



Government of Odisha
Social Security & Empowerment of PwDs Department
SIDR Building, Capital Hospital Campus,
Unit-6, Bhubaneswar-751001

**Expression of Interest (Eoi) for implementation of
Care & Protection of Spastic Children/Persons programme**

No. 5659

Date: 17.07.2017

The Social Security & Empowerment of PwDs Department (SSEPD) invites Eoi from the registered and experienced agencies working for the rehabilitation of PwDs especially for care & protection of Spastic Children/Person for implementation of care & protection of spastic children/person programme. The details of scope of work, eligibility criteria and submission of details can be downloaded from website <http://www.ssepdorissa.in>

The Agency shall submit the complete proposal with prescribed attachments along with Non Refundable Demand Draft of Rs.5000/- (Rupees Five thousand only) payable at Bhubaneswar drawn in favour of Director, SIDR, Odisha issued by Nationalised/scheduled Banks in India, accompanying other required documents must reach the undersigned **not later than 15:00 hrs on 10th August 2017 in sealed envelope deary labelled "Expression of Interest for implementation of Care & Protection of Spastic Children/Person programme" in the above address.**

This EOI does not entail any commitment on the part of SSEPD Deptt, Govt. of Odisha either financial or otherwise. SSEPD Deptt, Govt. Of Odisha reserves the right to accept or reject any or all EOI without incurring any obligation to inform the affected applicant/s of the grounds. The EOIs will be evaluated based on the information provided.

Director, SSEPD, Odisha

Expression of Interest (Eoi) for Implementation of Care & Protection of Spastic Children/Person programme

The Social Security & Empowerment of PwDs Department (SSEPD) invites Eoi from the registered and experienced agencies working for the rehabilitation of PwDs especially for care & protection of Spastic Children/Person for implementation of care & protection of spastic children programme.

Objectives:

The Department of Social Security and Empowerment of Persons with Disabilities, Government of Odisha aims to select successful agencies/organizations for implementation of Care & Protection of Spastic Children/Person programme meant for children with Cerebral Palsy, Autism Spectrum Disorder and Multiple Disabilities.

Background:

Cerebral Palsy and Autism Spectrum Disorder are the type of disabilities caused by damage to Brain before, during or after birth of a child. These disabilities are complex developmental disabilities. These children are most neglected in the society. Though government has taken various initiatives and programmes for PwDs, reaching out to these children in remote areas are less than satisfaction. Moreover, rehabilitation programmes are concentrated on supply of aids/appliances, education, training and other socio economic activities. But there is an ample scope for prevention, early identification & intervention, cure and reduction in degree of severity of disabilities.

Scope of activities:

1. Exercise training to make maximum level of functional independent of activity of daily living, feeding, toileting, bathing, grooming and mobility of the spastic children.
2. Time management of parents - so that parents can attend therapy and do their jobs as well. Developing simple home therapy programs for parents.

3. Awaring parents about the programme and other Government schemes so that they can take maximum benefit for Govt. Scheme, so that they can avail all the benefits.
4. The spastic children as well as the parents to be given sufficient and update information on medicine, nutrition, sanitation and different therapy programme.
5. Minimise travel and medical expenses of the parents.
6. Early detection and planning of treatment of a spastic child.
7. Therapist will aware and educate the parents regarding use of Aid and Appliances and how to take maximum benefits of the Govt. Schemes.

Activities to be undertaken:

The agency is required to perform the following activities/services for such period as would be approved by the Competent Authority.

1. Early identification of Cerebral Palsy, Autism Spectrum Disorder and Multiple Disabilities children /person. Targeted Area wise approach should be made to identify all such children/person.
2. Early intervention to the above children/person
3. Centre based medical rehabilitation, multi modal therapy & assistive devices.
4. Home based intervention & management
5. Prepare Social Rehabilitation Plan for each cases
6. Surgical needs assessment if any
7. Inclusion in Schooling programme & scholarships thereon
8. Inclusion in livelihood programme
9. Inclusion in Insurance schemes of National Trust/Govt. schemes
10. Providing parent and family counselling
11. Should report detailed intervention and progress made of each child/person

12. Should submit Monthly Progress Report in the prescribed format at Annexure-2 & 3 along with monthly expenditure statement.
13. Other innovative services required for fulfilment of objectives of above programme.

Facilities and Inputs:

The competent authority in the SSEPD Department will provide the recurring costs @ Rs. 4000/- per month per child/person to the agency in accordance with the responsibilities assigned to them. Non-recurring costs if any should be borne by the selected agency.

Eligibility Criteria:

An agency applying for this programme should fulfil following eligibility criterion:

1. The agency should be working in the field of disability with proficiency in care of Spastic children and understanding of different programmes of the Department.
2. The agency should also have expertise in conducting various tests for identification of Spastic children in accordance with the Rights of persons with Disability Act, 2016 and the executive instructions and rules issued by the Government on this matter.
3. The agency should have work experience of at least 10 years in providing institutional services like multi modal therapy, early identification and intervention and should have good network of professionals working in the field of disability.
4. They must have full time regular rehabilitation professionals for conducting the clinical & therapeutic work such as Physiotherapist, Occupational Therapist, Speech-language Pathologist, Psychologist, Audiologist etc.
5. The agency must have valid PwD Act registration certificate.
6. The agency must have valid National Trust registration certificate.

Obligations:

The agency will submit details of work done to the Department. It will exercise the required prudence to implement the programme in a cost effective manner. The agency will ensure submission of all information in an appropriate electronic form whenever required by the Department. The agency shall have to submit monthly physical and financial progress report which will be reviewed quarterly by the Department. The agency shall follow financial

procedures as per OGFR. The agency shall operate in proper co-ordination with DSSOs/ DDRCs/NGOs/BNVs etc. for organizing the programmes.

Application procedure

- a) The Agencies shall be asked to make power point presentation of their proposals before the Committee for necessary evaluation and short listing purpose.
- b) The short listed Agencies shall abide by the Terms and Conditions as would be laid in the bidding process / documents and as would be approved by the competent Authority.
- c) The Applications/Eols without support of Non Refundable Demand Draft of Rs.5000/- (Rupees Five thousand only) payable at Bhubaneswar drawn in favour of Director, SIDR, Odisha issued by Nationalised / scheduled Banks in India and not accompanying other required documents shall be summarily rejected.
- d) The SSEPD Deptt., Govt. of Odisha reserves all right to cancel any or all of the applications if found unsuitable to match the requirement.

Submission Details:

Expression of Interest (EOI) may be submitted by interested eligible agencies/NGOs. The document shall include following along with filled up Annexure-I (templates attached):

- (a) Copy of Registration certificates under PwD Act and National Trust Act
- (b) Copy of Society/Trust Registration Certificate
- (c) Copy of Memorandum & Constitution of the association
- (d) Copy of list of Executive/Governing Body members
- (e) Copy of PAN Card
- (f) Copy of Audited Statement of Accounts for the last three years
- (g) Copy of Income Tax returns for the last three years
- (h) Copy of Annual Report for the last three years
- (i) Copies of orders by the competent authority for Similar Project
- (j) Any other information, which may be useful for SSEPD Deptt, Govt. of Odisha in successful implementation of the proposal

DETAILS OF THE ORGANIZATION

1.	Name of the Organization	
2.	Address along with phone no., e-mail, website etc.	
3.	Name & mobile no. of contact person	
4.	Nos. of Spastic Children to be covered in particular project	
5.	Details about the institutional services. Please use separate sheet and also indicate nos. of services provided in each case and supporting documents and photographs.	
6.	Details about the proposed project and its methodology along with services to be provided and its estimates. Please use separate sheet	
7.	Details about past experience in implementing similar programmes / projects along with supporting documents. Please use separate sheet	
8.	List of staffs available with the organization indicating their qualification, area of expertise and experience. Please use separate sheet	

**Authorized Signature with
Designation and date**

MONTHLY PROGRESS REPORT FORMAT

PROGRESS REPORT FOR THE MONTH & YEAR				
NAME & ADDRESS OF THE AGENCY/ORGANIZATION				
NAME OF DISTRICT/BLOCK WHERE IDENTIFICATION/ASSESSMENT OF SPASTIC CHILDREN/PERSON DONE				
DETAILS OF SPASTIC CHILDREN/PERSON		ENCLOSE FOR EACH CASE AS PER FORMAT		
SUCCESSFUL CASE STORY IF ANY DURING THE MONTH		SUBMIT IN SEPARATE SHEET WITH PHOTOGRAPHS		
SL.	DETAILS OF SERVICES	PREVIOUS MONTH	CURRENT MONTH	CUMMULATIVE TOTAL
1.	NO. OF SPASTIC CHILDREN/PERSON			
2.	NO. OF CASES PROVIDED WITH a) Physiotherapy b) Occupational Therapy c) Behavioural Therapy d) Speech Therapy e) Any other therapy			
3.	No. of cases required Surgery			
4.	No. of cases Surgery done			
5.	No. of cases included in Health			

	Insurance Schemes of National Trust/ Govt.			
6.	No. of cases required Aids/Appliances/ Assistive devices			
7.	No. of cases Aids/Appliances/ Assistive devices provided			
8.	No. of cases required Special/Inclusive/ Normal Schooling			
9.	No. of cases Special/Inclusive/ Normal Schooling provided			
10.	No. of cases required Scholarships			
11.	No. of cases Scholarships form filled up			
12.	No. of cases required livelihood programme			
13.	No. of cases livelihood programme provided			
14.	Any Other			

**Authorized Signature with
Designation and date**

DETAILS OF SPASTIC CHILDREN
(TO BE SUBMITTED EACH MONTH ALONG WITH MONTHLY PROGRESS REPORT)

NAME OF THE AGENCY/ORGANIZATION:

Sl .	Name with Father/Mother name & Address	Age/ Sex	Cast e	Present condition	Plan of intervention	Details of intervention made in current month	Progress made in current month	Further intervention plan for coming months	Remarks
1	2	3	4	5	6	7	8	9	10