Mental Health Care Act, 2017;

4.5 Preferably be registered under Section 12 of the National Trust for the Welfare of Persons with Autism, Cerebral Palsy Mental Retardation and Multiple Disabilities Act, 1999;

4.6 Should ordinarily have existed for a period of three years and have resources, facilities and experience for undertaking the program.

4.7 One year experience in providing similar services to intellectually disabled children/ persons.

4.8 Should not discriminate against any person or group of persons on the grounds of sex, religion, caste, creed or disability; and

4.9 Should not have been blacklisted by any central or state Government agencies.

5. Procedure of application

5.1 Eligible PIAs shall apply for grant-in-aid in prescribed form (Annexure 1) to the Collector concerned along with requisite documents by using the departmental web portal (www.ssepd.gov.in).

5.2 The DSSO concerned shall inspect the organization, record his/ her findings and place the proposal for consideration of DLPAC. DLPAC may decide on recommending the proposal to SSEPD department.

5.3 On receipt of the application the Department will process the application and consider for sanction and approval thereof will be communicated to the PIA under intimation to district administration.

6. Beneficiaries

6.1 Intellectual Disability

6.2 Autism Spectrum Disorder

6.3 Cerebral Palsy

6.4 Mental Health – Specifically should be limited to children.

7. Scope:

7.1 Intellectual Disabilities: Early Therapeutic Intervention consists of multidisciplinary services provided to children from birth to 7 years of age to promote child health and well-being, enhance emerging competencies, minimize developmental delays, remediate existing or emerging disabilities, prevent functional deterioration, promote adaptive parenting and overall family functioning. These goals are accomplished by providing individualized developmental, educational and therapeutic services for children in conjunction with mutually planned support for their families. Early therapeutic Intervention will focus on 4 aspects of development:

7.1.1 PHYSICAL— ECI fosters and facilitates physical development and inhibits the negative physical outcomes of disability. It targets areas like improving birth outcomes, reducing incidence of infectious diseases, reducing the challenges related to disability and improving the physical conditions of the child.

7.1.2 COGNITIVE— The earlier the interventions begin, better is the cognitive development of a child. ECI fosters development of cognitive abilities of a child, his/her speech, functional academic abilities, logical and analytical thinking, decision- making and higher order cognition.

7.1.3 SOCIAL AND EMOTIONAL — Social Skills and Emotional Regulation are some of the core skills that children with disabilities are trained through ECI techniques. ECI also work on the prevention of mental health issues, emotional problems, enhancing self— esteem and positivity.

7.1.4 BEHAVIOURAL— At times behavioral issues crop up in children with special needs. Through ECI, efforts are made to train children with adaptive behaviors, prevent self- harming behaviors, self-regulation and so on.

Developmental Milestones - Indicators of Early interventions: Innovations and techniques developed for Early Childhood Intervention (ECI) need to be worked out on a baseline of developmental milestones of the child with special needs. This developmental milestone baseline would be a marker for initiating the intervention and charting out the progress of the child across different stages of interventions.

Age Criteria: Those who are in early intervention stage i.e. 0-3 years have better prognosis of developing age appropriate functional skill for integration in the mainstream. Those who cross the critical age of 7 years can still be provided need based therapies along with orientation towards developing vocation related skills.

7.2 **Mental Illness: Integrated primary mental health services are complementary with tertiary and secondary level mental health services, e.g. general hospital services (short stay wards, and consultation-liaison services to other medical departments), which can manage acute episodes of mental illness quite well but do not provide a solution for people with chronic disorders who end up in the admission—discharge— admission (revolving door syndrome) unless backed up by comprehensive primary healthcare services or community services.**

Formal community mental health services include a wide array of settings and different levels of care provided by mental health professionals and paraprofessionals, i.e. people who work alongside professionals in an auxiliary capacity. These services include community-based rehabilitation services, hospital diversion programmes, mobile crisis teams, therapeutic and residential supervised services, home help and support services, and community-based services for special populations such as trauma victims, children, adolescents and the elderly.

8. Services

8.1 Diagnostics

8.1.1 Diagnostic tools for the assessment of intelligence, behavioral disorders, and communication disorders as well as problem specific approved tools like ISAA tools for Autism should be available at the centre. The affected person may have more than one disorder (i.e. simultaneously ADHD & Learning Disability, Autism etc. Cerebral Palsy with Seizure disorder).

8.1.2 Diagnostic tools for assessment of mental illness, physical examination, lab tests and psychological evaluation (IDEA test).

8.1.3 Registration of all PwD beneficiaries under UDID portal and certification thereof.

8.2 Therapeutics:

8.2.1 Mainstream therapies include Speech Language Therapy, Physiotherapy, Occupational Therapy, Psychotherapy Behavioral Modification, Special Education, Audio logical Rehabilitation.

8.2.2 Suggested alternate therapies include Play Therapy, Music Therapy, Art and Craft Therapy, Hydro Therapy; Animal assisted Therapy, Social Integration Therapy.

8.2.3 The Traditional remedies include Yoga, Pranayama and Ayurvedic treatment. The dietary intervention plays an important role in many of these children.

8.2.4 Most of the professional therapies may be done on one to one basis except for special Education and alternate therapies.

8.3 Counselling & Psychotherapy

8.3.1 Counselling is the helping approach that highlights the emotional and intellectual experience of a client, how a client is feeling and what they think about the problem they have sought help for.

8.3.2 Psychotherapy is based in the psychodynamic approach—it encourages the client to go back to their earlier experiences and explore how these experiences affect their current 'problem'.

8.4 Skill Training

8.4.1 Skill training for the adult PwDs for acquiring vocational skills that would help the PwDs to earn employment or self-employment in suitable and viable trades.

8.4.2 Pre-vocational training to PwDs in the age group of 14-18 years after assessment of skill interest and capacity.

8.5 Referral & Follow-up

8.5.1 Referral of cases for different services including education, linkage for pension, self-employment assistance and other support services.

8.5.2 Follow-up on post discharge status of PwDs and community visits to ensure better environment for the PwD beneficiaries at family and community settings.

8.5.3 Home based therapeutic management and guidance for PwDs wherever essential.

8.5.4 Parent training programs should be organized for the management of children at home.

9. Infrastructure & Equipment: The building infrastructure should be having dedicated space for the professional intervention like Physiotherapy, Speech Therapy, Occupational Therapy and the range of alternate therapies and traditional remedies. For Therapeutic services infrastructure should include electro therapy and exercise therapy equipment, Sensory integration, Motor integration, Vestibular stimulation gadgets, Speech Language therapy materials which includes Vernacular Languages.

List of the tools to be used in the Therapeutic Center:

1	Special Education	Remedial teaching materials
2	Speech Therapy	Language Concept TM; Doctor Speech; Tongue depressor; Mirror; Articulation drill books; Educational toys
3	Occupational Therapy	Sensory Integration gazettes; Motor integration; Vestibular stimulation; ADL activities
4	Physiotherapy	Electrotherapy equipment; Exercise therapy equipment; Manual therapy facility
5	Psychotherapy	Behavior modification; Psychometric tests; Special Education; Remedial testing materials

10. Manpower: Qualified professionals in respective disciplines with required license/registration from statutory authorities (Like RCI) is mandatory. They will perform the assessment followed by the therapeutic intervention required by the persons with intellectual disabilities. Professionals who are playing a major role are:

- 10.1 Social Worker —cum- Coordinator
- 10.2 Occupational Therapist
- 10.3 Clinical / Rehab Psychologist
- 10.4 Speech Language Pathologist
- 10.5 Special Educator ID/ ASD
- 10.6 Multipurpose Rehabilitation Assistant
- 10.7 Physiotherapist

11. Records & Registers: Following records shall be maintained at the project level:

11.1 Admission / Enrolment Register of beneficiaries

11.2 Case Record of Beneficiaries (containing Case History, Photographs, Diagnostic Assessment Reports, Periodic Therapy plan with short term & long term goals, Progress Card of students)

11.3 Staff Records (Service Records of the staff, Attendance Register of staff)

11.4 Accounts Records (Cash Book & Ledgers, Remuneration Register, Voucher Register, Stock and Store Register, Bank Account etc.)

11.5 Other records (Meeting Resolutions Register, Parent counselling register, Progress Report file, and such other records prescribed)

11.6 Pre rehabilitation intervention video and video at the time of discharge should be recorded.

11.7 The rehabilitated children should be followed up in mainstream school for any possible remedial intervention.

12. Duties of the Management: The management of the project/ programme shall:

12.1 Provide adequate accessible space for operation of the centre.

12.2 Create minimum required infrastructure including furniture, fixture, equipment and other physical facilities as may be required for operation of the project activities.

12.3 Recruit and engage qualified staff required for operating services for the targeted beneficiaries.

12.4 Comply with the conditions of grant-in-aid including submission of reports, utilization certificates and such other requirements as per Annexures III and IV.

12.5 The Organisation should have a formal standard operating procedure to render the rehabilitation services for the development of domain specific functional skills.

12.6 Access to the parents/ guardians: The organization must provide complete transparency and visibility to the parents so that they can see their wards being treated/ guided in the premises.

13. Release of Grant-in-Aid:

13.1 Institutions will be released grant-in-aid at the rate of Rs. 3,000/- per beneficiary per month for non-residential and at the rate of Rs. 4,000/- per beneficiary per month for residential inmates. This will meet all expenses of the centre including staff remuneration, nutrition, contingencies and such other expenses as may be required. The first half-yearly instalment of grant-in-aid will be released in advance to the managing institution during the month of April after uploading of all beneficiary information with Aadhaar numbers. The second half-yearly installment will be released during September in advance directly to the managing institution after receipt of (a) Utilization Certificate for first six months, (b) inspection reports from the District Social Security Officer, (c) Submission of half-yearly progress report, and (d) updation of beneficiary status with Aadhaar details.

13.2 Equipment for providing therapeutic services will be provided to the Organization in phases. Rs 10 lakh will be budgeted for the same.

13.3 One time grant @ Rs 1.00 lakh will be provided for procurement of furniture

13.4 Annual grant of Rs 1.00 lakh will be provided for procurement of teaching/ learning equipment.

13.5 The Department of SSEPD will consider financial support in setting up of the therapeutic and rehabilitation centers including construction of building and other infrastructure.

14. Audit & UC

14.1 The accounts of the grant receiving institution will be audited from time to time by the Internal Audit Organization of the SSEPD Department or by such other agency as Government may specify.

14.2 The audit reports for the grants received during any financial year shall be submitted during the first quarter of the next financial year.

14.3 Utilization Certificate in triplicate in Form O.G.F.R.7-A shall be submitted for each half-yearly grant received from the Government.

15. Withholding of Grant-in-Aid: Government may withhold Grant-in-aid to an Institution if:

- 15.1 Mis-utilize any part of the assistance received for the program
- 15.2 Fails to submit Utilization Certificate for the grant received
- 15.3 Fails to submit reports and information as called for
- 15.4 Blacklisted by any Central/ State Government Departments/agencies
- 15.5 Any other contravention as reported by the Collector of the district.

16. Monitoring:

16.1 All information will be made available in the online portal of Department of SSEPD.

16.2 The DSSOs shall ensure that list of beneficiaries, with necessary particulars, are maintained properly and category-wise in respect of their districts concerned.

16.3 At least one annual inspection by Collector/ ADM/ Municipal Commissioner/ Sub-collector and another by the DSSO concerned. This will be included in the annual inspection program of the concerned officer by the respective authority.

17. Litigations: Any litigation on matters arising out of this scheme will be subject to the sole jurisdiction of the courts situated in Bhubaneswar.

18. Change in Scheme Provisions: Social Security & Empowerment of Persons with Disabilities Department, Government of Odisha may, at its discretion, make necessary changes in the provisions of this scheme, as and when felt necessary, with the approval of Commissioner-cum- Secretary of that Department in consultation with the Financial Adviser concerned.

19. Review of Scheme: Social Security & Empowerment of Persons with Disabilities Department, Government of Odisha may, at its discretion, undertake a review of the scheme as and when required.

Collector will also invite application for running physiotherapy centre and mobile medical unit within the IIC. NGOs will need to fill up the form as placed in Annexure Z while applying. Following committee will be formed in the district level for selection of NGOs.

- 1) Collector - Chairman
 - 2) ADM -Member
 - 3) CDMO-member
 - 4) DSSO-Member Convener
 - 5) DEO-Member
 - 6) Any other member(s) to be co-opted by the Collector
- b. **Criteria for Selection of NGOs at District level:** NGOs will be chosen purely based on technical evaluation. 50 marks will be given for the parameters mentioned in the application form (part B in Annexure Z). Another 50 marks will be for the technical presentation. Decision of the Committee will be final in this regard.

Scoring Sheet

Sl.	Details	Parameter	Marks	Score
1.	Presentation		50	
2.	Project:			
	(a) Experience in the field	< Less than 5 years > 5 years and above	5 8	
	(b) Building condition (Rented/Own)	Rented Own	5 8	
	(c) Value of Assets (in Rs.)	< Below 25 Lakh > 25 Lakh and above	5 8	
	(d) Nos. of PwDs & Senior Citizen beneficiaries	< Less than 100 >100 and above	5 8	
	(e) Distance from IIC	< Less than 50 Km. >50 Km and above	5 8	
	(f) Source of Funds	Others State Govt./ Govt. of India	5 10	
	Maximum Total		50	

7. Security at the main gate and the common areas will be provided by the department. However, concerned management/ NGO will be responsible for providing security inside the premises of the individual units. Security will be ensured round the clock.