

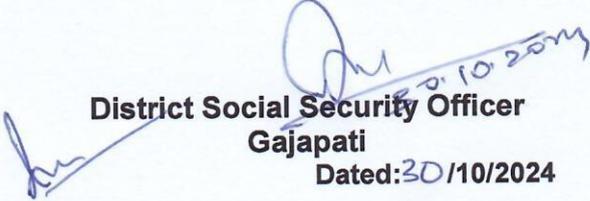


ଜିଲ୍ଲାପାଳଙ୍କ କାର୍ଯ୍ୟାଳୟ, ଗଜପତି, ପାରଳାଖେମୁଣ୍ଡି  
**COLLECTORATE, GAJAPATI, PARALAKHEMUNDI**  
(ସାମାଜିକ ସୁରକ୍ଷା ଓ ଭିକ୍ଷଣ ସଶକ୍ତିକରଣ ଉପବିଭାଗ)

Memo No. 1379 /SS

Dated: 30/10/2024

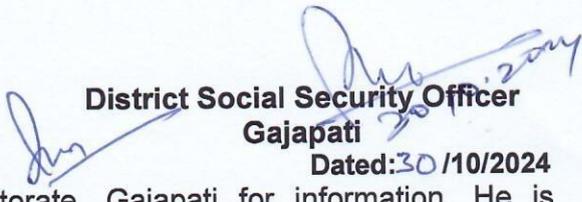
Copy with all its enclosure forwarded to all Block Development Officer, Tahasildars and Executive Officer, Kashinagar NAC and Executive Officer, Paralakhemundi Municipality for information. They are requested to display the enclosed letter and guidelines in their office notice board for wide publication.

  
District Social Security Officer  
Gajapati

Dated: 30/10/2024

Memo No. 1380 /SS

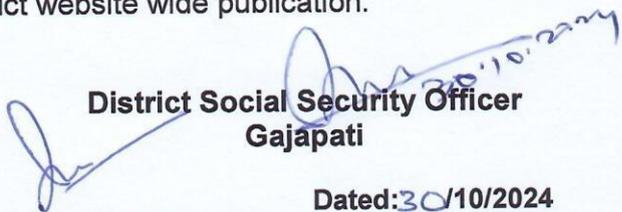
Copy with all its enclosure submitted to all District Level Officers for information. They are requested to display the enclosed letter and guidelines in their office notice board for wide publication.

  
District Social Security Officer  
Gajapati

Dated: 30/10/2024

Memo No. 1381 /SS

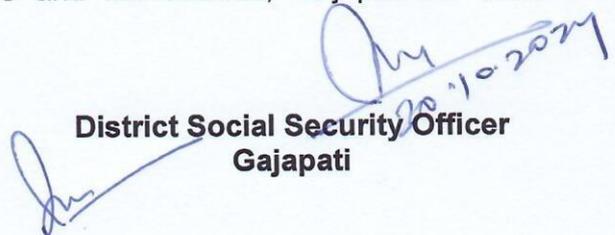
Copy forwarded to DeGM, Collectorate, Gajapati for information. He is requested display the guidelines in the district website wide publication.

  
District Social Security Officer  
Gajapati

Dated: 30/10/2024

Memo No. 1382 /SS

Copy to Notice Board of this office and Collectorate, Gajapati for wide publication.

  
District Social Security Officer  
Gajapati



GOVERNMENT OF ODISHA  
DEPARTMENT OF SOCIAL SECURITY & EMPOWERMENT OF PERSONS WITH DISABILITIES

No. 8195 //SSEPD  
SSEPD-SS1-SCH-0018-2023

Dated 19.10.2024,

From

**Niyati Pattnaik, OAS**  
Director

To

**All Collectors**

Sub: *Guidelines for set-up and functioning of Geriatric Disability Centers -reg.*

Madam/Sir,

With reference to the subject cited above, I am directed to enclose herewith the Guidelines/ Action Plan for functioning of Geriatric Disability Center for Senior Citizens for your information and necessary action.

You are therefore requested to go through the guidelines and take necessary steps for functionalizing the Geriatric Disability Centers. The proposals for running of these Centers may be put up in DLPAC afresh and the approved proposals may be submitted to the Department for further action at this level.

**Encl: As above.**

Yours faithfully,

*Niyati Pattnaik*  
18.10.2024

Director, SSEPD  
Director

SSEPD Department

Memo No. 8196 /SSEPD

Dt. 19.10.2024.

Copy forwarded to all District Social Security Officers for information and necessary action.

*Arun*  
19.10.2024  
Additional Secretary to Government

RED BUILDING, LOKASEVA BHAVAN, BHUBANESWAR-751001

Ph No. 0674-2390116, Fax. 0674-2390117

Email.ssepdodisha@gmail.com

1321  
19.10.24



## 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.

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**MODEL - I**

| <b>Sl No.</b>  | <b>Items</b>  | <b>Monthly Cost</b> | <b>Annual Cost</b> |
|--|---|---------------------|--------------------|
| 1.   | <b>Recurring Expenditure</b>                              |                     |                    |
|  | 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           |
|  | <b>Sub- Total</b>   | <b>57,000</b>       | <b>6,84,000</b>    |
| In the staff pattern, one male and one female shall be preferred for the posts of Physiotherapist and Physiotherapy Technician |   |                     |                    |

**ANNEXURE-1**

| SI 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   | <b>New Case:</b> 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. |
|       |  |   | <b>Follow-up Case:</b> 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 <b>following 3 parts:-</b>   |
|       | <b>1st part</b> is selecting the unique acronym/ code for the location form which the report is being generated.   |   |   |
|       | <b>2nd part</b> is selecting the FY in which the patient is being registered & when the report is being generated. |   |   |
| 2.04  | Category   | <b>3rd part</b> is the entering unique number given to the patient in the order of count. For this FY 2023-24 it will <b>start from 0001</b> for each centre. |   |
|       |  | 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 |  | Conditior,                       | Select the most appropriate condition out of the given list from which the patient is suffering.<br><br>If you do not find the condition on the list just select <b>OTHERS</b> and write the required in the <b>Remarks Column</b> .                                 |
| 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.<br><br>To be calculated, for e.g., as = $\frac{[(\text{pain initial} - \text{pain final}) / \text{Pain initial}] \times 100}{}$ . |
| 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:

| SI 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:

| SI No | Items | No. of Units | Value |
|-------|-------|--------------|-------|
|       |       |              |       |

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

| SI 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 29<sup>th</sup> 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