

# **Schemes for implementation of National Programme for Control of Blindness & Visual Impairment (NPCBVI)**

2017-2020  
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**Prevention of Blindness**

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS  
& VISUAL IMPAIRMENT (NPCBVI)**

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# Preamble

## 1. PREAMBLE

Blindness is a major public health problem in India with an estimated 12 million blind persons in the country. To tackle this problem, National Program for Control of Blindness was launched in 1976 with the goal to reduce the prevalence of blindness from 1.4% (1974) to 0.3% by the year 2020 by developing eye care infrastructure human resources, improving accessibility quality of eye care services. As per the survey of 2007, level of prevalence of blindness has come down to 1.0%.

Cataract is the dominant cause of blindness as it accounts for nearly two third of blind population. The purpose of cataract surgery is to restore vision of the affected person through provision of package of services that can enable the person to gain sight and return to his normal working as before. Refractive errors, childhood blindness, glaucoma, diabetic retinopathy, low vision, ocular injury, age-related macular degeneration, Retinopathy of Prematurity [ROP] and corneal blindness are other important causes of blindness.

### Main Causes of blindness

Cataract (62.6%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%), Others (4.19%) Estimated National Prevalence of Childhood Blindness /Low Vision is 0.80 per thousand.

### Main objectives

- To reduce the backlog of avoidable blindness through identification and treatment of curable blind at primary, secondary and tertiary levels, based on assessment of the overall burden of visual impairment in the country;
- Develop and strengthen the strategy of NPCB for “Eye Health for All” and prevention of visual impairment; through provision of comprehensive universal eye-care services and quality service delivery;
- Strengthening and up-gradation of Regional Institutes of Ophthalmology (RIOs) to become centre of excellence in various sub-specialities of ophthalmology and also other partners like Medical College, District Hospitals, Sub-district Hospitals, Vision Centres, NGO Eye Hospitals;
- Strengthening the existing infrastructure facilities and developing additional human resources for providing high quality comprehensive Eye Care in all Districts of the country;
- To enhance community awareness on eye care and lay stress on preventive measures;
- Increase and expand research for prevention of blindness and visual impairment;
- To secure participation of Voluntary Organizations/Private Practitioners in delivering eye Care.

## **Composition and functions of State and District Health Societies and their role in implementation of NPCBVI**

### **1. Composition and Functions of State Health Society (Blindness Division)**

The primary purpose of the State Health Society (Blindness Division) under the NRHM is to plan, implement and monitor blindness control activities in all the districts of the State as per the pattern of assistance approved for National Programme for Control of Blindness and Visual Impairment (NPCBVI) by the Mission Steering Group (MSG) in Centre. The composition of State Health Society is;

In the state level the State health Society is formed with the following members

Chairman	:	State Mission Director/Secretary.
Vice Chairman	:	Director Health Services
Member Secretary	:	Joint/Dy. Director (from the state cadre)

#### Functions

1. To coordinate and monitor with all the District Health Society.
2. To conduct regular review meeting with districts in coordination with Centre.
3. To procure equipment and drugs required in GOI facilities.
4. To receive and monitor use of funds equipments and material from the Government and other agencies.
5. To involve voluntary organization and Private Practitioners providing free/Subsidized eye care services in district and identify NGO facilities that can be considered for Nonrecurring grants under NPCBVI.
6. To promote eye donation through various media and monitor the districts for collection and utilization of eyes collected by eye donation centers and eye banks and directly identify NGO facilities that can be considered for grants under NPCBVI.

#### **Composition of District Health Society**

The District Health Society has a maximum of 15 members, consisting of not more than 8 exofficio and 7 other members as detailed below:

**Chairman** : District Collector/District Mission Director

**Vice-Chairman** : Chief Medical & Health Officer/District Health Officer

**Member Secretary** : Officer of the level of Deputy CMO preferably an Ophthalmologist may be designated as District Programme Manager (DPM) who would also be the Member Secretary of the society.

**Technical Advisor** : Chief Ophthalmic Surgeon of District hospital. In districts where Medical Colleges are located, Head of the Department of Ophthalmology may be designated as Technical Advisor to the society.

**Members** : Medical Superintendent/ Civil Surgeon of Distt. Hospital District  
Education Officer  
(IMA, District chapter of AIOS etc.)  
Representatives from NGOs engaged in eye care services District Mass  
media/ IEC officer  
Prominent practicing eye surgeons

### **Notes**

There should be at least one woman and one SC/ST member in the District Health Society. The membership of non officials should be of one year only and renewable as per the General Body decisions for further period.

The ex-officio members shall be members as long as they hold the office by virtue of which they are members. The term of other members shall be for the period notified by the Chairman of the society.

It is essential that the District Health Society informs the Registrar of the Society and the State/National Programme officer about the current composition/ membership at the beginning of each year.

In States where integrated Health and Family Welfare Society has been constituted at State and District levels, functions of District Health Society would be carried out by the integrated society out of grant-in-aid released.

### **Functions**

The primary purpose of the District Health Society is to plan, implement and monitor blindness control activities in the district as per pattern of assistance approved for the National Programme for Control of Blindness. On the basis of scheme approved for the 11th Plan, important functions of the District Health Society are:-

- a. To assess the magnitude and spread of blindness in the district by means of active case finding village wise to be recorded and maintained in Blind Registers (Format I);
- b. To organize screening camps for identifying those requiring cataract surgery and other blinding disorders, organize transportation and conduct of free medical or surgical services including cataract surgery for the poor in Government facilities or NGOs supporting the programme;
- c. To plan and organize training of community level workers, teachers and ophthalmic assistants/nurses involved in eye care services;

- d. To procure drugs and consumables including micro-surgical instruments required in the Government facilities;
- e. To receive and monitor use of funds, equipments and materials from the government and other agencies/donors;
- f. To involve voluntary and private hospitals providing free/subsidized eye care services in the District and identify NGO facilities that can be considered for non-recurring grants under the programme;
- g. To organize screening of school children for detection of refractive errors and other eye problems and provide free glasses to poor children;
- h. To promote eye donation through various media and monitor collection and utilization of eyes collected by eye donation centers and eye banks.
- i. The PMOAs (Paramedical Ophthalmic Assistance) shall be doing the regular screening for cataract and other diseases in the outreach camps. They shall be under the direct control of the District Ophthalmic Surgeon / DPM. The TA/DA of the PMOA is for the outreach camps conducted shall be paid by District Health Society.

#### **Directions of Central/State Governments**

The Society shall carry out such directions as may be issued to it from time to time by the Government of India or the State Government for the programme and shall furnish to the Government of India or the State Government and other collaborative agencies such reports, returns and information as per pattern of the scheme and as may be required by them from time to time.

#### **Redressal Committee**

It is advised that the State Government may constitute a Redressal Committee with Additional Secretary as Chairperson, an NGO representative (by rotation) as Member and Director of Health Services/ State Programme Officer as Member Secretary for all disputes pertaining to programme implementation including NGO participation.

#### **Grant-in-aid**

Funds will be released by the GOI to State Health Society (or State Health & FW Society) based on Annual Action Plan submitted to GOI. For release of funds by GOI, the State Society needs to submit the following documents pertaining to the previous financial year by 30th June of the current financial year:

- a. Statement on performance and expenditure
- b. Audited Statement of Accounts
- c. Utilization Certificate
- d. State Annual Action Plan for the current financial year.

GOI will release funds in two equal installments in a financial year; first installment will be equivalent to 50% of the planned budget. The second installment will, however, be released on the basis of progress made and expenditure incurred during a financial year. The funds

provided to the State Societies will be distributed to District Societies as per requirement and District Plan of Action.

District Health Society is expected to send information related to performance and expenditure incurred in the prescribed formats to the State society, who would forward compiled information to the Central Programme Division in DGHS, Ministry of Health and Family Welfare, Government of India.

Audited statements of expenditure and utilization certificate should be sent before 30<sup>th</sup> June every year. The State Society should maintain continuous flow of funds to District Health Society to implement the programme in the district. Funds released to State/District societies do not lapse after 31<sup>st</sup> March of a financial year and therefore funds available as unspent balance can be used by the society without seeking any revalidation from the State/Central Government.

**Grant-in-aid released under NPCBVI can be utilized for the following purposes and in accordance with the guidelines issued by GOI:**

- a. **Identified activities** as per pattern of assistant 2017-20
- b. **Manpower:** Data entry operator to assist the DPM. The remuneration of DEO is to be decided on the programme work load as per NHM norms.
- c. **Procurement of goods:** The District Health Society is permitted to procure consumables including drugs and medicines and instruments required of ophthalmic surgery in Government facilities which have been notified as base hospitals for eye care services. These may include RIOs, Medical College, District Hospital, Sub-District facilities including CHC where eye surgeons are posted.
- d. **Inclusion of essential drugs, eye drops and materials in the list of essential drugs in State:** The state shall ensure inclusion of essential drugs, eye drops, materials used at district and sub-district level hospitals in the List of Essential Drugs (EDL) as per IPHS norms in the State. A list of instruments and essential drugs to be procured in a district hospital eye department is at **Annexure XX**.

The District Health Society will be required to constitute a purchase committee comprising of CMO, District Ophthalmic Surgeon, & DPM and any officer of another department preferably having knowledge of procurement and financial procedures, to procure the items required by the District Health Society. The evaluation of the bids should not be based on the criteria of lowest cost alone but the quality should also be considered. Selection should thus be based on lowest cost among those bids which are in conformity with specifications and quality. The list of consumable items and equipments that can be procured by the District Health Society is given in attached Office Memorandum.

**c. POL and Maintenance:**

- a) **POL for District Health Society vehicle:** Expenditure on POL for vehicle provided under the programme or any other vehicle provided by eye care services may be met out of GIA released to District Health Society. These services include organization of

screening camps, transportation of patients, visits for School Eye Screening Programme, monitoring and supervisory visits and other eye care activities.

- b) **Hiring of vehicles:** In case Society or Government vehicle is not available for services mentioned in (a) above, District Health Society is permitted to hire vehicles on a lease basis or km. basis as per prevailing Government rules.
  - c) **Maintenance of vehicles:** Funds sanctioned to District Health Society may be utilized for maintenance of vehicles supplied to District Health Society/ Mobile Unit under the programme.
  - d) **Maintenance of equipment:** Funds sanctioned to District Health Society may be utilized for maintenance of equipment supplied by GOI or procured by the society under the programme.
  - e) Necessary funds for management of District Health Society may be claimed from the head 'District Programme Management Funds' under NHM
- d. Provision of spectacles: Cost of spectacles to post-operative cataract patients and all school children with refractive errors, would be borne by District Health Society. This would also include poor patients operated in Medical College, District Hospital and other fixed facilities identified as base hospitals under the programme. The price of spectacles must be fixed based on an open tender basis ensuring quality of glasses as per specifications at a competitive price. Glasses should be prescribed/ provided only after refraction. **Only those patients with visual acuity of 6/12 or less should be prescribed spectacles.** District Health Society shall ensure that the spectacles provided to school children are of good quality, light weight and non-allergenic and also that the frame is matching with the face and eyes of the child.
- e. The specification and quality of spectacles will be decided by a Committee consisting of members from State and District Health Society.
- f. **Information Education and Communication:** The District Health Society is authorized to undertake various activities related to Information, Education and Communication (IEC) at the district level. Local IEC activities include identification and motivation of potential beneficiaries, information through media, educating voluntary groups and teachers and other community based volunteers and Accredited Social Health Activists (ASHA) identified under National Health Mission. Interpersonal communication is the most effective method for motivation of target population. Such identified persons may be given one day orientation on blind registry, motivation and assistance in getting services for the affected population. The orientation programme would be organized at PHC/CHC.
- g. **Grant-in-aid to voluntary organizations:** The schemes for involvement of NGOs for various eye care activities including performance of free cataract operations, treatment of other eye diseases and eye donations have been revised as per details given in guidelines for voluntary organizations. The guidelines should be strictly adhered to and the District Health Society should develop mechanisms for monitoring quality control and follow up services. Following steps may be taken for involvement of NGOs and release of grant-in-aid to them:



- Recognition of NGO facilities: The District Health Society would identify NGOs having adequate infrastructure (OT and beds), equipments and trained personnel for carrying out Cataract Surgery. IOL implantation is the preferred procedure for cataract surgery. Similarly, Eye Donation Centers (EDC) and Eye Banks should be identified by the District Health Society. District Health Society should periodically review quality of services being provided by the NGO for extension of recognition.
- Payment to NGOs should be made on the basis of cataract operations performed and other eye diseases management free of cost by the NGO and only after submission of cataract surgery records and relevant details of management of other eye diseases. Similarly, grant-in-aid to EDC & Eye Banks should be governed by number of donated eyes and percentage of utilization.
- Random verification of number cases may be undertaken before discharge of operated cases.
- Grant-in-aid to NGOs for various schemes will be governed by guidelines contained in Guidelines for Participation of Voluntary Organizations.
- For scheme where Panchayats/ NGOs are involved only in screening, motivation, transportation and escort services, the maximum amount payable would be Rs. 350/- per cataract surgery performed.

**h. Training activities within the District:** Following training programmes are conducted/ organized by the District Society:

- Training of teachers for school eye screening programme;
- Training of Health Workers and community based volunteers (including ASHA under National Rural Health Mission) for village blind registry;
- Refresher Training of Ophthalmic Assistants on refraction and other procedures and cornea Retrievals;
- Training of Ophthalmic Nurses in Ophthalmic Techniques,
- Orientation training of Medical Officers of PHCs/ CHCs in community ophthalmology.

The last two training programmes indicated above may be organized by the State society in identified institutions. Training curriculum and modules developed under NPCBVI may be used for organizing training programmes. Financial norms issued by Government of India may be used for meeting expenditure on such training programmes.

**i. Check-up of incumbents of Blind Schools:** GOI grant released under NPCBVI can be used to meet expenses on the following:-

- Eye Check up of incumbents of blind schools including special investigations;
- Medical or surgical treatment of referred cases including medicine prescribed after treatment/surgery.
- Low Vision Aids or spectacles prescribed.

**j.** Expenditure on actual for treatment of poor patients suffering from blinding problems like Glaucoma, Diabetic Retinopathy etc. at Government Hospitals or qualified NGOs.

**k. Operational Expenditure (Programme management cost):** Under this head expenditure towards office expenses, stationary, postage/courier services, organizing review meetings, TA/DA to DPM, Ophthalmic surgeons and paramedical staff/PMOA for programme related tours, members of the Board constituted for Blind Schools and travel relating to the scheme is permissible. Fees to Chartered Accountant for annual audit may also be paid under this head of Grant-in-Aid.

**Mobilization of Additional Resources:** To ensure that poor patients are not denied access to free services; following alternative resources may be explored by the States/Districts for support:

- International NGOs like Sight Savers, Lions Sight First, CBM, Orbis International etc. Corporate Houses and Donors from the community.
- MP/MLA Development Funds.
- Funds from allocated grants for Health to other Departments.
- NHM flexipool.

### **Procurement Procedures**

State/District societies are required to procure different types of material from time to time in order to carry out targeted activities. Materials management is a critical input and any delays, shortages or lack of supplies may seriously jeopardize the programme in a district.

Though District Health Society is an autonomous body and can take independent decisions, good sense demands that set procedures which have stood the test of time should be used for procuring material. The major items which may require to be procured include:

- Ophthalmic drugs and other consumable items;
- Spectacles;
- Ophthalmic surgical instruments and minor equipment;
- Stationary and other office material; and
- IEC material

Grant-in-aid should not be used to create immovable assets or for construction of buildings. The following guidelines will be of use for procuring material:

**a) Constitution of Purchase Committee:** A local purchase committee may be constituted to carry out procurement. Following composition of the committee is suggested:

- Chief Medical Officer
- Technical Adviser of District Health Society
- District Ophthalmic Surgeon.
- Finance/Accounts Officer
- Member Secretary of District Health Society

For petty purchases, DPM may be authorized up to a limit decided by the District Health Society.

**b) Procurement procedures: Registration of Suppliers (GFR 2017; Rule 142)**

- (i) With a view to establishing reliable sources for procurement of goods commonly required for Government use, the Central Purchase Organisation (e.g. DGS&D) will prepare and maintain item-wise lists of eligible and capable suppliers. Such approved suppliers will be known as "Registered Suppliers". All Ministries or Departments may utilise these lists as and when necessary. Such registered suppliers are prima facie eligible for consideration for procurement of goods through Limited Tender Enquiry. They are also ordinarily exempted from furnishing bid security along with their bids. A Head of Department may also register suppliers of goods which are specifically required by that Department or Office.
- (ii) Credentials, manufacturing capability, quality control systems, past performance, after sales service, financial background etc. of the supplier(s) should be carefully verified before registration.
- (iii) The supplier(s) will be registered for a fixed period (between 1 to 3 years) depending on the nature of the goods. At the end of this period, the registered supplier(s) willing to continue with registration are to apply afresh for renewal of registration. New supplier(s) may also be considered for registration at any time, provided they fulfill all the required conditions.
- (iv) Performance and conduct of every registered supplier is to be watched by the concerned Ministry or Department. The registered supplier(s) are liable to be removed from the list of approved suppliers if they fail to abide by the terms and conditions of the registration or fail to supply the goods on time or supply substandard goods or make any false declaration to any Government agency or for any ground which, in the opinion of the Government, is not in public interest.

**c) Purchase of goods without quotation (GFR 2017; Rule 145)**

Purchase of goods up to the value of Rs. 25000/- (Rupees Twenty Five Thousand) only on each occasion may be made without inviting quotations or bids on the basis of a certificate to be recorded by the competent authority\* in the following format.

"I, \_\_\_\_\_, am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at a reasonable price." (\* The competent authority for purchase of goods without quotation or bid is the State Programme Officer / District Programme Manager ; NPCBVI.).

**d) Purchase of goods by purchase committee (GFR 2017; Rule 146)**

Purchase of goods costing above Rs. 25000/- (Rupees Twenty Five Thousand) only and up to Rs. 2,50,000/- (Rupees Two lakh Fifty Thousand ) only on each occasion may be made on the recommendations of a duly constituted Local Purchase Committee consisting of three members of an appropriate level as decided by the Head of the Department. The committee

will survey the market to ascertain the reasonableness of rate, quality and specifications and identify the appropriate supplier. Before recommending placement of the purchase order, the members of the committee will jointly record a certificate as under.

“Certified that we \_\_\_\_\_, members of the purchase committee are jointly and individually satisfied that the goods recommended for purchase are of the requisite specification and quality, priced at the prevailing market rate and the supplier recommended is reliable and competent to supply the goods in question”.

#### **Advertised Tender Enquiry (GFR 2017; Rule 150)**

- a. Subject to exceptions incorporated under GFR Rules 151 and 154, invitation to tenders by advertisement should be used for procurement of goods of estimated value Rs. 25 lakh (Rupees Twenty Five Lakh) and above. Advertisement in such case should be given in the Indian Trade Journal (ITJ), published by the Director General of Commercial Intelligence and Statistics, Kolkata and at least in one national daily having wide circulation.
- b. An organization having its own web site should also publish all its advertised tender enquiries on the web site and provide a link with NIC web site. It should also give its web site address in the advertisements in ITJ and newspapers.
- c. The organization should also post the complete bidding document in its web site and permit prospective bidders to make use of the document downloaded from the web site. If such a downloaded bidding document is priced, there should be clear instructions for the bidder to pay the amount by demand draft etc. along with the bid.
- d. Where the Ministry or Department feels that the goods of the required quality, specifications etc., may not be available in the country and it is necessary to also look for suitable competitive offers from abroad, the Ministry or Department may send copies of the tender notice to the Indian embassies abroad as well as to the foreign embassies in India. The selection of the embassies will depend on the possibility of availability of the required goods in such countries.
- e. Ordinarily, the minimum time to be allowed for submission of bids should be three weeks from the date of publication of the tender notice or availability of the bidding document for sale, whichever is later. Where the department also contemplates obtaining bids from abroad, the minimum period should be kept as four weeks for both domestic and foreign bidders.

#### **Limited Tender Enquiry (GFR 2017; Rule 151)**

- a. This method may be adopted when estimated value of the goods to be procured is up to Rupees Twenty-five Lakhs. Copies of the bidding document should be sent directly by speed post/registered post/courier/e-mail to firms which are borne on the list of registered suppliers for the goods in question as referred under Rule 142 above. The number of supplier firms in Limited Tender Enquiry should be more than three. Further,

web based publicity should be given for limited tenders. Efforts should be made to identify a higher number of approved suppliers to obtain more responsive bids on competitive basis.

- b. Purchase through Limited Tender Enquiry may be adopted even where the estimated value of the procurement is more than Rupees twenty five Lakhs, in the following circumstances.
- The competent authority in the Ministry or Department certifies that the demand is urgent and any additional expenditure involved by not procuring through advertised tender enquiry is justified in view of urgency. The Ministry or Department should also put on record the nature of the urgency and reasons why the procurement could not be anticipated.
  - There are sufficient reasons, to be recorded in writing by the competent authority, indicating that it will not be in public interest to procure the goods through advertised tender enquiry.
  - The sources of supply are definitely known and possibility of fresh source(s) beyond those being tapped, is remote.
  - Sufficient time should be allowed for submission of bids in Limited Tender Enquiry cases.

#### **Two bid system (GFR 2017; Rule 152)**

For purchasing high value plant, machinery etc. of a complex and technical nature, bids may be obtained in two parts as under :-

- Technical bid consisting of all technical details along with commercial terms and conditions; and
- Financial bid indicating item-wise price for the items mentioned in the technical bid.

The technical bid and the financial bid should be sealed by the bidder in separate covers duly superscribed and both these sealed covers are to be put in a bigger cover which should also be sealed and duly superscribed. The technical bids are to be opened by the purchasing Ministry or Department at the first instance and evaluated by a competent committee or authority. At the second stage financial bids of only the technically acceptable offers should be opened for further evaluation and ranking before awarding the contract.

#### **Single Tender Enquiry (GFR 2017; Rule 154)**

Procurement from a single source may be resorted to in the following circumstances:

- It is in the knowledge of the user department that only a particular firm is the manufacturer of the required goods.
- In a case of emergency, the required goods are necessarily to be purchased from a particular source and the reason for such decision is to be recorded and approval of competent authority obtained.
- For standardisation of machinery or spare parts to be compatible to the existing sets of equipment (on the advice of a competent technical expert and approved by the competent authority), the required item is to be purchased only from a selected firm.

**Note:** Proprietary Article Certificate in the following form is to be provided by the Ministry /Department before procuring the goods from a single source under the provision of sub GRR Rule 154 (i) and 154 (iii) as applicable.

a. The indented goods are manufactured

by: M/s.....

b. No other make or model is acceptable for the following reasons :

.....

c. Concurrence of finance wing to the proposal vide :  
.....

d. Approval of the competent authority vide :.....

(Signature with date and designation of the procuring officer)

**Purchase of goods directly under rate contract (GRF 2017; Rule 147)**

- (1) In case a Ministry or Department directly procures Central Purchase Organisation (e.g. DGS&D) rate contracted goods from suppliers, the prices to be paid for such goods shall not exceed those stipulated in the rate contract and the other salient terms and conditions of the purchase should be in line with those specified in the rate contract. The Ministry or Department shall make its own arrangement for inspection and testing of such goods where required.
- (2) The Central Purchase Organisation (e.g. DGS&D) should host the specifications, prices and other salient details of different rate contracted items, appropriately updated, on the web site for use by the procuring Ministry or Department.

**Alternatively, in order expedite the process of procurement the following additional guidelines are being issued:**

- a. Efforts should be made to ensure that the funds received for the proposed equipments are utilized in the same financial year.
- b. The approved rates of the requirement equipments may be obtained and adopted from the nearest Regional Institute of Ophthalmology / Government Medical College / Government Autonomous Institute.
- c. If for any reason, the equipment is not expected to be procured in the said time frame and there is possibility of funds remaining unutilized till the end of the financial year, the funds may be utilized for other components of Grant-in-aid for free cataract operations, SES, other recurring components (like Eye ball collection) etc and vice-versa, so that the unspent balances with the State on the last day of the financial year is minimum possible. In the next financial year, a fresh demand for release of funds for procurement may be sent to the Ministry.

Any such above referred decision shall taken by the State Programme Officer with the approval of Director Health Services / Mission Director/State Health Secretary concerned and the Government of India should also be informed about the same. In case of any further clarification if may be sought from General Financial Rule 2017 (GFR 2017). All disputes shall be settled by the State High Court.

## **Financial Management**

### **Maintenance of Funds**

All moneys credited to the funds of the society shall be deposited in a nationalized bank. Withdrawals from funds shall be made by cheques. All cheques shall be signed by two of three signatories; Chairperson, Vice-Chairperson and Member Secretary.

### **Accounts and Audit**

The accounts of the society shall be maintained on double entry system and in the format prescribed according to directions issued by Government of India. The accounts of the society shall be audited by a Chartered Accountant or any other qualified person or agency who may be appointed by the Government of India. A quarterly Statement of Expenditure as per prescribed format (Format III) showing the income and expenditure under each item shall be prepared and submitted to the State Society. District Health Society shall maintain the annual accounts of the society to be prepared not later than the 30th June of every year comprising of receipts and payments account, income and expenditure account and balance sheet. A copy of such audit report duly signed by the Auditor along with Utilization Certificate shall be furnished to the State Society not later than 30th June. The State Society shall forward consolidated performance and expenditure statements to Central Programme Cell quarterly and Audit Statement and Utilization Certificate of only State Society by 30th June of each year. The Comptroller and Auditor General shall have the same rights, privileges and authority to conduct audit of the accounts of the society as he had in connection with the audit of Government accounts and for this purpose shall have the right to demand the production of books of accounts and other relevant records of the society.

### **Assets**

A statement showing the schedule of fixed assets held by the District society at the end of each financial year shall be sent to the State Society. No depreciation shall be charged and the value of assets to be shown at the original cost in the accounts.

### **Accounting Procedures & Formats**

The following arrangement is suggested with regard to the format of accounts and their maintenance by the District Health Society:

- a. The accounts of the Society shall be maintained on the Double Entry System, on actual basis.
- b. The following Forms & Registers shall be maintained by the Society:
  - 1) Journal (for transactions which do not involve any movement of funds)
  - 2) Cash Book (for transactions where is a movement of funds)
  - 3) Ledger (Accounts head-wise summary of expenditure)
  - 4) Register of Bank Reconciliation
  - 5) Stock Register for Consumables



- 6) Register for Fixed Assets
  - 7) Approval Budget estimates as per Annual Plan of action
  - 8) Record of audit and settlement of audit objections
  - 9) Record of financial resolutions/decisions.
- c. The Society shall maintain the Cash Book as per the specimen attached (Format IV). All transactions relating to receipt and payments shall immediately be recorded in the Cash Book which shall be balanced and closed every day and shall be signed by the Member Secretary (herein after referred to as DPM). The Chairman or any other officer nominated by him shall make the surprise check of cash balance at least once in a month.
  - d. Every month all Bank transactions (receipts & payments format V) shall be reconciled with the Bank Statement or Pass Book issued by the Bank. Bank Reconciliation statement shall be recorded in the Register of Bank Reconciliation.
  - e. Cheque books and counterfoils shall be kept in the custody of the DPM. If a cheque, after it has been signed, cannot be delivered to the payee for any reason, the same shall be lodged in the safe, the key of which shall be kept in the custody of the DPM.
  - f. All cheques shall be jointly signed by two out of three signatories i.e. Chairperson, Vice chair person and Member Secretary.
  - g. A cheque shall be current for three months only. After the expiry of three months and up to six months from the date of the issue of cheque, payment will be made by the bank provided the cheque has been revalidated. A cheque remaining unpaid for a period of six months after the month of issue, shall be cancelled.
  - h. The Society shall maintain standard ledger heads as far as possible (Format III).
  - i. Paid vouchers shall be consecutively numbered in order of payment and filed. Similarly, the GIA claims paid to NGOs shall also be kept in a separate file.
  - j. At the end of each month, an abstract should be prepared showing the monthly expenditure on various account heads. Consolidated information shall be prepared indicating the progress of expenditure from month to month.
  - k. The Society shall compare the actual expenditure under each item with the budget figures, on quarterly basis.
  - l. All receipts by the society (cash/cheque/D.D.) should be acknowledged by a printed receipt which should be signed by the Member Secretary. The receipts with their counterfoils should be machine numbered.
  - m. The society shall prepare the annual statement of accounts comprising of the Receipts & Payment Account, Income & Expenditure Account and Balance Sheet in the prescribed formats V to VII after close of Financial Year. A statement showing fixed assets held by the Society as at the end of the financial year shall also form part of the annual statement of accounts.
  - n. The Society shall appoint a Chartered Accountant to audit the accounts of the Society. The annual statement of accounts along with financial instructions in these guidelines shall be furnished to the Auditor for the audit. These Statement of Accounts, as certified by the Auditor and the Chairperson and Member Secretary of the Society, shall be submitted to the Government of India not later than 30th June and it shall also be filed with the Registrar of Societies in accordance with the Societies Registration Act.

- o. For any clarification on matter relating to financial management, enquiries can be made from the Under Secretary (BC), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110001.

### **Monitoring For Quality Control**

Random checks need to be carried out to assess the validity of reported data, status of follow-up, provision of glasses and patient satisfaction. Standard Cataract Surgery Records (Format II) should be filled up for each operation performed. These should contain information regarding pre-operative check up, surgical details, post-operative assessment and follow-up services. These records provide relevant information about visual outcome and other quality parameters and thus should be adopted without exception. Periodic review should be undertaken by the District Health Society to assess the progress in each block and by each provider unit. Averages may be misleading and thus total achievement in the district may not be relevant particularly to assess the coverage of eye care services. The District Health Society should be concerned about the outcomes i.e. number of persons whose eyesight is restored rather than be satisfied with the product i.e. no. of cataract operations performed. Reduction in the prevalence of cataract blindness is not solely dependent upon the number of cataract operations performed, but more on the quality of surgery, post operative care, follow up services and provision of IOL and/ or corrective glasses. The programme objective is thus not just the number of cataract operations performed but the number of persons where eye sight has been restored.

### **Reporting to central NPCB&VI division**

The state programme officer shall ensure timely submission of monthly progress reports for various eye care activities like cataract, other eye diseases (Glaucoma Diabetic Retinopathy, Childhood Blindness etc.), school eye screening and spectacles distribution to school children, spectacles distribution to elderly population, collection of donated eyes in the prescribed formats already circulated to States.

The State Programme Officer (NPCB&VI) shall also ensure submission of monthly reports of trachoma cases from each district from January, 2018 onwards positively. The trachoma reporting is mandatory even if the report is nil. The prescribed format for trachoma reporting is give at Annexure IV.

**Pattern of assistance under NPCBVI through NHM during 2017-2020**

S. No.	Component	Pattern of assistance during 2017-2020
	Recurring Grant-in-aid	
1	Grant-in-aid for Cataract operations in Government Sector and NGO/private sector	Reimbursement for cataract operation for NGOs and Private Practitioners @Rs.2000/- per case.
		Assistance for cataract operations for Government Sector @ Rs. 1000/- per case.
		In the cases, where NGOs/Pvt. practitioners are using Govt. OT: (a) Normal area - @ Rs.1200/- per case. (b) Difficult areas such as tribal, desert, hilly and North Eastern districts - @Rs.2000/- per case.
		For identifying blind persons (blind registry), organizing & motivating identified persons and transporting them to Government/VO fixed facilities for cataract surgeries, panchayats, ICDS functionaries, ASHA workers and other voluntary groups like mahila mandals would be identified and involved by the District Health Societies. They would be eligible for support not exceeding Rs.350/- per operated case (if the patient is transported to the NGO facility for surgery Rs.350/- shall be paid by the NGO out of Rs.2,000/- which it received as reimbursement for any free cataract surgery performed).
2	Grant-in-aid for treatment/management of other eye diseases to NGOs and private practitioners	Diabetic Retinopathy @Rs.2,000/- Childhood Blindness @Rs.2,000/- Glaucoma @Rs.2,000/- Keratoplasty @Rs.7,500/- Vitreoretinal Surgery@Rs.10,000/-
3	Grant-in-aid for distribution of free spectacles to school children to District Health Societies	Screening and free spectacles to school children @ Rs.350/- per spectacles.
4	Grant-in-aid for distribution of free spectacles to elderly population to District Health Societies	Screening and free spectacles for near work to old persons @Rs.350/- per spectacles.

5	Grant-in-aid to Eye Banks in Government/Voluntary Sector	Recurring GIA to Eye Bank @ Rs.2,000/- per pair of eyes (Eye Bank will reimburse to Eye Donation Centre attached with it for eye collected by them @ Rs.1,000/- per pair of eyes) to meet the cost of consumables including preservation material & media, transportation/POL and contingencies.
6	Grant in aid for training of PMOAs and other paramedics	The trainings PMOAs and other paramedics will be conducted at State/District level as per the NHM norms.
7	Grant-in-aid for Information Education Communication (IEC) in State/district	State level IEC @Rs.10 lakh for minor States and Rs.20 lakh for major States.  State level activities: for development of IEC strategy in various regions of the state, replication of effective prototype, monitoring of district level IEC activities. District level activities: Local IEC suitable to target population, use of folk methods and other indigenous means of communication, orientation of local leaders etc.
8	Grant-in-aid for maintenance of ophthalmic equipments	Maintenance of ophthalmic equipments @Rs.5 lakh per district to ensure longevity of costly ophthalmic equipments supplied under the programme. (States shall include this activity in Bio-Medical Equipments Maintenance Programme (BEMP). However, the State may continue the existing procedure, till the activity is awarded under BEMP).
9	Management of State Health Society	(Up to Rs.20 lakh to meet expenditure on the following activities:  A. Staff i. Budget Finance Officer - as proposed by State ii. Administrative Assistant - Preferably through outsourced mode iii. MTS - preferably through outsourced mode iv. Data Entry Operations - to be decided on the programme work load
		B. Other expenses Mobility support, review meetings etc.
	Component	Pattern of assistance during 2017-2020
	Non-recurring grant-in-aid	

10	Grant-in-aid for District Hospitals/ Sub-District Hospitals/ Vision Centers	Strengthening of District Hospitals/ Sub-District Hospitals/ PHCs (Vision Centers) in Govt. Sector. (As per IPHS norms based on the state proposals)  (The list of ophthalmic equipments for District Hospitals/ Sub-District Hospitals/ Vision Centers will is provided with detailed guidelines).
11	Grant-in-aid for Eye Banks	Eye Banks in public sector up to Rs.40 lakh per unit for equipments and furnishing towards strengthening/developing eye banks. (The list of equipments and instruments etc. for eye banks will is provided with detailed guidelines).
12	Grant-in-aid for Eye Donation Centers	Eye Donation Centre in public sector up to Rs.1 lakh per unit for strengthening/developing eye donation centre.
13	Grant-in-aid for construction of dedicated eye units	Construction of Dedicated Eye Unit (Eye Ward and Eye OT) in public sector @ Rs.100 lakh per unit.
14	Grant-in-aid for procurement of Multipurpose Distt. Mobile ophthalmic unit with equipments	i. Procurement of Multipurpose Distt. Mobile ophthalmic Unit with equipments. ii. Opex cost including salary, maintenance & POL etc. @ Rs. 30 lakh per unit
15	Grant-in-aid for Tele-network	Approximate cost of a tele-network unit - @ Rs.25 lakh per unit (4-5 vision centers to be linked to district hospital/Medical College/tertiary care centre, whichever is nearer).
	Component	Pattern of assistance during 2017-2020
	Contractual Manpower	
16	Grant-in-aid for contractual manpower	i) Ophthalmic Surgeon in District Hospitals* ii) Ophthalmic Assistant in PHC/vision centers, district Hospitals and sub-district hospitals.* iii) Eye Donation Counsellors in eye banks* *(As per IPHS norms based on the state proposals) iv) Data Entry Operator at district level (to be decided on the basis of programme work load)

## 2. SCHEMES FOR VOLUNTARY ORGANIZATIONS

The purpose of the schemes is to utilize the services of NGOs working in the country in the field of eye care to compliment the efforts of the government sector for reducing the prevalence of blindness.

Following schemes are presently available under the programme:

Recurring grant-in-aid (released through the District Health Societies)

- a. For free cataract operations by identified voluntary/NGO organizations and private practitioners (up to Rs.2,000/- per case);
- b. For cases, where NGOs/Pvt. Practitioners are using Govt. OT: (i) normal area (up to Rs.1,200/- per case), (ii) difficult area such as tribal, desert, hilly and north eastern districts (up to Rs.2,000 per case);
- c. For treatment/management of other eye diseases to voluntary/NGO organizations and private practitioners (diabetic retinopathy, childhood blindness and glaucoma - up to Rs.2,000/- per case, keratoplasty up to Rs.7,500/- per case & vitreoretinal surgery up to Rs.10,000/- per case);
- d. For Eye Banks in Government/Voluntary Sector (up to Rs.2,000/- per pair of eyes) to meet the cost of consumables including preservation material & media, transportation/POL and contingencies; Eye Bank will reimburse to Eye Donation Centre attached with it for eye collected by them @ Rs.1,000/- per pair of eyes).

## 3. GENERAL ELIGIBILITY CONDITIONS

### **Voluntary Organization/NGO:**

For the purpose of all the above schemes, a voluntary organization will mean;

- a) A Society registered under the Indian Societies Registration Act, 1860 (Act XXI of 1860 or any such act resolved by the State) or a charitable public trust registered under any law for the time being in force;
- b) Track record of having experience in providing health services preferably eye care services over a minimum period of 3 year;
- c) Properly constituted managing body with its powers duties and responsibilities clearly defined and laid down in a written constitution.
- d) Services open to all without distinction of caste, creed, religion or language
- e) Having available well trained staff, infrastructure and the required managerial expertise to organize and carry out various activities under the scheme; and
- f) Agreeing to abide by the guidelines and the norms of the program.
- g) Registration on Darpan Portal of Niti Ayog.

#### **4. PRIVATE PRACTITIONER**

- a) MD/MS Eye surgeon with two year of work experience in ophthalmology and not working with government on regular/full time basis;
- b) DNB ophthalmology doctors with two years of post graduate experience and not working with government on regular/full time basis;
- c) DOMS in Ophthalmology doctors with five years of post PG experience and not working with government on regular/full time basis

The role of Private Practitioner is to:

1. Providing services to population residing in rural/urban/tribal/hard core/un-served and/or under-served area as mutually agreed by District/ State health society.
2. Agrees to abide by the programme guidelines/norms as announced from time to time.
3. Ensure proper maintenance of records for scrutiny and send regular report to district health society.

#### **Display:**

All the organizations, which have received one time grant-in-aid, will display prominently that the programme is being organized with the grant-in-aid received under National Programme for Control of Blindness & Visual Impairment run by Government of India.

## Details of the Schemes for Voluntary Organizations

### RECURRING GRANT IN AID:

#### I. Recurring grant in aid for free Cataract operations and management of other eye Diseases by voluntary organizations/Private Practitioner etc. in fixed facilities:

1. One of the main objectives of the National Programme for Control of Blindness (NPCBVI) is to reduce the backlog of blindness through identification and treatment of blind, secure participation of voluntary organization/Private Practitioners in various eye care activities. To make the eye care comprehensive, besides cataract surgery, provision of assistance to the NGO's have been made for other eye diseases like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, treatment of Childhood Blindness etc.;

#### 2 Financial Assistance:

- a. Recurring Grant-in-aid for cataract operation for NGOs and Private Practitioners @Rs.2000/- per case.
- b. The amount of Rs.2000/- includes the cost of drugs, consumables, sutures, glasses, transport/POL, organization & publicity, IOL, viscoelastics and addl. consumables.
- c. In the cases, where NGOs/Pvt. Practitioners are using Govt. OT - Normal area @ Rs. 1200/- per case and difficult areas such as tribal, desert, hilly and North Eastern district @ Rs. 2000/- per case.
- d. For identifying blind persons (blind registry), organizing & motivating identified persons and transporting them to Government/VO fixed facilities for cataract surgeries, panchayats, ICDS functionaries, ASHA workers and other voluntary groups like mahila mandals would be identified and involved by the District Health Societies. They would be eligible for support, not exceeding Rs.350/- per operated case (if the patient is transported to the NGO facility for surgery Rs.350/- shall be paid by the NGO out of Rs.2,000/- which is received as reimbursement for any free cataract surgery performed).
- e. Recurring Grant-in-aid for treatment/management of other eye diseases to voluntary/NGO organizations and private practitioners (diabetic retinopathy, childhood blindness and glaucoma - up to Rs.2,000/- per case, keratoplasty up to Rs.7,500/- per case & vitreo retinal surgery up to Rs.10,000/- per case). The reimbursement is subject to completion of treatment/surgery. Reimbursement for Glaucoma will include surgery with pre-operative and post-operative management.
- f. The NGOs are required to sign MOU with the District Health Society where they are holding screening eye camps for the purpose of reimbursement from the same district.



- g. The district authorities will allocate targets for cataract surgeries to the NGOs with whom they have signed MOU keeping in view the case load, allocation of budget in PIP during the year and annual target allotted to the State for the purpose of reimbursement under the programme.
- h. Payments in respect of walk- in-patients from other than allotted areas/districts shall also be eligible for grant in aid under this scheme from the DPM/DHS with whom the MOU has been signed.

### 3. Eligibility Criteria:

- a) General eligibility conditions mentioned at page no. 20-21 of the document.
- b) Eye hospitals in voluntary sectors should have facilities for secondary level eye care services including cataract operations, preferably with intraocular lens (IOL) implantation and other facilities and skilled manpower required for the management of other diseases under the scheme. Cataract surgery without intraocular lens (IOL) i.e. aphakia is not eligible for any grant.
- c) Track record of three (3) years in eye care by the NGOs and two (2) years for Private Practitioners for participation in this scheme.
- d) A newly started branch hospital of an existing and recognized hospital having all facilities as listed under point (2) above is also eligible subject to DPM's verification and certifying for participation.
- e) Territorial boundary between districts and states has no bearing on the working of a voluntary organization as NPCBVI is a National Programme. So any NGO may work in any state/District of the Country. However, an NGO will have to sign an MOU with the district authorities where they want to hold a screening camp irrespective of the fact that they do not have base hospital in that district. The payment for the surgery would be reimbursed by the DPM of the district where the screening camp was held. DPM or his representative can do the verification of 5% of the operated cases either by visiting the base hospital on the day of surgery and on the day of follow-up or by making home visits after patients have been discharged
- f) If a voluntary organization with base hospital in District A, organizes an eye camp in District B, they will have to sign a MoU with District B for the purpose of reimbursement from District B. The NGO will share the list of identified cases for surgery as well as the operated cases with the concerned district.

### 4. General Guidelines:

- a) The District Health Society will identify NGO's/Private Practitioners with base hospitals located in the district for implementing this scheme.
- b) Though preference may be given to hospitals within the district the District Health Society is empowered to identify hospitals located outside the district.

- c) The NGO's/Private Practitioner shall apply in the prescribed format to the District Programme Manager for accreditation/identification under this scheme.
- d) All identified NGO's/Private Practitioners shall sign a Memorandum of Understanding with the District Health Society for a period of 24 months (Annexure - XVI), renewable from time to time. As long as the MOU is in operation/ valid there is no need for seeking specific permission of the DPM for holding Screening camps or other approved activities under this particular scheme. However, the identified NGO/Private Practitioner shall give a prior intimation in writing to the DPM in prescribed format (Annexure - V) at-least 2 weeks in advance of conducting such activities. In case NGO want to hold screening eye camps in neighboring/other district intimation may be given to the concern district authorities two weeks in advance.
- e) The NGO shall apply for renewal of MOU to the concerned DPM preferably 3 months prior to expiry of MOU date. The DPM shall examine the application within a month's time to decide for approval/rejection of the application, with valid reasons, and convey the outcome to the concerned NGO.
- f) NGOs are responsible to keep the District Health society updated of any changes.
- g) Fresh claims from NGOs/Private Practitioner for the activities undertaken in current year shall be settled in accordance with the revised guidelines [For old reimbursement cases prior to this guideline, their claims shall be reimbursed in accordance with the guidelines already circulated earlier by Govt. of India and as per the provisions of GFR].
- h) NGOs are required to ensure strict compliance of the eye surgery guidelines uploaded in NPCBVI website ([www.NPCBVI.gov.in](http://www.NPCBVI.gov.in)) to avoid eye mishaps. The visual outcome at the time of discharge and follow up should be recorded in the surgery records compulsorily.
- i) ALL EYE OPERATIONS SHOULD BE CONDUCTED IN EXCLUSIVE EYE OT FACILITIES (FIXED) OF THE NGO BASE HOSPITAL ONLY. NGOs not having a base hospital for conducting surgeries shall be eligible only up to a maximum of Rs 350/- per operated case for identifying the blind persons, organizing and motivating identified persons and transporting them.**
- j) Data entry in the NPCBVI Management Information System (MIS) on website [www.NPCBVI.nic.in](http://www.NPCBVI.nic.in) should be made and approved by DPM online. Only those cases verified online are eligible for reimbursement under NPCBVI.**
- k) NGOs conducting screening eye camps shall ensure follow up of the patients operated for cataract at the same place where the screening camp was held, as per Eye Surgery guidelines under the programme.**

##### **5. Population to be served:**

- a) Population pockets (to be identified by the District Health Society/ DPM) of 3 to 5 Lakh (only 50,000 in case of sparsely populated / hilly / desert / difficult terrains) people will

be covered by the applicant NGO/ Private Practitioner. However, patients from other adjoining areas can also be operated.

- b) Other than the difficult or desert areas; District Health Society (DHS) need not demarcate the areas in order to achieve universal coverage. All people in need of eye care should get it regardless of where they live. The poor should not be denied the benefit of choice of providers or service opportunities. However, DHS may assign designated underserved areas (difficult / uncovered areas) to NGOs for providing eye care service and NGOs may be insisted to conduct camps in such areas.
- c) The patients from urban or semi urban areas which are closer to medical colleges or district hospitals are also given a free choice to select the hospital for their surgeries and also they have options in terms of time. In view of this, the outreach camps are not restricted irrespective of geographic locations as any restriction would be in contradiction to the Universal coverage mandate of NPCBVI

## 6. Infrastructure Requirement

### a) Manpower requirement:

Category of personnel	Minimum No.
Ophthalmic Surgeons	1
Para Medical Ophthalmic Assistant (Ophthalmic Assistant / Technician / Optometrists / Ophthalmic Nurse.)	2
Support Staff (Counselor / Social worker/ Accountant / Administrator)	1

b) In addition, the applicant NGO should have adequate infrastructure and equipment for OPD and IPD services, Operation and Management of admitted patients.

## 7. Expected Output: NGOs receiving non-recurring grants shall:

- Provide & maintain Cataract Surgical Cards for the patients operated and other OPD / Indoor wards records (To be filled up in MIS) (**Annexure - III**).
- Maintain proper record & submit monthly report on cases screened, treated and operated in the prescribed Performa (To be filled up in MIS) (**Annexure - VII**) in addition to reports as may be sought from the institution from time to time.
- Prepare and maintain Diabetic Retinopathy Register (To be filled up in MIS) (**Annexure - XII**), Glaucoma Register (To be filled up in MIS) (**Annexure - XIII**), Squint Register (To be filled up in MIS) (**Annexure - XIV**), Keratoplasty Register (To be filled up in MIS) (**Annexure - XV**) whichever is applicable.
- Seek reimbursement in the prescribed format within maximum of 3 months of surgery/ intervention/screening. No claims shall be valid after lapse of 3 months.
- The DPM shall acknowledge the receipt of the claim document and shall be required to settle the claim in a period not exceeding 3 months time.

## 8. Procedure for Approval of Grants:

- Claim preferred in the prescribed format (**Annexure - XVII**) would be submitted by applicant NGO and Private Practitioner along with necessary documents and report generated from the MIS-NPCBVI in support of qualifying criteria to the District Health Society (District Programme Manager), NPCBVI. The DPM would examine the proposal in terms of eligibility criteria and inspect the NGO and Private Practitioner for assessing

present facilities and requirements within a period of one month from the date of receipt of applications complete in all respects. The DPM may thereafter, forward his recommendation to the competent authority for final disposal.

- **No payment should be released towards reimbursement to be made to NGOs with effect from 01.04.2013 if data entry in the NPCBVI- MIS has not been made and approved by DPM.**

#### **9. Competent authority:**

- State Programme Officer (SPO), NPCBVI would be the competent authority to approve / reject applications in writing giving reasons for rejection, in case of disapproval.

#### **10. Release of Grant**

- a) The State Health Society shall release the grant in aid to the District Health Society who in turn shall release the funds to the NGOs/ Private Practitioner after necessary verification.
- b) The DPO/DPM shall be responsible for verification of 5% of operated cases within 6 weeks time of surgery/intervention.
- c) In case of non-approval, intimation alongwith reasons for disapproval should be given to the NGO within one month of application.
- d) Payment to NGOs/Private Practitioner should be made only after follow up of operated cases and submission of online cataract surgery records.
- e) For schemes where ASHA/ICDS / NGOs/Private Practitioner are involved only in screening, motivation, transportation and escort services, the maximum amount payable would be Rs.350/- per cataract surgery performed.

#### **11. Guidelines for other eye diseases**

##### **General Guidelines:**

For Diabetic Retinopathy, Glaucoma, Keratoplasty, Vitreoretinal Surgery & Childhood Blindness- squint, ROP, Retinoblastoma, congenital ptosis, intra ocular, trauma in children and low vision.

- a. Beneficiaries to include all patients irrespective of religion, caste, sex and economic status.
- b. Cost to the Patient:- totally free of cost to the beneficiaries.
- c. Eligible Patients:- Either from screening camps or OPD walk-ins, referrals, etc.
- d. Recurring Grant-in-aid for treatment/management of other eye diseases to voluntary/NGO organizations and private practitioners (diabetic retinopathy, childhood blindness and glaucoma - up to Rs.2,000/- per case, keratoplasty up to Rs.7,500/- per case & vitreoretinal surgery up to Rs.10,000/- per case);
- e. Reimbursement for glaucoma includes pre-operative and post operative care.
- f. Copy of valid photo ID of beneficiaries should be kept as record (Voters I card, Ration Card, PAN card etc any other Govt. provided id, employees certificates);
- g. In absence of a valid photo ID proof, the concerned organization will prepare one for the beneficiary bearing the signature of the competent authority of the organization.

- h. Verification of cases to be done by DPO/DPM and or District Ophthalmic Surgeon, and Ophthalmic Assistant. If verified by PMOA then the records need to be further counter signed by the DPM. Based on the information submitted by the NGOs, the PMOA or any authorized person by DPM should do the verification of cases by visiting the base hospital before they are discharged or during the 30<sup>th</sup> day follow up screening in order to avoid the delay or tracing out the patients in the villages.
- I NGOs/Private Practitioner to get the cases verified (5%) by DPO/DPM/District Ophthalmic Surgeon on a monthly basis for claiming reimbursement
- j. District Health Society is the monitoring authority.

## II. Recurring Grant-In- Aid to Eye Banks & Eye Donation Centre in Voluntary Sector

The objective of this scheme is to promote Eye banking activity in the country through NGOs and other stakeholders besides the Government sector, to fill the gap between demand and supply of corneal tissues for transplantation for treatment of corneal blindness.

**1. Eye Bank (EB):** For the purpose of this scheme, an Eye Bank will mean an organization that is:

- a) Registered under “The Transplantation of Human Organs, Act 1994”, and as amended in 2014; (pg.-83-85)
- b) Providing a round the clock public response system for eye donation;
- c) Coordinating with donor families and hospitals to motivate eye donation;
- d) Harvesting at least 100 corneal tissues in a year.
- e) Collecting/Processing and evaluating the collected tissue and blood for serology;
- f) Distributing corneal tissue in an equitable manner to organizations having capacity and are registered for corneal transplantation;
- g) Ensuring safe transportation of tissue.
- h) Conducting awareness programs for health personnel and public on eye donation on a regular basis.

**1. Financial assistance:** Under the scheme, the following financial assistance will be provided

- a. **Recurring assistance** of Rs.2000/- per pair of eyes towards honorarium of Eye Bank staff, consumables including preservation material & media, transportation/ POL and contingencies.
- b. **Recurring assistance** of Rs.1000/- per pair of eyes collected towards honorarium of eye donation centre staff, consumables including preservation material & media, transportation/ travel cost/POL and contingencies. (Eye Bank will reimburse the Eye donation Centre for eye collected by them @ Rs.1000/- per pair).

**3. Eligibility criteria:** The organization should:

- a. Satisfy general eligibility conditions mentioned at page no. 20 of the document.
- b. Organizations having experience in providing eye care services will be given preference.

#### **4. Infrastructure**

- a. Provide & maintain detailed records of Eye Ball collected and utilized in the prescribed format (**Annexure - IX**) and submit it through MIS report to the District Health Society.
- b. The Eye Bank should collect at-least 500 eye balls in the next five years.

#### **5. Procedure for Approval of Grants**

The total no of eye balls collected in month would be given by the Eye Bank & Eye Donation Centre in the format given **Annexure - IX, X** respectively) to the District Health Society. The claims shall be verified by the DPM/DPO and process the claim within. This entire work should be completed within maximum of three months from the date of receipt of applications complete in all respects. The SPO may thereafter, forward his recommendation to the competent authority for final disposal.

#### **6. Competent authority:**

Secretary (Health) / Mission Director NRHM of the State would be the competent authority to approve / reject applications in writing giving reasons for rejection, in case of disapproval.

#### **7. Release of Grant**

The NPCBVI shall release funds for this scheme to State Health Society on the basis of proposal in the State PIP. The State Health Society shall release grant in aid on receipt of other certificates / undertakings listed in the General Financial Rules (GFR) as per (**Annexure - V**).

#### **8. Penalties:**

Government of India reserves the right to inspect the premises / accounts of the NGO. Any violation of conditions will lead to suspension of any Government grant to the organization in future.

#### **9. Monitoring and Evaluation**

The State Programme Officer/district Health Society shall inspect the work done as and when required and shall also obtain monthly report from the NGO of the work done. The grantee NGO shall be duty bound to submit such reports on a timely basis.



## 10. Audited Statement of Accounts & Utilization Certificate

NGO shall get its accounts audited by a Chartered Accountant and submit these accounts within three months of the closure of every financial year till the completion of conditions in the prescribed Bond to the State Health Society under intimation to the District Health Society. NGO will also have to furnish a certificate of actual utilization of the non-recurring grant in aid for the purpose for which it was received within a period of 3 months of the closure of the financial year. Utilization Certificate shall be submitted in the prescribed proforma at **Annexure - VIII**. The account of NGO shall be open to inspection by the sanctioning authority whenever the institution is called upon to do so.

### SCHEMES FOR GOVERNMENT ORGANIZATIONS

#### III. Non-recurring GIA for Construction of Eye Ward and OT/Repair and renovation of existing units.

##### Objective of the Scheme

To enhance the capability of the state sustainable of eye care services in each district and for reduction in backlog of blindness due to cataract, the GIA is given for construction of 10 bedded eye ward and a separate eye OT or for repair and renovation of existing eye care infrastructure in the district hospitals/sub district hospitals of the State.

##### General Guidelines/Procedures

1. The construction work should be undertaken by the State PWD or any other organization identified by the State.
2. The 10 bedded eye ward with OT has to be constructed within an areas of 230-240 sq.m as per approved plan and in accordance with the technical specification forming annexure I to the these guidelines available on NPCB website ([www.npcb.nic.in](http://www.npcb.nic.in)). The drawing and specification are to be followed in total and any deviations there on has to be authorized by the Ministry of Health & Family Welfare, Government of India.
3. The amount approved for the scheme is upto **Rs. 100 lakhs**.
4. The state programme officer should project the requirement for the fund in the State PIP after planning with district programme manager where these gaps in the infrastructure exist.
5. The state shall ensure submission of utilization of allotted funds as per GRF rules to NHM/central NPCB division.

#### IV. Non recurring GIA for strengthening of district/sub district hospitals (procurement of equipment for eye care services)

##### Objective

This funds is provided for development of eye care infrastructure in district hospitals/sub district hospitals for providing cataract surgical services and other eye care services.

##### General Guidelines

1. The state shall ensure availability of ophthalmologist in each district/sub district hospital for providing surgical services.
2. The state shall ensure compliance of the IPHS norms for development of eye care infrastructure/equipments at district hospital.
3. The State Programme Officer should project the requirement of funds for the activity in the State PIP after planning with District Programme Managers where these gaps in the infrastructure exist.
4. The state shall ensure submission of utilization of allotted funds as per GRF rules to NHM/central NPCB division.
5. The grant released under NPCB&VI will be utilized for procurement of identified ophthalmic equipment/instrument/material as per the list below:-

Ophthalmic Equipment/Surgical Sets/IOLs, Sutures etc for District and Sub-district Hospitals

S.No	District Hospital	Sub-district Hospital
1	Operating Microscope (Basic)	Operating Microscope(Basic)
2	A-Scan Biometer	A-Scan Biometer
3	Keratometer	Keratometer
4	Slit Lamp, Refraction Units	Slit Lamp, Refraction Units
5	Auto Refractometer	Auto Refractometer
6	Flash Autoclave	Flash Autoclave
7	Streak Retinoscope	Streak Retinoscope
8	Tonometers (Schiotz)	Tonometers (Schiotz)
9	Direct Ophthalmoscope	Direct Ophthalmoscope
10	Nd-Yag Laser	Surgical sets
11	Applanation Tonometer	Microsurgical instrument
12	Non-mydratic Fundus Camera	Vision Charts
13	Gonioscope	UPS/Invertor
14	Surgical sets for cataract, glaucoma and squint etc.	Generator
15	Microsurgical instruments	Indirect ophthalmoscope with 20D lens

16	Vision Charts	Air Conditioner
17	UPS/ Invertor	
18	Generator	
19	Phacoemulsifier	
20	Indirect ophthalmoscope with 20 lens	
21	Air conditioners	
Maximum Assistance = Rs. 40 lakh		Maximum Assistance = Rs. 20 lakh

V. Non-recurring grant-in-aid for Eye Banks in public sector (up to Rs. 40.00 lakh)

The objective of this scheme is to promote Eye banking activity in the country through Government facilities and other stake holders to get adequate tissue for corneal transplantation for treatment of corneal blindness.

1. **Eye Bank (EB):** For the purpose of this scheme, an Eye Bank will mean an organization that is:
  - a Registered under “The Transplantation of Human Organs, Act 1994 and amended in 2014” (Amendment 2014, as per Gazette Notification at pg. 83-85). Any eye bank in Govt. Sector may apply for this grant though the State SPO, for support in PIP mode.
2. **Financial assistance:** Under the scheme, financial assistance will be provided up to maximum of Rs. 40 Lakh for purchase of equipment, furniture and fixtures (list given below) for strengthening the existing facilities of the Eye Bank in public sector.

**List of equipment that can be procured from Non-Recurring GIA to Govt. Hospital for an Eye Bank:**

S. No.	Equipment/Furnishing
1	Slit Lamp
2	Specular Microscope
3	Laminar Flow
4	Serology Equipment
5	Instruments for corneal excision and enucleation including containers
6	Autoclave
7	Keratoplasty instruments
8	Transport Facility ( One 2 Wheeler)
9	Refrigerator
10	Computer & Accessories
11	Telephone Line
12	Air-Conditioner
13	Renovation, Repair, Furniture & Fixtures
	Maximum Assistance = Rs. 40 Lakh

### 3. Manpower Requirement:

	Incharge/Director	Nos
1	(Ophthalmic Surgeons (Full time / on Panel)	1
2	Eye Bank Technician	2
3	Eye Donation Counselor (Posted in Eye Bank)	2
4	Multi Task Staff (MTS)	2

### 4. Expected Output

The Eye Bank receiving non-recurring grant will :

- a. Utilize the entire grant within period of 12 months from the receipt of grant after following
- b. Provide & maintain detailed records of Eye Balls collected and utilized in the prescribed format (**Annexure - IX**) and submit a through MIS report to the District Health Society.
- c. The Eye Bank should be committed to collect at-least 500 eye balls in the next five years.

### 5. Release of Grant

National Health Mission (NHM) shall release funds for this scheme to State Health Society on the basis of proposal and approval in the State PIP.

### 6. Monitoring and Evaluation

The State Programme Officer/ district Health Society shall inspect the work done as and when required and shall also obtain monthly report from the Eye Bank of the work done. The grantee Eye Bank shall be duty bound to submit such reports on a timely basis.

### 7. Audited Statement of Accounts & Utilization Certificate

Eye Bank shall get its accounts audited by a Chartered Accountant and submit these accounts within three months of the closure of every financial year to the State Health Society under intimation to the District Health Society. The Eye Bank will also have to furnish a certificate of actual utilization of the non-recurring grant in aid for the purpose for which it was received within a period of 3 months of the closure of the financial year. Utilization Certificate shall be submitted in the prescribed proforma at **Annexure - VIII**.

**VI. Non-recurring grant-in-aid for Eye Donation Centers (EDC) in Government Sector (up to maximum Rs. 1.00 lakh)**

**1. Eye Donation Centre:** For the purpose of the above scheme, an Eye Donation Centre will mean an organization that is:

- a) Is affiliated to a registered Eye Bank
- b) Harvest corneal tissue and collect blood for serology;
- c) Ensure safe transportation of tissue to the parent eye bank
- d) Provide a round the clock public response system for eye donation;
- e) Coordinate with donor families and hospitals to motivate eye donation;
- f) Conduct Public and professional awareness on eye donation be provided;

**2 Financial Assistance:** Under the scheme, financial assistance will be provided up to a maximum of Rs. 1 Lakh (Rupees One Lakh Only) for the purchase of equipment as per list below.

**List of Equipment/ furnishings for an Eye Donation Centre:-**

S. No	Equipment/Furnishing
1	Refrigerator
2	Enucleation set
3	Containers for corneal sets
4	Corneal Sets
5	Autoclave available
6	Device and / or material for Health Education activities
7	Vehicle (Two wheeler)

**3 Manpower required:**

Sr. No.	Personnel	Number
1	Incharge / Director	1
2	Ophthalmic Technician	1
3	MTS (Multi Task Staff)	1

**4. Expected Output: EDCs receiving non-recurring grants will:**

- a. Utilize the entire grant within period of 12 months from the receipt of grant after following due procedures
- b. Provide & maintain detailed records of Eye Balls collected and deposited in linked Eye Bank in the prescribed format (**Annexure - X**) and submit monthly report to the District Health Society.
- c. The EDC should be committed to collect at-least 500 eye balls in the next five years.

**5. Procedure for Approval of Grants:**

- a. Any eye donation centre in Govt. Sector may apply for this grant through the State SPO, for support in PIP mode.

**6. Release of Grant:**

The NPCBVI shall release funds for this scheme to State Health Society on the basis of proposal in the State PIP.

- 7. Monitoring and Evaluation:** The State Programme Officer/District Health Society shall inspect the work done as and when required and shall also obtain monthly report from the EDC of the work done. The grantee EDC shall be duty bound to submit such reports on a timely basis.

- 8. Audited Statement of Accounts & Utilization Certificate:** EDC shall get its accounts audited by a Chartered Accountant and submit these accounts within three months of the closure of every financial year till the completion of conditions in the prescribed Bond to the State Health Society under intimation to the District Health Society. Utilization Certificate shall be submitted in the prescribed Performa at **Annexure - VIII**. The account of EDC shall be open to inspection by the sanctioning authority whenever the institution is called upon to do so.

**VI. Non- recurring grant-in-aid for PHC/ Vision Centers in Government Sector  
(up to Rs. 1 Lakh)**

1. The scheme seeks to enhance capacity to provide free and subsidized Eye Care Services for underserved affected population in rural including tribal areas. The purpose of the Scheme is to expand or upgrade eye care services for providing quality Eye Care services to the affected persons in rural including tribal populations of the country. The outreach of the National Program for Control of Blindness (NPCBVI) largely depends on the successful running of Vision Centre in rural areas. It is the key point where people with visual problem seek advice. Paramedical Ophthalmic Assistant (PMOA) working in Vision Centre is the key person to provide information and necessary preliminary services.

- 2. Financial Assistance:** Under the scheme, financial assistance (Non-recurring) will be provided up to a maximum of Rs. 1 lakh only towards purchase of equipment and fixtures, training as mentioned in this scheme:
- Existing VCs and Primary / Community Health Centers (PHCs) in Government sector should be strengthened along with setting up of new vision centre. PMOA will work closely with other health care personnel, link workers, teachers, Anganwadi workers (under ICDS) and ASHAs.
  - VC/PMOA would be supervised by Medical officer of PHC/ CHC/ Service centre.
  - Ophthalmologist should visit VCs at least once a month from affiliated Service Centre

**List of Equipment that can be procured from this scheme:**

1	Trial Set
2	Trial Frame (Adult And Child)
3	Vision Testing Drum
4	Plane Mirror For Retinoscopy
5	Streak Retinoscope
6	Snellens Charts
7	Binomag / Magnifying Loupe
8	Schiotz Tonometer
9	Torch (With Batteries)
10	Lid Speculum
11	Epilation Forceps
12	Foreign Body Spud and Needle
13	Direct Ophthalmoscope
14	Slit Lamp (Optional)
15	Vision Charts for Preverbal Children

**3. Population to be served:**

Since the purpose of this scheme is to make eye care services available for tribal and rural population, which have inadequate eye care facilities, the first step is to identify population pockets of 50,000 populations to be covered by the Vision Centre.

#### **4. Minimum Requirements:**

- **Manpower:** There should be at least one Paramedical Ophthalmic Assistant (PMOA) at the vision centre
- **OPD Room:** at least one room with minimum length of 6 meters or 3 meters (with mirror) will be required

#### **5. Services to be rendered:**

- a. Identification of conditions requiring services like cataract, glaucoma and Red eye etc. and refer patients to affiliated at Service Centre;
- b. Vision testing & prescription / dispensing of glasses; Optical shop can be set up or outsourced.
- c. Conducting school eye screening program & IEC.
- d. Organizing screening camps at the vision centre or other places.
- e. Participation in training of link workers, volunteers and teachers; and
- f. Imparting eye health education to the community.
- g. Maintain village wise blind registry.
- h. Furnish data in prescribed format on number of patients, refractions and school eye screening.

#### **6. Expected Output:** Vision Centre receiving non-recurring grants shall:

- a. Utilize the entire grant within period of 12 months from the receipt of grant after following due procedures
- b. Provide & maintain detailed records of people screened in the prescribed format (**Annexure-XI**) and submit monthly report to the District Health Society.
- c. The VC shall refer the positive cases of cataract & other ophthalmic disorder to the Link hospital/ Base hospital/ referral hospital for management.

#### **7. Procedure for Approval of Grants:**

DPM shall identify the PHCs where no eye care services are available and proposal for creation of Vision Centres in these PHCs should be given in the State PIPs.

#### **8. Release of Grant:**

The NPCBVI shall release funds for this scheme to State Health Society on the basis of proposal/approval in the State PIP.



## **9. Monitoring and Evaluation**

The State Programme Officer/district Health Society shall inspect the work done as and when required and shall also obtain monthly report from the Vision Centre of the work done.

## **10. Audited Statement of Accounts & Utilization Certificate**

Vision Centre shall get its accounts audited by a Chartered Accountant and submit these accounts within three months of the closure of every financial year. Vision Centre will also have to furnish a certificate of actual utilization of the non-recurring grant in aid for the purpose for which it was received within a period of 3 months of the closure of the financial year in the prescribed proforma at **Annexure - VIII**. The account of Vision Centre shall be open to inspection by the sanctioning authority whenever the institution is called upon to do so.

## **VII Guidelines for Operationalization of Multi-Purpose District Mobile Ophthalmic Units under the National Programme for Control of Blindness**

### **Name of the scheme**

1. Development of Multipurpose District Mobile Ophthalmic Units in the District Hospitals of States/UTs.

### **Objective of the scheme**

- i. To operationalize Multipurpose District Mobile Ophthalmic Units in district hospitals for improved access to eye care services.
- ii. To further expand eye-care coverage.
- iii. To make eye care services available in remote and underprivileged areas of the country.

### **Activities by the Multipurpose District Mobile Ophthalmic Units (MDMOU)**

3. The activities to be undertaken by MDMOU are as follows:
  - a. Screening and diagnosis of diseases like Cataract, Diabetic Retinopathy, Glaucoma, corneal opacity etc.
  - b. School Eye Screening
  - c. Transporting patients from Screening Centers to the nearest District Hospital/Referral Centre for further management
  - d. On the spot refraction and prescription of glasses
  - e. Display and dissemination of IEC messages through Audio, Video and poster display.

### **4. Composition of the Multipurpose District Mobile Ophthalmic Unit**

#### **I. Manpower:**

- a. Para-Medical Ophthalmic Assistant
- b. Driver and cleaner/helper

#### **II. Mobile Van with following Specifications**

5. A mobile van will be provided for the purpose with the NPCBVI logo and panels displaying information about the programme. It will be 10 to 15 seater passenger carrier including driver and helper to accommodate a PMOA, eye patients/school children. The space at the back of the van may be utilized for placing lens box, emergency tray and as store for spare essential material/items. The States will have the flexibility to decide the type of vehicle to be procured within the given budget. However, the model of the vehicle will be decided and procured by the State Health Society depending upon the geographic conditions and technical feasibility for the State.

### **III. Essential equipment in Mobile Van:**

6. The details of essential equipment in MDMOU are as follows:

1. Battery Operated Torch (2)
2. Illuminated Vision Testing Drum
3. Illuminated hand held near vision testing drum
4. Snellen & Near Vision Charts
5. Trial Lens Set with Trial Frames (2)
6. Streak retinoscope
7. Stationary (Glass Prescription, OPD slips)
8. Direct Ophthalmoscopes
9. Tonometers (Schiotz)
10. Binomags (binocular loupe)
11. Epilation forceps, Xylocaine Eye drops 4%
12. Ishihara color vision testing book
13. Mini storage cabinet with lock facility.

#### **Purchase procedure**

1. The purchase of the vehicle will be made by the Purchase Committee of the State Health Society through GeM Portal from authorized dealers of standard manufacturers selected as per the prescribed purchase procedures by the Government.

#### **Administrative aspects**

2. The broad administrative of MDMOU are as follows:
  - i. District Programme Manager (DPM) will be the Officer-in-charge at district level for the operational and monitoring aspects of the mobile unit.
  - ii. The Medical Officer in the Primary Health Centre of the area of the eye screening camp will remain available for facilitating the Eye camps.
  - iii. The local sub-centre staff and members of the village health committee will assist in the camp.
  - iv. The post of Driver and helper shall be filled up on contractual basis. NPCBVI will not be responsible for their salary etc. after discontinuation of this component of the Scheme

#### **Financial Implications**

3. Grant-in-aid of up to Rs. 30 lakh per unit towards purchase of Multipurpose District Mobile Ophthalmic Unit and opex cost (salary, maintenance and POL) will be provided by the Government under NPCBVI in following manner:
  - a) Procurement of Multipurpose Distt. Mobile ophthalmic Unit with equipments (upto Rs. 18.00 lakhs non recurring cost)
  - b) Opex cost including salary, maintenance & POL etc. (upto 12.00 lakhs recurring cost)

## Display on Mobile Van

10 The State Government shall ensure that it is appropriately displayed on such Mobile Vans that it has been funded by the Government of India under NPCBVI. The outer panel shall also be utilized for display of IEC messages on eye care.

## Prudent Use of Vans

11. The State Government shall also ensure that such Mobile Vans are strictly utilized for the purpose for which it has been sanctioned by the Government so that such Units are effective in providing eye care activities to the remote and underserved areas.

## VIII. Recurring GIA for cataract surgery in Government Sector

### Objective

The purpose of the schemes is to support district hospitals and sub-district hospitals to meet the cost of essential drugs, medicines and material to provide appropriate eye care services to reduce the prevalence of blindness in the country.

### Recurring grant-in-aid (released through the District Health Societies)

- i. For free cataract operations by district hospitals/ sub district hospitals (up to Rs.1,000/- per case);
- ii. For identifying blind persons (blind registry), organizing & motivating identified persons and transporting them to Government/NGO fixed facilities for cataract surgeries, any one of the functionaries from panchayats, ICDS staff, ASHA workers and other voluntary groups like mahila mandals, would be identified and involved by the District Health Societies. They would be eligible for support not exceeding Rs.350/- per operated case (if the patient is transported to the NGO facility for surgery Rs.350/- shall be paid by the NGO out of Rs.2,000/- which it received as reimbursement for any free cataract surgery performed).
- iii. The list of consumables is as under:

#### List of consumables for cataract surgery:

1	Disposable blades for SICS - MVR- Crescent, 3-2/5-2 etc.
2	IOL
3	Sutures (8-0 or 10-0 silk)
4	Disposable eye drapes
5	Blades (Carbon Steel)
6	Inj.Xylocaine 2% (30 ml)

7	InjHyalase (Hyaluronidase)
8	Inj. Gentamycin
9	Inj.Betamethasone/Dexamethasone
10	Inj. Adrenaline
11	Inj.RingerLacate (540 ml) from reputed firm
12	Inj. Trypan Blue
13	Visco-elastics from reputed firms
14	(Phacotips,sleeves cassettes)
15	I/ A cannulas
16	26G needles
17	Gauze
18	Green Shades/dark goggles
19	Eye bandages

#### **IX. Recurring GIA for distribution of free spectacles to school children under school eye screening programme.**

##### **Objective**

Reduction in prevalence of blindness due to refractive errors amongst school children.

##### **General Guidelines**

- **Provision of spectacles:** Cost of spectacles to all school children with refractive errors, would be borne by District Health Society. The price of spectacles must be fixed based on an open tender basis ensuring quality of glasses as per specifications at a competitive price. Glasses should be prescribed/provided only after refraction. Only those patients with visual acuity of 6/12 or less should be prescribed spectacles. District Health Society shall ensure that the spectacles provided to school children are of good quality, light weight and non-allergenic and also that the frame is matching with the face and eyes of the child.
- The specification and quality of spectacles will be decided by a Committee consisting of members from State and District Health Society.
- School children of age group 6 to 18 will be covered in this scheme.
- Collaboration with RBSK for identification of school children suffering from refractive errors.
- Grant-in-Aid:- Screening and free spectacles to school children upto Rs.350/- per spectacles.

## **X Recurring GIA for distribution of free spectacles for near work to elderly population suffering from presbyopia**

### **Objective of the scheme**

- To further extend eye care services to elderly people.
- To take care of elderly people in weaker section of the society.

### **General Guidelines**

- i. Elderly people of the age of 45 years & above and suffering from presbyopia are eligible for free spectacles on the prescription of Government Eye Specialist.
- ii. The patients of the age of 45 years and above will be screened for the presbyopic correction in (i) District Hospitals; (ii) Medical Colleges; (iii) and RIOs and any other Government Hospitals.
- iii. Preference will be given to the persons below poverty line.
- iv. The procurement of the spectacles will be made by the respective State/District Health Society by following proper procurement procedures similar to the purchase procedures being followed for purchase of Spectacles for school children.
- v. Grant-in-Aid:- Screening and free spectacles to elderly population upto Rs.350/- per spectacles.

## **XI. Recurring Grant-In- Aid to Eye Banks & Eye Donation Centre in Government Sector**

The grant is based on the same line as for voluntary organization

- Recurring assistance of Rs.2000/- per pair of eyes towards honorarium of Eye Bank staff, consumables including preservation material & media, transportation/ POL and contingencies.
- Recurring assistance of Rs.1000/- per pair of eyes collected towards honorarium of eye donation centre staff, consumables including preservation material & media, transportation/ travel cost/POL and contingencies. (Eye Bank will reimburse the Eye donation Centre for eye collected by them @ Rs.1000/- per pair).
- The release of budget will be through PIP mode under NHM.

## **Scheme for Examination and Treatment of Children and Adolescents in Blind Schools**

Blindness is a major public health problem in India with an estimated 12 million blind persons. Major causes of blindness include cataract, refractive errors, corneal blindness, glaucoma and posterior segment disorders. Childhood Blindness is also an important major problem with estimated 2.7 lakh blind children. Large number of disability years for every blind child has social and economic implications. It is estimated that nearly 50% of blind children should be suffering from preventable or curable blindness due to cataract, corneal opacity and retinal

disorders. Efforts should be made to identify underlying cause of blindness, assess chances of sight restoration and provide best possible treatment to the affected population. National Programme for Control of Blindness needs to take up activity to identify and manage curable blindness in children as a priority intervention.

Persons, especially children suffering from incurable blindness need to be rehabilitated. Ministry of Social Welfare and Empowerment is the nodal Ministry for providing physical, vocational and social rehabilitation of incurable blind. Blind Schools have been set up and supported for rehabilitation of incurably blind persons.

There is need to establish linkages between various schemes and organizations which are relating to prevention, control and rehabilitation of the blind. For effective coordination, there is need to establish linkages at Central, State and District levels. Convergence of activities of schemes should primarily aim at welfare and quality of life of the blind with focus on sight restoration of curable blind and rehabilitation of incurable blind. With this background, a scheme is proposed to be evolved which bring about coordination of schemes relating to blindness in general and childhood blindness in particular.

## **Title of the Scheme**

### **Examination and Treatment of Children and adolescents in Blind**

**Schools Objectives:** Specific objectives of the scheme are:

- To identify children and adolescents admitted in blind schools with possibility of sight restoration;
- To provide to identified curable blind, appropriate treatment available in the district/region; and
- To set up mechanisms for referral, coordination and feedback between organizations dedicated to prevention, treatment and rehabilitation of blind.

**Organizational Structure:** For effective coordination and convergence following structure is proposed at various levels under the scheme:

- a) **Central level:** A Central Coordination Committee may be constituted with members from DGHS, Ministry of Health & FW, Ministry of Social Welfare and Empowerment and Subject Experts. This committee would evolve scheme, finalize plans and monitor implementation of the scheme.
- b) **State level:** State Ophthalmic Board consisting of Eye Specialists may be constituted for detailed eye examination of the blind referred by District Ophthalmic Boards to assess feasibility of treatment and sight restoration.

- c) **District level:** District Ophthalmic Board consisting of Eye Specialists may be constituted to examine children and adolescents admitted to blind schools. Members of the board should include ophthalmic surgeons specializing in pediatric ophthalmology, retina and cornea. In case such specialists are not available in the district, such boards may be constituted at divisional/regional level.

### **Activities**

District Health Society (or Integrated Health Society) will be responsible for implementation.

Following activities would be undertaken under the scheme:

- a. Annual eye check up of all incumbents of blind schools covering visual acuity, fundus examination and other appropriate advanced tests required to assess chances of visual restoration. This activity would be undertaken by District Ophthalmic Board.
- b. Eye check-up of applicants who desire to seek admission in a blind school and issue of certificate of incurable blindness recommending admission to a blind school. No person would be admitted to blind school without this certificate. In doubtful cases, the District Ophthalmic Board can refer cases to State Ophthalmic Board for final opinion.
- c. Referral of curable blind to organizations for treatment to identified panel of eye care facilities as per recommendation of the Ophthalmic Board. These facilities would be identified based on following parameters:
  - a) Infrastructure and equipment for detailed eye examination, surgery and postoperative care for children.
  - b) Trained/ experienced eye specialists in pediatric ophthalmology, corneal and vitreo-retinal surgery and paramedical staff.
- d. Follow-up of treated cases as per recommendations of the Ophthalmic Board.
- e. Rehabilitation of incurable blind would be as per scheme of Department of Social Welfare.

### **Records & Reporting**

- A detailed record of each incumbent would be maintained by the blind school containing First Examination Report (before admission) and all annual examination reports. Standard Records recommended by WHO for Eye Examination would be used as per prescribed instructions.
- Reports of incumbents treated under the scheme would be maintained by concerned District Health Society.
- Information on the scheme would be conveyed as a part of Monthly/Quarterly/Annual Reports submitted to the State/Central Cells dealing with National Programme for Control of Blindness.



## **Training**

Training workshops would be organized by Government of India and the States to ensure uniformity and adoption of standard protocol for examination of blind children.

**Financial Assistance:** District Health Society would be empowered to use GOI grant released under NPCBVI to meet expenses on the following:

- a) Eye Check up of incumbents of blind schools including special investigations;
- b) Medical and/or surgical treatment of referred cases including medicine prescribed after treatment/surgery
- c) Low Vision Aids and/or spectacles prescribed
- d) TA/DA to members of the Board for travel relating to the scheme.

## **NPCB&VI MIS: Summary of steps of User Operations Manual and online registration for NGOs and Government Hospitals**

### **User Types:**

- NGOs
- Private Practitioner
- Government District Hospitals
- Eye banks
- Eye Donation Centers

### **A. Registration of account and activation by DPM**

**Step 1:** Account Registration by Government District Hospitals/NGO/Hospital Eye Banks/Donation Centre: New NGO/Hospital registers (creates an account) at website <http://NPCBVI.nic.in/> with a username & password with entry of Name, address, District, State, post office Pin no., phone no., Fax No., mobile no., email address, organization type. Email address entered here would be registered email address for this account on NPCBVI website.

**Step 2:** Verification & approval of account by DPM: NGO/Hospital has to contact District Program Manager (DPM) of the district. DPM would verify details & activate this account. Only after verification by DPM, the registered NGO/Hospital can login with his user name, password.

### **B. Eye Surgeries/treatment details entries by NGOs/Private Practitioners/District Hospitals (end users)**

**Step 1:** Enter personal details & Identity proof of person or patient in Blind Register: Enter name, address, phone no., age, sex, ID proof, disease category and upload photo.

**Step 2:** Enter details of disease, treatment/surgery details, pre-operative, post-operative information: Enter details related to disease, disease category, follow-up details etc., upload photo & surgery report file. Different details are to be entered for different eye diseases on different forms.

**Step 3:** Submit entered details to DPM for checking and verification. Submit on the website, take print and submit signed copy to DPM.

**Step 4:** DPM verifies: On receiving signed print from NGO/Hospital, DPM verifies the details on the website and approves.

### **C. Eye Banks & Eye Donation Centers: Entry of eyeballs data**

**Step 1:** Entry of eyeballs details: Eyeballs collected, utilized, discarded, used for other purpose, Scheme etc. details are entered and required documents are uploaded by eye bank every month. Collection centers enter eyeballs received from other Institutes, eyeballs sent to other Govt. Institutes, eyeball sent to elsewhere for keratoplasty).

**Eyeball details should be submitted to DPM & DPM verifies the details.**

### **D. Reset Password using registered email address**

**Step 1:** Enter username & registered email address on Forget Password form: This form is accessible from NPCBVI.nic.in website.

**Step 2:** Enter PRRC Code: Open your registered email, NPCBVI would email PRRC code. Enter this code to get system generated password in your email.

**Step 3:** Login to NPCBVI website using System Generated password: Read your email containing System Generated Password. Login to NPCBVI website with this password.

System takes you to change password page. After login with System Generated Password, user is required to change password.

**Step 4:** Set your own password: Decide & make a new password yourself. (Minimum 8 characters. It must contain at least 1 small letter, 1 capital letter, 1 number and 1 special character). Enter username, system generated password and your own password. Click on Change Password button

## GOVERNMENT OF INDIA

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL  
IMPAIRMENT

## Details of participating organization

## ORGANIZATION PROFILE:

1. Name: \_\_\_\_\_
2. Address : \_\_\_\_\_  
\_\_\_\_\_

State : \_\_\_\_\_ Pin Code: \_\_\_\_\_

Tel No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_

## 3. Legal Status

S. No.	Particulars	Registration No.
(i)	Public Charitable Trust	
(ii)	Society under Societies Registration Act	
(iii)	Non Profit company under Indian Companies Act	
(iv)	Registration under Foreign Contribution Act	
(v)	Income - Tax Registration	
	under Section 12A	
	under Section 80G	
	under Section 35CCA	
	any other Section	

#### 4. Financial Status

##### 4.1 Details of Bank Account:

Name of the Bank \_\_\_\_\_ Branch  
\_\_\_\_\_

Address  
\_\_\_\_\_

Type of account: Saving / Current Account No.  
\_\_\_\_\_

Is your account operated jointly? Yes / No

Name and Designation of the Signatories to the account:

Name	Designation

##### 4.2 Financial profile of the applicant organization (last 3 years)

Year	Total Receipts	Audited Statement A/C for last 3 years.

##### 4.3 Grants received from other Sources: Government and Non Government Organizations in the last 3 years of inception whichever is earlier:

S. No.	Government Organization	Details of Grant	Amount	Year
1				
2				
3				

S. No.	Non Government Organization	Details of Grant	Amount	Year
1				
2				
3				

## 5. Details of Existing Health Facility:

### 5.1 Infrastructure

		Area in Sq. ft.
No. of Eye Wards	_____	_____
No. of Eye Beds	_____	_____
No. of OTs	_____	_____
No. of Operation Tables	_____	_____

### 5.2 Manpower

Personnel	Nos	Qualification.
Eye Surgeons		
Other Doctors		
Nursing Staff		
Ophthalmic Assistants or equivalent		
Administrator		
Community Coordinator		
Clerks		
Driver		
Other (Specify)		

### 5.3 Equipment Status

Sr. No	Name of Equipment	Available	Number Required
1	TRIAL LENS SET		
2	TRIAL FRAME CHILD		
3	TRAILS FRAME ADULT		
4	NEAR VISION CHARTS		
5	DISTANT VISION CHARTS		
6	ROTATING TEST DRUM		
7	ISHIHARA COLOUR CHARTS		
8	TONOMETER		
9	DIRECT OPHTHALMOSCOPE		
10	BINOMAGS		
11	CORNEAL LOUPE		
12	SLIT LAMP		
13	APPLATION TONOMETER		
14	STREAK RETINOSCOPE		
15	INDIRECT OPHTHALMOSCOPE		
16	CATARACT SET FOR ECCE/IOL		
17	AMBU SETS WITH O2 CYLINDER		
18	OPERATION MICROSCOPE		
19	ULTRASOUND A- SCAN		
20	ULTRASOUND B- SCAN		
21	LASER : ARGON		
22	LASER ARGON- KRYPTON		
23	LASER YAG		
24	AUTO REFRACTOMETER		
25	ANTERIOR VITRECTOMY UNIT		
26	KEROTOMETER		
27	ANY OTHER EQUIPMENT, PLEASE SPECIFY		

Signed \_\_\_\_\_

Date \_\_\_\_\_

**6.1 Details of Trustees of the NGO:-**

Name	Designation	Address	Tel. No.

**6.2 Past experience in (a) Health care delivery services**

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**6.3 Past experience in (b) Eye care delivery services**

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**7 Current Performance**

**Give details of current performance : (for last 3 years)**

**a) Base Hospital**

Year	Free Subsidized					Paying				
	OPD		Indoor			OPD		Indoor		
	New	Review	ECCE /SICS	IOL*	Others	New	Review	ECCE /SICS	IOL*	Others

*\*IOL includes ECCE/IOL, SICS, Phaco*



**b. Details of Eye ball Collection for Eye Banks**

Sr. No	Year	No. of eye balls collection	No of eye balls utilized	No. of eye balls discarded or disposed off	No. of Keratoplasty surgery done	No. of Keratoplasty Surgery done	No. of eye balls used for other purpose

**C. Details of Eye Ball Collection for Eye Donation Centre (To be filled up in MIS)**

No. of eye balls collected	No. of eye balls received from other institutes	No. of eye balls sent to Govt. Institution	No. of eye balls sent elsewhere for keratoplasty

Date:- \_\_\_\_\_

**Signature of Ophthalmic Technician**

**Signature of authorized Signatory  
with seal of the NGO**

**d) Outreach**

**Screening Camps Conducted**

Year	No. of Camps	No. of Outpatients	No of patients referred to base hospital	Actual No. reported to base Hospital

**8. Enclosures to be added with the Application:**

- i. Constitution of the organization Memorandum of Association.
- ii. Previous 3 years audited statement of accounts and balance sheets.
- iii. Annual Reports of previous 3 years including camps, if any.
- iv. Information sheet on details of the organization.
- v. Registration Certificate under Public Charities/Societies' Act.
- vi. Registration Certificate under Foreign Contribution Act, if applicable\*.
- vii. List of the members of the Executive Committee.

*\* Strike out whichever is not applicable.*

BLANK

**Low Vision Register(To be filled up in MIS)**

State \_\_\_\_\_ District \_\_\_\_\_ Block/PHC  
 \_\_\_\_\_ Village \_\_\_\_\_

S. No.	Name of Blind Person	Father's Husband's Name	Address	Age	Sex	Category (Gen/Sc/ST/OBC)	Visual acuity		Main cause of blindness	Outcome
							Left eye	Right eye		

### Pre-operative and Post Operation diagnosis of patients

A. Patients Name:----- Registration No.----- Address----- Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> ----- Taluka----- District/State----- Age: <input type="text"/> <input type="text"/>		A. Patients record: regd. No----- Name----- Address----- Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Age: <input type="text"/> <input type="text"/>																																		
B. Pre-operative Examination : <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; width: 25%;">Right Eye</td> <td style="text-align: center; width: 25%;">Left Eye</td> </tr> <tr> <td>Visual Acuity: ----- (with available glasses)</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> </tr> <tr> <td>Ocular diagnosis (mark v )</td> <td style="text-align: center;">RE</td> <td style="text-align: center;">LE</td> </tr> <tr> <td>Cataract</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pseudophakia/aphakia</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other pathology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No pathology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Eye to be operated</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Clinical data</td> <td></td> <td></td> </tr> </table>			Right Eye	Left Eye	Visual Acuity: ----- (with available glasses)	-----	-----	Ocular diagnosis (mark v )	RE	LE	Cataract	<input type="checkbox"/>	<input type="checkbox"/>	Pseudophakia/aphakia	<input type="checkbox"/>	<input type="checkbox"/>	Other pathology	<input type="checkbox"/>	<input type="checkbox"/>	No pathology	<input type="checkbox"/>	<input type="checkbox"/>	Eye to be operated	<input type="checkbox"/>	<input type="checkbox"/>	Clinical data			C. SURGERY Date of operation:----- Place of operation:----- Hospital: Type of Operation: Mark v ECCE+spectacles <input type="checkbox"/> ECCE+IOL <input type="checkbox"/> SICS+spectacles <input type="checkbox"/> Phaco+spectacles <input type="checkbox"/> Phaco+IOL <input type="checkbox"/> Eye diseases management <input type="checkbox"/> Other <input type="checkbox"/>  <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; width: 25%;">RE</td> <td style="text-align: center; width: 25%;">LE</td> </tr> <tr> <td>Presenting VA at discharge-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> </tr> </table>			RE	LE	Presenting VA at discharge-----	-----	-----
	Right Eye	Left Eye																																		
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Clinical data																																				
	RE	LE																																		
Presenting VA at discharge-----	-----	-----																																		
F. IMMEDIATE COMPLICATIONS: Mark Vitreous loss <input type="checkbox"/> Iris prolapsed <input type="checkbox"/> Infection <input type="checkbox"/> Corneal edema <input type="checkbox"/> Others ----- <input type="checkbox"/> No complications <input type="checkbox"/>		D. Surgery Date----- Place:----- Operated Eye: RE <input type="checkbox"/> LE <input type="checkbox"/> Procedure ----- Date of Discharge ----- Presenting VA RE LE -----																																		
G. Follow up: Date----- <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; width: 25%;">Right eye</td> <td style="text-align: center; width: 25%;">left eye</td> </tr> <tr> <td></td> <td style="text-align: center;">Sph. Cyl. Axis VA</td> <td style="text-align: center;">Sph. Cyl. Axis VA</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>			Right eye	left eye		Sph. Cyl. Axis VA	Sph. Cyl. Axis VA		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E. Follow up <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; width: 25%;">RE</td> <td style="text-align: center; width: 25%;">LE</td> </tr> <tr> <td></td> <td style="text-align: center;">Sph. Cyl. Axis VA</td> <td style="text-align: center;">Sph. Cyl. Axis VA</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>			RE	LE		Sph. Cyl. Axis VA	Sph. Cyl. Axis VA		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																		
		Medication on discharge: 1.----- 2.----- 3.----- 4.-----																																		

**Performa for Monthly Trachoma Report**  
Year .....

Name of State: .....

Month of reporting:

Name of District	Total Population of the district	No of Children (1-9 yr age with active Trachoma (TF)/TI)	No. received treatment for trachoma with azithromycin	No. of Adult (>15 years of age) With Tr. Trichiasis (TT)	No . of TT surgeons in district	No. of Adult received surgery for TT		No. of Adult (>15 years of age)cases awaiting for surgery	No. refused surgery	No of Adult (>15 years of age) epilated
						Male	Female			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
20										



To

The District Programme Manager (DPM)  
District Health Society

**Sub:- Permission for organizing screening eye camps - regarding.**

Sir/Madam,

The undersigned representing (Name of NGO/Private Practitioner and address) intend to organize screening eye camp at (complete address/location) from----- to----- ----. The details of screening eye camps conducted by our organization during last three years are as under:

**Screening Camps Conducted**

Year	No. of Camps	No. of Outpatients	No of patients referred to base hospital	Actual No. reported to base Hospital

I would request you to grant permission for conducting the proposed eye screening camp.

Yours Sincerely,

(Signatory)

N.B

Acknowledged by DPM

(Signature of DPM/ Representative)

Date:\_\_\_\_\_



**GOVERNMENT OF INDIA**

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**

**Assets Acquired wholly or substantially out of Government grants**

Register Maintained by grantee institution

Block Account Maintained by Sanctioning Authorities

Name of Sanctioning Authority \_\_\_\_\_

1	Name of Grantee Institution	
2	No. and date of sanction	
3	Amount of the sanctioned grant	
4	Brief purpose of the grant	
5	Whether any condition regarding the right of ownership of Government in the property or other assets acquired out of the grant was incorporated in the grant-in-aid sanction	
6	Particulars of assets actually credited or acquired	
7	Value of the Assets as on	
8	Purpose for which utilized at present	
9	Encumbered or not	
10	Reasons if encumbered	
11	Disposed of or not	
12	Reasons and authority, if any, for disposal	
13	Amount realized on disposal	
14	Remarks	

**Monthly Reporting format (To be filled up in MIS)**

Month: \_\_\_\_\_

Year \_\_\_\_\_

Name of the NGO: \_\_\_\_\_

District \_\_\_\_\_

Address: \_\_\_\_\_

	No. of Cases screened	Treated/Operated under Scheme VI	Treated/operated under paying category or other than scheme VI	Total treated/operated Referred to higher centers
Cataract				
DR				
CHILDHOOD				
BLINDNESS				
Glaucoma				
Squint				
Keroplasty				
Vitreoretinal				
Surgery				
Total				

**School Eye Screening (To be filled up in MIS)**

<b>Activity</b>	<b>Numbers</b>
No. of teachers trained in screening for refractive errors	
No. of School children screening	
No. of school children found with refractive errors by teacher/PMOAs	
No. of school children provided free glasses	
<b>Total</b>	

## GFR 12 - C [(See Rule 239)]

FORM OF UTILIZATION CERTIFICATE (FOR STATE GOVERNMENTS)  
(Where expenditure incurred by Govt. bodies only)

Sl. No	Letter No. and date	Amount	Certified that out of Rs.....Of grants sanctioned during the year.....in favour of .....under the Ministry/Department Letter No. given in the margin and Rs.....on account of unspent balance of the previous year, a sum of Rs.....has been utilized for the propose of .....for which it was sanctioned and that the balance of Rs.....remaining unutilized at the end of the year has been surrendered to Government (vide No. ....dated.....)/will be adjusted towards the grants payable during the next year.....
	Total		

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled/ are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the propose for which it was sanctioned.

Kinds of checks exercised

- 1.
- 2
- 3
- 4

Signature.....

Designation.....

Date.....

PS: The UC shall disclose separately the actual expenditure incurred and loans and advances given to suppliers of stores and assets, to construction agencies and like in accordance with scheme guidelines and in furtherance to the scheme objectives, which do not constitute expenditure at the stage. These shall be treated as utilized grants but allowed to be carried forward.

**Monthly Reporting format for Eye Banks(To be filled up in MIS)**

Month \_\_\_\_\_

Year \_\_\_\_\_

Name of the Eye Bank : \_\_\_\_\_

Address: \_\_\_\_\_

Block _____	District _____
-------------	----------------

No. of eye balls Utilized	No. of eye balls discarded or disposed off	No. of Keratoplasty surgery done	No. of eye balls used for other purpose

Date:- \_\_\_\_\_

Signature of Ophthalmic Surgeon with seal of the NG

**Monthly Reporting format for Eye Donation Centre (To be filled up in MIS)**

Month \_\_\_\_\_

Year \_\_\_\_\_

Name of the Eye Donation Centre : \_\_\_\_\_

Address: \_\_\_\_\_

Block \_\_\_\_\_

District \_\_\_\_\_

No of eye balls Collected	No. of eye balls received from other institutes	No. of eye balls sent to Govt. Institution	No. of eye balls sent elsewhere for keratoplasty

Date:- \_\_\_\_\_

Signature of Ophthalmic Technician

Signature of authorized Signatory  
with seal of the NGO

**Monthly Reporting format for Vision Centre(To be filled up in MIS)**

Month \_\_\_\_\_

Year \_\_\_\_\_

Name of the Vision Centre : \_\_\_\_\_

Address: \_\_\_\_\_

Block \_\_\_\_\_

District \_\_\_\_\_

No. of patients screened	No. of Cataract Cases	No. of Other cases	No. of Glasses Provided	No. of Screening Camp held	
				School	Other

Date:- \_\_\_\_\_

Signature of Ophthalmic Technician

Signature of authorized Signatory  
with seal of the NGO

**DIABETIC REGISTER (To be filled up in MIS)****(For Free Cases for the purpose of reimbursement)**

State \_\_\_\_\_ District \_\_\_\_\_

Block/PHC \_\_\_\_\_ Village \_\_\_\_\_

Sl. No	Name of patients	Father's Name	Address	Age/Sex	Photo Identity	VA		Fundus Photo Graph	
						Before Laser	After Laser	Pre laser	Post laser

Total Number of cases: \_\_\_\_\_ in the month of \_\_\_\_\_ Year \_\_\_\_\_

Signature of District Programme Manager



**GLAUCOMA REGISTER (To be filled up in MIS)  
(For Free Cases for the purpose of reimbursement)**

Sl.No	Name of Patient	Father's Name	Address	Age/Sex	Photo Identity	Glaucoma Medication	Laser/Surgery

Total Number of cases: \_\_\_\_\_ in the month of \_\_\_\_\_ Year \_\_\_\_\_

**Signature of District Programme Manager**

**SQUINT REGISTER(To be filled up in MIS)**  
 (For Free Cases for the purpose of reimbursement)

Sl.No	Name of Patient	Father's Name	Address	Age/Sex	Photo Identity	Deviation ESO/EXO/... (in OPD)	Type of Squint	Preoperative photograph/post Opeative photograph of face

Total Number of cases: \_\_\_\_\_ in the month of \_\_\_\_\_ Year \_\_\_\_\_

**Signature of District Programme Manager**

**KERATO PLASTY (To be filled up in MIS)**  
**(For Free Cases for the purpose of reimbursement)**

Sl.No	Name of Patient	Father's Name	Address	Age/Sex	Photo Identity	Visual Acuity		Pre-op & Post-op	Slit Lamp Photo

Total Number of cases: \_\_\_\_\_ in the month of \_\_\_\_\_ Year \_\_\_\_\_

**Signature of District Programme Manager**

**Memorandum of Understanding (MOU) between District Health Society and participating  
Non Government Organization**

**1. Preamble:**

- 1.1 WHEREAS the Union Cabinet has approved continuation of National Program for Control of Blindness, hereafter referred to as NPCBVI, for implementation in all the States of the country during the period 2017-2020;
- 1.2 WHEREAS NPCBVI aims to reduce prevalence of blindness by implementing various activities through State and District Health Societies established in all the districts of the country;
- 1.3 WHEREAS the NPCBVI seeks to involve eye care facilities in Government, Non Government and Private sectors having capacity to perform various activities under National Program for Control of Blindness;
- 1.4 AND WHEREAS schemes for Non Government Organizations (hereafter referred as NGO/Private Practitioner) providing eye care services are implemented as per pattern of assistance approved by the Cabinet;
- 1.5 NOW THEREFORE the signatories of Memorandum of Understanding (MOU) have agreed as set out here in below.

**2. Parties of MOU:**

This MOU is an agreement between District Health Society of \_\_\_\_\_ (Name of District) of the State of \_\_\_\_\_ (Name of the State); hereafter called District Health Society and \_\_\_\_\_ (Name of NGO/Private Practitioner).

**3. Duration of MOU:**

This MOU will be operative from the date of its signing by the parties and remain in force for a period of two year. The MOU shall be renewed for further period of two years every time by the DPM on request/application for extension by the applicant NGO/Private Practitioner as per

**(Annexure XVII) THREE MONTHS BEFORE EXPIRY OF VALIDITY. The DPM shall acknowledge the same and renew the case within one month, if eligible.**

#### 4. Commitment of the NGOs

Through this MOU, the NGO agrees to provide following services to the general population of the district.

- i. Screening of the population of all ages with emphasis on 50+ years in all the villages / townships including the area allotted for NGOs. The NGO has to maintain village wise blind registers annually.
- ii. Identification of cases fit for cataract surgery, motivation thereof and transportation to the base hospital
- iii. Pre operative examination and investigation as required
- iv. Performance of cataract surgery preferably IOL implantation through ECCE-IOL, Small Incision Cataract Surgery (SICS) or phaco emulsification and Diabetic Retinopathy, Glaucoma, Keratoplasty, Vitreoretinal Surgery & Childhood Blindness of patients identified in allotted areas, self motivated walk in cases and those referred by District Health Society/ASHA etc.
- v. Post - operative care including management of complications, if any and post - operative counseling regarding use of glasses if required.
- vi. Follow up services including refraction and provision of glasses, if required providing best possible correction including presbyopic correction.
- vii. Submission of cataract surgery records of operated cases online through the MIS-NPCBVI

#### 5. Commitments of District Health Society

Through this MOU, the District Health Society agrees to provide following support to participating NGO/Private Practitioner to facilitate service delivery (Write 'YES' against applicable clauses).

1	Issue a certificate of recognition about participation in NPCBVI (Annexure XVIII)	
2	Undertake random verification of operated cases not exceeding 5% before discharge of patients DBCS to verify (5%) the camp or surgery activity through personal visits or deputing PMOA as per the NPCBVI guidelines - ideally at the base hospital itself. Or the verification can be done at the time of follow up as informed by the NGO to DBCS.	
3	Sanction cost of free cataract operations and management of Diabetic Retinopathy, Glaucoma, Keratoplasty, Vitreoretinal Surgery & Childhood Blindness performed by the NGO/Private Practitioner as per GOI guidelines indicated within month of submission of claim along with Cataract surgery records	
4	Make Payment of the sanctioned amount to the NGO/Private Practitioner on monthly /quarterly basis	
5	Regularly disseminate literature, guidelines or any other relevant information to participating NGO/Private Practitioner	
6	Provide a copy of the signed MoU to the the NGO.	



**6. Termination of MOU**

Commitments agreed to by the Parties are meant for prevention and control of blindness and there fore MOU should generally not be suspended or terminated. However, both parties can decide to suspend or terminate the MOU.

**7. Detailed profile of the NGO/Pvt. Practitioner to be submitted as given at Annexure -I**

Signed this day, the .....of.....2019.

For and on behalf of  
District Health Society

NGO/Private Practitioner

To

The District Programme Manager (DPM)  
District Health Society

**Sub:- Renewal of Memorandum of Understanding (MOU) regarding.**

Sir/Madam,

The undersigned representing (Name of NGO/Private Practitioner and address) to an NGO/Private Practitioner and has signed MOU with your society for performing Cataract Operation under the scheme (recurring Grant-in-aid for free cataract operations and management of other eye diseases) and the MOU is valid from \_\_\_\_\_ to \_\_\_\_\_ (Copy enclosed)

I would like to apply for renewal of the MOU for a further period of 2 year. You are requested to kindly extend the validity by another two year.

Yours Sincerely,

(Signatory)

N.B

Acknowledged by DPM

(Signature of DPM/ Representative)

Date:\_\_\_\_\_



**National Programme for Control of Blindness & Visual Impairment  
Government of India**

**CERTIFICATE OF RECOGNITION**

This is to certify that \_\_\_\_\_(Name of participant NGO/Private Practitioner) is a participant unit in \_\_\_\_\_(district/s) of \_\_\_\_\_(State) under National program for control of blindness being implemented by the Government of India.

This organization has facilities and human resources to perform cataract surgery with IOL implantation, Management of Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness and Vitreoretinal Surgery.

This certificate is to recognize active participation of the organization in prevention and control of blindness in the country.

**District Programme Manager  
(With Name & Officer Seal)**

Place:

Date:

To

The District Programme Manager (DPM)  
District Health Society

**Sub:- Application for claim of grant in respect of Cataract Operations/ treatment of other eye diseases regarding.**

Sir/Madam,

I, the undersigned, representing (Name of NGO/Private Practitioner and address) am enclosing copy of MOU (valid up to \_\_\_\_\_) along with the filled up monthly reporting format Annexure VII A filled up in MIS-NPCBVI and the copy to your society for performing Cataract Operation under the scheme I (Recurring Grant-in-aid to District Health Societies (NPCBVI) and the MOU is valid from \_\_\_\_\_ to \_\_\_\_\_ (Copy enclosed)

I would like to apply for renewal of the MOU for a further period of 2 years. You are requested to kindly extend the validity by another two years.

Yours sincerely,

(Signatory)

N.B

Acknowledged by DPM

(Signature of DPM/ Representative)

Date: \_\_\_\_\_

## CATARACT REGISTER

(To be filled up in MIS and reports to be attached with claim form)

(For Free Cases for the purpose of reimbursement)

State \_\_\_\_\_

District \_\_\_\_\_

\_\_\_\_\_

Block/PHC \_\_\_\_\_

Village \_\_\_\_\_

Sl. No.	Name of Patients	Father's Name	Address	Age/Sex	Photo Identity	Visual Acuity
					Pre -op	Post-op

Total Number of cases: \_\_\_\_\_ in the month of \_\_\_\_\_ Year \_\_\_\_\_

Signature of District Programme  
Manager

**List of Items for Procurement at District Level (to be procured by District Hospital (as per IPHS norms based on the proposal of eye department)**

<b>Sl. No</b>	<b>Eye instruments</b>
1	Distant vision Charts
2	Near Vision Charts
3	Rotating Visual Acuity Drum
4	Trial Frame Adult/Children
5	Trial Lens Set
6	Torch
7	Auto refractometer
8	Binomags (Binocular loupe)
9	Foreign Body Spud & Needle
10	Lacrimal Cannula & Probes (various sizes)
11	Lid retractors (Desmarres)
12	Punctum Dialator
13	Retinoscopic Mirror
14	Cataract Set including ECCE/Intra Ocular lens implantation
15	Surgical sets of other sub specialties of Ophthalmology as per demand/need
<b>Ophthalmic Drops</b>	
1	Xylocaine 4% (30ml) / Paracaine Eye Drops
2	Local antibiotic drops: Framycetin/Gentamicin.
3	Local antibiotic steroid drops
4	Pilocarpine Nitrate 2%
5	Timolol 0.5% / Latano prost Eye Drops/ Alphagan Eye Drops
6	Homatropine 2%
7	Tropicamide 1%
8	Cyclomide 1%
9	Sulphactamide Eye Drops 10% , 20%
10	Betadine Solution/Betadine Eye Drops/Betadine scrub
11	Tablet Azithromycin 10 mg, 20mg, 50mg.
<b>Eye Ointments</b>	
1	Atropine (1%)
2	Local antibiotic: Framycetin/Gentamicin /Tetracycline etc.
3	Local antibiotic steroid ointment
<b>Spectacles</b>	
1	School Children with refractive errors
2	Presbyopics Glass



# भारत का राजपत्र

## The Gazette of India

असाधारण  
EXTRAORDINARY  
भाग II—खण्ड 3—उप-खण्ड (i)  
PART II—Section 3—Sub-section (i)  
प्रधिकार से प्रकाशित  
PUBLISHED BY AUTHORITY

सं. 161]  
No. 161]

नई दिल्ली, बुधवार, मार्च 27, 2014/चैत्र 6, 1936  
NEW DELHI, THURSDAY, MARCH 27, 2014/CHAITRA 6, 1936

## FORM 15

APPLICATION FOR REGISTRATION OF EYE BANK, CORNEAL TRANSPLANTATION, CENTRE, EYE  
RETRIEVAL CENTRE UNDER TRANSPLANTATION OF HUMAN ORGANS ACT

(See rule 24 (1))

## 1. EYE BANKING:

A.	EYE BANK and institution affiliated Ophthalmic / General Hospital	
	1. Name	
	2. Address	
	3. Government / Private / Voluntary	
	4. Teaching / Non-teaching	
	5. IEC for Eye Donation	
B.	REMOVAL OF EYE BALLS AND STORAGE	
	1. Availability of adequate trained and qualified personnel for removal of whole globe or corneal (Annex detail)	Yes / No
	2. Names, qualification and address of the designated staff who will be doing removal of whole globe / cornea retrieval. (annex details)	Yes / No
	3. Availability of following as per requirement:	Yes / No
	a. Whether register maintained for tissue request received from surgeon of corneal transplant centre.	
	b. Telephone arrangement available. (Dedicated Telephone Number .....	Yes / No
	c. Transport facility for collecting Eyeballs from outside:	Yes / No
	d. Sets of instruments for removal of whole globe / cornea as per requirement	Yes / No
	e. Special bottles with stands for preservation of Eye balls / Cornea during transit.	Yes / No
	f. Suitable preservation media	Yes / No
	g. Biomedical Waste Management	Yes / No
	h. Uninterrupted Power Supply	Yes / No
C.	Manpower	
	1. Incharge / Director (Ophthalmologist) - 1	
	2. Eye Bank Technician - 2	
	3. Eye Donation Counselors (EDC) - 2 per attached HCRP (Hospital Cornea Retrieval Cornea Programme) Hospital, who will be posted at eye bank.	
	4. Multi task Staff (MTS) - 2	

D.	Space requirement for eye Banks (400 sqft minimum)	Yes / No
E.	<b>RECORDS</b>	
	1. Arrangement for maintaining the records	Yes / No
	2. Arrangement for registration of pledges / donors and maintenance of utilization report	Yes / No
	3. Computer with internet facility and Printer	Yes / No
F.	<b>EQUIPMENT</b>	Yes / No
	1. Slit Lamp Biomicroscope - I	
	2. Specular Microscope for Eye Bank - I	
	3. Laminar flow (Class) - I	
	4. Sterilization facility (In-house or outsourced)	
	5. Refrigerator with temperature monitoring for preservation of eye balls/ Cornea-1	
G.	<b>LABORATORY FACILITIES</b>	
	1. Facility for HIV, Hepatitis B and C testing.	Yes / No
	2. If no where do you avail it? Please mention Name and address of institute.	
	3. Facility for culture and sensitivity of Corneoscleral ring.	Yes / No
H.	<b>RENEWAL OF REGISTRATION</b>	
	Period of renewal 5 years after last registration	
	Minimum of 500 corneas to be collected in 5 years.	
	Maintenance of eye bank standards (as per Guidelines)	

## II. EYE RETRIEVAL CENTRE (ERC)

A.	<b>RETRIEVAL CENTRE - A Centre affiliated to an Eye Bank</b>	
	1. Name	
	2. Address	
	3. Government / Priyate / Voluntary	
	4. Teaching / Non-teaching	
	5. Information, Education and Communication Activities for Eye Donation	
	6. Name of Eye Bank to which ERC is affiliated	
B.	<b>REMOVAL OF EYE BALLS AND STORAGE</b>	
	1. Manpower: Adequate trained and qualified personnel for removal of eye balls / cornea (annex detail)	
	a. Incharge / Director) - 1	
	b. Technician - 1	
	c. MTS (Multi task Staff) - 1	
	2. Transport facility (or outsource) with storage medium	
C.	Name, qualification and address of the personnel who will be doing enucleation / removal of cornea. (annex details)	
D.	<b>AVAILABILITY OF FOLLOWING</b>	
	1. Telephone. (Number .....)	
	2. Ambulance / vehicle or funds to pay taxi for collecting eyeballs from outside	
	3. Sets of instruments for removal of Eye Balls / cornea	
	4. Special bottles with stands for preservation of	
	5. Eye balls / cornea during transit	
	6. Suitable preservation media	
	7. Waste Disposal (Biomedical waste Management)	
	8. Space requirement: Designated area	

E.	RECORDS 1. Arrangement for maintaining the records	
F.	EQUIPMENT 1. Sterilization facility 2. Refrigerator temperature control 24 hrs for preservation of Eye balls / Cornea. (Power back up) - 1 3. The retrieval centre is affiliated with an Eye bank and Eye Bank is only authorised to distribute corneas.	

### III. CORNEAL TRANSPLANTATION CENTRE

A.	1. Name of Transplant Centre / hospital 2. Address 3. Government / Private / Voluntary 4. Teaching / Non-teaching 5. IEC for Eye Donation : Yes / No 6. Name of the registered Eye Bank for procuring tissue:	
B.	STAFF DETAILS: 1. No of permanent staff member with their designation (Note: Eye Surgeon's / Experience : 3 month post MD/MS/DNB/DO) For Cornea Transplantation: MD or MS or Diploma (DO) in ophthalmology or equivalent qualification with three months post MD or MS or DO training in Corneal transplant operations in a recognised hospital or institution. 2. No. of temporary staff with their designation 3. Trained persons for Keratoplasty and Corneal Transplantation with their names and qualifications: 2 (one Corneal Transplant surgeon should be on the pay roll of the Institute	
C.	Equipment: Slit lamp, Clinical Specular, Keratoplasty or intraocular instruments	
D.	OT facilities	
E.	Safe Storage facility	
F.	Records Registration and follow up	
G.	Any other information	

The above said information is true to the best of my knowledge and I have no objection to any scrutiny of our facilities by the authorised personnel. A Bank draft / cheque of Rs. 10000/- for new registration and Rs 5000/- for renewal of registration in favour of ..... is enclosed.

Head of the Institute  
(Name and designation)

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