

➤ Pre-referral management for obstetric emergencies (Eclampsia, PPH, Shock).

➤ Family planning counseling of eligible couples with emphasis on importance of Healthy Timings and Spacing of Pregnancy (HTSP) for mother and child health.

➤ Provision of Condoms, Oral Contraceptive Pills and Pregnancy testing kits, (IUCD) Injectable MPA services, if trained provider is available.

➤ Refer women to appropriate referral site for safe abortion care services.

➤ Confidential counseling of safe abortion services.

➤ Follow-up for any complication after abortion and appropriate referral, if needed.

➤ Newborn Care Corners - Essential Newborn Care including resuscitation.

➤ Birth dose immunization (OPV, BCG, Hep B, as per GoI schedule), Inj. Vit K 1.

➤ Early initiation of Breastfeeding including colostrums feeding.

➤ Exclusive breastfeeding.

➤ Identification and prompt referral of "at risk" or "Sick" newborn.

➤ 6 Home Based Newborn Care visits.

➤ Home based Young Child care visits.

➤ Free Referral of sick neonate and infants under JSSK.

➤ Use of oral Amoxicillin and injection Gentamycin by ANM at community for neonatal sepsis management.

➤ In infant, community level management of Diarrhea with ORS and Zinc and Pneumonia with oral Amoxicillin.

By order and in the name of the Governor of Goa.

Dr. Pooja M. Madkaikar, Under Secretary (Health-II).

Porvorim, 31st January, 2025.

Department of Social Welfare

Directorate of Social Welfare

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**Notification**

50-354-2002-03-HC/Part-VI/7377

Read: 1. Notification No. 50/354/2002-03-HC/ /Part-I/4247 dated 04-10-2014.

2. Notification No. 50-354-2002-03-HC/ /Part-II/106 dated 07-04-2016.

3. Notification No. 50-354-2002-03-HC/ /Part-II/7941 dated 25-03-2022.

4. Notification No. 50-354-2002-03-HC/ /Part-VII/6212 dated 20-12-2024.

The following amendment shall be added to the Notification read in the preamble.

1. *Short title, commencement and applicability.*— (1) This scheme shall be called "Dayanand Social Security Scheme (Amendment), 2025.

(2) This Amendment shall come into force with effect from the date of Notification in the Official Gazette.

2. In Para 4, after sub-para (x) of the above referred scheme following word and figure shall be added.

"If the applicant is availing 'Griha Aadhar' scheme from Directorate of Women and Child Development and also apply under Dayanand Social Security Scheme from Directorate of Social Welfare, then applicant has to submit undertaking stating that Cancellation Order of 'Griha Aadhar' scheme will be produced by the applicant from Directorate of Women and Child Development, as per appended (ANNEXURE-K)".

3. In para 5 of the above referred scheme Life Certificate in prescribed format as (ANNEXURE-D) shall be replaced with new prescribed format as (ANNEXURE-D) appended herewith.

This amendment shall come into effect from the date of publication of Notification in the Extraordinary Official Gazette.

By order and in the name of the Governor of Goa.

Ajit Panchwadkar, Director of Social Welfare and ex officio Addl. Secretary (SW).

Panaji, 5th February, 2025.

ANNEXURE-K

**UNDERTAKING**

I, the undersigned Mrs./Smt. \_\_\_\_\_  
 wife/widow of \_\_\_\_\_ r/o \_\_\_\_\_  
 \_\_\_\_\_ is currently availing benefit of  
 Griha Aadhar Scheme implemented by Directorate of Women and Child Development of Goa. Being a  
 Senior Citizen/Single Woman/Widow/Person with Disabilities, I wish to avail benefit of Dayanand Social  
 Security Scheme from Directorate of Social Welfare, Government of Goa. I state that, I will produce Griha  
 Aadhar cancellation order once Dayanand Social Security Scheme amount gets sanctioned.

Date:

Signature:

Place:

Name:

ANNEXURE-D

**LIFE CERTIFICATE**

**PART - (A)**

DSS Sanction No.: .....

Name of the Beneficiary: .....

Full Address: .....

Aadhar Card No.: .....

Contact No.: .....

Constituency: .....

Signature/L.H.T. of Beneficiary with

date: .....

(To be signed in presence of the Gazetted Officer of the Goa State Government/MLA/MP/Sarpanch/  
 /Chairperson of Municipality/Nationalized Bank Manager)

PART - (B)

(To be signed by the Gazetted Officer of the Goa State Government/MLA/MP/  
/Sarpanch/Chairperson of Municipality/Nationalized Bank Manager)

I, Shri/Smt. .... do hereby certify that I  
personally know Shri/Smt. ....  
r/o ..... the beneficiary  
of DAYANAND SOCIAL SECURITY SCHEME and Shri/Smt. ....  
is alive as on ..... day of ..... of the year .....

The beneficiary has signed the above part "A" of the certificate in my presence.

Official Stamp

Date:

[www.goaprintingpress.gov.in](http://www.goaprintingpress.gov.in)

Printed and Published by the Director, Printing & Stationery,  
Government Printing Press,  
Mahatma Gandhi Road, Panaji-Goa 403 001.

PRICE - Rs. 12.00

PRINTED AT THE GOVERNMENT PRINTING PRESS, PANAJI-GOA-366/100-2/2025.