

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**



**SCHEME FOR  
PARTICIPATION OF  
VOLUNTARY ORGANIZATIONS**

**REVISED  
11<sup>th</sup> Five Year Plan  
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# **NATIONAL PROGRAM FOR CONTROL OF BLINDNESS**

## **SCHEMES FOR PARTICIPATION OF VOLUNTARY ORGANIZATIONS**

### **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 [11<sup>th</sup>] 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) 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/un-served 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 Eye 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

## DETAILS 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 long-term 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:

- a) 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 1year / 2 Year of application. In case of difficult terrain (e.g. North eastern states), relaxed criteria of 300/600 operations in the preceding 1year / 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 / hilly / desert / difficult terrains) people will be covered by the applicant NGO. However, patients from other adjoining areas can also be operated.

### 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**

- i. 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
<b>A</b>	<b>Ophthalmic Equipments</b>
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	Vitreotomy 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
<b>B</b>	<b>Surgical instruments for various eye specialties</b>
<b>C</b>	<b>Furniture &amp; Fixtures of Operation Theatres &amp; Ward</b>
<b>D</b>	<b>Mobile Ophthalmic Unit with diagnostic equipments and minor surgical instruments</b>
<b>Maximum Assistance = Rs. 30 Lakh</b>	

## **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 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**

<b>S.No</b>	<b>Equipment/Furnishing</b>
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
<b>Maximum Assistance = Rs. 15 Lakh</b>	

### **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:***

- i. 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:-**

<b>S.No</b>	<b>Equipment/Furnishing</b>
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)

#### **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 / 2 Year of application. In case of difficult terrain (e.g.

North eastern states), relaxed criteria of 200/600 operations in the preceding 1year / 2 Year shall be applicable.

- (iv) The applicant NGO should have hand on experience/ in handing tele-ophthalmology 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

**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**

SI.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:

- i. 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)
- 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) 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.

## **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

**B. RECURRING GRANT IN AID:**

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

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.

Table A.

Sr. No.		ECCE/IOL	SICS/PHACO
a	Drugs and consumables	200	200
b	Sutures	50	0
c	Spectacles	125	125
d	Transport/POL	100	100
e	Organization & Publicity	75	75
f	IOL, Viscoelastics & additional consumables	200	250
TOTAL		750	750

- 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).

- 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, ICDS functionaries 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:**

- i) 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.

**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::**

- i) 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 Practitioners 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 11<sup>th</sup> 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.

#### **V Low Vision**

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

## **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.

### **Eye 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 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.

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## GOVERNMENT OF INDIA

**NATIONAL PROGRAM 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 – 1: 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 <ul style="list-style-type: none"> <li>• under Section 12A</li> <li>• under Section 80G</li> <li>• under Section 35CCA</li> <li>• any other Section</li> </ul>	

**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 Organizations	Details of Grant	Amount	Year
1				
2				
3				

S. No.	Non Government Organizations	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.	Qualifications
Eye Surgeons		
Other Doctors		
Nursing Staff		
Ophthalmic Assistants or equivalent		
Administrator		
Community Coordinator		
Clerks		
Driver		
Others (Specify)		



**6.1 Details of Trustees of the project:**

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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**PART - II : PROJECT PROPOSAL**

**7. Needs Assessment:**

(i) Location and address

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(ii) Villages allocated, to serve

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(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					

\* "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.

**8. The project proposal is for: (Tick appropriate item)**

- 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);
- 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 (EDC) 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)

**9 Current Performance**

**Give details of Current Performance: (for last 3 years)**

**a) Base Hospital**

Year	Free Subsidized					Paying				
	OPD		Indoor			OPD		Indoor		
	New	Review	ICCE	IOL*	Others	New	Review	ICCE	IOL*	Others

\*IOL includes ECCE/IOL, SICS, Phaco

**b. For Scheme II**

**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 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

**d) Outreach**

Year	Screening Camps Conducted			
	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 for support : \_\_\_\_\_ Sq.ft.
- (iv) Approval of Town Planning/ Municipal authorities submitted with proposal : 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 Expenses		Total Project Outlay
	Particulars	Amount	Particulars	Amount	
1.	Civil Works				
2.	Equipments				
3.	Vehicle				
4.	Fixtures & Furnitures				
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)	
	<b>Total</b>	

**14 Time Table - (Year wise) – Project Completion :**

Year	Work to be Completed	Estimated Cost (Rs.)

**15 Financial Sustainability**

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16 Resolution of the Board of Trustees of NGO – along with Authorization to 2 signatories to sign the Memorandum of Understanding (MOU) :

	Name and Address	Signature
(i)	_____ _____	_____
(ii)	_____ _____ _____	_____

**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

Cataract Surgery Record

Patient Discharge Slip

**A. PATIENT'S NAME:** ..... Regn. No. ....  
 .....  
 Address: ..... Sex: Male   
 Female   
 .....  
 Taluka: ..... District ..... Age:

**B. PRE-OPERATIVE EXAMINATION**

Right Eye  
 Left Eye

VISUAL ACUITY: .....  
 .....  
 (with available glasses)

OCULAR DIAGNOSIS: RE  
 mark ✓ LE

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	<input type="checkbox"/>
ECCE + IOL	<input type="checkbox"/>
SICS + Spectacles	<input type="checkbox"/>
SICS + IOL	<input type="checkbox"/>
Phaco + Spectacles	<input type="checkbox"/>
Phaco + IOL	<input type="checkbox"/>
Eye Disease management	<input type="checkbox"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**A. PATIENT RECORD:** Reg. No. ....  
 Name: .....  
 Address: .....  
 Sex: Male  Female  Age:

**B. PRE-OPERATIVE EXAMINATION:**

Right Eye Left Eye  
 VISUAL ACUITY: .....  
 (with own glasses)

DIAGNOSIS: RE LE  
 .....  
 .....

**C. SURGERY** Date: .....

Place: .....  
 Operated Eye: RE  LE   
 Procedure: .....  
 Date of Discharge: .....  
 RE LE

Presenting VA .....

**D. FOLLOW-UP** Date: .....

Place: .....

Right Eye				Left Eye			
Sp h.	Cy l.	Axi s	V A	Sp h.	Cy l.	Axi s	V A

**BOND**

Know all men by these presents that we \_\_\_\_\_(Name of the Society)\_\_\_\_\_

a society registered under the \_\_\_\_\_(Name of the Act under which Registered)\_\_\_\_\_

and having registered office at \_\_\_\_\_(Registered Address)\_\_\_\_\_

in the State of \_\_\_\_\_hereinafter called 'the obligor'  
(which expression shall, unless excluded by or repugnant to the context, be deemed to include its successor - in - interest)

**AND**

(1)\_\_\_\_ (Name of the Surety)\_\_\_\_\_ Son of \_\_\_\_\_  
resident of \_\_\_\_\_  
\_\_\_\_\_ and

(2)\_\_\_\_ (Name of the Surety)\_\_\_\_\_ Son of \_\_\_\_\_  
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/ Government 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 \_\_\_\_\_) with interest as hereinafter specified and all costs and expenses that shall or may have been incurred or occasioned to the government to be paid to the Government **FOR WHICH PAYMENT** to be well and truly made, we hereby jointly and severally bind ourselves and our respective successors in interest of successors as the case may be, firmly by these presents.

**SIGNED** this \_\_\_\_\_day of \_\_\_\_\_Month \_\_\_\_\_ year \_\_\_\_\_

Whereas at the request of the Obligor, the Government have sanctioned a grant-in -aid of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_) vide their letter No. \_\_\_\_\_ dated \_\_\_\_\_(hereinafter referred to as the 'said letter') which forms an integral part of these presents and a copy whereof is annexed hereto and marked with the letter 'A' for the purpose of and on condition of the obligor/executing along-with two sureties a bond in favour of the Government on the terms and conditions and in the manner hereinafter contained which the obligor and the sureties have agreed to do.

Now this bond witnesseth and it is hereby agreed and declared as follows:-

1. That the obligor shall utilize the said grant-in-aid of Rs. \_\_\_\_\_(Rupees \_\_\_\_\_) for the purpose specified in the said letter by the target dates, if any specified therein, and for no other purpose whatsoever.
2. That the obligor 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. That the obligor confirms /certifies that his organization has not received grants from any other department of Central/ State Government for same purpose during the period of grant.
4. That in the event of any failure on the part of the obligor to abide by any of the terms and conditions of the grant-in-aid specified in the said letter or his committing any breach thereof, the obligor and/or the Sureties shall jointly or severally, on written demand of the Government repay forthwith without demur, the entire grant-in-aid amounting to Rs. \_\_\_\_\_(Rupees \_\_\_\_\_) only or any part thereof as Principal together with interest thereon at the rate of six (6%) percent per annum together with all costs/ charges/ and expenses as may be mentioned in the letter of demand or by the Government. The decision of the Government shall be final and binding on the obligor and the Sureties.
5. The obligor agrees and undertakes to surrender /pay to the Government the monetary value 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 adequate or less than adequate consideration or use of premises for any purpose other than for which the grant was intended.

6. In 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.

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

**IN WITNESS WHEREOF: SIGNED ON \_\_\_\_\_ (DATE) BY**

**Obligor**

**Government Representative**

1. Shri \_\_\_\_\_  
(Name and Designation)

1. Shri \_\_\_\_\_  
(Name of office bearer)

2. Shri \_\_\_\_\_  
(Name of office bearer)

**Sureties for Obligor**

1. Shri \_\_\_\_\_  
Name of Surety)

1. Shri \_\_\_\_\_  
(Name of Surety)

**Witness**

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).**

**INTIMATION OF THE DISTRICT HEALTH SOCIETY SCREENING EYE CAMP**

1. Name of Vol. org,/NGO Holding Eye Camp:\_\_\_\_\_ (with Registration No. Date and District)
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 other source: Yes/No
6. No. of Cataract Operation Expected:\_\_\_\_\_
7. Name of Sr. Surgeon In-charge of Camp with Qualification:\_\_\_\_\_
8. Date of Preceding Screening Camp:\_\_\_\_\_ Follow up Camp:\_\_\_\_\_
9. Whether VO/NGO would provide glasses:\_\_\_\_\_
10. Records of previous Eye Camp organized:\_\_\_\_\_

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 Eye Camp for specific eye care work.
  - (b) Guarantying quality & efficient services based on Programme’s Technical & Operational Norm.
  - (c) Submit reports prescribed by National Programme Management Cell.
  - (d) Refund the full amount in case misuse or unauthorized use of fund and suppressing or giving wrong information.

Signature of Ophthalmic Surgeon  
Date: \_\_\_\_\_

Signature of VO / NGO  
Date: \_\_\_\_\_

Acknowledgment of receipt of intimation by DPM with date:.....

**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) \_\_\_\_\_

	No of Cases detected	Treated/Operated*	No of Cases referred to higher centers	Remarks
<b>CATARACT</b>				
<b>DIABETIC RETINOPATIC</b>				
<b>GLAUCOMA</b>				
<b>SQUINT</b>				
<b>KEROTOPLASTY</b>				
<b>TRACHOMA</b>				
<b>OTHERS</b>				
<b>TOTAL</b>				

\* To mention no of cataract operations performed, treatment of other diseases.

**School Eye Screening**

	<b>Numbers</b>
<b>No of teachers trained in screening for Refractive error</b>	
<b>No of School going children screening</b>	
<b>No of school going children detect ed with refractive errors by teacher/ PMOAs</b>	
<b>No of school going children provided free glasses</b>	
<b>Total</b>	

**FORM GFR 19- A**  
[See Rule 212 (1) ]  
**Form of Utilization Certificate**

Certified that out of Rs. .... of grants-in-aid sanctioned during the year..... in favour of ..... Under this 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 purpose 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-in-aid payable during the next year .....

S.No.	Sanction Letter No. and Date	Amount
	<b>Total</b>	

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

- i) All expenditures are incurred in accordance with the programme activities.
- ii) The expenditure incurred is co-related with the programme activities.
- iii) The 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) No amount of grant-in-aid or any receipt of funds from other source is deposited for gainful 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: \_\_\_\_\_

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Designation \_\_\_\_\_

## 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

## National Programme for Control of Blindness

## Monthly Reporting format for Eye Donation Centre

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

## National Programme for Control of Blindness

## Monthly Reporting format for Vision Centre

Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

Block \_\_\_\_\_ District \_\_\_\_\_

No. of patients screened	No. of Cataract Cases	No. of Other Cases	No. of refractive error detected	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  
(For Free Cases for the purpose of reimbursement)**

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

Sl.No	Name of Patient	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  
(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  
(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 PD)	Type of Squint	Preoperative photograph /Post Operative photograph of face	

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

**Signature of District Programme Manager**

**KERATO PLASTY  
(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 NPCB, for implementation in all the States of the country during the 11<sup>th</sup> 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
<ul style="list-style-type: none"> <li>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</li> <li>ii. Identification of cases fit for cataract surgery, motivation thereof and transportation to the base hospital</li> <li>iii. Pre operative examination and investigation as required</li> <li>iv. Performance of cataract surgery preferably IOL implantation through ECCE-IOL, <u>Small Incision Cataract Surgery (SICS)</u> or <u>phaco emulsification</u> and Diabetic Retinopathy, Glaucoma, Keratoplasty &amp; Childhood Blindness of patients identified in allotted areas, self motivated walk in cases and those referred by District Health Society/ASHA etc.</li> <li>v. Post – operative care including management of complications, if any and post – operative counseling regarding use of glasses.</li> <li>vi. Follow up services including refraction and provision of glasses, if required providing best possible correction</li> <li>vii. Submission of cataract surgery records of operated cases</li> </ul>	

#### **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).

<b>Clause</b>	<b>Clause of Agreement</b>	<b>Yes / No</b>
5.1	Issue a certificate of recognition about participation in NPCB ( <b>Annexure XVIII</b> )	
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, the .....of.....2009.

.....  
 For and on behalf of District Health Society

.....  
 For and on behalf of NGO/Private Practitioner

To

The District Programme Manager (DPM)  
District Health Society

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

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 Grant-in-aid to District Health Societies (NPCB) for release to NGOs for strengthening/expansion 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 MOU for a further period of **one year**. You are requested to kindly extend the validity by another year.

Yours Sincerely,

(Signatory of NGO)

N.B

Acknowledged by DPM

(Signature of DPM/Representative)

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

**Government of India  
National Program for Control of Blindness**

**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 other procedures (specify).

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 copies of CSR (Cataract Surgery Record) and Record of treatment done for other 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:\_\_\_\_\_

## **LIST OF NPCB OFFICIALS**

### **Ministry of Health and Family Welfare**

1. 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**

1. 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](http://www.mohfw.nic.in)