



GOVERNMENT OF KERALA

Abstract

Social Justice Department-Establishing care homes/institutions to protect and treat mentally ill people in all Districts-Administrative Sanction Accorded -Orders issued.

SOCIAL JUSTICE (D) DEPARTMENT

G.O(Rt)No.511/2012/SJD. Dated, Thiruvananthapuram 21.11.2012

Read:- Letter No.CB-7176/12 dated 20.7.2012 from the Additional Director and Member Secretary, Orphanage Control Board.

ORDER

In the Budget Speech 2012-13 (Para 271)it has been announced that it is the duty of the society to bring physically or mentally ill people to the mainstream by providing timely relief to them. It has also been announced that for protection and treating mentally ill, arrangements will be made in all districts.

The Member Secretary, Orphanage Control Board has, as per letter read above, submitted a proposal for Administrative Sanction for establishing the institutions/care homes to protect and treat mentally ill patients in all districts @Rs.2,31,33,600/-(Rupees two crore thirty one lakhs thirty three thousand and six hundred only).

Government, after having examined the matter in detail, are pleased to accord Administrative Sanction for establishing carehomes/institutions in all districts of the State to protect and treat mentally ill patients, @Rs.2,31,33,600/-(Rupees two crore thirty one lakhs thirty three thousand and six hundred only).

By order of the Governor,

K.M.ABRAHAM
Principal Secretary to Govt.

To

The Director, Social Justice Department
The Member Secretary, Orphanage Control Board, Thiruvananthapuram
The Accountant General(A & E/Audit), Kerala, Thiruvananthapuram.
The District Treasury Officer, District Treasury, Thiruvananthapuram.
The Finance Department
Stock File/Office copy

Forwarded/By order

[Signature]

Section Officer.

SCHEME FOR THE REHABILITATION OF DESTITUTE MENTALLY ILL PERSONS

1. Objective

Mental illness has its various grades, from minor, where it can be treated if there is an appropriate early intervention, to the extreme, which could result in violence of various proportions. Being an illness, it requires treatment but the stigma and discrimination associated with it most often results in ignoring the treatment which leads to irreversible condition. Due to these and other various factors, a large number of destitute mentally ill persons are reaching in the streets. A large majority of them are from outside the state and generally they are concentrated in pilgrimage centres, religious places, hospitals, railway stations, bus stands and border pockets. It is a very big challenge in every society to provide a proper care and protect the human rights of the poor destitute mentally ill persons and the safe and security of the society in general. Though they need treatment, it cannot be treated as a pure health issue. It is a social issue to be addressed by community based rehabilitation measures. The UN convention on persons with disability defines "persons with disability" as "those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis" thus including persons with mental illness within their fold.

At present, there are only limited institutional care facilities in the state like six care institutions run by Social Welfare Department, two care institutions run jointly by LSGD, NGO and government and two institutions run by NGOs with support of LSGD. In the NGO sector there are about 100 care institutions for mentally ill persons run by NGOs without any government support. About 15,000 people are now providing institutional care in our state but 95% of them are not now getting any assistance from the State or Central government. As a result, the human right aspect or the minimum standard cannot be implemented in the existing institutions. It is a fact that the restoration of these inmates in their own home is very difficult. As a result, almost all of the institutions have been overcrowded and the large majority of this category of people are even now in the streets. Thus, required starting of additional centres/extending facilities to the existing centres in order to give care and protection to this category of people, and also to ensure our street from wandering destitute mentally ill persons. The government in its budget speech 2012-13 declared a scheme for mainstreaming the mentally ill people by providing timely relief to them. The scheme is intended to achieve this objective.

2. Operationalization of the Scheme

First priority will be given for the immediate rescue and rehabilitation of orphaned mentally ill persons who are in the street. For this purpose, grant will be provided to NGO or local self government institutions for starting the care home with the priority of at least one institution per district headquarters. Some local self governments have constructed buildings for care institutions and if the local self government is interested to start a care home for mentally ill persons in the already developed institutions, they will be provided with assistance for this purpose. District panchayat and corporation/municipality will be given priority and if the building is constructed by Grama panchayat or block panchayat, they can run the institution with the partnership of district

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panchayat and NGOs. Under this program, panchayat will provide infrastructure facilities and the fund for running the institution will be provided by the government as per the scheme. The panchayat can run the institution based on the MOU with a credible NGO having experience in the field of running institution for similar category. The care institutions established under the PWD Act and the rules there-under are also eligible for grant-in-aid under this scheme.

If government hospitals have the infrastructure facilities and building to run such a home, they can also enter into an MOU with the credible NGO having experience in care institution and run the institution. In such cases, the Health department will provide necessary infrastructure facilities to NGOs, based on an MOU and repair/modification/renovation will be done by the Social Welfare Department and NGO will be provided the grant-in-aid by the Social Welfare Department based on the MOU. In such a home, the health facilities will be provided by Health Department and care facilities will be provided by NGO.

This type of institution will be treated as an intake institution and the inmates in the institution will be categorized and after the initial care and treatment they will be entrusted to their parents or relatives or repatriated in their home state and if this is not possible, they will be entrusted to care institutions already established for this purpose.

3. Targeted beneficiaries under the scheme

The scheme will apply:

- a. To the orphaned mentally ill persons in the streets as defined under Rule 2(h) of the Kerala Registration of Psycho-Social Rehabilitation Centres of Mentally Ill persons Rules, 2012.
- b. To the treated and controlled mentally ill persons or cured mental persons after their discharge from the mental health centres, including private institutions.

4. Types of institutions/agencies eligible for assistance

Institutions can be managed by the following agencies:

- i. Credible NGOs having approved licence under Persons with Disabilities Act and the Kerala Registration of Psychosocial Rehabilitation Centres of Mentally Ill Persons Rules, 2012.
- ii. Local Self Government Institutions such as Panchayat, Municipality/Corporation can also run the institutions in partnership with the credible NGO based on specific MOU.
- iii. Government departments or Board can also run the institution in partnership with the credible NGO based on specific MOU.

The concerned NGOs under Category ii and iii should obtain separate recognition certificate from the competent authority for running the institutions.

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5. Credible NGO

Credible NGO means

- a. An NGO having experience in running similar nature of institutions at least for a period of 3 years.
- b. The NGO have sound financial background.
- c. The managing committee/office-bearers of the NGO have good character, antecedence, social status and reputation.
- d. The NGO has its own infrastructure facilities such as land and building for running the institution.
- e. The selection of credible NGO will be in accordance with the guidelines in appendix 1 of this scheme.

6. Minimum care facilities of an institution

A. Space and Buildings --

- a. There should be a build area of 7000 sq/ ft/ for an institution of 50 inmates.
- b. Every home should have sufficient space for free movement, recreation and various in-doors and out-door activities, vocational and various therapies. At least 1.5 acres land should be needed for an institution.
- c. The building should be eco-friendly and user-friendly to the disabled.
- d. The buildings in which rehabilitation and other services are to be provided to the inmates by the home, should be adequate and structurally sound. A certificate to this effect should be obtained from the officer of the Public Works Department concerned or an engineer authorized by the local authority to issue such a certificate.
- e. Sanitation certificate should be obtained once every year from the Medical officer.

B. Residential facilities.

- a. The norms for building/accommodation for an institution with 50 inmates shall be as under:
 - i. Dormitories for living - 1500 sq. ft. for 25 inmates – two such dormitories or 3000 sq. ft. living area for 50 inmates.
 - ii. Sick room – 150 sq. ft.
 - iii. Kitchen – 250 sq. ft.
 - iv. Dining hall – 750 sq. ft.
 - v. Store room – 200 sq. ft.

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- vi. Recreation (Indoor/Library/Reading) – 1000 sq. ft.
- vii. Bathroom – 25 sq. ft. x 6 no. = 150 sq. ft (for male).
25 sq. ft. x 8 no. = 200 sq. ft. (for female)
- viii. Toilet – 25 sq. ft. x 6 no. = 150 sq. ft (for male).
25 sq. ft. x 8 no. = 200 sq. ft. (for female)
- ix. Office room – 200 sq. ft.
- x. Processing room for doctors, psychiatrists and counsellors – 200 sq. ft.
- xi. Vocational training/Occupational therapy – 100 sq. ft.
- xii. Resting room for caregivers, including night stay – 450 sq. ft.
- b. Women shall be provided with separate accommodation and they will be under the care of female staff only; Their privacy should be protected and any type of entrance by male member shall be in the presence of female staff.
- c. Not more than 25 inmates will be accommodated in a dormitory. Each inmate will be provided a living space of 60 sq. ft. There should be a minimum distance of three feet between each cot:
- d. Each inmate shall be provided with a cot, mats, pillow and adequate number of bed sheets.
- e. There shall be one bathroom and one toilet each for every eight male inmates and for every six female inmates.
- f. Adequate water supply should be arranged for drinking, washing and bathing:
- g. All inmates should be provided with toilet items required to maintain personal hygiene:
- h. Each inmate should be provided with a place to store his/her personal belongings safely.
- i. There should be planned intervention for recreation and entertainment for which sufficient equipments should be provided.
- j. Facilities for picnic/outing should be given at least to the able bodied inmates at least once in a year. They should be given chances to participate/associate community festival/cultural program. Community organization, if found suitable, including academic institutions should be permitted to interact with the inmates or arrange programs for the inmates in the rehabilitation centres or outside the rehabilitation centres.
- k. Adequate facilities to ensure safety of the resident should be provided and
- l. Adequate facilities for occupational therapy should be provided.
- m. Each home shall have its own waste management system.

C. *Facilities to be provided in training or work area* - The following conditions shall apply;

- a. Each inmate shall be provided with adequate working area with proper ventilation and light and adequate materials to work with;
- b. The training or work shall not be of a demeaning kind and its main aim should be helping the inmate to regain mental balance;
- c. The training or work shall be simple and safe;
- d. Any surplus funds generated from the income of the said training work after meeting the manufacturing cost should be used for the welfare activities of the home;
- e. The inmates should be paid reasonably for the work turned out by them.

D. *Staff in any Psycho- Social Rehabilitation Centres*: The requirement of staff in a Psycho-social rehabilitation centre shall be as follows;

- a. *Project Coordinator/Manager/Superintendent*: Each home should have a project coordinator, manager or superintendent appointed by the organization to coordinate all the activities and supervise and control the functioning of the home.
- b. *Psychiatric social worker or Psychologist*: There shall be a full time Psychiatric social worker or Psychologist for every fifty inmates/persons.
- c. *Experienced Nurse*: Every home should have a minimum of one full time experienced nurse and the nurse - inmate ratio shall be 1: 50.
- d. *Office Assistant cum Accountant* : Each home should have an office assistance cum accountant.
- e. *Occupational therapist/vocational instructor (part-time)*: Every home should provide various types of occupational therapy/vocational training for which they should engage occupational therapists/vocational instructors including village artisans.
- f. *Cook* : Each home should have an experienced cook.
- g. *Nursing assistants/helpers*: There shall be one nursing assistant/attendant/helper for every twenty inmates in the home and in institution having 50 inmates, there shall be 3 nursing assistants/helpers.
- h. *Watchman* : Each home should have a watchman.
- i. *Psychiatrist*: Every home should ensure the visit of a psychiatrist once in a month and she/he will be available on call to attend any emergencies; Subject to availability the Superintendent of Medical College/Superintendent Government Medical Centre or the DMO may assign any of the psychiatrists in each home for this purpose. In the absence, the home shall make arrangements for the visit of psychiatrists from any private sector. The home should ensure that every inmate should be examined once in 30 days by a psychiatrist; and observations and prescriptions noted in a register to be maintained for that purpose.
- j. *Qualified Medical Practitioner*: Medical officer from any government institution shall visit and conduct medical check-up at least once in 30 days in the homes. The district

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medical officer should assign the duty to the concerned medical officer and ensure the visit of medical officers in the home in every month. In the absence, the organization shall make arrangements for the visit of doctor from any private sector.

E. Health Services to the inmates:

- As far as possible all health services to the inmates should be provided from government hospitals. A separate queue will be arranged for the inmates of care home in all government hospitals.
- The medicine required for the inmates will be provided from the government hospital as per the prescription of the medical officer.
- If the medicine is not available in the government hospital, the rehabilitation centre shall procure the same based on the prescription of medical officer from wholesale dealers to government or quasi-government agencies or from private suppliers.
- The nurse appointed in the rehabilitation centre is in charge of the medicine and she/ he should ensure the timely administering of medicine in accordance to the prescription of the psychiatrist/medical officer and should keep proper records in the inmate-wise medicine register.
- There should be proper safe and secure place/ room for keeping medicine with adequate lock and key under the control of the nurse.
- Each inmate should have medical record diary/note book for proper recording of treatment history.

F. Food and Nutrition: Each home shall have a diet-scale and menu chart prepared from a nutrition expert and the centre should ensure that nutritional food not below the rate of list prepared by nutrition expert is being served.

7. Amount of Assistance for a 50-persons institution

S. No.	Recurring	No. Of posts/Items	Total Annual Cost in Rs.
A.	<u>Honorarium Rupees</u>		
1.	Project Coordinator/Manager/Superintendent (11500x12x1)	1	138000
2.	Psychiatric Social Worker/Psychologist (10000x12x1)	1	120000
3.	Nurse (IF JPHN, 7500; GNM, 9000; BSc., 10000) (9000x12)	1	108000
4.	Office Assistant cum Accountant (7500x12x1)	1	90000
5.	Vocational Instructor (500 x 3 days per week x 52)	1	78000
6.	Occupational Therapist - (500 x 3 days per week x 52)	-	78000
7.	Cook (6000x12x2)	1	144000

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8.	Nursing Assistant/Helper (6000x12x3)	3	216000
9.	Watchman (6000x12x1)	1	72000
10.	Psychiatrist – part time @ Rs. 2000 per visit with 2 mandatory visits per month) (2000x2x12)	-	48000
11.	Doctor (General Physician) – part time @ Rs. 1000 per visit with 1 mandatory visit per month) (1000x1x12)	-	12000
	Total		Rs. 1104000
B.	<u>Recurring – Non Honorarium</u>		
1.	Hostel/Home Maintenance (750x50x12)	-	450000
2.	Contingencies (50x1600)	-	80000
3.	Medicine and Lab charges (@ Rs. 750/month per inmate)	-	450000
4.	Raw Material @ Rs. 10000 to Rs. 70000 p.a per trade and the extent of amount would depend upon the trade taken up.	-	20000
	Total		1000000
C.	<u>Non Recurring</u>		
1.	Equipment for vocational training/occupational therapy (2 trades)	-	250000
2.	Furniture, Cots, Mattresses @ Rs. 6000 per beneficiary subject to assessment of actual needs, to cover appropriate furniture in the working area and hostel/home (once every 3 years) (6000*50)	-	300000
3.	Kitchen Equipments	-	100000
	Total		650000
	Grand Total (A+B+C)		2754000

Notes:

- 60% of the expenditure will be met by government under the grant-in-aid programme and the balance 40% should be met by the NGO. If in the case of institution run by LSGD in collaboration with government and NGO, if sufficient local contribution is not available, LSGD can provide balance required amount from its Plan fund.
- Project Coordinator/Manager/Superintendent shall be a person having 5 year experience in the capacity of coordinator/manager/superintendent in an institution for mentally ill persons or retired teachers, doctors, senior officers from government or professionals having

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administrative experience or a person having MSW or MBA with at least 5 year experience in project management.

- iii. Psychiatric Social Worker/Psychologist shall be a person having MSW - medical and psychiatric social work as specialization or a psychologist having M.A./M.Sc./M.Phil. in Psychology.
- iv. Nurse shall be a Junior Public Health Nurse (ANM) having at least two years experience in any of the projects under State or Central Government or any hospital, or a nurse having the qualification of General Nursing (GNM) or BSc. Nursing.
- v. Office Assistant cum Accountant shall be a person with at least BA/BSc./BCom with computer experience.
- vi. Occupational therapist/vocational instructor shall be a person having a certificate course in related trade or a skilled trainer having two years experience.
- vii. Psychiatrist shall be a medical practitioner possessing a post-graduate degree or diploma in psychiatry, awarded by any University recognized by University Grant Commission (UGC) and/or awarded or recognized by the national board of examinations and/or recognized by the Medical Council of India, constituted under Indian Medical Council Act, 1856 (102 of 1956) and includes, in relation to the State of Kerala, any Medical Officer who, having regard to his knowledge and experience in Psychiatry, has been declared by the State Government to be a Psychiatrist for the purpose of this Act.
- viii. Doctor shall be a person who possesses a recognized medical qualification as defined in the Indian Medical Council Act, 1956 (102 of 1956), and whose name has been entered in the State Medical Register, or as defined in the Indian Medicine Central Council Act, 1970 (48 of 1970), and whose name has been entered in a State Register of Indian Medicine, or as defined in the Homeopathy Central Council Act, 1973 (59 of 1973), and whose name has been entered in a State Register of Homeopathy.
- ix. When a government doctor or psychiatrist is deputed by the DMO/Superintendent, he/she shall also be eligible for honorarium under this scheme.
- x. Psychiatrist - For up to 50 inmates, honorarium for two visits per month will be provided. Every additional 25 inmates, honorarium for additional visit will be allowed.
- xi. Doctor - For every 50 inmates, honorarium for one visit will be paid for every additional 50 inmates.
- xii. Psychiatric Social Worker/Psychologist - Up to 50 inmates, only one Psychiatric Social Worker/Psychologist will be permitted and for every additional 50 members, additional Psychiatric Social Worker/Psychologist should be provided.
- xiii. Nurse-inmate ratio shall 1:50.

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- xiv. Nursing Assistant/Helper – for every additional 20 inmates, additional Nursing Assistant/Helper should be provided.
- xv. Cook – for every 50 inmates, two posts of cook will be provided, and every additional 50 inmates, additional cook should be provided.

8. Conditions for aid for the institution under this scheme

- a. There shall be proper accommodation, sanitary arrangements and other facilities for the inmates.
- b. All persons admitted in the institution shall have a disability certificate. This certificate should be obtained/applied within 6 months.
- c. The inmate should be segregated according to sex and age group in each sex.
- d. The institution shall maintain proper accounts and registers on the basis of the financial year ending 31 March.
- e. All the inmates below 18 years should be produced before the Child Welfare Committee and proper orders should be obtained.
- f. The institution shall not be in receipt of other grant-in-aid from the State Government or the Central Government or quasi-government departments for the same purpose.

9. Recognition by State Government for grant-in-aid

All applications shall be made to the District Social Welfare Office in the prescribed format (Annexure 1). The recommended applications by the Joint Appraisal Team will be placed before the State Government by the Director of Social Welfare. The power to accept or reject the application is vested with the government.

Procedure for payment of grant

All the institutions recognized by State Government for this purpose of grant-in-aid are eligible to get the grant-in-aid. The District Welfare Officer is competent to disperse the grant as per government order and allotment from Director of Social Welfare. The mode of payment shall be through bank account of the concerned institutions.

10. Inspection of Account

The accounts of the institutions shall be opened for audit at any time by the Accountant General or by the Examiner of Local Fund or by an authority authorized by Government on this behalf. The Director of Social Welfare or his deputies authorized by him in this behalf shall conduct inspection of the accounts and other registers normally once in a year or as often as is found necessary so as to ensure the proper utilization of funds and the working of the institution.

11. Records to be maintained

- a. Cash book

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- b. Stock book of stores
- c. Stock and its registers of provision of stocks
- d. Attendance register of inmates
- e. Attendance register of staff
- f. Bill and acquittance roll for pay of establishment
- g. Ledger showing the classified receipts and expenditure
- h. Stamp accounts and Thapaal register

12. Withdrawal or suspension of recognition for grant-in-aid

The Director of Social Welfare shall suggest to government on the request from the institution or on his own accord to cancel or amend any of these rules or may recommend withdrawal or suspension of recognition of grant to any such institution as may be deemed necessary. The government reserves to themselves the right to cancel or amend any one or all these rules at any time and also to withdraw or suspend recognition for grant to one or all such institutions, and without assigning any reasons whatsoever.

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Annexure 1

SOCIAL WELFARE DEPARTMENT OF GOVERNMENT OF KERALA

Name of the Scheme:

Scheme for the Rehabilitation of Destitute Mentally Ill Persons

Application for Grant-in-aid for the Rehabilitation of Destitute Mentally Ill Persons

(Application under Clause 9 of the scheme for the grant-in-aid

Vide Go(Rt) No.).

1. Organization

Name :

Address :

Phone Number

Fax :

Land line number :

Mobile :

Email :

2. Name of the Rule under which registered and register number and date of registration
(Please attach a photocopy of registration).
3. If recognized by Government for grant-in-aid (furnish photocopy of Government order).
4. Registration under Foreign Contribution Act : Yes/No
If yes, furnish a photocopy.
5. If the organization is a registered society : Yes/No
If so, furnish memorandum of association and bylaws of the organization with register number of the society. (Please attach copies of registration number, memorandum of association and bylaws.)
6. Name, address and occupation of the Board of Management/governing body and date of constitution of the present Board of Management.
7. If any experience in the field of running similar nature of institutions by the organization, if so, furnish the details of the work done in this area for the last 3 years.

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8. If the organization have own land and building, please furnish the area of land and plinth area of the building (copies of the documents to prove the ownership of the land and building should be furnished).
9. Annual Report/Progress Report (Details of activities in the previous year are to be indicated. In the case of new proposal for grant-in-aid, annual reports of the previous 3 years are required.)
10. Audited statement of accounts (consolidated and for the project being funded under the scheme - balance sheet, receipt and payment, statement and income and expenditure statement). In the case of new proposal for grant-in-aid, statements of accounts for the previous 3 years are required.
11. Item-wise breakup of expenditure in respect of the last grant received.
12. List of staff with copies of certificate of qualification.
13. List of beneficiaries indicating name, date of birth, date of admission, category and percentage of disability.
14. Total budget estimate recurring and non-recurring.
15. List of asset (moveable and immovable) acquired under the project from the grant-in-aid.
16. Utilization certificate along with audited item-wise breakup of expenditure.
17. Authorization letter for sending grant-in-aid directly to the bank account of the NGO. Essential details such as bank branch, bank branch code, MICR code of the bank, mode of electronic transfer available in the bank and bank account number.
18. Pre-stamped receipt must be a revenue stamp of Rs. 1.
19. Signature of the authorized signatory, name, designation, address, date, and office stamp.



Appendix 1

Rehabilitation of Destitute Mentally Ill Persons - Selection of NGOs Guidelines

The objective of the guideline is to bring about a systematic and transparent process on identification, field appraisal and selection of suitable NGOs for the rehabilitation of destitute mentally ill person;

The following are the structure of the guideline

1. Calling for the applications and obtaining information from NGOs
2. Carrying out a preliminary screening of application to short listed agencies for institutional appraisal
3. Conducting field visit of shortlisted agencies to assess their institutional capabilities and program effectiveness
4. Recommendations of suitable NGOs for the implementation of the scheme

1. Calling for applications:

The Director of Social Welfare will invite expressions of interest of NGOs through an open advertisement as per the prescribed applications in the news paper having state wide circulation. The advertisement will be issued at least in five news papers including one English daily. Both the advertisement and application format and the copy of the scheme will also be posted in social welfare website. The time line for submitting the duly filled application by post should be within three weeks from the date of issue of advertisement. The application shall be submitted to the concerned District Social Welfare Officers.

2. Forming of preliminary screening committee:

The preliminary screening committee will consists of the District Social Welfare Officer, a member of the Orphanage Control Board who is in charge of the district, and District Probation Officer. The committee will carry out a review of all applications received from NGOs. The District Social Welfare Officer will be the convener of the committee.

3. Preliminary screening of Application:

- a. All applications received will be screened by the preliminary screening committee as per the criteria given below

Essential Criteria	Yes/No	Remarks
1. Copy of the society registration certificate furnished		
2. Copy of the Memorandum of Association and article of association furnished		
3. Copy of the audited statement		

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(for the last three years) attached		
4. Activities/annual report furnished of the last three years		
5. Copy of the registration under orphanage control act		
6. Copy of the registration under Person With Disability act		
7. Copy of the grant-in-aid sanctioned by the state/central govt. for any scheme to the organization		
8. Copy of the Foreign contribution (regulation) act 2010		
9. Copies of the document to prove the ownership land and building		

- b. NGOs who have been registered for a minimum period of three years only be considered.
- c. The preliminary screening committee should assess, if the NGO is legally registered one by verifying their records/certificate.
- d. Based on the preliminary screening the committee may accept the application and recommend for a Joint Appraisal Team visit or seek clarification in writing or reject the application after recording specific reasons.
- e. The District Social Welfare Officer will intimate the NGOs clearly citing the reason whose application have not been considered for Joint Appraisal Team visit.
- f. The DSWOS will send the list of shortlisted applicant organization to the Director of Social Welfare Officer, and Director of Social Welfare will posted the list of NGOs considered for Joint Appraisal Team visit on the social welfare website, along with a brief schedule of the visit by the joint appraisal team.

4. **Forming Joint appraisal team:**

All shortlisted applications will be considered for an appraisal visit by a six member joint team consisting of District Social Welfare Officer, a nominee of Orphanage Control Board or member in charge of orphanage control board in the district, a representative from the District Legal Service Authority, nominee of the District Collector, a representative of World Association of Psycho-social Rehabilitation (Kerala Forum) and a representative of the Director of Social Welfare. The District Social Welfare officer will be the convener of the committee. At least a minimum of three member of the Joint Appraisal Team including the District Welfare Officer should sign and the Appraisal format The non- official of the Joint Appraisal Team will be provided Rs. 1500/- per day as TA, DA and honorarium

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5. Role of joint appraisal committee:

The role of Joint Appraisal Team will broadly include review of records and registers of the applicant organizations, discussion with board of directors and staffs, visit the field to assess the work and rapport the applicant organization has with the community and the stakeholders. During the visit the team will also collect photocopies of relevant documentation to support their recommendations.

6. Field appraisal report by the joint appraisal team

All shortlisted applications will be considered as an appraisal visit. In case if the registered office of the applicant organization is different from the location where they have their field work, then the team has to visit both the places to collect the required information. The Joint Appraisal Team is required to submit their report along with relevant supportive documents within seven working days from the date of completion of field visit to the Director of Social Welfare. The reports will include institutional appraisal score sheet (Format 1), institutional appraisal observation note (Format 2), field appraisal format (Format 3) and a priority list of NGOs.

7. Format 1: Institutional Appraisal Score Sheet for Joint Appraisal Team visit:

Appraisal Check List	Assessment Score		Key Observations
	YES	NO	
1. Governance			
1.1 Mission statement of organization available *			
1.2 Constitution and role of the Governing Body of NGO.			
1.2 Availability of record of discussions / minutes book for the last three years			
2. Staffing and organization			
2.1 Do they have a transparent selection procedure of all the project staff?			
2.2 In the last interview for technical staff was there an external person involved in selection? *			
2.3 Is an appointment letter issued to every staff?*			
2.4 Is there a Position/job description given to each			

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staff?*			
2.5 Is there an Attendance and Leave register in place?			
2.6 Is there a documented staff appraisal system in place?*			
2.7 Is there a record of last 3 staff meetings in place?*			
2.8 Is the office premises is rented or owned?			
3. Experience			
3.1 Does the organization have any experience (more than one year) in any of the following areas? *; a) Running Institution for the care and protection of mentally cured/ill persons b) Running institution for old age/disabled person c) Managing community development projects.			
3.2 Does the organization have any experience in forming/establishing community based networks ?*			
3.3 Is the organization proposing to work in the same geographic area where they are working at present?			
3.4 Since inception have any of the projects been discontinued before the agreed completion date. If so why?			
4. Financial Management Systems			
4.1 Do the audit report/ financial statements indicate any disqualifications or weaknesses*			
4.2 Does the organization have an Accounting System for each project: - Day Book - Cash Book - Ledger			
4.3 Does the organization have a printed serialized voucher system?			
4.4 Does the organization have a bank account?			

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4.5 Is the bank account operated jointly by two signatories?			
4.6 Are all receipts and payments properly documented and accounted for?			
4.7 Does the organization have a full time accountant? What are the qualifications			
4.8 Comment on the adequacy of the internal control processes. Is there any FM Manual or approved financial & administrative delegation.			
5. Procurement systems			
5.1 Does the organization have a procurement system of: a) Collecting at least three quotations b) Making comparative statement of the competitive quotations			
5.2 Is the assets register being regularly maintained?			
5.3 Is there an Inventory Control System in place?			
6. Planning, Monitoring and Reporting Systems			
6.1 Is there a Project planning system?			
6.2 Is there a Monitoring system?			
6.3 Is there a Reporting System?			
7. Assessment of external Relationship			
7.1 Does the NGO have any member of the target Community in their advisory committee?			
7.2 Does the NGO have any document explaining their experience of involving different Stakeholders in their work?, such as: - Civil Society Organizations - Government Departments - Private Sector - Faith Based Organizations - Cooperatives			
7.3 Is the NGO part of any consortium / network*?			
7.4 Is the NGO involved in any committees formed			

Atiza

by Central/State/Local Governments?			
Total Score			

Note: For all components where * mark is indicated, the team needs to collect supportive documents. The team has to score 1 point for every Yes assessment and 0 for every No assessment.

Format 2: Institutional Appraisal Observation Notes for Joint Appraisal Team visit:

The Joint Appraisal Team members will need to collect in-depth information on the 8 components and report it in Table 2.

Format 2: Institutional Appraisal Observation Notes

S. No	Topic	Other key observations
1	Governance <ul style="list-style-type: none"> - Is the composition of the board diverse or exclusive? - How active is the involvement of Board members? - Are there professionals related to the health sector in the Board? - Does the organization seek expertise from professionals for critical decision making? - Additional points if any 	
2	Staffing & Organization <ul style="list-style-type: none"> - Does the organization have a transparent recruitment policy? - Does the organization have a Gender policy? - Does the organization have a staff welfare policy that provides including: insurance, maternal / paternal benefits etc? - What systems does the organization have for staff motivation and appraisal? - Additional points if any 	
3	Project Experience <ul style="list-style-type: none"> - Is the project coverage limited or spread over the entire block / district? - Does the project has experience in working with multiple sectors or focused in one sector? - Do their work have high visibility among key policy makers and stakeholders? - Are there any examples of innovative approaches adopted that have significantly contributed to improving the quality of project work? - Additional Points if any 	
4	Financial Management <ul style="list-style-type: none"> - Describe the systems for approving payments; - Are salaries paid through cheque? - Proportion of dependence of agency on external funding? - Proportion of funds from government / private sources? - Trends of financial inflow during the last 3 years? 	

	<ul style="list-style-type: none"> - Systems adopted for receiving donations and grants? - Is there an internal control and regular audit system in place? - Are tax returns filed in time? - Additional Points if any 	
5	Procurement <ul style="list-style-type: none"> • Has the organization purchased drugs & supplies, computer etc. <p style="text-align: center;">Yes or No</p> <p>If yes</p> <ul style="list-style-type: none"> • What are the purchase policies and procedures available within the organization • Does the organization have a storage place for keeping medicines? • Are the staff technically qualified or have the experience to procure drugs, computers & supplies? • Is there a stock maintenance system providing physical inventory • Is there a periodic monitoring mechanism to track inventory & plan for purchase • Is there an inventory of capital assets and what is the form in which it is maintained • Are the inventory records updated and maintained 	
6	Planning, Monitoring and Reporting <ul style="list-style-type: none"> • How is planning done for each project in terms of human resources, financial resources and other resources within the organization • Is the process of planning a participatory one • Do the organization conduct programme review meetings (weekly/ monthly)? • Do the organization conduct field monitoring by visiting projects and observations documented? • Has the organization taken corrective action based on field monitoring? • Does the organization have monthly, quarterly and annual progress reports? 	
7	External Relationship This needs to be assessed in respect of the ability of the organization to forge relationships with: (see table 1 section-7)	
8	Others	

Incase if applicant organization can not provide the full details, time up to a maximum of 4 working days may be provided. The JAT will have to submit their consolidated report to the DSW with appropriate recommendations within 7 working days from the date of completing the field visit. The JAT will also need to comment specifically on the capacity building needs for strengthening the applicant organization's internal systems for program management (both technical and financial).

Format 3

FIELD – APPRAISAL SHEET (for Joint Appraisal Team)

Phizal

1. Name of NGO visited:
2. Office Address:
- Telephone No
- Fax
- E-mail
3. Is the office located in the project area?
4. Registration number as verified from original incl. Act under which registered
5. Registered under FCRA:
6. Administration of the NGO:

i. Details of the Governing Board / Exec. Committee

Sr. No.	Name	Age	Sex	Educational Qualification	Designation	Occupation	Years with NGO

- ii. Method of election of Bard/Exec Committee (verify records of the process)
- iii. Frequency of meetings of the EC/GB
- iv. Are minutes book/sheet maintained?
- v. Are the meetings held within regular intervals?
- vi. Total membership of the General body
- vii. Total meetings of the general body in the last three years
- viii. Has the NGO prepared an annual report for the last three years?
7. Financial systems:
 - i. Budgeting practices and compliance to budget
 - ii. Bank, Branch and A/C number
 - iii. Books of A/C maintained
 - iv. Does the NGO have a system of financial approvals and drawing of cheques (Briefly describe the system)
 - v. Cash payment and control system

Signature

vi. Procurement system and maintenance of asset registers

vii. Mode of audit:

8. Details of staff employed by the organization

Full Time

Name	Designation	Qualification	Experience

Part Time

Name	Designation	Qualification	Experience	Time allocated to NGO

9. Activities of the NGO

i. Major activities of the NGO

- a.
- b.
- c.

ii. Major source of funding:

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iii. Projects undertaken by the NGO in the last three years

Project /Programme	Target area	Beneficiary Groups	Budget	Duration

10. Details of the infrastructure / Assets of the organization

Signature

- i. Buildings :
 - ii. Furniture :
 - iii. Equipment:
11. Assess the NGO in the following counts through discussion / observation / local enquiry
- i. Quality of leadership
 - ii. Acceptability / Reputation of the NGO in the locality
 - iii. NGOs relationship with other NGOs
 - iv. NGOs relationship with other government agencies/departments
 - v. Gender sensitivity
 - vi. Staff morale
 - vii. Sustainability of the organization
12. Recommendation of the Appraisal of the Appraisal Team Member:
- i. Strengths
 - ii. Weaknesses
 - iii. Final recommendation (with ranking given by the team) :

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Appraisal Team Member:

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Date of visit:

Miguel