

Scheme for Participation of Voluntary Organisations

11th Five Year Plan July, 2009



NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Directorate General of Health Services,
Ministry of Health & Family Welfare, Government of India,
Nirman Bhawan, New Delhi - 110 108
Website: www.mohfw.nic.in/npcb.nic.in





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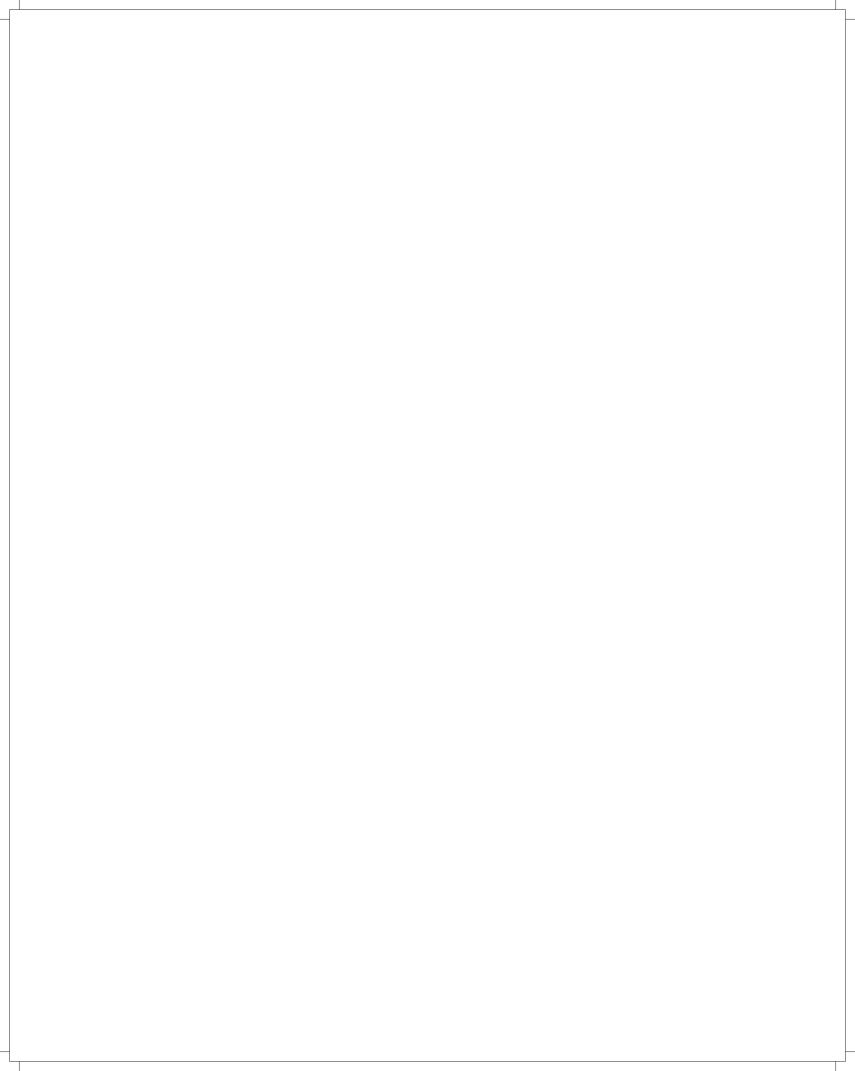
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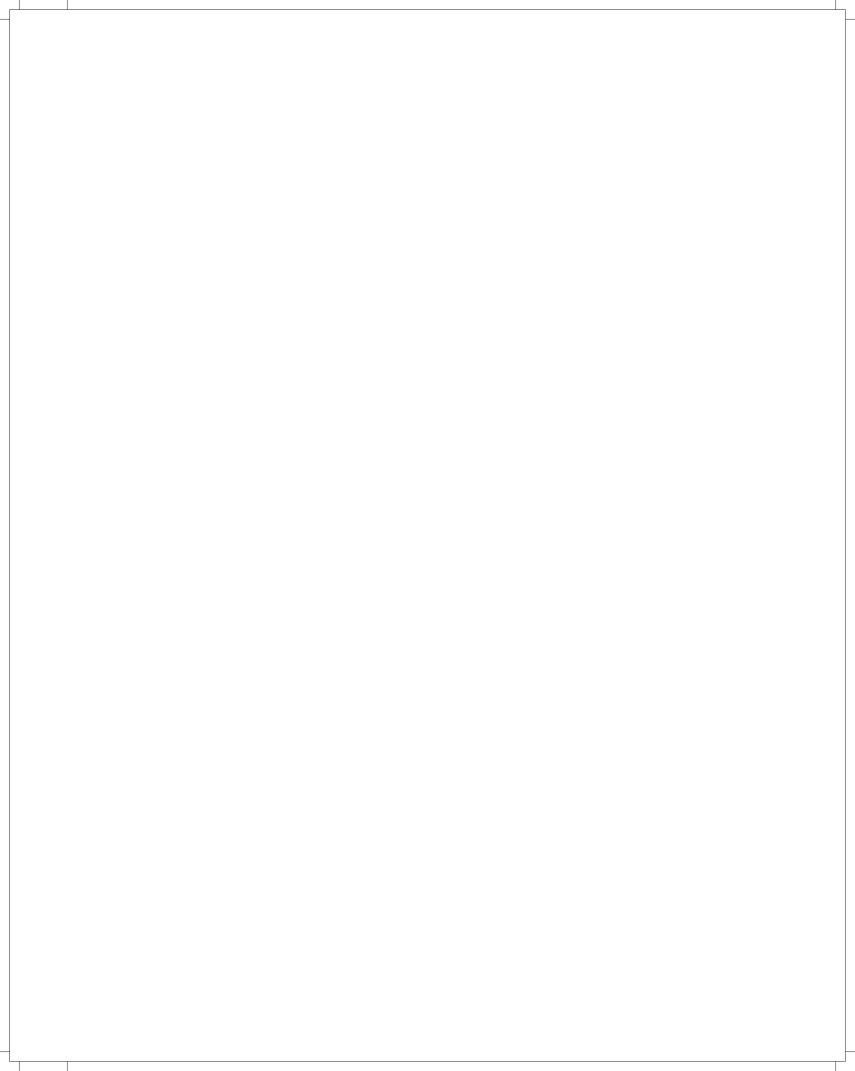
PREFACE

Over the last three decades, country has seen a phenomenal rise in socio-economical, industrial, manufacturing, information-technology, infrastructural development, human resource management, service sector, so on and so forth with far reaching consequences on health. Today, we have reached a very commendable stage of Cataract Surgical Rate and the momentum thus generated would continue in future also. In this context, National Programme for Control of Blindness (NPCB) has taken a lead in addressing other issues of blindness as well in a comprehensive manner. Eleventh plan (2007-12) of NPCB has attempted to cover and address emerging eye diseases other than cataract like Diabetic Retinopathy, Glaucoma, Childhood blindness, Low Vision and Corneal Blindness in a mission mode through successful Public Private Partnership. The endeavor of the programme is to eliminate all causes of avoidable blindness and to reach a sustainable level where people have access to level appropriate eye care service.

In the light of the approved 11th Five year plan "Scheme for participation of Voluntary organizations" has been formulated in consultation with the State Programme officers, good working Voluntary organizations, would not have been possible without a team leader like Dr. (Mrs.) R. Jose Addl. DG (RJ) and her team members.

The outcome was spearheaded by various consultative processes and deliberation with stakeholders from Government and Non-Governmental Organization working closely with NPCB since inception. I strongly believe that implementation of these guidelines in letter and spirit will bequeath the successful implementation of the programme in the 11th five year plan.

Dr. R.K. Srivastava





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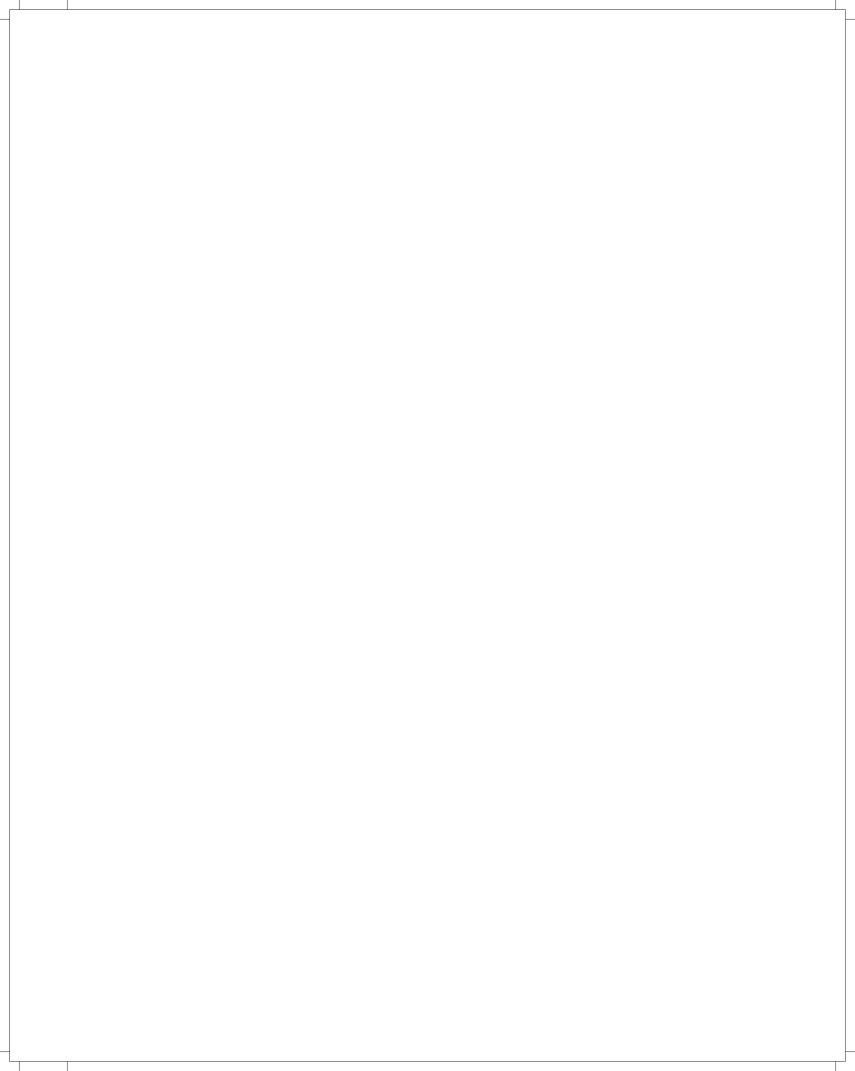
ACKNOWLEDGMENT

The conceptualization, compilation, editing and production of the guidelines for "The Scheme for participation of Voluntary organizations" have been an elaborate collective effort of all stakeholders belonging to different sector especially governmental and non-governmental organizations. Nevertheless, constant support and sustained guidance has been made available from Smt. Sujata Rao, Secretary Health, Dr. R.K. Srivastava, Director General Health Services. I would also like to place on record my appreciation to my team members especially Ms. Shalini Prasad, Joint Secretary to Government of India Dr. A.S. Rathore, Assistant Director General (O), Dr. V. Rajshekhar, Dy. Assistant Director General (O), Mr. Ajit B. Chavan, Under Secretary (NCD); Dr. V. K. Tewari, Health Education Officer.

"The Scheme for participation of Voluntary organizations" though existed in the past however it was urgently felt that it requires revision in light of the 11th five year plan. The outcome in the present format was realized over a period of time through intense consultative processes, deliberations and meetings. Every attempt has been made while compiling keeping in view the loco-regional needs of the States/UTs and suitably adapted to meet local regulations so as to be applicable and relevant even at the district level.

The language used in the guidelines has been kept simple, lucid and at the same time comprehensive to cover all gaps as far as possible to implement all the components of 11th five year plan. The guidelines have been divided into various schemes and separated for easy reference, clarity and understanding.

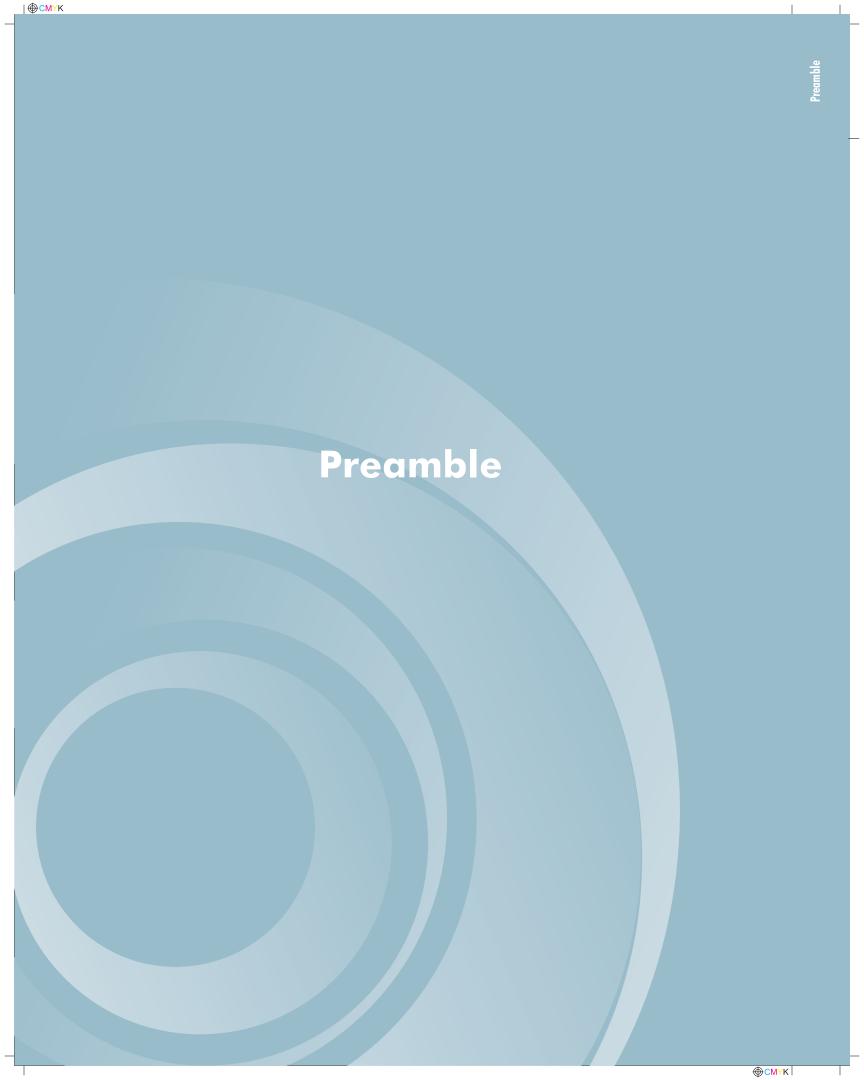
Dr. (Mrs.) Rachel Jose



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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.

The Eleventh (11th) five year (2007-12) plan aims at making National Program for control of Blindness address issues leading to blindness in a comprehensive manner i.e. management of Diabetic Retinopathy (DR), Glaucoma, Squint, Kerato Plasty, Retinopathy of Prematurity, (ROP), low vision etc. in addition to cataract, refractive errors and other ongoing schemes of Tenth five year plan of programme. The National Programme for Control of Blindness (NPCB) has been able to deliver effective & efficient eye care services through successful Public Private Partnership (PPP). The focus of NPCB is specifically targeted towards providing services in rural/tribal and other difficult areas. In addition to ongoing schemes, financial assistance for schemes has been revised and/or new scheme introduced with the approval of Eleventh five year plan.

2. SCHEMES FOR VOLUNTARY ORGANIZATIONS

The purpose of the schemes are to develop eye care infrastructure and to provide appropriate eye care services to reduce the prevalence of blindness. Following schemes are presently available for the voluntary sector:

A Non-recurring Grant-in-aid

- I. Non-recurring Grant-in-aid to District Health Societies (NPCB) for release to NGOs for strengthening/expansion of Eye Care Units in rural and tribal areas (upto maximum Rs. 30.00 lakhs);
- II. Non-recurring Grant-in-aid for Eye Banks in Government/Voluntary Sector (upto maximum Rs. 15.00 lakhs);
- III. Non-recurring Grant-in-aid for Eye Donation Centres in Government/Voluntary Sector (upto maximum Rs. 1.00 lakhs).
- IV. Non- recurring Grant-in-aid for Development of Mobile Ophthalmic Units with Tele-Ophthalmic Network and few fixed Tele-Models (upto maximum Rs. 60.00 lakhs).
- V. Non recurring Grant-in-aid for PHC/Vision Centres in Government and Voluntary Sector (upto maximum Rs. 50 Thousand).

B Recurring Grant-in-aid

- VI. Recurring Grant-in-aid for free cataract operations and other eye diseases by voluntary organizations/PRI etc. in camps/fixed facilities
- VII. Recurring Grant-in-aid for Eye Banks in Government/Voluntary Sector.
- VIII. Recurring Grant-in-aid for Eye Donation Centres in Government/Voluntary Sector

3. GENERAL ELIGIBILITY CONDITIONS

3.1 Voluntary Organization/NGO:

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

- 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.



Definitions applicable for grant under the National Programme for Control of Blindness schemes:

3.2 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 and shall be:
- b) Providing services to population residing in rural/urban/tribal/hard core/unserved and/or under-served area as mutually agreed by District/State health society.
- c) Agrees to abide by the programme guidelines/norms as announced from time to time.
- d) Ensure proper maintenance of records for scrutiny and send regular report to district health society.

3.3 Eve Bank (EB)

An Eye Bank will mean an organization that is:

- i) Registered under "The Transplantation of Human Organs, Act 1994";
- ii) Provide a round the clock public response system for eye donation;
- iii) Coordinate with donor families and hospitals to motivate eye donation;
- iv) Harvest corneal tissue not less than 50 eyes in a year.
- v) Collect/Process and evaluate the collected tissue and blood for serology;
- vi) Distribute tissue in an equitable manner to organizations having capacity for corneal transplantation;
- vii) Ensure safe transportation of tissue.
- viii) Conduct health personnel and public awareness programs on eye donation

Strengthening/expansion

DETAILS OF THE SCHEMES

Non-recurring
Grant-in-aid to
District Health Societies (NPCB)
for release to NGOs for
strengthening / expansion of
Eye Care Units in
rural and tribal areas



Schemes of the Schemes

- I. Non-recurring Grant-in-aid to District Health Societies (NPCB) for release to NGOs for strengthening/expansion of Eye Care Units in rural and tribal areas (upto maximum Rs. 30.00 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 encourage voluntary organizations 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 scheme offers opportunity to develop capacity for sustainable eye care delivery in the NGO/) sector in areas having inadequate eye care facility.

Three guiding principles influencing the design of this scheme are:

- Long term sustainability;
- Provision of quality eye care services and
- Equivalent resource participation by NGO.

The grantee institute would submit the details of organization and area of service as per Annexure-I.

2. Financial assistance

Under the scheme, financial assistance will be provided up to a maximum of Rs. 30 Lakh (with equal contribution from NGO in the form of building, equipment and vehicle(s) or cash from management / donations) for any of the following purposes:

- a) Construction, renovation & furnishing*
- b) Ophthalmic equipment, instruments and other machines (List attached)

(* Not more than 33% of GIA can be utilized on capital works/construction activities)

Recent investments made by the NGO on above-mentioned items during preceding three years (03) can be taken as contribution from NGO as matching grant. For longterm sustainability and resource participation, following recurring costs shall be borne by the NGO:

- a) Salaries of staff
- b) Cost of consumables
- c) Costs on maintenance of equipment and vehicles, POL, etc.
- d) Administrative overheads

3. Eligibility Criteria

The organization should have:

- Should satisfy general eligibility conditions mentioned at page no. 3 of the document
- b) Organizations having experience in providing eye care services will be given preference.
- c) Operated on at-least 500/1000 cataract cases or combination of cataract and other ophthalmic diseases (as approved in the scheme) in the preceding 1 year / 2 Year of application. In case of difficult terrain (e.g. North eastern states), relaxed criteria of 300/600 operations in the preceding 2 Year shall be applicable.
- d) Facility should be well connected and should have electricity & water supply

4. Population to be served

Population pockets (to be identified by the District Health Society/ DPM) of 3 to 5 Lakh (only 50,000 in case of sparsely populated rural tribal / hilly / desert / difficult terrains) people will be covered by the applicant NGO. However, patients from other adjoining areas can also be operated either as walk in or community screening.

5. Infrastructure Requirement:

a) Manpower requirement:

Category of personnel	Minimum No.	Minimum No. in difficult terrain
Ophthalmic Surgeons	2	1
Para Medical Ophthalmic Assistant (Ophthalmic Assistant / Technician / Optometrists / Ophthalmic Nurse.)	4	2
Support Staff (Counselor / Social worker/Accountant / Administrator)	2	1

- b) At-least 15 bed IPD facility
- c) In addition, the applicant NGO should have adequate infrastructure and equipment for OPD services, Operation and Management of admitted patients.

6. Expected Output: NGOs receiving non-recurring grants Shall

- Commit to take the responsibility of active screening of population of villages allocated by the District Health Society and in addition, cater to the patients from adjoining area.
- ii) Prepare and maintain village wise Blind Registers in prescribed format (Annexure II)
- iii) Complete the construction & procurement of equipments & vehicle, if any within one year after following due procedures.
- iv) Provide & maintain Cataract Surgical Cards for the patients operated and other OPD / Indoor wards records (Annexure – III)



- v) The NGO should be committed to perform free of cost operations of 1) Cataract and/or other ophthalmic diseases like Diabetic retinopathy, Glaucoma, Keratoplasty, Childhood Blindness- Squint correction, ROP, Retinoblastoma upto a value of 50 % of the sanctioned amount. For the purpose of this scheme, the deemed value of one cataract operation is Rs. 750/-only and for other diseases it is Rs. 1000/- per case.
- vi) Maintain proper record & submit monthly report on cases screened, treated and operated in the prescribed Performa (Annexure VII a, and VII b) in addition to reports as may be sought from the institution from time to time.
- vii) Prepare and maintain Diabetic Retinopathy Register (Annexure XII), Glaucoma Register (Annexure XIII), Squint Register (Annexure XIV), Keratoplasty Register (Annexure XV).

7. Procedure for Approval of Grants

Two copies of application in prescribed formats (Annexure I) would be submitted by applicant NGO along with necessary documents in support of qualifying criteria to the State Programme Officer (SPO), NPCB. The SPO would examine the proposal in terms of eligibility criteria, and depute a team of expert(s) (2-3) from the State/district to visit the NGO for assessing present facilities and requirements. 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.

8. 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.

9. Release of Grant

The NPCB 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 to approved grantees in two installments on Execution of Bond on a Hundred Rupee Non-Judicial Stamp paper by the grantee institution /NGO in the prescribed Pro forma (Annexure–IV).

10. Penalties

The Government of India/State Government 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.

11. Disposal of Assets

NGO shall maintain a register of Assets acquired wholly or substantially out of Government grants as per the prescribed Performa at (Annexure–VI). Assets acquired wholly or substantially out of the Government grants will not be disposed of, encumbered or utilized for any purpose other than those for which the grants are sanctioned. If such assets are disposed of after due sanction, the money thus received will be credited to State Health Society. Goods declared as obsolete and unserviceable or condemned as per the prescribed procedure may be disposed by NGO after prior approval of State Health Society.

12. 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.

13. 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 Performa 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.

14. Nomination by Government

The State Government / State Health Society may nominate one officer as its representative to the governing body of the NGO receiving Grant-in-aid.

15. List of equipments that can be procured from Non-Recurring GIA to NGOs for Strengthening/Expanding Eye Care Facility

S.No	Component		
A	Ophthalmic Equipments		
1	Operating Microscope with Assistantscope & Camera attachments		
2	A-Scan Biometer		
3	Keratometer		
4	Slit Lamp		
5	Yag Laser		
6	Applanation Tonometer		
7	Auto Refractometer		
8	Vitrectomy Unit		
9	Flash Autoclave		
10	Automated Perimeter with field analyzer		
11	Phacoemulsifier		
12	Double Frequency Yag Laser/Argon Green Laser with delivery systems		
13	Fundus Fluorescein Angiography Camera		
14	B- Scan		
15	Surgical instruments for various eye specialties		
16	IOLs		
17	Sutures 4-0, 8-0, 10-0		
В	Surgical instruments for various eye specialties		
С	Furniture & Fixtures of Operation Theatres & Ward		
D	Mobile Ophthalmic Unit with diagnostic equipments and minor surgical		
	instruments		
Maxii	Maximum Assistance = Rs. 30 Lakh		

Non-recurring Grant-in-aid for Eye Banks in Government/Voluntary Sector





II. Non-recurring Grant-in-aid for Eye Banks in Government/ Voluntary Sector (upto maximum Rs. 15.00 lakhs);

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

- 1. Financial assistance: Under the scheme, financial assistance will be provided up to a maximum of Rs. 15 Lakh for purchase of equipment, furniture and fixtures (list attached)
- **2. Eligibility criteria:** The organization should:
 - i) Satisfy general eligibility conditions mentioned at page no. 2 of the document.
 - ii) Should fit into the definition of Eye Bank as mentioned at page no. 3 of the document.
 - iii) Organizations having experience in providing eye care services will be given preference.
 - iv) Should have collected at-least 100 Eye Balls in any of the preceding two years of application. In case of difficult terrain (eg. North eastern states), relaxed criteria of 25 Pair of Eyes shall be applicable

OR

v) Should have conducted at least 600 cataract operations including other eye disease operations in the proceeding two years. In case of difficult terrain (eg. North eastern states), relaxed criteria of 300 cataract operation including other eye disease operations shall be applicable.

3. Infrastructure Requirement:

a) Manpower Requirement:

Ophthalmic Surgeons (Full time / on Panel)	1
Ophthalmic Technician	1
Eye Donation Counselor / Social Worker / Health Educator / Clerk	2

4. Expected Output NGOs receiving non-recurring grants shall

- i) Utilize the entire grant within period of 12 months from the receipt of grant after following due procedures
- ii) Provide & maintain detailed records of Eye Balls collected and utilized in the prescribed format (Annexure IX) and submit monthly report to the District Health Society.
- iii) The NGO should be committed to collect at-least 200 eye balls in the next two years. In case of difficult terrain (eg. North eastern states), relaxed criteria of 100 cataract operation including other eye disease operations shall be applicable.

5. Procedure for Approval of Grants

Two copies of application in prescribed formats (Annexure I) would be submitted by applicant NGO along with necessary documents in support of qualifying criteria to the State Programme Officer (SPO), NPCB. The SPO would examine the proposal in terms of eligibility criteria, and depute a team of expert(s) (2-3) from the State to visit the NGO for assessing present facilities and requirements. 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. The clauses on Competent authority, Release of Grant, Penalties, Disposal of Assets, Monitoring and Evaluation, Audited Statement of Accounts & Utilization Certificate shall be the same as mentioned in the earlier scheme i.e. Scheme No I.
- 7. List of equipments that can be procured from Non-Recurring GIA to NGOs for an Eye Bank

S.No.	Equipment/Furnishing	
1.	Slit Lamp Microscope	
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. 15 Lakh	



Non-recurring Grant-in-aid for Eye Donation Centres in Government/Voluntary Sector

SCHEME-III
Eye Donation Centres







III. Non-recurring Grant-in-aid for Eye Donation Centres (EDC) in Government/Voluntary Sector (upto 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:
 - i) Is affiliated to a registered Eye Bank
 - ii) Harvest corneal tissue and collect blood for serology;
 - iii) Ensure safe transportation of tissue to the parent eye bank
 - iv) Provide a round the clock public response system for eye donation;
 - v) Coordinate with donor families and hospitals to motivate eye donation;
 - vi) 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 given end of the scheme.

3. Eligibility criteria:

- a) Should satisfy general eligibility conditions mentioned at page no. 2 of the document (except the 2 year clause, i.e. new organization can also apply)
- b) The organization should have the following staff as a minimum requirement:

Sl. No.	Personnel	Number
1.	Ophthalmic Technician	1
2.	Eye Donation Counselor/ Social Worker / Health Educator	1

4. Expected Output: NGOs receiving non-recurring grants shall

- Utilise the entire grant within period of 12 months from the receipt of grant after following due procedures
- ii) 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.
- iii) The NGO should be committed to collect at-least 20 eye balls in the next two years.

5. Procedure for Approval of Grants:

Two copies of application in prescribed formats (Annexure I) would be submitted by applicant NGO along with necessary documents in support of qualifying criteria to the District Health Society (District Programme Manager), NPCB. The DPM would examine the proposal in terms of eligibility criteria and inspect of the NGO 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.

6. Competent authority

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

7. Release of Grant

The NPCB 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 to the District Health Society who in turn shall released the funds to the approved grantees installments on Execution of bond on a hundred Rupee Non-Judicial Stamp paper by the grantee institution / NGO in the prescribed Pro forma (Annexure IV).

- 8. The clauses on Penalties, Disposal of Assets, Monitoring and Evaluation, Audited Statement of Accounts & Utilization Certificate shall be the same as mentioned in the earlier scheme i.e. Scheme No. I.
- 9. List of Equipment/ furnishings for an Eye Bank 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)

| <mark>⊕ CM</mark>YK

Non-recurring Grant-in-aid for Development of Mobile Ophthalmic Units with Tele-Ophthalmic Network and few fixed Tele-Models

SCHEME-IV Tele-Ophthalmology Units (Mobile & Fixed)





IV. Non-recurring Grant-in-aid for Development of Mobile Ophthalmic Units with Tele-Ophthalmic Network and few fixed Tele-Models (up to maximum of Rs. 60 lakhs)

1. One of the objectives of the NRHM is to provide the rural population access to healthcare services. In this context, Telemedicine, an information and communication technology based tool, has the potential to assist in electronic delivery of diagnostic and healthcare services to remote rural population even in the absence of physical infrastructure in place thus creating a platform to network India. Telemedicine helps to provide healthcare where there is none and improve healthcare where there is some. The fact is that while 70% of our population lives in rural India; 90% of secondary & tertiary care facilities are in the cities and towns far away from the rural India. At the same time, it is also a fact that a significant proportion of patients in remote locations in tribal/ underserved area could be successfully managed with some advice and guidance from specialists and super-specialists in the cities and towns.

2. Financial Assistance

Non-recurring Assistance: Upto Rs. 60 lakh towards development of Mobile Ophthalmic units with Tele-Ophthalmic Network and few fixed Tele-Models* (with equal contribution from NGO in the form of building, equipment and vehicle(s) or cash from management / donations). The assistance for Mobile Van with essential ophthalmic equipments is upto Rs.20 lakh. The assistance for Tele-Ophthalmic Network/Tele-Model is upto Rs. 40 lakh for any of the following purposes:

- Construction, renovation & furnishing*
- Ophthalmic equipment, instruments and other machines (List attached)

(* Not more than 33% of GIA can be utilized on capital works / construction activities in case of fixed models).

3. Eligibility Criteria: The organization should have:

- i) Should satisfy general eligibility conditions mentioned at page no. 2 of the document (except eligibility clauses)
- ii) Organizations having experience in providing eye care services for 5 years will be considered.
- iii) Operated on at-least 2000 cases per year of cataract or combination of cataract and other ophthalmic diseases (as approved in the scheme) in the preceding 2 Years of application. In case of difficult terrain (e.g. North eastern states), relaxed criteria of 200/600 operations in the preceding 1 year / 2 Year shall be applicable respectively.
- iv) The applicant NGO should have preferably hand on experience/in handing teleophthalmology project.
- v) The NGO should have matching contribution of the amount sanctioned under the scheme upto maximum of 60 lakhs.
- vi) Recent investments made by the NGO on above-mentioned items during preceding three years (03) can be taken as contribution from NGO as matching

grant. For long-term sustainability and resource participation, following recurring costs shall be borne by the NGO:

- i) Salaries of staff
- ii) Cost of consumables
- iii) Costs on maintenance of equipment and vehicles, POL, etc.
- iv) Administrative overheads

4. Population to be served

The Tele-Ophthalmology project is primarily for the underserved population of the rural, tribal and hilly areas with specific focus to the north eastern States. The NGO shall serve an area of 150 kms from the district headquarter.

5. Infrastructure Requirement: This shall consist of two component:

- 1. Base hospital
- 2. Peripheral Unit (Fixed/ Mobile Unit)

Base Hospital

a) Manpower requirement:

Category of personnel	Minimum No.	Minimum No. in difficult terrain
Ophthalmic Surgeons (Skilled enough to handle Subspecialties)	4	2
Para Medical Ophthalmic Assistant (Ophthalmic Assistant / Technician / Optometrists / Ophthalmic Nurse.)	8	4
Support Staff (Counselor / Social worker Accountant / Administrator)	4	2

- b) At-least 20 bed IPD facility
- c) In addition, the applicant NGO should have adequate infrastructure and equipment for OPD services, Operation and Management of the tele-Ophthalmic Services admitted patients.
- d) At least one of the eye surgeon in the base hospital should have experience in handling posterior segment disorder like Diabetic Retinopathy, Glaucoma and others.

Peripheral Unit (Fixed/ Mobile Unit)

The fixed model tele-ophthalmic and the mobile units shall consist of the basic infrastructure and manpower requirement as follows:

1. Minimum Requirements:

- i) Manpower: There should be at least one Paramedical Ophthalmic Assistant (PMOA) in both fixed or mobile units
- ii) In case of fixed facility the OPD Room shall be at least one room with minimum length of 6 meters/3 meters will be required.
- iii) In case of the mobile unit, the OPD shall be conducted in the Mobile Van with the provision of examining the patients
- iv) IT Connectivity



2. Services to be Rendered

- i) Identification of conditions requiring services like cataract, glaucoma and Red eye etc. and refer patients to affiliated at Service Centre;
- ii) Vision testing & prescription / dispensing of glasses; Optical shop can be set up or outsourced.
- iii) Conducting school eye screening program & IEC.
- iv) Organizing screening camps at the vision centre or other places.
- v) Participation in training of link workers, volunteers and teachers; and
- vi) Imparting eye health education to the community.
- vii) Maintain village wise blind registry.
- viii) Furnish data in prescribed format on number of patients, refractions and school eye screening.
- **3. Equipment:** The approved list of equipment instruments, mobile van, furniture, fixture is as under:

Approved list of items under Grant-in-aid to Tele-ophthalmology project

S.No.	Items
1.	Mobile unit including fabrication
2.	Slit lamp
3.	Schiotz Tonometer
4.	Fundus camera
5.	Retinoscopy
6.	Direct ophthalmoscope
7.	Trial set and frame
8.	Vision charts
9.	Torch light
10.	Optical dispensing equipment: Edger zeta, lensometer, frame warmer
11.	Autorefractor
12.	Computer/Laptop with UPS
13.	Printer cum scanner
14.	Mobile phone
15.	Still digital camera
16.	Tele-ophthalmology software
17.	2GB Pen/thumb drive
18.	Inverter with battery
19.	5 kva Genset
20.	Video conference camera and projector
21.	8 port switch-1 no.
22.	Picture grabber card
23.	CAT cable straight-1 no.; Cross-1 no (with RJ 45)-100 meters
24.	All in one memory card reader
25.	Pc to video converter
26.	Audio visual aid
27.	Furniture and fixture: table (4x2 feet)-2 no.; bench (8x1)-4 no.; plastic chair-5 no.; examination stool-2 no.; dismountable black room; sponsor displaying unit
28.	Others: umbrella, travelling bag and battery charger-1 no.

4. Expected Output: NGOs receiving non-recurring grants Shall

1. Cataract and other Eye Diseases:

- Commit to take the responsibility of active screening of population of villages allocated by the District Health Society and in addition, cater to the patients from adjoining area.
- ii) Prepare and maintain village wise Blind Registers in prescribed format (Annexure II)
- iii) Complete the construction & procurement of equipments & vehicle, if any within one year after following due procedures.
- iv) Provide & maintain Cataract Surgical Cards for the patients operated in the base hospital and other OPD / Indoor wards records (Annexure III)
- The NGO should be committed to perform free of cost operations of 1) Cataract and/or other ophthalmic diseases like Diabetic retinopathy, Glaucoma, Keratoplasty, Childhood Blindness- Squint correction, ROP, Retinoblastoma upto a value of 50 % of the sanctioned amount. For the purpose of this scheme, the deemed value of one cataract operation is Rs. 750/-only and for other diseases it is Rs. 1000/- per case.
- vi) Maintain proper record & submit monthly report on cases screened, treated and operated in the prescribed Performa (Annexure VII) in addition to reports as may be sought from the institution from time to time.
- vii) Prepare and maintain Diabetic Retinopathy Register (Annexure XII), Glaucoma Register (Annexure – XIII), Squint Register (Annexure – XIV), Keratoplasty Register (Annexure XV).
- viii) Commit to perform at least 2000 cases (Cataract Surgeries and others interventions) per year for succeeding 5 years.

5. Procedure for Approval of Grants

Two copies of application in with details of the proposed tele project would be submitted by applicant NGO along with necessary documents in support of qualifying criteria to the State Programme Officer (SPO), NPCB. The SPO would examine the proposal in terms of eligibility criteria, and depute a team of expert(s) (2-3) from the State/district to visit the NGO for assessing present facilities and requirements. 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 NPCB 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 to approved grantees in two installments on completion of following necessary documents.



 Execution of bond on a hundred rupee Non-Judicial Stamp paper by the grantee institution /NGO in the prescribed Pro forma (Annexure-IV).

8. Penalties

The Government of India/State Government 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. Disposal of Assets

NGO shall maintain a register of Assets acquired wholly or substantially out of Government grants as per the prescribed proforma at (Annexure-VI). Assets acquired wholly or substantially out of the Government grants will not be disposed of, encumbered or utilized for any purpose other than those for which the grants are sanctioned. If such assets are disposed of after due sanction, the money thus received will be credited to State Health Society. Goods declared as obsolete and unserviceable or condemned as per the prescribed procedure may be disposed by NGO after prior approval of State Health Society.

10. 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.

11. 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 Performa 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.

12. Nomination by Government

The Central Government and State Health Society will nominate one officer as its representative to the governing body of the NGO receiving Grant-in-aid.



Non recurring Grant-in-aid for PHC/Vision Centres in Government and Voluntary Sector

SCHEME-V PHC / Vision Centres





V. Non recurring Grant-in-aid for PHC/Vision Centres in Government and Voluntary Sector (upto maximum Rs. 50 Thousand)

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 encourage voluntary organizations 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 out-reach of the National Program for Control of Blindness (NPCB) 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. The grantee institute would submit the details of organization and area of service as per Annexure-1.

2. Financial Assistance

Under the scheme, financial assistance (Non-recurring) will be provided up to a maximum of Rs. 50 thousand only towards purchase of equipment and fixtures, training as mentioned in this scheme:

3. Eligibility Criteria: The organization should:

- i) General eligibility conditions mentioned at page no. 2 of the document. (Except the experience clause, i.e. new organization can also apply)
- ii) Organizations having experience in providing eye care services will be given Preference.

4. General Guidelines

- iii) Area / population to be covered by the Vision centre should be clearly defined to avoid duplication of effort and seek co operation between Government, NGOs/Private Practitioner and local community.
- iv) It is important to have a link with a Service Centre (Base Hospital). The Base Hospital could be a Government Hospital or NGO/Private Practitioner Hospital. A Vision Centre should be set up after formally establishment this link.
- v) The Base Hospital should preferably be within a radius of 50 Km from Vision centre
- vi) The Vision centre should provide free services to the poor patients and children with refractive errors. District Health Society will reimburse cost of spectacles provided free of cost as per approved rates for school children.
- vii) Existing VCs and Primary / Community Health Centers (PHCs) 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 ASHA.
- viii) VC/PMOA would be supervised by Medical officer of PHC / CHC/ Service centre.
- ix) Ophthalmologist should visit VCs at least once a month from affiliated Service Centre.

5. 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 population to be covered by the applicant NGO/Private Practitioner.

6. 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 will be required

7. Services to be rendered

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

8. Expected Output: NGOs receiving non-recurring grants shall:

- a) Utilise 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. The NGO shall be expected to screen at-least 500 people in a year
- c) The VC shall refer the positive cases of cataract & other ophthalmic disorder to the Link hospital/ Base hospital/referral hospital for management. For identifying blind persons (blind registry), organizing & motivating identified persons and transporting them to Government/VO fixed facilities, primary health center, Panchayats, ICDS functionaries and other voluntary groups like Mahila Mandals, the Vision Centre would be eligible for support not exceeding Rs. 175 per operated case (Refer to Scheme no. VI).

9. Procedure for Approval of Grants

Two copies of application in prescribed formats (Annexure–I) would be submitted by applicant NGO along with necessary documents in support of qualifying criteria to the District Health Society (District Programme Manager), NPCB. The DPM would examine the proposal in terms of eligibility criteria and inspect the NGO 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.



10. Competent authority

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

11. Release of Grant

The NPCB 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 to the District Health Society who in turn shall released the funds to the approved grantees installments on completion of following necessary documents.

- Execution of bond on a hundred Rupee Non-Judicial Stamp paper by the grantee institution / NGO in the prescribed Pro forma (Annexure-IV).
- 12. The clauses on Penalties, Disposal of Assets, Monitoring and Evaluation, Audited Statement of Accounts & Utilization Certificate shall be the same as mentioned in the earlier scheme i.e. Scheme No III.
- 13. 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

Recurring Grant-in-aid to District Health Society (NPCB) for NGOs & Private Practitioners.

SCHEME-VI NGOs & Private Practitioners





VI. 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 (NPCB) 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** Under the scheme, financial assistance (recurring) will be provided to the NGOs/Private Practitioner for the following:
 - a) Up to a maximum of Rs. 750 (Rupees Seven hundred and fifty only) for performing one free cataract operation as per detailed breakup given in table A.

	ECCE/IOL	SICS/PHACO
Drugs and consumables	200	200
Sutures	50	0
Spectacles	125	125
Transport/POL	100	100
Organization & Publicity	75	75
IOL, Viscoelastics & additional consumables	200	250
	Sutures Spectacles Transport/POL Organization & Publicity	Drugs and consumables 200 Sutures 50 Spectacles 125 Transport/POL 100 Organization & Publicity 75

750

750

Table A

b) Rs. 1000/- (Rupees One thousand only) per case for management of other eye diseases like Diabetic Retinopathy, Glaucoma (Surgery and laser intervention), Corneal Transplantation, Vitreoretinal Surgery, low vision and treatment of Childhood Blindness like Congenital Cataract & Glaucoma, Development & Glaucoma, Squint, Retinopathy of Prematurity, Retinoblastoma, Congenital Ptosis, Intraocular Trauma in children (See detailed guideline at the end of this scheme).

TOTAL

- c) 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.
- d) Up to a maximum of Rs. 175 per operated case for identifying blind persons (blind registry), organizing & motivating identified persons and transporting them to Government/VO fixed facilities. NGO, Primary health center, panchayats, <u>ICDS</u> <u>functionaries</u> and other voluntary groups like mahila mandals shall also be eligible for the scheme.

3. Eligibility Criteria

- i) General eligibility conditions mentioned at page no. 2 of the document.
- ii) 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.
- iii) Track record of three (3) years in eye care by the NGOs and two (2) years for Private Practitioners for participation in this scheme.
- iv) The NGO receiving non recurring grant under NPCB scheme I shall be eligible for this scheme only after completion/fulfillment of conditions/obligations under that scheme. {See para 6 (e) of Scheme I}. (DPM shall certify the completion of this condition]

4. General Guidelines

- i) The District Health Society will identify NGO's/Private Practitioners with base hospitals located in the district for implementing this scheme.
- ii) Though preference may be given to hospitals within the district the District Health Society is empowered to identify hospitals located outside the district.
- iii) The NGO's/Private Practitioner shall apply in the prescribed format to the District Programme Manager for accreditation/identification under this scheme.
- iv) All identified NGO's/Private Practitioners shall sign a Memorandum of Understanding with the District Health Society for a period of 12 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 & obtain an acknowledgement.
- v) 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).
- vi) Seventh day post-op follow up is a must and records of the follow up of the day shall have to be maintained.
- vii) ALL EYE OPERATIONS SHOULD BE CONDUCTED IN FIXED OT FACILITIES ONLY.

5. Population to be served

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 either as walk in or community screening.



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 (Annexure – III).
- ii) Maintain proper record & submit monthly report on cases screened, treated and operated in the prescribed Performa (Annexure VII) in addition to reports as may be sought from the institution from time to time.
- iii) Prepare and maintain Diabetic Retinopathy Register (Annexure XII), Glaucoma Register (Annexure XIII), Squint Register (Annexure XIV), Keratoplasty Register (Annexure XV) whichever is applicable.
- iv) 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.
- v) 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

- The NGO/Private Practioners should get himself registered with the District Health Society.
- Claim may be preferred in the prescribed format (Annexure XVII) by applicant NGO / Private Practitioner along with necessary documents like Cataract Surgical report and copies of the registered (Diabetic, Glaucoma, Keratoplasty, Childhood Blindness etc.) to the DHS (DPM-NPCB). The DPM would examine the records and settle the claim within a period of three month from the date of receipt of applications complete in all respects.

9. Competent authority

 District Health Society /District Programme Manager (DPM), NPCB would be the competent authority to approve / reject applications in writing giving reasons for rejection, in case of disapproval.

10. Guidelines for New Components

General Guidelines for Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood

Blindness- squint, ROP, Retinoblastoma, congenital ptosis, intra ocular, trauma in children and low vision.

- i) Beneficiaries to include all patients irrespective of religion, caste, sex and economic status.
- ii) Cost to the Patient:- totally free of cost to the beneficiaries.
- iii) Eligible Patients:- Either from screening camps or OPD walk-ins, referrals, etc.
- iv) Amount Payable to NGO/Pvt. Practitioner:- Rs. 1,000/- (For Glaucoma, Diabetic Retinopathy, Keratoplasty & Childhood Blindness) per case.
- v) 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).
- vi) 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.
- vii) 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.
- viii) NGOs/Private Practitioner to get the cases verified (5%) by DPO/DPM/District Ophthalmic Surgeon on a monthly basis for claiming reimbursement
- ix) District Health Society is the monitoring authority.

Guidelines for specific Diseases under 11th Five Year Plan.

✓ Diabetic Retinopathy

- Rs. 1,000 will be paid for the complete treatment per case.
- Verifiable Evidence:
- Laser sittings record should be maintained
- DR register to maintained by the NGO/Private Practitioner (Annexure XII).
- Fundus photograph / fundus drawing as evidence along with medical record

✓ Glaucoma

- Payment Rs. 1000, per case, one time as reimbursement towards cost of laser and/or surgery
- Verifiable Evidence
- Glaucoma Register to be maintained by reimbursement claiming NGO/Private Practitioner (Annexure –XIII).
- Surgery record to be maintained.

✓ Keratoplasty

- Rs. 1,000 to be paid per case after surgery & follow up.
- Keratoplasty Register to be maintained by reimbursement claiming organization (Annexure – XV)
- Surgery record to be maintained

✓ Childhood blindness: (age 0-16 years)

• All children to be included for the purpose of the scheme



a. Congenital Cataract & Glaucoma, Dev. Cataract & Glaucoma will be covered under new component of childhood blindness will be reimbursed Rs. 1,000 per eye.

b. Squint

- Surgical Treatment will be eligible
- Pre-Op & Post-Op photograph as evidence along with Medical record
- Payment after surgery & follow up

c. Retinopathy of Prematurity (ROP)

• Complete treatment including laser sittings up to a maximum of Rs 1000 per case.

d. Retinoblastoma

• Complete treatment including laser sittings up to a maximum of Rs 1000 per case.

e. Congenital Ptosis

- Pre-Op & Post-Op photograph as evidence along with Medical record
- Payment after surgery & follow up

f. Intraocular Trauma in children

- Rs. 1,000 per case for removal under GA under children of 16 years.
- Details of the surgical records to be maintained.

✓ Low Vision

 Up to a maximum of Rs 500/- for any type of Low visual aid provided to the patient



Recurring Grant-in-aid to Eye Banks & Eye Donation Centre in Government/Voluntary Sector

SCHEME-VII Banks & Eye Donation Centre





VII. Recurring Grant-in-aid to Eye Banks & Eye Donation Centre in Government/Voluntary Sector

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

Eve Bank (EB):

Financial Assistance: Under the scheme, financial assistance will be provided

- i) Recurring Assistance of Rs.1500 per pair of eyes towards honorarium of Eye Bank staff, consumables including preservation material & media, transportation/ POL and contingencies.
- ii) 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. Recurring GIA would be paid through affiliated Eye Bank.

Eligibility Criteria: The organization should:

- Should satisfy general eligibility conditions mentioned at page no. 2 of the document (except the 2 year clause, i.e. new organization can also apply)
- Should fit into the definition of **Eye Bank & Eye Donation Centre** as mentioned at page no. 3 & 11 of the document.

Infrastructure Requirement: same as mentioned in Scheme no. II for Eye Bank and Scheme no. III for Eye Donation Centre.

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 settle within 3 months from the day of receipt of claims complete in all respects.

Competent Authority:

District Programme Manager (DPM) of the District would be the competent authority to approve / reject applications in writing giving reasons for rejection, in case of disapproval.





Annexure I

GOVERNMENT OF INDIA

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Scheme for Expansion or Upgradation of Eye Care Units in Tribal And Rural Areas, which have no Eye Care Facilities

PART - I : ORGANISATION PROFILE

Name	:		
Address	:		
State	;	Pin Code :	
Tel No.	:		
		rax rvo	
Legal Sta	Particulars		Registration No
(i)	Public Charitable Trust		Registration 140
(ii)	Society under Societies Registrati	on Act	
(iii)	Non-profit company under Indian		
(iv)	Registration under Foreign Contri		
(v)	Income – Tax Registration		
	• under Section 12A		
	• under Section 80 G		
	• under Section 35CCA		
	• any other Section		
Financia	l Status		1
Details o	f Bank Account :		
	the Bank	Branch	
_			
Type of a	account: Saving/Current Account N	Vo	
Is your a	ccount operated jointly? Yes	s/No	
Name an	d Designation of the Signatories to	the account :	
	Name	Desig	gnation

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 Organizations	Details of Grant	Amount	Year
1.				
2.				
3.				

S.No.	Non Govt Organizations	Details of Grant	Amount	Year
1.				
2.				
3.				

5. Details of Existing Health Facility:

- 4		r			
5.1	In	ras	tru	ctu	re

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

5.2 Manpower

Personnel	Nos	Qualifications
Eye Surgeons		
Other Doctors		
Nursing Staff		
Ophthalmic Assistants or equivalent		
Administrator		
Community Coordinator		
Clerks		
Driver		
Others (specify)		



5.3 Equipment Status

S.No.	Name of the 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
	33

6.1 Details of Trustees of the project:

Name	Designation	Address	Tel. No.

6.2	Past experience in (a) Health care delivery services
6.3	Past experience in (b) eye care delivery services

PART - II: PROJECT PROPOSAL

7. Needs Assessment

(i)	Location and address _	
(-)		

(ii)	Villages allocated,	to serve.	
(11)	villagos allocatoa,	10 001 10-	

iii) Leading Eye Care Facilities in the target area (Within 40 - 100 Kms Radius)

Name of the Hospital	Govt.	NGO	Private	No. of Ophthalmic	Surgeons	No. of Eye Beds
1.						
2.						
3.						
4.						
5.						

^{* &}quot;Private" is one who is not in Govt. Employment

^{*} In the event of a Govt. Employee working as consultant in a private clinic/Hospital, should be included as Govt.



-		rring Gra						-		
release to NGOs for strengthening/expansion of Eye Care Units in rural and tribal areas (upto maximum Rs. 30.00 lakh);										
i)	Non-recurring Grant-in-aid for Eye Banks in Government/Voluntary Sector (upto maximum Rs. 15.00 lakhs);									
iii) Non-recurring Grant-in-aid for Eye Donation Centres (EDC) in Government/ Voluntary Sector (upto maximum Rs. 1.00 lakhs)										
v)	Units w	Non- recurring Grant-in-aid for Development of Mobile Ophthalmic Units with Tele-Ophthalmic Network and few fixed Tele-Models (upto maximum Rs. 60.00 lakhs).								
v)		ırring Gr ıntary Sec						overnmer	nt	
Curi	rent Perfo	ormance								
Give	e details	of curren	t perform	nance : (for last	3 years	s)			
a) Base Hospital										
		Free	/Subsidiz	zed				Paying		
Yea	ar C	PD		Indoor		0	PD		Indoor	
			ICCE	IOL*						

b) For Scheme II

Details of Eye Ball Collection for Eye Banks

S.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 eye balls used for other purpose

c) For Scheme III

Details of Eye Ball Collection for Eye Donation Centre

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

^{*}IOL includes ECCE/IOL, SICS, Phaco

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				

10. Details of construction planned

(i)	Total Plot size :				Sq. ft
(ii)	Existing built-up area:				Sq. ft
(iii)	Total built-up area proposed	l for support :			Sq. ft
(iv)	Certificate of Town Plannin authorities submitted with	0 1	Yes	No	
(v)	Construction Plan:				
	Eye Ward				Sq. ft
	Eye O.T.				Sq. ft
	OPD				Sq. ft
(vi)	Estimated Cost :	Rs			

11. Details of Equipments & Vehicle required

List major items with full particulars including estimated cost:

Items	Estimated Cost (Rs.)
Total on Procurement	

12. Estimated Project Budget

	Non-Recurring Expenses		Recurring Exp	penses	Total Project Outlay
	Particulars	Amount	Particulars	Amount	
1.	Civil Works				
2.	Equipments				
3.	Vehicle				
4.	Fixtures & Furniture				
	Total				



13. Details of Source of Funding

	Sources	Amount (Rs.)
(a)	Donations in kind :	
	(i) Availability of land by	
	(ii) Availability of equipment by	
	(iii) Any other	
(b)	Management's contribution in cash	
(c)	Local Community's Contribution	
(d)	Government Grants	
(e)	Any other Agency (specify)	
	Total	

14. Time Table - (Year wise) - Project Completion

(ii)

Year	Work to be Completed	Estimated Cost (Rs.)

ne Board of Trustees of NGO - along w norandum of Understanding (MoU)	rith Authorization to 2 signa
_	rith Authorization to 2 signa Signature

17. Resolution of District Health Society (DHS) / State Health Society (SHS)

a) DHS agreeing to support / recommend the NGO certifying its bonafide credibility & general standing within community.

18. Declaration

This is to certify that the information furnished in this application is true and correct to the best of our knowledge and belief. We are agreeable to sign an Agreement with Government of India, and abide by the rules and regulations of the same if a grant is given to us.

Name —	Name —
Signature —	Signature —
Designation: President /Chairman	Designation: President /Chairman
Telephone No.	Telephone No.
Place	Place
Date	Date

19. 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) Certificate of land ownership from component Revenue authorities*.
- vi) Building permission from Town Planning/Municipal authorities*.
- vii) Certificate of land registration*.
- viii) Blue print of the approved building plan*.
- ix) Estimated cost of phases of constructions certified by architects*.
- x) Registration Certificate under Public Charities/Societies' Act.
- xi) Registration Certificate under Foreign Contribution Act, if applicable*.
- xii) List of the members of the Executive Committee.
- xiii) Resolution of Board of Trustees to seek grant & authorization of 2 persons to sign 'Bond'.
- xiv) Resolution of District Health Society/ State Health Society.
- xv) Endorsement from the State Government*.

^{*} Strike out whichever is not applicable.

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NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

BLIND REGISTER

	Outcome		10						
	Main cause	(Gen/SC/ ST/OBC)Left EyeRight Eyeof Blindness	6						
	cuity	Right Eye							
	Visual A	Left Eye	8						
Block/PHC	Category	(Gen/SC/ ST/OBC)	2						
Blo			9						
	Age		5						
t l	Address		4						
District		Husband's Name	3						
	S.No. Name of	Blind Person	2						
State	S.No.		1						

Definition of 'suspected' blind person: (For Health Workers (ASHA)/trainer volunteers). "Persons who are unable to count fingers from a distance of 3 meters in each eye assessed separately". This means neither eye can count fingers at 3 meters.



NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Annexure III

CALANACI SUNGENI NECUND		FAITENT DISCHANGE SEIF
A. PATIENT'S NAME:	Registration No.:	A. PATIENT'S RECORD: Regd. No.:
Address:	Sex: Male Female	Name: Address:
Taluka:District:	Age:	Sex: Male Age:
B. PRE-OPERATIVE EXAMINATION: Right Eye VISUAL ACUITY: (with available glasses) Occular diagnosis: Cataract pseudophakia/aphakia other pathology no pathology Eye to be operated Clinical Data:	C. SURGERY Date of Operation: Place of Operation: Hospital: TYPE OF OPERATION: mark ECCE + Spectacles ECCE + IOL SICS + IOL SICS + IOL Phaco + Spectacles SICS + IOL Phaco + IOL Eye Disease Management Other RE LE Presenting VA at Discharge:	B. PRE-OPERATIVE EXAMINATION: Right Eye Left Eye VISUAL ACUITY:
D. IMMEDIATE COMPLICATIONS: mark \(\sqrt{V} \) Vitreous Loss Iris Prolapse Infection Corneal Edema Others	E. FOLLOW UP: Date: Right Eye	MEDICATION ON DISCHARGE: 1. 2. 3. 4.



Annexure IV

GOVERNMENT OF INDIA NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

BOND

Know all men by these presents that we
(Name of the Society)
a society registered under the
and having registered office at ${(Registered\ Address)}$
in the State of
hereinafter called 'the obliger' (which expression shall, unless excluded by or repugnant to the context, be deemed to include its successor-in-interest) AND
(1) Son of
(Name of the surety)
resident of
and
(2) ————————————————————————————————————
(Name of the surety)
resident of
Hereinafter jointly and severally called "the sureties" (which expression shall, unless
excluded by or repugnant to the context, be deemed to include their authorized
representatives, successors in office) jointly and severally held and firmly bound unto the
President of India/ Governor exercising the executive powers of the Government of India
State Government acting through (Under Secretary/Deputy Secretary/Director etc.) the
Ministry of Health & Family Welfare, Government of India, New Delhi/ Governmen
of (name of the State), hereinafter called 'The
Government' (which expression shall include his successors in Office and assigns) in the sum of Rs (Rupees
1 tupoo

SCHEME FOR PARTICIPATION OF Voluntary Organisations

inc PA	interest as hereinafter specified and all costs and expenses that shall or may have been red or occasioned to the government to be paid to the Government FOR WHICH IENT to be well and truly made, we hereby jointly and severally bind ourselves and our ctive successors in interest of successors as the case may be, firmly by these presents.
SIC	ED thisday of MonthYear
Rs. lett 'sai her obl	eas at the request of the Obliger, the Government have sanctioned a Grant-in-aid of Rupees
No	this bond witnesseth and it is hereby agreed and declared as follows:
1.	hat the obliger shall utilize the said Grant-in-aid of Rs. Rupees
2.	hat the obliger shall abide by all the terms and conditions specified in the said letter and the General Financial Rules, 2005 and any order or instructions that may be issued by Government from time to time.
3.	hat the obligor confirms /certifies that his organization has not received grants from any ther department of Central/ State Government for same purpose during the period of cant.
4.	hat in the event of any failure on the part of the obligor to abide by any of the terms of conditions of the Grant-in-aid specified in the said letter or his committing any reach thereof, the obligor and/or the Sureties shall jointly or severally, on written emand of the Government repay forthwith without demur, the entire Grant-in-aid mounting to Rs
5.	the obligor agrees and undertakes to surrender /pay to the Government the monetary alue of all such pecuniary or any other benefits which it may receive or derive/have received or derived through unauthorized use such as letting out the premises for dequate or less than adequate consideration or use of premises for any purpose other can for which the grant was intended.
6.	the event of any legal suit or proceeding (s) arising in or out of any claim for

compensation made by or on behalf of any person due to failure of or other medical



complications caused or occasioned by eye surgery performed in the project managed by the obligor, the obligor shall keep the government fully indemnified from all costs, charges and expenses which the Government may incur. It shall be the responsibility of the obligor to execute the orders of the court and the government shall not be liable or responsible in any manner whatsoever.

- 7. The Obligor shall not dispose, encumber or utilise assets acquired wholly or substantially out of the Government grants for any purpose other than those for which the grants were sanctioned. If such assets are disposed of after due sanction (in writing), the money thus received will be credited to State Health Society. Goods declared as obsolete and unserviceable or condemned as per the prescribed procedure may be disposed of by NGO after prior approval of State Health Society.
- 8. In case any building is constructed either partly or fully with the grants released by the Government, on the land of the obligor and the obligor after a certain period refuses to continue the project or is not allowed to continue the project by the Government due to any reason whatsoever, the Government will be at liberty to acquire the building by paying compensation for the land so that the same can be utilized by any other organization by paying compensation for the same. The Government shall have the right to dispose the aforementioned asset in any other manner as deemed fit.

Now the condition of the above written bond is such that if the obligor shall utilize the Grant-in-aid only for the purpose specified in the said letter and abide by/ fulfill and comply with all the terms and conditions mentioned hereinbefore as well as in the said letter, then the above written bond shall be void and of no effect but otherwise it shall be and remain in full force, effect and virtue.

BUT SO NEVERTHELESS that if the Obligor becomes insolvent or at any time ceases to exist, the whole or so much amount Rs. ______ of the grant, together with the interest, as shall the remain, shall immediately become due and payable to the Government and recoverable from the sureties by virtue of this Bond.

PROVED that the decision of the Government, as to whether the obligor has or has not performed and observed the obligations and conditions hereinbefore referred shall be final and binding.

PROVIDED further that the liability of the sureties hereunder shall not be impaired or discharged by reasons of time being granted or any forbearance, act or omission of the Government or any person authorized by them or nay other indulgence granted by the Government to the said Obligor (whether with or without the knowledge or consent of the sureties) nor shall it be necessary for the Government to sue or take action against the obligor before suing or taking action against the Sureties or either of them.

9. The stamp duty payable on the bond shall be borne and paid by the Government.

SCHEME FOR PARTICIPATION OF Voluntary Organisations

IN	WITNESS WHEREOF: SIGNED ON	(DATE) BY
Oł	oligor	Government Representative
1.	Shri	1. Shri
	(Name and Designation)	(Name of office bearer)
2.	Shri	
	(Name of office bearer)	
Su	reties for Obligor	
1.	Shri	1. Shri
	(Name of Surety)	(Name of Surety)
Wi	itness	
1.	Shri	Date ———
2.	Shri	Date

(EACH PAGE OF THIS BOND HAS TO BE SIGNED BY THE TWO OFFICE BEARERS OF THE INSTITUTION WHO ARE AUTHORIZED SIGNATORIES).



Annexure V

11	NTIMATION OF THE DISTRICT H	EALTH SUCIETT	SCREENING EYE CAMP
1.	Name of Vol. org,/NGO Holding Eye (with Registration No. Date and Distriction No. Date and Distriction)	*	
2.	Place of Screening eye camp: Village	/Block /District:	
3.	Place of operation:		
4.	Date of Proposed Eye Camp: From		To
5.	Financial Assistance Sought from any	y other source: Yes	/No
6.	No. of Cataract Operation Expected:		
7.	Name of Sr. Surgeon In-charge of Car	mp with Qualificat	ion:
8.	Date of Preceding Screening Camp:		
	Follow up Camp:		
9.	Whether VO/NGO would provide glas	sses:	
10.	Records of previous Eye Camp organi	ized:	
	Place	Date	No. of Operation
11.	Operating Surgeon:		CMU / DMU / NGO
12.	On behalf of organization we would	be responsible for:	
	(a) Administering & Managing the I	Eye Camp for speci	fic eye care work.
	(b) Guarantying quality & efficient Operational Norm.	t services based	on Programme's Technical 8
	(c) Submit reports prescribed by Na	tional Programme N	Management Cell.
	(d) Refund the full amount in c suppressing or giving wrong info		nauthorized use of fund and
Sign	nature of Ophthalmic Surgeon		Signature of VO / NGO
	: :		Date:



Annexure VI

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

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

MONTHLY REPORTING FORMAT FOR SCHEME I

Month:			Year	
Name of the NGO:			District	
Address:				
Block:				
Total cases Screened (in this month)	his month)			
	No. of Cases detected	Treated/Operated*	No. of Cases referred to higher centers	Remarks
CATARACT				
DIABETIC RETINOPATHY				
GLAUCOMA				
SQUINT				
KEROTOPLASTY				
TRACHOMA				
OTHERS				

TOTAL

51



Annexure VII

 $^{^{\}ast}$ To mention no. of cataract operations performed, treatment of other diseases.

Annexure VII B

School Eye Screening

	Numbers
No. of teachers trained in screening for Refractive error	
No. of School going children screening	
No. of school going children detected with refractive errors by teacher/PMOAs	
No. of school going children provided free glasses	
Total	



Annexure VIII

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

FORM GFR 19-A

[See Rule 212(1)]

Form of Utilization Certificate

favor Rs been of F	our o n ut Rs	d that out of Rs	given in the margin and sum of Rs has oned and that the balance irrendered to Government		
S.No.		Sanction Letter No. and Date	Amount		
		Total			
san the	ctior mon	d that I have satisfied myself that the conditions on whe had have been duly fulfilled and that I have exercised the forey was actually utilized for the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for which it was satisfied by the conditions of the purpose for the purpose f	llowing checks to see that nctioned.		
i)		l expenditures are incurred in accordance with the programme activities.			
ii)		the expenditure incurred is co-related with the programme activities.			
iii)		he expenditure is incurred with proper resolution of the			
iv)		The expenditure on purchases of fixed assets or consumables goods has been verified from the relevant stock register.			
v)		o amount of Grant-in-aid or any receipt of funds from other source is deposited for sinful ways or to generate income by way of interest other than Bank interest.			
vi)		Financial grants are released to the office bearers of the NGOs after their proper scrutiny and verification.			
Place :		Signatur	re:		
Dated :		Designa	Designation:		



Annexure IX

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Monthly Reporting Format for Eye Banks

Month		Year					
Name of the Eye Bank							
Address							
Block		District					
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 eye balls used for other purpose			
Date:							

Signature of Ophthalmic Surgeon with seal of the NGO



Annexure X

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Monthly Reporting Format for Eye Donation Centre

Month		Year						
Name of the Eye D	onation 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 Ophth	nalmic Technician	_	e of authorized Signatory th seal of the NGO					





Annexure XI

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Monthly Reporting Format for Eye Vision Centre

Month				Year			
Name of the Vision CentreAddress							
Block District							
No. of patients	No. of Cataract	No. of Other	No. of refractive error	No. of Glasses	No. of p Camp	held	
screening	Cases	Cases	detected	Provided	School	Other	

Signature of Ophthalmic Technician

Signature of authorized Signatory with seal of the NGO





Annexure XII

DIABETIC RETINOPATHY REGISTER

(For Free Cases for the purpose of reimbursement)

State_			Distric	t				
Block	/ PHC		Village	e				
S.No.	Name of Patient		Address	Age/ Sex	VA		Fundus Photograpl	
					Before Laser	After Laser	Pre Laser	Post Laser
	1	1	1				1	1

Total Numbers of cases

Signature of District Programme Manager

in the month of _____Year_



Annexure XIII

GLAUCOMA REGISTER

(For Free Cases for the purpose of reimbursement)

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

Total Numbers of cases ______ in the month of _____Year____

Signature of District Programme Manager

THE COLUMN TO THE PARTY OF THE

Signature of District Programme Manager

Annexure XIV

SQUINT REGISTER

(For Free Cases for the purpose of reimbursement)

Type of Preoperative photograph/ Squint Post Operative Photograph of Face	
Deviation ESO/EXO/ (In PD)	
Age/ Photo Sex Identity	
Age/ Sex	
Address	
Father's Name	
Name of Patient	
S.No.	

in the month of Total Numbers of cases_

65

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Annexure XV

KERATOPLASTY

(For Free Cases for the purpose of reimbursement)

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

in the month of Total Numbers of cases_ Signature of District Programme Manager



Annexure XVI

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 NPCB, for implementation in all the States of the country during the 11th Plan (2007-2012);
- 1.2 WHEREAS NPCB 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 NPCB 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 on year. The MoU shall be renewed for further periods of one year every time by the DPM on request/application for extension by the applicant NGO/Private Practitioner as per (Annexure XVII) ONE MONTH BEFORE EXPIRY OF VALIDITY. The DPM shall acknowledge the same and renew the case within one month, if eligible.

	Activities	Yes/No
i)	Screening of population ($50 + years$) in all the villages /townships in the area allotted to the NGO/Private Practitioner and preparation of village wise blind registers	
ii)	Identification of cases fit for cataract surgery, motivation thereof and transportation to the base hospital	
iii)	Pre operative examination and investigation as required	

Voluntary Organisations

- iv) Performance of cataract surgery preferably IOL implantation through ECCE-IOL, <u>Small Incision Cataract Surgery</u> (SICS) or <u>phaco emulsification</u> and Diabetic Retinopathy, Glaucoma, Keratoplasty & 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.
- vi) Follow up services including refraction and provision of glasses, if required providing best possible correction
- vii) Submission of cataract surgery records of operated cases

4. 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).

Clause	Clause of Agreement	Yes/No
5.1	Issue a certificate of recognition about participation in NPCB (Annexure XVIII)	
5.2	Undertake random verification of operated cases not exceeding 5% before discharge of patients	
5.3	Sanction cost of free cataract operations and management of Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness performed by the NGO/Private Practitioner as per GOI guidelines indicated within month of submission of claim along with Cataract surgery records	
5.4	Make Payment of the sanctioned amount to the NGO/Private Practitioner on monthly /quarterly basis 5.5 Regularly disseminate literature, guidelines or any other relevant information to participating NGO/Private Practitioner	

5. 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.

Signed this day, theof2009.	
For and on behalf of District	For and on behalf of
Health Society	NGO/Private Practitioner



Annexure XVII

То	
The District Programme Manager (DPM)	
District Health Society	
Sub: Renewal of Memorandum of Understanding (MoU) regard	ing.
Sir/Madam,	
I, the undersigned, representing	(Name
of NGO/ Private Practitioner and address)	
an NGO/Private Practitioner and having signed an MoU with	your society for performing
Cataract Operation under the Scheme I (Non-recurring Gra	nt-in-aid to District Health
Societies (NPCB) for release to NGOs for strengthening/expa	nsion of Eye Care Units in
rural and tribal areas) which is valid from to	(copy enclosed).
Wide this application. I would like to apply for renewal of	the Mall for a further period
Wide this application, I would like to apply for renewal of	
of one year. You are requested to kindly extend the validity by a	nother year.
	Yours Sincerely,
	(Signatory of NGO)
N.B.	
Acknowledged by DPM	
220110 11504600 27 22 11	
(Signature of DPM/Representative)	
Date:	



Annexure XVIII



Government of India

National Programme for Control of Blindness

CERTIFICATE OF RECOGNITION

This is to certify that (Nan	me of Participant
NGO/Private Practitioner) is a participant unit in	(district/s) of
(State) under National Programme for Co	ntrol 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, Keratopl	lasty & Childhood
Blindness and other procedures (specify).	
This certificate is to recognize active participation of the organization	in prevention and
control of blindness in the country.	
District Pr	ogramme Manager
	me & Officer Seal)
Place :	
Date :	



Annexure XIX

То	
The District Programme Manager (DPM)	
District Health Society	
Sub: Application for claim of grant in respect of Catarac eye diseases regarding.	t Operations/ treatment of other
Sir/Madam,	
I, the undersigned, representing	(Name
of NGO/Private Practitioner and address)	
am enclosing copy of MoU (valid up to) alon	ng with copies of CSR (Cataract
Surgery Record) and Record of treatment done for oth	er approved EYE Diseases for
reimbursement of claims under Scheme VI (Recurring	Grant-in-aid for free Cataract
operations and management of other eye diseases by	voluntary organizations/Private
Practitioner etc. in fixed facilities).	
You are kindly requested to settle the claim within	period of three month of receipt
of this application as stipulated in the Government of India,	NPCB norms.
	Yours Sincerely,
	(Signatory)
N.B.	
Acknowledged by DPM	
(Signature of DPM/Representative)	Date:

Voluntary Organisations

LIST OF NPCB OFFICIALS

Ministry of Health and Family Welfare

- Ms. Shalini Prasad, Joint Secretary
- 2. Sh. Robert Chongthu, Deputy Secretary (NCD)
- 3. Sh. Ajit B. Chavan, Under Secretary (NCD)
- 4. Sh. J.B. Tanwar, Section Officer (NCD)

Directorate General of Health Services

- Dr. (Mrs.) R. Jose, Additional Director General (O), and National Programme Officer (NPCB), Nirman Bhawan, New Delhi, Ph.: 011-23061594.
- 2. Dr. A.S. Rathore, Assistant Director General (O)
- 3. Dr. V. Rajshekhar, Dy. Assistant Director General (O)
- 4. Dr. V. K. Tewari, Health Education Officer (NPCB)

For further details please visit our website: www.mohfw.nic.in/npcb.nic.in

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, Nirman Bhavan, New Delhi - 110 108 Website: www.mohfw.nic.in/npcb.nic.in