NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

GUIDELINES FOR STATE HEALTH SOCIETY & DISTRICT HEALTH SOCIETY

11th Five Year Plan
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

सत्यमेव जयते

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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FOR
STATE HEALTH SOCIETY
&
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Preamble

1. PREAMBLE

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored programme with the goal of achieving a prevalence rate of 0.3% of population. The four pronged strategy of the programme is:

- strengthening service delivery,
- developing human resources for eye care,
- promoting outreach activities and public awareness and
- developing institutional capacity.

The implementation of the programme was decentralized in 1994-95 with formation of District Health Society in each district of the country. The Government of India has been issuing guidelines from time to time to utilize the funds released to the District Health Society in an effective and efficient manner. The District Health Society is expected to enhance the coverage and improve quality of eye care services in the district.

2. COMPOSITION AND FUNCTIONS OF STATE HEALTH SOCIETY (BLINDNESS DIVISION)

The primary purpose of the State Health Society (Blindness Division) under the NRHM is to plan, implement and monitor blindness control activities in all the districts of the State as per the pattern of assistance approved for National Programme for Control of Blindness by the cabinet in Centre. On the basis of the scheme approved for the 11th Five Year Plan, the composition of State Health Society is;

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

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

Functions

1. To coordinate and monitor with all the District Health Society
2. To conduct regular review meeting with districts in coordination with Centre.
3. To procure equipment and drugs which required in GOI facilities
4. To receive and monitor use of funds equipments and material from the Government and other agencies.

5. To involve voluntary organization and Private Practitioners providing free/Subsidized eye care services in district and identity NGO facilities that can be considered for Nonrecurring grants under NPCB.
6. To promote eye donation through various media and monitor the districts for collection and utilization of eyes collected by eye donation centres and eye banks and directly identify NGO facilities that can be considered for grants under NPCB.

3. COMPOSITION OF THE DISTRICT HEALTH SOCIETY

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

Chairman	:	District Collector/District Mission Director
Vice-Chairman	:	Chief Medical & Health Officer/District Health Officer
Member Secretary	:	Officer of the level of Deputy CMO preferably an Ophthalmologist may be designated as District Programme Manager who would also be the Member Secretary of the society.
Technical Advisor	:	Chief Ophthalmic Surgeon of District hospital. In districts where Medical Colleges are located, Head of the Department of Ophthalmology may be designated as Technical Advisor to the society.
Members	:	Medical Superintendent/ Civil Surgeon of Distt. Hospital District Education Officer (IMA, District chapter of AIOS etc.) Representatives from NGOs engaged in eye care services District Mass media/ IEC officer Prominent practicing eye surgeons

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

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

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

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

Functions

The primary purpose of the District Health Society is to plan, implement and monitor blindness control activities in the district as per pattern of assistance approved for the National Programme for

Control of Blindness. On the basis of scheme approved for the 11th Plan, important functions of the District Health Society are:-

1. To assess the magnitude and spread of blindness in the district by means of active case finding village wise to be recorded and maintained in Blind Registers (Format I);
2. To organize screening camps for identifying those requiring cataract surgery and other blinding disorders, organize transportation and conduct of free medical or surgical services including cataract surgery for the poor in Government facilities or NGOs supporting the programme;
3. To plan and organize training of community level workers, teachers and ophthalmic assistants/nurses involved in eye care services;
4. To procure drugs and consumables including micro-surgical instruments required in the Government facilities;
5. To receive and monitor use of funds, equipments and materials from the government and other agencies/donors;
6. To involve voluntary and private hospitals providing free/subsidized eye care services in the District and identify NGO facilities that can be considered for non-recurring grants under the programme;
7. To organize screening of school children for detection of refractive errors and other eye problems and provide free glasses to poor children;
8. To promote eye donation through various media and monitor collection and utilization of eyes collected by eye donation centres and eye banks.
9. The PMOAs (Paramedical Ophthalmic Assistance) shall be doing the regular screening for and other diseases in the out reach camps. They shall be under the direct control of the District Ophthalmic Surgeon / DPM. The TA/DA of the PMOA is for the out reach camps conducted shall be paid by District Health Society.

Directions of Central/State Governments

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

Redressal Committee

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

Grant-in-aid

Funds will be released by the GOI to State Health Society (or State Health & FW Society) based on Annual Action Plan submitted to GOI. For release of funds by GOI, the State Society needs to submit

the following documents pertaining to the previous financial year by 30th June of the current financial year:

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

GOI will release funds in two equal instalments in a financial year; first instalment will be equivalent to 50% of the planned budget. The second instalment will, however, be released on the basis of progress made and expenditure incurred during a financial year. The funds provided to the State Societies will be distributed to District Societies as per requirement and District Plan of Action.

District Health Society is expected to send information related to performance and expenditure incurred in the prescribed formats to the State society, who would forward compiled information to the Central Programme Division in DGHS, Ministry of Health and Family Welfare, Government of India. Audited statements of expenditure and utilization certificate should be sent before 30th June every year. The State Society should maintain continuous flow of funds to District Health Society to implement the programme in the district. Funds released to State/District societies do not lapse after 31st March of a financial year and therefore funds available as unspent balance can be used by the society without seeking any revalidation from the State/Central Government.

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

(i) Honorarium to Member Secretary and other staff

The society may sanction Honorarium to ex-officio Member Secretary of the society an amount not exceeding 10% of total emoluments subject to a maximum of Rs.2000 per month. The society may also engage assistant for keeping accounts and stenographer or data entry operator on part-time basis as per requirement. Allowances of these support staff should be limited to Rs. 1500 per month. Remuneration for drivers or class IV staff is normally not permissible under the programme.

(ii) Procurement of goods

The District Health Society is permitted to procure consumables including drugs and medicines and instruments required of ophthalmic surgery in Government facilities which have been notified as base hospitals for eye care services. These may include RIOs, Medical College, District Hospital, Sub-District facilities including CHC where eye surgeons are posted.

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

The list of consumable items and equipments that can be procured by the District Health Society is given in attached Office Memorandum.

(iii) POL and Maintenance

a) **POL for District Health Society vehicle:** Expenditure on POL for vehicle provided under the programme or any other vehicle provided by eye care services may be met out of GIA released to District Health Society. These services include organization of screening camps, transportation of patients, visits for School Eye Screening Programme, monitoring and supervisory visits and other eye care activities.

b) **Hiring of vehicles:** In case Society or Government vehicle is not available for services mentioned in (a) above, District Health Society is permitted to hire vehicles on a lease basis or km. basis or km. basis as per prevailing Government rules.

c) **Maintenance of vehicles:** Funds sanctioned to District Health Society may be utilized for maintenance of vehicles supplied to District Health Society/ Mobile Unit under the programme.

d) **Maintenance of equipment:** Funds sanctioned to District Health Society may be utilized for maintenance of equipment supplied by GOI or procured by the society under the programme.

(iv) Provision of spectacles

Cost of spectacles to post-operated cataract patients (included IOL implantations) and students with refractive errors, who cannot afford to pay for spectacles, would be borne by District Health Society. This would also include poor patients operated in Medical College, District Hospital and other fixed facilities identified as base hospitals under the programme. The price of spectacles must be fixed based on an open tender basis ensuring quality of glasses as per specifications (English Glass) at a competitive price. Glasses should be prescribed/ provided only after refraction. Standard +10 diopter aphakic glasses on the day of discharge without refraction are not recommended.

(v) Information Education and Communication

The District Health Society is authorized to undertake various activities related to Information, Education and Education (IEC) at the district level. Local IEC activities include identification and motivation of potential beneficiaries, information through media, educating voluntary groups and teachers and other community based volunteers and Accredited Social Health Activists (ASHA) identified under National Rural Health Mission. Interpersonal communication is the most effective method for motivation of target population. Such identified persons may be given one day orientation on blind registry, motivation and assistance in getting services for the affected population. The orientation programme would be organized at PHC/CHC.

(vi) Grant-in-aid to voluntary organizations

The schemes for involvement of NGOs for various eye care activities including performance of free cataract operations and eye donations have been revised as per details given in guidelines for voluntary organizations. The guidelines should be strictly adhered to and the District Health Society should develop mechanisms for monitoring quality control and follow up services. Following steps may be taken for involvement of NGOs and release of grant-in-aid to them:

a) Recognition of NGO facilities: The District Health Society would identify NGOs having adequate infrastructure (OT and beds), equipments and trained personnel for carrying out Cataract Surgery. IOL implantation is the preferred procedure for cataract surgery. Similarly, Eye Donation Centres (EDC) and Eye Banks should be identified by the District Health Society. District Health Society should periodically review quality of services being provided by the NGO for extension of recognition.

b) Payment to NGOs should be made on the basis of cataract operations performed free of cost by the NGO and only after submission of cataract surgery records. Similarly, grant-in-aid to EDC & Eye Banks should be governed by number of donated eyes.

c) Random verification of number cases may be undertaken before discharge of operated cases.

d) Grant-in-aid to NGOs for various schemes will be governed by guidelines contained in Guidelines for Participation of Voluntary Organizations.

e) For scheme where Panchayats/ NGOs are involved only in screening, motivation, transportation and escort services, the maximum amount payable would be Rs. 175 per cataract surgery performed.

(vii) Training activities within the District

Following training programmes are conducted / organized by the District Society:

a) Training of teachers for school eye screening programme,

b) Training of Health Workers and community based volunteers (including ASHA under National Rural Health Mission) for village blind registry;

c) Refresher Training of Ophthalmic Assistants on refraction and other procedures;

d) Training of Ophthalmic Nurses in Ophthalmic Techniques,

e) Orientation training of Medical Officers of PHCs/ CHCs in community ophthalmology.

Training programmes indicated in (c), (d) and (e) above may be organized by the State society in identified institutions. Training curriculum and modules developed under NPCB may be used for organizing training programmes. Financial norms issued by Government of India may be used for meeting expenditure on such training programmes.

(viii) Check-up of incumbents of Blind Schools

GOI grant released under NPCB can be used to meet expenses on the following:-

a) Eye Check up of incumbents of blind schools including special investigations;

b) Medical and/or surgical treatment of referred cases including medicine prescribed after treatment/surgery.

c) Low Vision Aids and/or spectacles prescribed.

(ix) Expenditure on actuals for treatment of poor patients suffering from blinding problems like Glaucoma, Diabetic Retinopathy etc. at Government Hospitals or qualified NGOs.

(x) Operational Expenditure

Under this head expenditure towards office expenses, stationary, postage/courier services, organizing review meetings, TA/DA to DPM, Ophthalmic surgeons and paramedical staff/PMOA

for programme related tours, members of the Board constituted for Blind Schools and travel relating to the scheme is permissible. Fees to Chartered Accountant for annual audit may also be paid under this head of Grant-in-Aid.

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

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

4. PROCUREMENT PROCEDURES

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

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

i. Ophthalmic drugs and other consumable items;

ii. Spectacles;

iii. Ophthalmic surgical instruments and minor equipment;

iv. Stationary and other office material; and

v. IEC material

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

(a) Constitution of Purchase Committee

A local purchase committee may be constituted to carry out procurement. Following composition of the committee is suggested:

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

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

(b) Procurement Procedure

Registration of Suppliers (GFR 2005; Rule 142)

(i) With a view to establishing reliable sources for procurement of goods commonly required

for Government use, the Central Purchase Organisation (e.g. DGS&D) will prepare and maintain item-wise lists of eligible and capable suppliers. Such approved suppliers will be known as "Registered Suppliers". All Ministries or Departments may utilise these lists as and when necessary. Such registered suppliers are prima facie eligible for consideration for procurement of goods through Limited Tender Enquiry. They are also ordinarily exempted from furnishing bid security along with their bids. A Head of Department may also register suppliers of goods which are specifically required by that Department or Office.

(ii) Credentials, manufacturing capability, quality control systems, past performance, aftersales service, financial background etc. of the supplier(s) should be carefully verified before registration.

(iii) The supplier(s) will be registered for a fixed period (between 1 to 3 years) depending on the nature of the goods. At the end of this period, the registered supplier(s) willing to continue with registration are to apply afresh for renewal of registration. New supplier(s) may also be considered for registration at any time, provided they fulfill all the required conditions.

(iv) Performance and conduct of every registered supplier is to be watched by the concerned Ministry or Department. The registered supplier(s) are liable to be removed from the list of approved suppliers if they fail to abide by the terms and conditions of the registration or fail to supply the goods on time or supply substandard goods or make any false declaration to any Government agency or for any ground which, in the opinion of the Government, is not in public interest.

Purchase of goods without quotation (GFR 2005; Rule 145)

Purchase of goods up to the value of Rs.15,000/- (Rupees Fifteen Thousand) only on each occasion may be made without inviting quotations or bids on the basis of a certificate to be recorded by the competent authority* in the following format.

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

Purchase of goods by purchase committee (GFR 2005;146)

Purchase of goods costing above Rs. 15,000/- (Rupees Fifteen Thousand) only and upto Rs. 1,00,000/- (Rupees One lakh) only on each occasion may be made on the recommendations of a duly constituted Local Purchase Committee consisting of three members of an appropriate level as decided by the Head of the Department. The committee will survey the market to ascertain the reasonableness of rate, quality and specifications and identify the appropriate supplier. Before recommending placement of the purchase order, the members of the committee will jointly record a certificate as under.
"Certified that we _____, members of the purchase committee are jointly and individually satisfied that the goods recommended for purchase are of the requisite specification and quality, priced at the prevailing market rate and the supplier recommended is reliable and competent to supply the goods in question".

Advertised Tender Enquiry(GFR 2005; Rule 150)

(i) Subject to exceptions incorporated under GFR Rules 151 and 154, invitation to tenders by advertisement should be used for procurement of goods of estimated value Rs. 25 lakh (Rupees Twenty Five Lakh) and above. Advertisement in such case should be given in the Indian Trade Journal (ITJ), published by the Director General of Commercial Intelligence and Statistics, Kolkata and at least in one national daily having wide circulation.

(ii) An organization having its own web site should also publish all its advertised tender enquiries on the web site and provide a link with NIC web site. It should also give its web site address in the advertisements in ITJ and newspapers.

(iii) The organization should also post the complete bidding document in its web site and permit prospective bidders to make use of the document downloaded from the web site. If such a downloaded bidding document is priced, there should be clear instructions for the bidder to pay the amount by demand draft etc. along with the bid.

(iv) Where the Ministry or Department feels that the goods of the required quality, specifications etc., may not be available in the country and it is necessary to also look for suitable competitive offers from abroad, the Ministry or Department may send copies of the tender notice to the Indian embassies abroad as well as to the foreign embassies in India. The selection of the embassies will depend on the possibility of availability of the required goods in such countries.

(v) Ordinarily, the minimum time to be allowed for submission of bids should be three weeks from the date of publication of the tender notice or availability of the bidding document for sale, whichever is later. Where the department also contemplates obtaining bids from abroad, the minimum period should be kept as four weeks for both domestic and foreign bidders.

Limited Tender Enquiry (GFR 2005; Rule 151)

(i) This method may be adopted when estimated value of the goods to be procured is up to Rupees Twenty-five Lakhs. Copies of the bidding document should be sent directly by speed post/registered post/courier/e-mail to firms which are borne on the list of registered suppliers for the goods in question as referred under Rule 142 above. The number of supplier firms in Limited Tender Enquiry should be more than three. Further, web based publicity should be given for limited tenders. Efforts should be made to identify a higher number of approved suppliers to obtain more responsive bids on competitive basis.

(ii) Purchase through Limited Tender Enquiry may be adopted even where the estimated value of the procurement is more than Rupees twenty five Lakhs, in the following circumstances.

(a) The competent authority in the Ministry or Department certifies that the demand is urgent and any additional expenditure involved by not procuring through advertised tender enquiry is justified in view of urgency. The Ministry or Department should also put on record the nature of the urgency and reasons why the procurement could not be anticipated.

(b) There are sufficient reasons, to be recorded in writing by the competent authority, indicating that it will not be in public interest to procure the goods through advertised tender enquiry.

(c) The sources of supply are definitely known and possibility of fresh source(s) beyond those being tapped, is remote.

(iii) Sufficient time should be allowed for submission of bids in Limited Tender Enquiry cases.

Two bid system (GFR 2005; Rule 152)

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

(a) Technical bid consisting of all technical details alongwith commercial terms and conditions; and

(b) Financial bid indicating item-wise price for the items mentioned in the technical bid.

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

Single Tender Enquiry (GFR 2005; Rule 154)

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

(i) It is in the knowledge of the user department that only a particular firm is the manufacturer of the required goods.

(ii) In a case of emergency, the required goods are necessarily to be purchased from a particular source and the reason for such decision is to be recorded and approval of competent authority obtained.

(iii) For standardisation of machinery or spare parts to be compatible to the existing sets of equipment (on the advice of a competent technical expert and approved by the competent authority), the required item is to be purchased only from a selected firm.

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

(i) The indented goods are manufactured by:

M/s…….…….....

(ii) No other make or model is acceptable for the following reasons :

.....…….

.....…….

(iii) Concurrence of finance wing to the proposal vide :

.....…….

(iv) Approval of the competent authority vide :…….....

(Signature with date and designation of the procuring officer)

Purchase of goods directly under rate contract (GRF 2005; Rule 147)

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

(2) The Central Purchase Organisation (e.g. DGS&D) should host the specifications, prices and other salient details of different rate contracted items, appropriately updated, on the web site for use by the procuring Ministry or Department.

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

(i) Efforts should be made to ensure that the funds received for the proposed equipments are utilized in the same financial year.

(ii) The approved rates of the requirement equipments may be obtained and adopted from the nearest Regional Institute of Ophthalmology / Government Medical College / Government Autonomous Institute.

(iii) If for any reason, the equipment is not expected to be procured in the said time frame and there is possibility of funds remaining unutilized till the end of the financial year, the funds may be utilized for other components of Grant-in-aid for free cataract operations, SES, other recurring components (like Eye ball collection) etc **and vice-versa**, so that the unspent balances with the State on the last day of the financial year is minimum possible. In the next financial year, a fresh demand for release of funds for procurement may be sent to the Ministry.

Any such above referred decision shall taken by the State Programme Officer with the approval of Director Health Services / Mission Director/State Health Secretary concerned and the Government of India should also be informed about the same.In case of any further clarification if may be sought from General Financial Rule 2005 (GFR 2005). All disputes shall be settled by the State High Court.

5. FINANCIAL MANAGEMENT

Maintenance of Funds

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

Accounts and Audit

The accounts of the society shall be maintained on double entry system and in the format prescribed according to directions issued by Government of India. The accounts of the society shall be audited by a Chartered Accountant or any other qualified person or agency who may be appointed by the Government of India. A quarterly Statement of Expenditure as per prescribed format (Format III) showing the income and expenditure under each item shall be prepared and submitted to the State Society. District Health Society shall maintain the annual accounts of the society to be prepared not

later than the 30th June of every year comprising of receipts and payments account, income and expenditure account and balance sheet. A copy of such audit report duly signed by the Auditor along with Utilization Certificate shall be furnished to the State Society not later than 30th June. The State Society shall forward consolidated performance and expenditure statements to Central Programme Cell quarterly and Audit Statement and Utilization Certificate (Format VIII) of only State Society by 30th June of each year. The Comptroller and Auditor General shall have the same rights, privileges and authority to conduct audit of the accounts of the society as he had in connection with the audit of Government accounts and for this purpose shall have the right to demand the production of books of accounts and other relevant records of the society.

Assets

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

Accounting Procedures & Formats

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

a. The accounts of the Society shall be maintained on the Double Entry System, on actual basis.

b. The following Forms & Registers shall be maintained by the Society:
   (1) Journal (for transactions which do not involve any movement of funds)
   (2) Cash Book (for transactions where is a movement of funds)
   (3) Ledger (Accounts head-wise summary of expenditure)
   (4) Register of Bank Reconciliation
   (5) Stock Register for Consumables
   (6) Register for Fixed Assets
   (7) Approval Budget estimates as per Annual Plan of action
   (8) Record of audit and settlement of audit objections
   (9) Record of financial resolutions/decisions.

c. The Society shall maintain the Cash Book as per the specimen attached (Format iv). All transactions relating to receipt and payments shall immediately be recorded in the Cash Book which shall be balanced and closed every day and shall be signed by the Member Secretary (herein after referred to as DPM). The Chairman or any other officer nominated by him shall make the surprise check of cash balance at least once in a month.

d. Every month all Bank transactions (receipts & payments format V) shall be reconciled with the Bank Statement or Pass Book issued by the Bank. Bank Reconciliation statement shall be recorded in the Register of Bank Reconciliation.

e. All payments exceeding Rs. 1,000/- shall be made by way of a cheque/D.D. In cases where it is not possible to make payment by cheque/D.D., the DPM shall satisfy himself about the mode of payment.

f. Cheque books and counterfoils shall be kept in the custody of the DPM. If a cheque, after it has been signed, cannot be delivered to the payee for any reason, the same shall be lodged in the safe, the key of which shall be kept in the custody of the DPM.

g. All cheques shall be jointly signed by two out of three signatories i.e. Chairperson, Vicechairperson and Member Secretary.

h. A cheque shall be current for three months only. After the expiry of three months and up to six months from the date of the issue of cheque, payment will be made by the bank provided the cheque has been revalidated. A cheque remaining unpaid for a period of six months after the month of issue, shall be cancelled.

i. The Society shall maintain standard ledger heads as far as possible (Format III).

j. Paid vouchers shall be consecutively numbered in order of payment and filed. Similarly, the GIA claims paid to NGOs shall also be kept in a separate file.

k. At the end of each month, an abstract should be prepared showing the monthly expenditure on various account heads. Consolidated information shall be prepared indicating the progress of expenditure from month to month.

l. The Society shall compare the actual expenditure under each item with the budget figures, on quarterly basis.

m. All receipts by the society (cash/cheque/D.D.) should be acknowledged by a printed receipt which should be signed by the Member Secretary. The receipts with their counterfoils should be machine numbered.

n. The society shall prepare the annual statement of accounts comprising of the Receipts & Payment Account, Income & Expenditure Account and Balance Sheet in the prescribed formats V to VII after close of Financial Year. A statement showing fixed assets held by the Society as at the end of the financial year shall also form part of the annual statement of accounts.

o. The Society shall appoint a Chartered Accountant to audit the accounts of the Society. The annual statement of accounts along with financial instructions in these guidelines shall be furnished to the Auditor for the audit. These Statement of Accounts, as certified by the Auditor and the Chairperson and Member Secretary of the Society, shall be submitted to the Government of India not later than 30th June and it shall also be filed with the Registrar of Societies in accordance with the Societies Registration Act.

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

6. MONITORING FOR QUALITY CONTROL

Random checks need o be carried out to assess the validity of reported data, status of follow-up, provision of glasses and patient satisfaction. Standard Cataract Surgery Records (Format II) should be filled up for each operation performed. These should contain information regarding pre-operative check up, surgical details, post-operative assessment and follow-up services. These records provide relevant information about visual outcome and other quality parameters and thus should be adopted without exception. Periodic review should be undertaken by the District Health Society to assess the progress in each block and by each provider unit. Averages may be misleading and thus total achievement in the district may not be relevant particularly to assess the coverage of eye care services. The District Health Society should be concerned about the outcomes i.e. number of persons whose

eyesight is restored rather than be satisfied with the product i.e. no. of cataract operations performed. Reduction in the prevalence of cataract blindness is not solely dependent upon the number of cataract operations performed, but more on the quality of surgery, post operative care, follow up services and provision of **IOL** and/ or corrective glasses. The programme objective is thus not just the number of cataract operations performed but the number of persons where eye sight has been restored.

7. SCHEME FOR EXAMINATION AND TREATMENT OF CHILDREN AND ADOLESCENTS IN BLIND SCHOOLS

Blindness is a major public health problem in India with an estimated 12 million blind persons. Major causes of blindness include cataract, refractive errors, corneal blindness, glaucoma and posterior segment disorders. Childhood Blindness is also an important major problem with estimated 2.7 lakh blind children. Large number of disability years for every blind child has social and economic implications. It is estimated that nearly 50% of blind children should be suffering from preventable or curable blindness due to cataract, corneal opacity and retinal disorders. Efforts should be made to identify underlying cause of blindness, assess chances of sight restoration and provide best possible treatment to the affected population. National Programme for Control of Blindness needs to take up activity to identify and manage curable blindness in children as a priority intervention.

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

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

Title of the Scheme

Examination and Treatment of Children and adolescents in Blind Schools

Objectives: Specific objectives of the scheme are:

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

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

(a) Central level

A Central Coordination Committee may be constituted with members from DGHS, Ministry of Health & FW, Ministry of Social Welfare and Empowerment and Subject

Experts. This committee would evolve scheme, finalize plans and monitor implementation of the scheme.

(b) State level

State Ophthalmic Board consisting of Eye Specialists may be constituted for detailed eye examination of the blind referred by District Ophthalmic Boards to assess feasibility of treatment and sight restoration.

(c) District level

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

Activities

District Health Society (or Integrated Health Society) will be responsible for implementation. Following activities would be undertaken under the scheme:

(i) Annual eye check up of all incumbents of blind schools covering visual acuity, fundus examination and other appropriate advanced tests required to assess chances of visual restoration. This activity would be undertaken by District Ophthalmic Board.

(ii) Eye check-up of applicants who desire to seek admission in a blind school and issue of certificate of incurable blindness recommending admission to a blind school. No person would be admitted to blind school without this certificate. In doubtful cases, the District Ophthalmic Board can refer cases to State Ophthalmic Board for final opinion.

(iii) Referral of curable blind to organizations for treatment to identified panel of eye care facilities as per recommendation of the Ophthalmic Board. These facilities would be identified based on following parameters:

a) Infrastructure and equipment for detailed eye examination, surgery and postoperative care for children.

b) Trained/ experienced eye specialists in pediatric ophthalmology, corneal and vitreo-retinal surgery and paramedical staff.

(iv) Follow-up of treated cases as per recommendations of the Ophthalmic Board.

(v) Rehabilitation of incurable blind would be as per scheme of Department of Social Welfare.

Records & Reporting

- A detailed record of each incumbent would be maintained by the blind school containing First Examination Report (before admission) and all annual examination reports. Standard Records recommended by WHO for Eye Examination would be used as per prescribed instructions.
- Reports of incumbents treated under the scheme would be maintained by concerned District Health Society.

- Information on the scheme would be conveyed as a part of Monthly/Quarterly/Annual Reports submitted to the State/Central Cells dealing with National Programme for Control of Blindness.

Training

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

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

a) Eye Check up of incumbents of blind schools including special investigations;

b) Medical and/or surgical treatment of referred cases including medicine prescribed after treatment/surgery

c) Low Vision Aids and/or spectacles prescribed

d) TA/DA to members of the Board for travel relating to the scheme.

Annexure I

BLIND REGISTER

State _____ District _____ Block/PHC _____ Village _____

S. No.	Name of Blind Person	Father's / Husband's Name	Address	Age	Sex	Category (Gen / Sc/ ST/OBC)	Visual acuity		Main cause of Blindness	Outcome
							Left eye	Right eye		
1	2	3	4	5		6	7		8	9

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.

Annexure II

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

CATARACT SURGERY RECORD

A. PATIENT'S NAME: ..... Registration No.: .....
Address: .....
..... Sex: Male ☐ Female ☐
Taluka: ..... District: ..... Age: ☐☐

B. PRE-OPERATIVE EXAMINATION:

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

Occular 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	☐
ECCE + IOL	☐
SICS + Spectacles	☐
SICS + IOL	☐
Phaco + Spectacles	☐
Phaco + IOL	☐
Eye Disease Management	☐
Other	☐

	RE	LE
Presenting VA at Discharge:	.....	.....

D. IMMEDIATE COMPLICATIONS: mark ✓
Vitreous Loss ☐
Iris Prolapse ☐
Infection ☐
Corneal Edema ☐
Others..... ☐
No Complications ☐

E. FOLLOW UP: Date:.....

Right Eye				Left Eye			
Sph.	Cyl.	Axis	VA	Sph.	Cyl.	Axis	VA

PATIENT DISCHARGE SLIP

A. PATIENT'S RECORD: Regd. No.: .....
Name: .....
Address: .....
Sex: Male ☐ Female ☐ Age: ☐☐

B. PRE-OPERATIVE EXAMINATION:

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

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			
Sph.	Cyl.	Axis	VA	Sph.	Cyl.	Axis	VA

MEDICATION ON DISCHARGE:
1. .....
2. .....
3. .....
4. .....

Annexure III

DIABETIC REGISTER

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

Annexure IV

GLAUCOMA REGISTER

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

Annexure V

SQUINT REGISTER

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	

Annexure VI

KERATO PLASTY REGISTER

Sl. No.	Name of Patient	Father's Name	Address	Age/Sex	Photo Identity	VA		Preop / Postopslit lamp photo

Annexure VII

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

District Health Society – QUARTERLY MONITORING FORMAT

(To be sent in July, Oct, Jan, April)

State _____ | | | District _____ | | |

Reporting Year | | - | | Quarter | | Annual Target | |

CATARACT PERFORMANCE	Quarter 1			Quarter 2			Quarter 3			Quarter 4			TOTAL
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
Facility													
Medical College													
Dist. Hospital													
CHC/Sub-Dist. Hospital													
NGOs													
Pvt. Sector													
Others													
Total													
Prog. Total													
..... **(Other Disease*) PERFORMANCE**													
Facility													
Medical College													
Dist. Hospital													
CHC/Sub-Dist. Hospital													
NGOS													
Pvt. Sector													
Others													
Total													
Prog. Total													

* Other Diseases:- 1. Diabetic Retinopathy, (Laser Techniques) 2. Glaucoma, 3. Keratoplasty, 4. Childhood Blindness. (Squint, ROP, Retinoblastama, Intraocular Trauma,)

SCHOOL EYE SCREENING													
No. of Teachers trained in screening for Refractive errors													
No. of school going children screened													
No. of school going children detected with Refractive errors													
No. of school going children provided free glasses													
EYE DONATION													
No. of Eyes collected													
No. of Eyes utilized													

Annexure VIII

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) : _____

Cumulative cases Screened (in this year from 1st Jan): _____

	No. of Cases detected	Treated / Operated*	No. of Cases referred to higher centers	Remarks
CATARACT				
DIABETIC RETINOPATIC				
GLAUCOMA				
SQUINT				
KEROTOPLASTY				
TRACHOMA				
OTHERS				
TOTAL				
CUMULATIVE THIS YEAR				

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

Annexure IX

RECEIPTS & EXPENDITURE

REPORTING YEAR_____

	QTR.-I	QTR.-II	QTR.-III	QTR.-IV	TOTAL
I OPENING BAL.					
II RECEIPTS 1 GOI Grants 2 Interest 3 Other receipt 4 Loan					
TOTAL INCOME					
III EXPENDITURE					
1. Honorarium					
2. Procurement of goods					
3. POL and maintenance of equipments and vehicles					
4. Spectacles					
5. IEC					
6. GIA TO NGOs					
a. Non-re-curring grants					
b. Free cataract surgery					
c. Eye Banks					
TOTAL					
7. Training					
8. Scheme for Blind Schools					
9. Treatment of other eye diseases					
10. Operational Costs					
TOTAL					
TOTAL EXPENDITURE					
BALANCE					

Date & Signature of Secretary

Annexure X

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

CASH BOOK

NAME of District Health Society_____

DEBIT

DATE	PARTICULARS (Ledger Head)	LEDGER FOLIO	CASH		BANK	
			Rs.	P.	Rs.	P.

CREDIT

DATE	PARTICULARS (Ledger Head)	LEDGER FOLIO	CASH		BANK	
			Rs.	P.	Rs.	P.

Annexure XI

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31.03.

NAME of District Health Society_____

Receipt		Payment	
Particlars	**Amount**	**Particlars**	**Amount**
1. Honorarium		1. Receipt from Central Govt.	
2. Procurement of goods		2. Interest on Bank	
3. POL and maintenance of equipments and vehicles		3. Transfer from other agencies	
4. Spectacles		4. Miscellaneous	
5. IEC		5. Excess of expenditure over Income c/f to Balance Sheet	
6. GIA TO NGOs			
a. Non-re-curring grants			
b. Free cataract surgery			
c. Eye Banks			
TOTAL			
7. Training			
8. Scheme for Blind Schools			
9. Treatment of other eye diseases			
10. Operational Costs			
Excess of Income over expenditure c/f to Balance Sheet			
TOTAL		**TOTAL**	

Signature of DPM

(Signature of Chairman)

Annexure XII

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

RECEIPTS AND PAYMENT ACCOUNT FOR THE PERIOD FROM

1.04._____TO 31.03._____

NAME of District Health Society_____

Receipt		Payment	
Particlars	**Amount (Rs.)**	**Particlars**	**Amount (Rs.)**
Opening Balance Cash-in-hand Cash-in-bank Receipt from Central Govt. Interest on Bank Transfer from other agencies Miscellaneous		1. Honorarium 2. Procurement of goods 3. POL and maintenance of equipments and vehicles 4. Spectacles 5. IEC 6. GIA TO NGOs a. Non-re-curring grants b. Free cataract surgery c. Eye Banks TOTAL 7. Training 8. Scheme for Blind Schools 9. Treatment of other eye diseases 10. Operational Costs **Closing Balance** Cash-in-hand Cash-in-bank	
TOTAL		**TOTAL**	

Signature of DPM

(Signature of Chairman)

Annexure XIII

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

BALANCE SHEET AS AT _____

NAME of District Health Society_____

Liabilities		Assets	
Particlars	**Amount**	**Particlars**	**Amount**
Opening Balance		Fixed Assets	
Transfer from Income & Expenditure A/C		Receivables	
Other Liabilities		Outstanding receipt from GOI	
Expenses outstanding		Outstanding receipt from other agencies	
Others		Interest accrued and due from Bank	
		Current Assets	
		Loans & Advances	
		Cash-in-hand	
TOTAL		**TOTAL**	

Signature of DPM

(Signature of Chairman)

Annexure XIV

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
	Total	

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: _____

Annexure XV

PIP FORMAT TO BE FILLED IN BY THE STATE

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS GRANT – IN – AID TO STATES / UTs FOR VARIOUS COMPONENT DURING 2009-10		Physical Target	Funds Required
Recurring Grant-in aid(*)	For free Cataract operations @ Rs 750/- per case and other Approved schemes as per financial norms(*)		
Non-recurring Grant-in-aid	For RIO (new) @ Rs.60 Lakhs		
	For Medical Colleges @ Rs.40 lakhs/-		
	For Vision Centres @ Rs.50000/-		
	For Eye Bank @ Rs.15 Lakhs		
	For Eye Donation Centre @ Rs.1 Lakhs		
	For NGOs @ Rs.30 Lakhs		
	For Eye Wards & Eye OTs @ Rs.75 Lakhs		
	For Mobile Ophthalmic Units with tele-network @		
	Rs.60 Lakhs		
Contractual Manpower	Ophthalmic Surgeon (Salary of Rs.25000/- p. m.)		
	Ophthalmic Assistant (Salary of Rs.8000/- p.m.)		
	Eye Donation Counsellor (Salary of Rs.10000/- p.m.)		
Total Grant-in-aid			

(*) = **Recurring Grant-in-Aid for Free Cataract Operations and various other schemes which include:** Other Eye Diseases @ Rs 1000/-, School Eye Screening Programme @ Rs 200/- per pair of spectacles, Private Practitioners @ as per NGO norms , Management of State Health Society and District Health Society @ Rs 14 lakhs/ 7 lakhs, Recurring GIA to Eye Donation Centres @ Rs 1000/- pair of Eye Ball collection and Eye Banks @ Rs 1500/- per pair of Eye Ball collection Rs 1500, Training, IEC, Procurement of Ophthalmic Equipment, Maintenance of Ophthalmic Equipments, Remuneration, Other Activities & Contingency.

Appendix I

No. G.20011/1/2005-Ophth/BC
Government of India
Ministry of Health and Family Welfare
(Ophth./BC Section)

Nirman Bhawan, New Delhi
Dated 21st October, 2008

OFFICE MEMORANDUM

Subject: Pattern of Assistance for National Programme for Control of Blindness during the 11th Five Year Plan.

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored scheme with the goal of reducing the prevalence of blindness to 0.3% by 2020. Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence rate of blindness from 1.1% (2001-02) to 1% (2006-07).

2. The main objectives of the Programme are:

a) To reduce the backlog of blindness through identification and treatment of blind;

b) To develop Comprehensive eye care facilities in every district;

c) To develop human resources for providing eye care Services;

d) To improve quality of service delivery;

e) To secure participation of Voluntary Organizations/Private Practitioners in eye care;

f) To enhance community awareness on eye care.

3. The Programme objectives are to be achieved by adopting the following strategy:

- Decentralized implementation of the scheme through District Health Societies (NPCB);
- Reduction in the backlog of blind persons by active screening of population above 50 years, organizing screening eye camps and transporting operable cases to eye care facilities;
- Involvement of voluntary organization in various eye care activities;
- Participation of community and Panchayat Raj institutions in organizing services in rural areas;
- Development of eye care services and improvement in quality of eye care by training of personnel, supply of high-tech ophthalmic equipments, strengthening follow up services and regular monitoring of services;
- Screening of school age group children for identification and treatment of Refractive Errors, with special attention in under-served areas;
- Public awareness about prevention and timely treatment of eye ailments;
- Special focus on illiterate women in rural areas. For this purpose, there should be convergence with various ongoing schemes for development of women and children;

- To make eye care comprehensive, besides cataract surgery, provision of assistance for other eye diseases like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness etc.;
- Construction of dedicated Eye Wards and Eye OTs in District Hospitals in NE States and few other States as per need;
- Development of Mobile Ophthalmic Units in NE States and other hilly States linked with Tele-Ophthalmic Network and few fixed models;
- Involvement of Private Practitioners in sub-district, blocks and village levels.

4. Targets for the 11th Plan:

During the 11th Plan, the scheme would consolidate gains in controlling cataract blindness and also initiate activities to prevent and control blindness due to other causes. This would be done by further increasing cataract surgery rate, increasing coverage, assistance for treatment of other eye diseases, developing eye care infrastructure and human resources, involvement of community including panchayats and voluntary organizations etc. The scheme would be uniformly implemented throughout the country. Funds for implementation of the scheme would be utilized on the following activities:

a) Performing three crore cataract operations with above 95% being IOL implantation;

b) Assistance to NGOs for management of other eye diseases (other than Cataract) like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness etc.;

c) Screening of school age group children for detection of refractive errors and providing 15 lakh free spectacles to poor school age group children;

d) Collection of 2.65 lakh donated eyes (after death) for transplantation in persons with corneal blindness;

e) Training of 2000 Eye surgeons in modern cataract surgery and other specialized procedures;

f) Training of other eye care personnel including Nurses in ophthalmic techniques, Ophthalmic Assistants etc.;

g) Enhancing capacities for eye care services in public sector by providing assistance to hospitals at various levels;

h) Setting up 3000 Vision Centres with basic screening equipments catering 50,000 population per centre;

i) Developing network of 30 Eye Banks and 120 Eye Donation Centres to facilitate collection and processing of donated eyes;

j) Providing non-recurring assistance to 40 Voluntary Organizations for setting up/expanding eye care services for rural population;

k) Construction of 75 dedicated Eye Wards and Eye OTs in District Hospitals in NE States and few other States as per need;

l) Appointment of ophthalmic manpower – Eye Surgeons, Ophthalmic Assistants, Eye Donation Counsellors on contractual basis;

m) Development of 75 Mobile Ophthalmic Units in North East States, Hilly States and difficult terrains for diagnosis and medical management of eye diseases. These units will be linked with tele-ophthalmic network. There will also be tele-network in some fixed centres in the village level, which will be linked with tertiary level hospitals, Regional Institutes of Ophthalmology (RIO)/Medical Colleges etc.;

n) Involvement of Private Practitioners in Sub District, Blocks and Village Level for management of eye diseases;

o) IEC to promote awareness about eye care;

p) Regular monitoring and evaluation;

q) Strengthening of training activities for eye care personnel;

r) Maintenance of Ophthalmic Equipments supplied to Regional Institutes of Ophthalmology, Medical Colleges, District/Sub-District Hospitals, PHC/Vision Centres.

The Year-wise targets are given at **ANNEXURE-I**.

5. Pattern of Assistance:

It has been decided to make some amendments in the existing Pattern of Assistance. The main features of Pattern of Assistance during the 11th Five Year Plan are given below:

a) Keeping in view austerity measures and to avoid duplicity of work, State Ophthalmic Cell has been merged with State Health Society. Due to formation of National Rural Health Mission (NRHM), State Health Society (SBCS) under NPCB has been further merged with State Health Society under NRHM. District Health Society (DBCS) under NPCB has also been merged with District Health Society under NRHM. Funds for implementation of the programme would be released through State Health Societies in the form of Grant-in-aid.

b) Increase in assistance for commodity to various facilities to increase their capacity for treatment of all types of eye ailments;

c) Facility for Intra-ocular Lens (IOL) implantation expanded upto Taluka level;

d) Marginal increase in grant-in-aid to Eye Banks, Eye Donation Centres and NGOs due to escalation of costs and to improve quality of services;

e) In addition to cataract, assistance would also be provided for other eye diseases like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness etc.;

f) Assistance for construction of dedicated Eye Wards and Eye Operation Theatres in North East States and few other States as per need;

g) Assistance for appointment of ophthalmic manpower – Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors – on contractual basis;

h) Assistance for involvement of Private Practitioners in sub-district, block and village levels;

i) Assistance for maintenance of Ophthalmic equipments supplied under the programme;

j) Development of Mobile Ophthalmic Units with Tele-ophthalmology Network and some fixed tele-models to cover difficult hilly terrains and difficult areas;

k) Critical posts of 228 Eye Surgeons and 510 Ophthalmic Assistants sanctioned during the 9th Plan and continued during 11th Plan, would be integrated within the State Plan in a phased manner during the current plan period;

l) Strengthening of Management Information System;

m) Intensification of IEC activities.

The Pattern of Assistance for 11th Plan, as approved by the Cabinet Committee on Economic Affairs (CCEA), are given at **ANNEXURE-II**. Norms for financial assistance for various components are given at **ANNEXURE-III**.

6. Matters concerning NRHM:-

As NPCB has been merged under the broad umbrella of NRHM and in order to be in alignment with the administrative structure of NRHM, the State Health Society/District Health Society has been merged in the State Health Society/District Health Society respectively and accordingly to avoid duplicity, the staff in the State Health Society in the Blindness Division has been reduced as at **component 1 of ANNEXURE-II.** Accordingly, following decisions have been taken to streamline the working of State Health Society/District Health Society:

i) All the work related to blindness control shall be routed through State Programme Officer/Joint Director (Ophthalmology) of the State Health Society (consisting of Administrative Assistant, Budget & Finance Officer, Data Entry Operator, Peon). The State Programme Officer/Joint Director shall submit it to NRHM State Mission Director for the final approval.

ii) All the State PIPs for blindness control shall be prepared in accordance with these guidelines issued by the centre and in consultation with the Programme Division in the centre.

iii) If there arises any mis-match with reference to the approved PIP and the central guidelines, the guidelines of GOI shall prevail.

This issues with approval of Director, NRHM.

7. Attention of States is also drawn towards component 18 of Annexure-II indicating provision towards salary support for appointment of ophthalmic manpower in States on contractual basis only for the duration of 11th Plan. States are requested to take advance action for making provision for inclusion of necessary ophthalmic manpower in State budget after completion of the 11th Plan.

The Pattern of Assistance for the 11th Five Year Plan will be effective, w.e.f., 16th October, 2008.

Sd/-
(V.K.Sharma)
Under Secretary to the Government of India

To

1. Secretary (Health) (all States).
2. Directors of Health Services (all States).
3. State Programme Officers (NPCB) (all States) with the request to further disseminate the schemes to concerned eye care facilities in their State/UT

Physical Targets during 11th Five Year Plan (2007-2012)

	2007-08	2008-09	2009-10	2010-11	2011-12	Total
Strengthening of Facilities						
Regional Institutes of Ophthalmology (3 new + 17 existing)	0	1	1	1	0	3
Medical Colleges (Retina Unit/ Low Vision Unit/Pediatric Ophth. Unit)	10	10	10	10	10	50
Medical Colleges for IOL surgery & all other sub specialties	10	30	20	20	20	100
District Hospital for IOL surgery SICS/ Phaco Emulsification	30	50	40	40	40	200
Sub- district Hospital for IOL surgery	10	20	15	15	15	75
Primary Health Center (Vision Center) (Govt.+NGO)	1000	500	500	500	500	3000
Eye Banks	10	5	5	5	5	30
Eye Donation Center	40	20	20	20	20	120
Non recurring GIA to NGO for setting up/expanding eye care facilities	10	7	7	8	8	40
Eye Wards and Eye OTs.	0	15	20	20	20	75
Mobile Ophthalmic Units with Tele-network+fewfixed Tele-models	0	15	20	20	20	75
• **Physical Targets**						
Cataract surgery (in lakh)	50	60	60	60	7	300
Other diseases (glaucoma, diabetic retinopathy, laser techniques, corneal trans-plantation, childhood blindness, squint surgery etc. (in lakh)	0	2	2	3	3	10

Spectacles to school children (in lakh)	3	3	3	3	3	15
Collection of Donated Eyes (in thousand)	40	50	55	60	60	265
• **Training**						
Eye Surgeons in IOL /Phaco Emulsification/SICS	300	300	300	300	300	1,500
Eye Surgeons in ophthalmic. sub-specialty like laser techniques, medical retina, glaucoma management, paediatric ophthalmology, keratoplasty etc {with special emphasis on strabismus and retinopathy of prematurity}	100	100	100	100	100	500
Nurses in ophthalmic techniques	250	250	250	250	250	1,250
Refresher training of Ophthalmic Assistants / Ophth. Nurses.	600	600	600	600	600	3,000
Management training of State and District Programme Managers	200	200	200	200	200	1000
Medical Officers PHC, CHC, DH	1000	1000	1000	1000	1000	5000
ASHA &ICDS	1000	1000	1000	1000	1000	5000

Component	Pattern of Assistance under NPCB during 11th Plan
1. State Health Society (NPCB)	**Grant-in-aid for management of State Health Society (NPCB)** **(a) For Major States (21)** **Recurring grant-in aid** of Rs. 14.00 lakhs per annum to meet the cost on salary of the following staff (one post each), TA/DA, organizing review meetings, hiring of vehicle, operating and maintenance of office equipments and contingencies. Details are at **Annexure-III(G).** Joint/Dy. Director (from Non-plan) Budget and Finance Officer Administrative Assistant/Statistical Assistant Data Entry Operator/Steno/LDC Group D **(b) For Minor States/UTs (14)** **Recurring grant-in aid** of Rs. 7.00 lakhs per annum to meet the cost on salary of the following staff (one post each), TA/DA, organizing review meetings, hiring of vehicle, operating and maintenance of office equipments and contingencies. Details are at **Annexure-III(G).** Dy. Director (from Non-plan) Budget/Accounts Officer Administrative Assistant/Statistical Assistant Data Entry Operator/Steno/LDC Group D Note: The above staff may be engaged on deputation/ contract basis
2. Strengthening/ setting up of Regional Institutes of Ophthalmology	**Grant-in-aid for Strengthening/setting up of Regional Institutes of Ophthalmology (17 existing and 3 new)** **Non-recurring assistance** upto Rs. 60 lakh for new RIOs and Rs. 40 lakh for existing RIOs for providing ophthalmic equipments for development of paediatric eye units / low vision units/ retina units, audio visual aids and training infrastructure, IOL surgery & all other sub specialties etc. List of equipment is at **Annexure III (A).**
3. Strengthening of Medical Colleges	**Grant-in-aid for strengthening of Medical Colleges (150)** **Non-recurring assistance** upto Rs. 40 lakhs for providing ophthalmic equipments as commodity assistance for development of paediatric eye units/ low vision units/ retina units, audio visual aids, IOL surgery & all other subspecialties etc. List of Equipments is at **Annexure III (A).**

4. Strengthening of District Hospitals	**Grant-in-aid for strengthening of District Hospitals (200)** **Non-recurring assistance** upto Rs. 20 lakhs for ophthalmic equipments for IOL surgery/SICS/Phaco-emulsification/ glaucoma management etc. and audio visual aids, IOL, sutures etc. List of Equipment is at **Annexure III (B).** **Recurring assistance** of Rs.25000 per month for appointment of one Ophthalmic Surgeon and Rs.8000 per month for one Ophthalmic Assistant on contractual basis towards salary in new districts in District Hospitals **(New Initiative).**
5. Upgradati-on of Sub-dist. Hosp/ CHCs	**Grant-in-aid for strengthening of Sub-District Hospitals (75)** **Non-recurring assistance** upto Rs. 5 lakhs for ophthalmic equipments for IOL Surgery/SICS, IOL, Sutures etc. List of Equipment is at **Annexure III(B).**
6. Mobile Ophthalmic Units with Tele-Ophthalmic Network	**Grant-in-aid for Development of Mobile Ophthalmic Units with Tele-Ophthalmic Network and few fixed Tele-Models (75) (New initiative)** **Non-recurring assistance** upto Rs. 60 lakh towards development of Mobile Ophthalmic units with Tele-Ophthalmic Network and few fixed Tele-Models. 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.
7. Vision Centres at PHCs/ in Vol. Sector	**Grant-in-aid for PHC/Vision Centres (3000) in Government and Voluntary Sector** **Non recurring assistance** upto Rs.50,000 for basic equipments, furniture and fixtures etc. GIA to DBCS would be used for Vision Centres at PHCs in Govt. and Voluntary Sector as per **Annexure III(E).** **Recurring assistance** of Rs.8,000 per month for appointment of one Ophthalmic Assistant on contractual towards salary. **(New initiative).**
8. Support to Eye Banks in Government/ Voluntary Sector	**Grant-in-aid for Eye Banks in Government/Voluntary Sector (30)** **Non-recurring assistance** upto Rs. 15 lakh for equipments and furnishing towards strengthening/developing Eye Bank by GOI as per Annexure III(C). **Recurring assistance** of Rs.1500 per pair of eyes towards honorarium of Eye Bank staff, consumables including preservation material & media, transportation/ POL and contingencies. **Recurring assistance** of Rs.10,000 per month for appointment of one Eye Donation Counsellor on contractual basis towards salary. (New initiative)

9. Support to Eye Donation Centres in Govt./ Voluntary Sector	**Grant-in-aid for Eye Donation Centres in Government/Voluntary Sector (120)** **Non-recurring assistance** upto Rs.1 lakh for strengthening/developing Eye Donation Centre. **Recurring assistance** of Rs. 1000 per pair of eyes collected towards honorarium of eye bank staff, consumables including preservation material & media, transportation/ travel cost/POL and contingencies. Recurring GIA would be paid through affiliated Eye Bank.
10. Grant-in-aid to Distt. Health Societies	**Recurring Grant-in-aid to District Health Societies (NPCB)** **Recurring assistance** in installment of Rs. 5 lakh or more will be released to District Health Societies through State Health Societies. More than 1 installment can be given to a District Health Society in a financial year. The District Health Society can be sanctioned 50% of GIA of budget required in a financial year as 1st installment. GIA will be utilized towards cost of consumables, minor equipments/instruments as per approved list **(Annexure III(F)**, spectacles, POL and maintenance of vehicles and equipments, hiring of vehicle, IEC activities, village blind registry, remuneration to District Programme Manager and support staff, grant-in-aid to NGOs for performing free cataract operations, support for other eye diseases, assistance to Panchayats for screening, motivation and transportation of cataract patients, recurring GIA to Eye Banks and Eye Donation Centres, School Eye Screening, eye donation activities, training within the district and other contingent expenditure as per guidelines. GIA can also be utilized for treatment of poor patients suffering from other eye problems like Glaucoma, Corneal Blindness, Diabetic Retinopathy etc. at government or qualified NGOs. etc. **Non-recurring assistance** for Commodity: Bulk consumables like sutures and IOL etc. will continue to be procured by State Procurement Division/RIOs/Medical Colleges and will be distributed for use in RIOs/Medical Colleges, District and Sub-District Hospitals, NGOs and upgraded PHCs as per the provision.
11. Grant-in-aid for free cataract operations and other eye diseases by voluntary organizations/ P RI etc. in camps/fixed facilities	**Recurring Grant-in-aid to District Health Society (NPCB) for NGOs for performing free cataract operation and other Intra-ocular Surgeries determined by following table:-** a. Drugs and consumables — ECCE/IOL: 200 — SICS/PHACO: 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

	Grant-in-aid for NGOs for management of other Eye diseases (other than Cataract) like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness etc. is Rs.1000 per case. 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 would be identified and involved by the District Health Societies. They would be eligible for support not exceeding Rs.175 per operated case (d & e component in the table given above). Private Practitioners will be involved in Sub-District, Block and Village Levels for cataract operations and treatment of other eye diseases. Reimbursement will be as per the above norms. **(New initiative).**
12. Non recurring GIA for strengthening/ expansion of Eye Care units	**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 (40).** **Non-recurring GIA** upto Rs. 30 lakh on a 1:1 sharing basis. Recurring assistance would be on the basis of scheme at S. No. 11 above. Details of support are given at **Annexure III(D).**
13. Information Education Communi-cation	**Information Education Communication** **Central Level:** planning, monitoring and evaluation of IEC, guidelines to State and District Health Societies for strategies related to IEC. Guidelines, training manuals and other prototype material produced, tested and circulated. Publication of newsletters, Operations Research related to IEC. **State Level:** IEC strategy developed in various regions of the State, replication of effective prototype, monitoring of district level IEC activities. **District Level:** Local IEC suitable to target population, use of folk methods and other indigenous means of communication. Orientation of local leaders.
14. Training of Ophthalmic and support manpower	**Training of Eye Surgeons and other eye care personnel** ● Training of Eye Surgeons in identified institutes in following areas: ECCE/IOL Implantation Surgery, Small Incision Cataract surgery, Phaco-emulsification, Low Vision Services, Glaucoma, Pediatric Ophthalmology, Indirect Ophthalmology & Laser Techniques, Vitreoretinal Surgery, Eye Banking & Corneal Transplantation Surgery etc. Support for training of eye surgeons would not exceed Rs. 70,000 per trainee. ● Training in Ophthalmic Nursing, training of PMOAs, refresher training of MOs PHC/CHC/DH and PMOSs will be organized at state level. Basic

	training of Ophthalmic Assistants will be revamped and initiated in selected institutions of the country. ● Training of State and District Programme Managers, ASHA & ICDS etc. will also be organized at state level. ● Guidelines and curriculum for various training courses would be organized by the Central Cell. ● The above trainings will be organized as per the approved financial norms.
15. Management Information System, Monitoring and Evaluation	**Management Information System Monitoring & Evaluation** **Central Level:** Guidelines and standard formats produced and circulated. Development of software, training of MIS staff and conduct of beneficiary assessment and evaluation surveys. Monitoring of performance and expenditure by States and District Health Societies. **State Level:** Maintenance and operational expenses out of recurring assistance to State Health Society. Data entry and analysis of performance and expenditure on various components **District Level:** Compilation of data from various performing units in standard records, reporting of performance and expenditure to States and Central Cell, monitoring of performance in various blocks. **Sentinel Surveillance Units:** Support upto Rs.3 lakh to Sentinel Surveillance Units for monitoring of ocular morbidity, studying profile of beneficiaries and undertaking Rapid Survey and other related activities. **Evaluation:** A Plan of Action would be prepared to evaluate schemes for school children, rural woman and under served areas. The survey will also evaluate functioning of Government fixed facilities, grantee NGOs and trends in prevalence of blindness.
16. Construction of dedicated Eye wards & Eye OTs	**Non-recurring Grant-in-aid for construction of dedicated Eye Wards and Eye OTs (75)** **(New initiative)** **Non-recurring assistance** upto Rs.75 lakh through State Health Society (NPCB) for Construction of Eye Wards and Eye OTs in NE States, Bihar, Jharkhand, Jammu & Kashmir, Himachal Pradesh, Uttrakhand and few other states where dedicated Operation Theatres are not available as per demand to develop eye care infrastructure. **(New initiative).**

<table>
<tr>
<td>17. Maintenance of Ophthalmic Equipments</td>
<td>Non-recurring Grant-in-aid for maintenance of Ophthalmic Equipments (New initiative)

Non-recurring assistance upto Rs. 5 lakh per unit for maintenance of Ophthalmic equipments supplied to RIOs, Medical Colleges, District/Sub-District Hospitals, PHC/Vision Centres to ensure longevity of costly ophthalmic equipments supplied under the programme as per demand.</td>
</tr>
<tr>
<td>18. Support towards salaries of Ophthalmic Manpower to States</td>
<td>Recurring Grant-in-aid to meet salaries of Ophthalmic Manpower to States (New initiative)

Recurring assistance as per details below will be provided towards salaries of the following Ophthalmic Manpower on contractual basis only for the duration of the 11th Plan (March, 2012):

<table>
<tr><th>Post</th><th>Approx. number</th><th>Salary per month</th></tr>
<tr><td>Ophthalmic Surgeon in District Hospitals in new District.</td><td>250</td><td>Rs. 25000/-</td></tr>
<tr><td>Ophthalmic Assistant in District Hospitals in new Districts and in PHCs/Vision Centres where they are not available.</td><td>425</td><td>Rs. 8000/-</td></tr>
<tr><td>Eye Donation Counsellors in Eye Banks in Government and NGO Sector</td><td>150</td><td>Rs. 10000/-</td></tr>
</table>
</td>
</tr>
</table>

Norms for Assistance during
11th Plan under National Programme for Control of Blindness

A. Ophthalmic Equipments/Surgical Sets/IOLs, Sutures etc for Regional Institutes of Ophthalmology & Medical Colleges (to be procured by RIO/Medical College/State Health Society)

S.No.	Equipment
1.	Operating Microscope with Assistant scope & Camera attachments (high end/basic)
2.	A-Scan Biometer
3.	Keratometer
4.	Slit Lamp with camera
5.	Nd-Yag Laser
6.	Applanation Tonometer (Gold Man)
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/Diode Laser with slit lamp, indirect ophthalmoscope, endolaser delivery systems
13.	Fundus Fluorescein Angiography
14.	Streak Retinoscope
15.	Tonometers (Schiotz)/Perkins Tonometer
16.	Direct Ophthalmoscope
17.	Indirect Ophthalmoscope
18.	Low Vision Aid Devices:- High Plus Spectacles, Hand Held Magnifiers, Stand Magnifiers, Telescopes, Videomagnifiers (Closed Circuit Television), Absorptive Lenses, Field Expanding Devices

19.	B - Scan
20.	Fundus Camera Digital
21.	Teller visual acuity cards/Cardiff cards
22.	A set of trial lens box and trial frame including trial frame for children
23.	90 D lens, 78 D lens, 20D lens
24.	Ishihara colour vision book
25.	Synaptophore
26.	Tonopen
27.	Worth 4 dot set with red and green glasses and rotating test drum
28.	Loose prism set
29.	Prism bar, Maddox wing, tangent scale
30.	RAF ruler, Bagolini Glasses
31.	Instruments for examination under general anaesthesia.
32.	Cardiac monitor with defibrillator
33.	Paediatric oculoplasty surgery set
34.	BP apparatus with paediatric cuff
35.	Surgical sets for all subspecialties (retina, Cornea, Glaucoma, Squint, Oculoplasty for all major and minor surgeries)
36.	Microsurgical instruments including SICS blades and phaco probes
37.	Instruments for management of ocular trauma, keratoplasty set, instruments for lid surgeries, instruments for enucleation, entropion, Ectropion etc.
38.	Vision Charts-Snellens/logmar
39.	Refraction Units
40.	OCT (Optical Cohrence Tonography)
41.	Air- conditioners
42.	Pulse-oxymeter
43.	Generator

44.	Surgical Sets for all sub specialties.
45.	Auto Kerato Refractometer
46.	Laser/Argon and Yag with slit lamp delivery, indirect ophthamoscope LIO, and endolaser
47.	IOLs
48.	Sutures 4-0, 8-0, 10-0 (silk, Nylon, Vicryl, Prolene)
49.	Gonioscope (single mirror/2-mirror/Goldman 3-mirror/pan fundoscopic Lens
50.	Consumables for Phaco Surgery(phaco tips, sleeves, cassettes etc.)
51.	SICSX(blades)
52.	Paymen Capsulotomy Lens (for Yag Laser)
53.	Abraham Iridotomy Lens (for Yag Laser)
54.	Mainster Lens-Central Fundus (Laser Coated)
55.	Mainster Lens-(Widefield) (laser coated)
56.	Fluorescein strips
57.	Schirmer Tear Test Strips
58.	Rose Bengal Strips
59.	Lissamine Green Strips
60.	Lander's Vitrectomy Lens set
61.	Lander's Vitrectomy Lens Set (Pediatrict size)
62.	Vitrectomy Irrigating Lens set (Plano, widefield, biconcave)
63.	Silicon Oil Injector
64.	Intraocular Magnet (Titanium Handle)
65.	Endocapsular Tension Ring
66.	Consumables for ophthalmic surgery (like viscoelastics, Ringer bactale etc.)
	Maximum assistance for RIOs **Existing RIOs=Rs. 40 lakh, New RIOs=Rs. 60 lakh**
	Maximum assistance for Medical Colleges=Rs.40 lakh

B. Ophthalmic Equipments/Surgical Sets/IOLs, Sutures etc for District and Sub-district Hospitals for IOL Surgery (to be procured by District Health Society/State Health Society)

S.No.	District Hospital	Sub-district Hospital
1.	Operating Microscope (Basic)	Operating Microscope(Basic)
2.	A-Scan Biometer	A-Scan Biometer
3.	Keratometer	Keratometer
4.	Slit Lamp, Refraction Units	Slit Lamp, Refraction Units
5.	Auto Refractometer	Auto Refractometer
6.	Flash Autoclave	Flash Autoclave
7.	Streak Retinoscope	Streak Retinoscope
8.	Tonometers (Schiotz)	Tonometers (Schiotz)
9.	Direct Ophthalmoscope	Direct Ophthalmoscope
10.	Nd-Yag Laser	IOLs
11.	Applanation Tonometer	Sutures 4-0, 8-0, 10-0 (prolene, Silk, nylon, vicryl)
12.	IOLs	Surgical sets
13.	Sutures 4-0, 8-0, 10-0 (prolene, Silk, nylon, vicryl)	Microsurgical instruments
14.	Surgical sets for cataract, glaucoma and squint etc.	Vision Charts
15.	Microsurgical instruments	UPS/Invertor
16.	Vision Charts	Generator
17.	UPS/ Invertor	Indirect ophthalmoscope with 20D lens
18.	Generator	Air Conditioner
19.	Phacoemulsifier	Viscoelastics
20.	Indirect ophthalmoscope with 20 lens	Drugs
21.	Air conditioners	
22.	Consumable for all ophthalmic surgeries	
23.	consumable for Phaco Sx (Phacotips, sleeves cassettes) & SICS Sx (blades)	
24.	Viscoelastics	
25.	Drugs	
	Maximum Assistance = Rs. 20 lakh	**Maximum Assistance = Rs. 5 lakh**

C. Non-Recurring Assistance for Eye Banks in Government/Voluntary Sector (to be procured by the respective Eye Bank)

Sl. No	Equipment/Furnishing
1.	Slit Lamp Microscope
2.	Operating Microscope with camera attachment
3.	Specular Microscope
4.	Laminar Flow
5.	Serology Equipment
6.	Instruments for corneal excision and enucleation including containers
7.	Autoclave
8.	Keratoplasty instruments
9.	Transport Facility (One 4 Wheeler & One 2 Wheeler)
10.	Refrigerator
11.	Computer & Accessories
12.	Telephone Line
13.	Air-Conditioner
14.	Renovation, Repair, Furniture & Fixtures
	Maximum Assistance = Rs. 15 Lakh

D. 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
B.	**Surgical instruments for various eye specialties**
C.	**Furniture & Fixtures of Operation Theatres & Ward**
D.	**Mobile Ophthalmic Unit with diagnostic equipments and minor surgical instruments**
Maximum Assistance = Rs. 30 Lakh	

E. Assistance for development of Vision Centres at PHCs / in Voluntary Sector (to be procured by State Health Society/District Health Society)

S.No.	Equipment /Furnishing
1	Tonometers (Schiotz)
2	Direct Ophthalmoscope
3	Illuminated Vision Testing Drum
4	Trial Lens Sets with Trial Frames
5	Snellen & Near Vision Charts
6	Battery Operated Torch (2)
7	Furnishing & Fixtures
8	Slit lamp
9	Epilation forceps Xylocaine Eye drops 4%
	Maximum Assistance = Rs. 50,000

F. List of Items for Procurement at District Level (to be procured by State Health Society/District Health Society)

S.No.	Items
(a)	**Minor Equipment & Instruments**
1 .	Binomags (Binocular loupe)
2.	Cataract Set including ECCE/Intra Ocular Lens implantation and Blades for Small Incision Cataract Surgery.
3.	Disposable blades for SICS - MVR- Crescent, 3-2/5-2 etc.
4.	Distant vision Charts
5.	Foreign Body Spud & Needle
6.	Lacrimal Cannula & Probes (various sizes)
7.	Lid retractors (Desmarres)
8.	Near Vision Charts
9.	Punctum Dialator
10.	Retinoscopic Mirror
11.	Rotating Visual Acuity Drum
12.	Torch
13.	Trial Frame Adult/Children
14.	Trial Lens Set
15.	Auto refractormeter
16.	Phacoemulsifier
17.	Refraction units, Slit lamp
18.	Indirect ophthalmoscope with 20D lens
19.	UPS
20.	Generator
21.	Surgical sets of all sub specialties of Ophthalmology as per demand/need
22.	Consumable required for ophthalmic surgeries
23.	Consumables for Phaco Machine (Phaco tips, cassettes) & SICS surgery (Blades)
24.	Drugs
25.	IOL
26.	Sutures (Vicryl, Prolene, Nylone, Silk)

(b)	**Eye Ointments**
1.	Atropine (1%)
2.	Local antibiotic: Framycetin/Gentamicin /Tetracycline etc.
3.	Local antibiotic steroid ointment
(c).	**Ophthalmic Drops**
1.	Xylocaine 4% (30ml) / Paracaine Eye Drops
2.	Local antibiotic: Framycetin/Gentamicin/Sulphacetamide etc.
3.	Local antibiotic steroid drops
4.	Pilocarpine Nitrate 2%
5.	Timolol 0.5% / Latano prost Eye Drops/Alphagan Eye Drops
6.	Homatropine 2%
7.	Tropicamide 1%
8.	Cyclomide 1%
9.	*Sulphactamide Eye Drops 10% , 20%*
10.	*Betadine Solution/Betadine Eye Drops/Betadine scrub*
11.	*Tablet Azithromycin 10mg, 20mg, 50mg.*
(d).	**Injections**
1.	Inj.Xylocaine 2% (30 ml)
2.	Inj Hyalase (Hyaluronidase)
3.	Inj. Gentamycin
4.	Inj.Betamethasone/Dexamethasone
5.	Inj. Maracaine (0.5%) (For regoinal anesthesia)
6.	Inj. Adrenaline
7.	Inj.Ringer Lacate (540 ml) from reputed firm
8.	Inj. Trypan Blue
(e)	**Surgical Accessories**
1.	Gauze
2.	Green Shades
3.	Blades (Carbon Steel)
4.	Opsite surgical gauze (10x14 c.m.)
5.	8-0 & 10-0 double needle Suture
6.	Visco-elastics from reputed firms
(f)	**Spectacles**
1.	For Operated Cataract Cases (after refraction) (Rs.125/-)
2.	For poor school-age children with refractive errors (@Rs.200/-)

G. Recurring Assistance for State Health Societies (NPCB)

(i) Major states

Rs.

S. No.	Post	Remuneration P.M.	Cost P.A.
A	*Staff Support*		
1	Budget & Finance Officer	15000	180000
2	Administrative Assistant/ Statistical Assistant	7000	84000
3.	Data Entry Operator/Steno/LDC	7000	84000
4.	Peon	5000	60000
	Total		**408000**
B	TA/DA to Staff/ POL and vehicle maintenance/ Stationery & Consumables/Quarterly Review Meetings, contingency, hiring of vehicle etc.		992000
	Total		**1400000**

ii) Minor States/UTs

Rs.

S. No.	Post	Remuneration P.M.	Cost P.A.
A	*Staff Support*		
1.	Budget & Accounts Officer	14000	168000
2.	Administrative Assistant/ Statistical Assistant	7000	84000
3.	Data Entry Operator/Steno/LDC	7000	84000
4.	Peon	5000	60000
	Total		**396000**
B.	TA/DA to Staff/ POL and vehicle maintenance/ Stationery & Consumables/Quarterly Review Meetings, contingency, hiring of vehicle etc.		304000
	Total		**700000**

GUIDELINES FOR APPOINTMENT OF CONTRACTUAL DOCTORS AND STAFF UNDER NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS [NPCB]

National Programme for Control of Blindness [NPCB] has launched a strategy of enhancing collection of voluntary eye donation through appointment of contractual Eye donation [grief] counsellors, Eye surgeons, and Paramedical Ophthalmic assistants(PMOA) in selected health institution under Public sector under approved eleventh five year [2007-12] plan period. The selection of the above mentioned shall be made by a selection committee formed at the state level. The selection committee shall be formed with the following members:

1. Director Health services.
2. State Programme officer NPCB/Jt. Director.
3. Director RIO/ Head of Department Ophthalmology Medical College.
4. A GOI representative.
5. Senior Ophthalmic surgeon of the concerned hospital.

OPHTHALMIC SURGEONS:

Eligibility criteria:

Essential

- M.S/M.D in Ophthalmology (MCI recognized) with at least 1 year of experience after PG degree has been obtained
- D.O.M.S (MCI recognized) with 2 years experience after PG degree has been obtained.

Desirable:

- Trained in performing ECCE pc IOL and SICS.
- Experience and the ability to work in district level hospitals.

Duties and responsibilities:

- To perform all kinds of ophthalmic surgeries.
- To liaison with medical, nursing and other personnel in all matter related to eye.
- To coordinate and participate in training of health personnel on eye related activities at district level.
- To participate in ophthalmology departmental meetings 5. To coordinate and maintain liaison with different stakeholders including education, social welfare, developmental/NGO sector for promotion of eye care services.
- Any other as assigned by supervisor

Remuneration:

- Consolidated salary of Rs 25000 [Twenty five thousand]/month

Mode of recruitment:

- Interview. The contract will be for a period of one year.

Age limit:

- Below 45 years.

EYE DONATION COUNSELORS

Eligibility criteria:

Essential

- Graduate degree in sociology/social work/arts/science recognized by respective university

Desirable:

- Excellent communication skills
- Familiarity with computer and internet use
- Experience in health communication and/or counseling

Duties and Responsibilities:

- To liaison with medical, nursing and other personnel in all matter related to eye donation.
- Motivate and counsel the family/attendants of the deceased for eye donation after death in wards/casualty/mortuary/ICU of health institution.
- Actively participate in eye donation awareness fortnight/ other information, education and communication [IEC] activities
- Maintain records and send regular reports to supervisor.
- To coordinate and participate in training of health personnel on eye banking activities.
- To participate in ophthalmology departmental meetings
- To coordinate and maintain liaison with different stakeholders including education, social welfare, developmental/NGO sector for promotion of eye donation/eye care services.
- Any other as assigned by supervisor.

Remuneration:

- Consolidated salary of Rs 10,000 [Ten thousand]/month

Mode of recruitment:

- As per state discretion [written/interview or both]. The contract will be for a period of one year.

Age limit:

- Below 35 years

PARAMEDICAL OPHTHALMIC ASSISTANTS (PMOA)

Eligibility criteria:

Essential

- Two years Diploma course in Optometry or trained as a Ophthalmic assistant in any of the recognized Government Hospitals as per guidelines of NPCB

Desirable:

- Familiarity with computer and internet use.

Duties and Responsibilities:

- To screen patients for cataract, and other minor surgical cases and bring them to the base hospital/district hospital.
- Refractive services to all the patients.
- Report to the District ophthalmic surgeon/ District programme manager and perform duties as assigned by them.
- Maintain records and send regular reports to supervisor.
- To coordinate and participate in training of health personnel on eye care activities.

Appendix II

STATE HEALTH SOCIETY
Support Staff – Minimum Qualifications and Experience

Post	Minimum Qualification & Experience	Age Below
Budget & Finance Officer	Graduate with minimum 5 years experience in Financial Management preferably in Govt. Sector	60 years
Data Entry Operator/ Stenographer/ LDC	Graduate with minimum 1 year diploma in Computer Application	30 years
Administrative Assistant / Statistical Assistant	Graduate with minimum 1 year experience in Administration or trained Stenographer	30 years
Group-D / Peon	10th Pass + 1 year relevant experience	30 years

Guidelines for Training of Eye Surgeons under NPCB

(No.L.11013/16/2007-Ophth/BC)

National Programme for the Control of Blindness (NPCB) was launched by the Govt. of India, Ministry of Health & Family Welfare in the year 1976 and is a 100% centrally sponsored scheme/Programme with the goal of reducing the prevalence of blindness.

The main objective of NPCB are:-

- ❖ To reduce the backlog of blindness through identification of treatment of blind and visually handicapped.
- ❖ To develop eye care facilities in every District.
- ❖ To develop Human Resources for providing eye care services.
- ❖ To improve the quality of service delivery.
- ❖ To secure participation of Voluntary Organization in eye care.
- ❖ To enhance community awareness of eye care.

For a population of more than one billion in the country there are an estimated 12000 eye surgeons. It is estimated that the ratio of eye surgeons in urban area is 1:20,000 and 1:2.5,0000 in rural areas, So the Training activity has been included for continuation the draft strategy paper for the 11th Plan under NPCB. In order to strengthen the NPCB during the 11th Plan, it has been planned to train 1000 eye surgeons in the under mentioned field of Ophthalmology to provide specialized service to Indian population in the field of eye care.

1. ECCE/IOL Implantation
2. SICS
3. Phaco Emulsification
4. Low Vision Services
5. Glaucoma Diagnosis and Management
6. Pediatric Ophthalmology
7. Indirect Ophthalmology & Laser Techniques
8. Medical Retina and Vitreoretinal Surgery
9. Eye Banking and Corneal Transplantation
10. Oculoplasty
11. Strabismus Diagnosis Management both Medical and Surgical

THE TRAINING PROGRAMME HAS BEEN DIVIDED INTO THREE TYPES

I Training Programme – General Short term (2 months)

Under this programme the Eye Surgeons from Sub-District Hospital, District Hospital, Medical Colleges / RIOs will be imparted training in the following sub specialtiy of eye care.

1. ECCE/IOL implantation

2. SICS (Small Incision Cataract Surgery)

3. Phaco Emulsification

I Training in Subspecialty (Short term - 2 months)

1. Glaucoma Diagnosis & Management.
2. Eye Banking & Corneal Transplant.
3. Oculoplasty.
4. Strabismus Diagnosis Management & both Medical and Surgical.

II 7 Days Training Programme:-

1. Low Vision Services.

III Short term (3 Months) Training including One Month ROP.

1. Pediatric Ophthalmology.
2. Medical Retina & Vitreo Retinal Surgery along with Indirect Ophthalmology & Laser Technique

This training Programme will include theoretical, investigative procedures as well as practical knowledge / hands on training in the field of Ophthalmology and at least one surgery will be performed daily by these trainees under the close supervision of their trainers to provide basic eye care services to the large segments of the rural population. At the end of the training, trainees should know all the investigative procedures and should be able to do independent surgeries in their set up. A daily log book will be maintained with supervisor's signature and then submission of the same will be to the level of State SPO at the end of the training.

This training should constitute theoretical, investigative procedures and surgical aspect of the superspeciality chosen. Ample opportunity should be provided to handle Ophthalmic Medical and operative cases under the close guidance of the faculty of concerned speciality for speciality cases, so that confidence is developed in him to handle surgical cases independently after the knowledge and training is over. There should be regular teaching followed by Practical surgeries. Ophthalmic journals should be made available for them to keep pace with the advancement in the field of Ophthalmic Science. At the end of the training, trainees should know all the investigative procedures, Medical and Surgical management of the cases. Trainees going for Medical Retina & Vitreo Retinal Surgery specialty should first get themselves trained in Indirect Ophthalmology & Laser Technique.

Guidelines for Training Centre for imparting training to Eye Surgeons

1. **(a). General Training in ECCE / IOL, SICS and Phaco Emulsification -** Each surgeon is to be taught procedure like Keratometry, Biometry and Yag Laser Capsulotomy along with surgery techniques.It should be ensured by the training centre that at least 25 surgeries are performed by each trainee under the direct and overall supervision of the trainer specialist.

1. **(b).** The same training in (ECCE/SICS/Phaco) should not be repeated by the trainees. Persons trained in the ECCE/IOL can be sent for SICS and simultaneously SICS trained surgeons only will be sent for Phaco). Only if a subtaintional proof of availability of Phaco machine or supply order is submitted along with application.

2. **Pediatric Ophthalmology -** Training in Pediatric Ophthalmology with particular emphasis on management of Amblyopia and squint, Cataract, Glaucoma and Retinopathy of pre-maturity

(ROP).This includes one month training in ROP with hands on training of Laser technique in at least 10 ROP Cases.

3. **Medical Retina & Vitreo Retinal Surgery** – Special emphasis should be made by the trainer on each trainee on use of indirect Ophthalmoscope, fluorescence angiography + 78 D Lenses and +90 D Lenses etc. This includes PRP laser delivery in 20 cases, ROP cases etc.

The trainee eye surgeons nominated in the specialty of Pediatric Ophthalmology / Medical Retina and Vitreo Retinal Surgery which will from 1st November 2008 onward be of three months duration are also to be attached with the ROP clinic in the last (3rd) month of their training in ROP with hands on training of 10 ROP Cases and will be given theoretical and practical training so as to train them to handle the cases independently after their training is over.

4. **Low Vision Services** – 1 week Training.

The trainees will be posted to Low Vision units of training institutions. They should be taught handling of various instruments / L.V Aids and Management of patients.

As part of in-service training to the eye surgeons the following 25 Training Centers have been approved in consultation with the State/UTs, under National Blindness Control Programme during the year 2008-09.

S. No.	Training Institutes	Specialty
1.	Director, Regional Institute of Ophthalmology Govt. Optahlmic Hospital R.L. Salai, Egmore Chennai, Tamil Nadu	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4 Low Vision Services, 5. Pediatric Ophthalmology, 6. Indirect Ophthalmology and Laser Techniques, 7. Glaucoma, 8. Eye Banking and Corneal Transplantation. 9. Oculoplasty
2.	Arvind Eye Hospital,Madurai.	1. ECCE/IOL, 2. SICS, 3. Starbismus Management (Medical & Surgical) 4. Low Vision Services, 5. Pediatric Ophthalmology, 6. Indirect Ophthalmology and Laser Techniques, 7. Glaucoma, 8. Eye Banking and Corneal Transplantation. 9. Oculoplasty
4.	Director, Sankara Netralaya 18, College Road, Chennai-600006, Tamil Nadu	1. Indirect Ophthalmology and & Laser Techniques, 2. SICS,
5.	K.G. Eye Hospital Thudiyalur Road, Sarvanampati, Coimbatore-641035 Tamil Nadu	1. ECCE/IOL, 2. SICS
6.	Institute of Ophthalmology, TELC Joseph Hospital, Tiruchirapalli	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4. Medical Retina & Vitreo Retinal Surgery 5. Low Vision Services, 6. Indirect Ophthalmology and Laser Techniques 7. Glaucoma, 8. Pediatric Ophthalmology

7	Sarojini Devi Eye Hospital and RIO, Hyderabad.	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4. Low Vision Services, 5. Pediatric Ophthalmology, 6. Indirect Ophthalmology and 7. Vitreoretinal Surgery & Medical Retina 8. Glaucoma, 9. Eye Banking and Corneal Transplantation
8.	Sankar Foundation, Vishakhapatnam	1. SICS, 2. Phaco Emulsification 3. Medical Retina Laser 4. Glaucoma
9.	CBM Ophthalmic Institute, Angamalay (Kerala)	1. ECCE/IOL, 2. SICS, 3. Pediatric Ophthalmology, 4. Indirect Ophthalmology and Laser Techniques, 5. Glaucoma, 6. Eye Banking and Corneal Transplantation
10.	Venue Eye Institute, New Delhi.	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4. Vitreoretinal Surgery & Medical Retina, 5. Low Vision Services 6. Eye Banking and Corneal Transplantation,
11.	Shroff's Charity Eye Hospital, Delhi.	1. ECCE/IOL, 2. Low Vision Services, 3. Pediatric Ophthalmology, 4. Indirect Ophthalmology and 5. SICS Laser Techniques 6. Glaucoma, 7. Eye Banking and Corneal Transplantation, 8. Orthoptic Starbismus 9. Contact Lens.

12.	R.P. Centre, AIIMS, New Delhi.	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4. Low Vision Srvices, 5. Pediatric Ophthalmology, 6. Vitreoretinal Surgery & Medical Retina, 7. Glaucoma, 8. Eye Banking and Corneal Transplantation 9. Indirect Ophthalmology and Laser Techniques
13.	St. Stephen Hospital, Delhi.	1. ECCE/IOL, 2. Phaco Emulsification, 3. Low Vision Services, 4. Pediatric Ophthalmology, 5. Indirect Ophthalmology and Laser Techniques
14.	PGI Chandigarh.	1. SICS, 2. Phaco Emulsification, 3. Pediatric Ophthalmology, 4. Vitreoretinal Surgery & Medical Retina, 5. Indirect Ophthalmology and Laser Techniques 6. Glaucoma
15.	RIO, Govt MD Eye Hospital, Allahabad.	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4. Low Vision Srvices, 5. Pediatric Ophthalmology, 6. Vitreoretinal Surgery & Medical Retina, 7. Glaucoma, 8. Eye Banking and Corneal Transplantation, . 9. Indirect Ophthalmology and Laser Techniques

16.	I-Care Hospital, Noida.	1. ECCE/IOL, 2. Glaucoma, 3. Indirect Ophthalmology and Laser Techniques
17.	Sadguru Sewa Sangh Trust, Chitrakoot	1. SICS, 2. Phaco Emulsificatio, 3. Pediatric Ophthalmology 4. Glaucoma,
18.	Mahatma Gandhi Institute of Medical Sciences, Wardha	1. ECCE/IOL, 2. SICS, 3. Oculoplasty
19.	PBMS's HV Desai Hospital, Pune.	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4. Pediatric Ophthalmology, 5. Low Vision Services, 6. Vitreoretinal Surgery & Medical Retina, 7. Glaucoma, 8. Indirect Ophthalmology 9. Eye Banking and Corneal Transplantation
20.	Aso-Palov Eye Hospital Ahmedabad.	1. Low Vision Services, 2. Indirect Ophthalmology and Laser Techniques, 3. Medical Retina & Vitreoretinal Surgery,
21.	JPM Rotary Eye Hospital & Research Institute Cuttack.	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4. Pediatric Ophthalmology, 5. Glaucoma, 6. Indirect Ophthalmology & Laser Techniques,
22.	Alakh Narain Mandir, Udaipur.	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification 4. Indirect Ophthalmology & Laser Techniques

23.	Drashti Netralaya, Dahod, Gujarat	1. SICS, 2. Pediatric Ophthalmology, 3. Medical Retina & Vitreo Retinal Surgery 4. Oculoplasty,
24.	Sri Sankaradeva Netralaya, Gawahati.	1. ECCE/IOL, 2. SICS, 3. Pediatric Ophthalmology, 4. Vitreoretinal Surgery & Medical Retina, 5. Phaco Emulsification, 6. Indirect Ophthalmology & Laser Techniques, 7. Glaucoma Diagnosis Management, 8. Ocuoloplasty, 9. Eye Banking and Corneal Transplantation, 10. Low Vision Services, 11. Starbismus Management & Medical Surgical,
25.	Mahatme Eye Bank & Eye Hospital, Nagpur, Maharashtra.	1. ECCE/IOL 2. Phaco Emulsification, 3. SICS 4. Oculoplasty Eye Banking and Corneal Transplantation
26.	Giridhar Eye Institute Ponneth Temple Road, Kadavanthra, Kochi- 682020	1. Vitreo Retinal Services.
27.	Regional Institute of Opthalmology Medical College & Hospital Kolkatta – 700073	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification, 4. Indirect Ophthalmology & Laser Techniques

28.	L.V Prasad Eye Institute Hyderabad (A.P) and Bhubneshwar, Orissa	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification 4. Medical Retina & Vitreo Retinal Surgery
29.	Bolleni Eye Institute, Nellore, Andhra Pradesh	1. SICS, 2. Phaco Emulsification
30.	Sahai Institute & Research Centre, Jaipur- 302004 Rajasthan	1. ECCE/IOL, 2. SICS, 3. Phaco Emulsification

More Training Centers are to be identified in Consultation with State Health Society to keep pace with the increased number of eye surgeons to be trained in the NPCB during the 11th Plan in various Ophth sub-specialties like laser techniques, Oculoplasty, Management of Amblyopia and Strabismus and Medical Retina & Vitreo Retinal Surgery, Glaucoma Management etc.

These Training centers while imparting theoretical knowledge in various sub specialties will impart practical surgical Training to each trainee. It should be ensured that at least 25 surgeries should be performed by each trainee and a log book of each trainee to be maintained by each training centre under the overall supervision of the trainer dealing with these trainees.

Financial Assistance for training of eye surgeons in the specialty of Pediatric Ophthalmology / Medical Retina & laser and Vitreo Retinal Surgery for 90 days.

Financial Assistance is being provided to all the training Institutes for each training participant nominated by the State Blindness Control Authority and recommended by Govt. of India. M/Health @ Rs. 55,000/- Rs. 65,000/- & Rs. 70,000/-, Rs. 11,500/- per training keeping in view the following broad items of expenditures and area of specialty imparted by the training institute. The revised norms will be applicable from the new batches starting with effect from 1st Nov, 2008 onwards.

Financial Assistance for training in Medical Retina and Vitreo Retinal Surgery and Pediatric Ophthalmology (90 days).

(Amount in Rupees.)

Consumables, Instruments, Drugs / Medicines etc.	Rs. 18,000/-
(Support to Training Institutions for organizing Training towards training material remuneration to faculty, use of equipments organizing changes etc.) for two months.	Rs. 10,000/-
Travel Cost- AC IITier / Shatabdi / By Road (Actual estimated average)	Rs. 6,000/-
DA @ 250 for the Trainees X 90 days	Rs. 22,500/-
Accommodation rentals @Rs.150 X 90 days	Rs. 13,500/-
Total	Rs. 70,000/-

Financial Assistance for Training of Eye Surgeons in Phaco Emulsification for 60 days.

(Amount in Rs.)

Consumables, Instruments, Drugs / Medicines etc.	Rs. 25,000/-
(Support Training Institutions for organizing Training towards training material remuneration to facility, use of equipments organizing changes etc.) for two months.	Rs. 10,000/-
Travel Cost- AC IITier / Shatabdi / By Road (Actual estimated average)	Rs. 6,000/-
DA @ 250 for the Trainees X 60 days	Rs. 15,000/-
Accommodation rentals @Rs.150 X 60 days	Rs. 9,000/-
Total	Rs. 65,000/-

Financial Assistance for Training of Eye Surgeons in Corneal Transplantation ECCE/IOL, SICS, Glaucoma, Eye Banking, Indirect Ophthalmoscopy & Laser Techniques, Oculoplasty, Starbismus Management both Medical Surgical.

(Amount in Rs.)

Consumables, Instruments, Drugs / Medicines etc.	Rs. 16,000/-
(Support Training Institutions for organizing Training towards training material remuneration to facility, use of equipments organizing changes etc.) for two months.	Rs. 9,000/-
Travel Cost- AC IITier / Shatabdi / By Road (Actual estimated average)	Rs. 6,000/-
DA @ 250 for the Trainees X 60 days	Rs. 15,000/-
Accommodation rentals @Rs.150 X 60 days	Rs. 9,000/-
Total	Rs. 55,000/-

Financial Assistance for Training of Eye Surgeons in Low Vision – (1 week).

(Amount in Rs.)

Consumables, Instruments, Drugs / Medicines etc.	Rs. 2,000/-
(Support Training Institutions for organizing Training towards training material remuneration to facility, use of equipments organizing changes etc.) for two months.	Rs. 700/-
Travel Cost- AC IITier / Shatabdi / By Road (Actual estimated average)	Rs. 6,000/-
DA @ 250 for the Trainees X7 days	Rs. 1,750/-
Accommodation rentals @Rs.150 X 7 days	Rs. 1,050/-
Total	Rs. 11,500/-

Role of Training Centers:-

1. Each Training Centre shall report the name of each trainee to ADDL.DG (RJ) after he/she reports for Training for a particular batch giving our reference number by Fax/Email.
2. (a) Training report of each Trainee in triplicate after completion of each Training Programme may be sent to NPCB/ ADDL.DG (RJ) by Fax/Email.
3. The D.A of the candidate shall be released only after the completed training report is submitted to the training institute and a copy marked to the Central Programme Dir. (ADDL. DG (RJ) / SPO State.
4. Balance funds left with the training centre after each batch in a calendar year should be intimated.

5. Consolidated report of Trainees Trained specialty wise together with amount of Central support received from NPCB, funds utilized and balance funds available at the close of each Financial Year may be sent to ADDL.DG (RJ).
6. At the end of each financial year consolidated Utilization Certificate and statement of expenditure dully audited by the chartered accountant should invariably be submitted to ADDL.DG (RJ) within one month after the completion of each Financial Year so as to facilitate further ongoing training activity. No funds should be released in case of defaulter training centers not complying with these instructions. All the training centers may therefore co-operate for the necessary feed back to the ADDL.DG (RJ) for the successful implementation of National Programme for Control of Blindness and extend their helping hand for the noble cause of restoring the vision of visually handicapped-peoples of the country.
7. No DA is to be paid to the trainees who reside locally as per clarifications already circulated earlier.

Role of State Govt's.

1. Nomination of eye surgeon for training in different specialty of Ophthalmology should invariably carry the Bio-data of the trainee in the prescribed format already circulated for the purpose.
2. It should be ensured by the State Govts that services of eye surgeons trained in different specialty should be properly utilized in the Blindness Control Programme and should not be transferred to facilities where there is no eye care facilities
3. The Training Centre shall ensure that at least 50 surgeries to each trainee are allotted and performed by them and log book maintained by these trainees should be checked by them at regular intervals.
4. A consolidated report of eye surgeons trained, speciality wise during the year may be forwarded at the close of each Financial Year.
5. The SPO of the States / UTs are advised to apprise all the trainees nominated for specialized training under NPCB, the above guidelines and should ensure the filling up of assessment report at the end of training by each one of them. These reports may be maintained by the SPO and a consolidated quarterly summary may be forwarded to ADDL.DG (RJ)) at the end of each quarter ending Dec, March, June & September.

DIRECTORATE GENERAL OF HEALTH SERVICES (OPHTHALMOLOGY SECTION)

APPLICATION FORM FOR IN-SERVICE TRAINING IN OPHTHALMOLOGY

1. Name of Eye Surgeon :_____ Age:_____Years Sex : M F
2. Designation : _____
3. Current place of Posting : _____
4. Complete Postal Address : _____
5. Phone (with STD Codes) : _____ (Office/Fax)
   : _____ (Residence)
   : _____ (Mobile)
6. E-mail (Compulsory) : _____
7. Educational Qualification:

Degree/Diploma	Year	University

8. Professional Qualification:

Position	Duration	Place of Posting

9. Training/s Obtained:

Training Centre	Duration	Training Institution

10. Research Work: Enclosed list of Important Publication
11. Field of Training Desired (enter code): ☐

Code	Field of Study	Code	Field of Study
1	ECCE/IOL Implantation Surgery		
2	Small Incision Cataract Surgery	6	Indirect Ophthalmology & Laser Techniques
3	Phaco Emulsification (If Phaco emulsifier machine is available)	7 8	Medical Retina and Vitreoretinal Surgery
4	Low Vision Services	9	Eye Banking & Corneal Transplantation Surgery
		10	Oculoplasty
5	Pediatric Ophthalmology	11	Strabismus

12 Place of Posting for Training : North / South / West / East Training Institute: Period / Date for Training:

Signature of Applicant

Date:

Forwarded & Recommended

Signature & Seal of Head of Department

Fellowship Termination Report of Eye Surgeons

Nominated for specialized in service training in Triplicate under National Programme for Control of Blindness.

.....

1. Name of Eye Surgeon : .....
2. Designation : .....
3. Current place of Posting : .....
4. Complete official Address : .....
5. Telephone Nos. : (o) _____

   (R) _____

   (M) _____
6. Name of Training Centre : .....
7. Where training obtained earlier : .....
8. Name of Specialty training received now under NPCB. : .....
9. Period of Training : from_____to _____.
10. Please give factual knowledge and skills that you gained during your present training. : .....
11. How you propose to utilize the knowledge gained during the training? Please elaborate. : .....
12. Any short coming /hindrance faced during the training and how best it can be solved. : .....
13. No. of cases handled independently : .....

    during in training case of ECCE /IOL, SICS, Phaco Emulsification, Medical Retina etc. .....
14. Any other Suggestion / Remark of the trained ophthalmic surgeon. : .....

15. Any trainer attached to you? : .....
    If so, Name of the trainer attached

16. Methods of teaching & practical work : .....

17. Suggestions : .....

(Signature)

Name:

Place:

Date:

Remarks of Head of Training Institution

(Signature)

Name:

(Seal)

No. Y.11019/1/2005-Ophth./BC
Government of India
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi, the
11th June, 2008

To,

Mission Director (NRHM) of States as per list.

Subject:- Decentralization of Commodity Assistance under the National Programme for Control of Blindness

Sir,

I am directed to invite your attention to this Ministry's letter of even number dated 22/29 December, 2005 on the above mentioned subject communicating the decision of the Government to decentralize the process of procurement under the NPCB (copy enclosed).

Thereafter, the State Blindness Control Societies are broadly following the State rules for procurement of equipments. The procedure is cumbersome and time consuming. In order to expedite the process of procurement the following guidelines are being issued:

(i) Efforts should be made to ensure that the funds received for the proposed equipments are utilized in the same financial year.

(ii) Alternatively, the approved rates of the required equipments may be obtained and adopted from the nearest Regional Institute of Ophthalmology/Government Medical College/Government autonomous Institute.

(iii) If for any reason, the equipment is not expected to be procured in the said time frame and there is possibility of funds remaining unutilized till the end of the financial year, the funds may be utilized for other components of grants-in-aid like free catops, SES etc. so that the unspent balance with the State on the last day of the financial year is minimum possible. In the next financial year, a fresh demand for release of funds for procurement be sent to the Ministry.

Any such above referred decision shall be taken by the State Programme Officer with the approval of State Health Secretary/Principal Secretary concerned and the Ministry should also be informed about the same.

Yours faithfully,

(Robert L. Chongthu)
Deputy Secretary to the Government of India

Copy to: State Health Secretaries and State Programme Officers

No. Y.11019/1/2008-Ophth./BC
Director General of Health Services
(Ophthalmology Section)

Nirman Bhawan, New Delhi
Dated: 2th July, 2008

To,

All SPO

Subject:- **Clarification for Utilization of funds released under NPCB.**

Sir,

The ROPs (Record of proceedings) has been communicated to all the States which clearly indicates that under the head GIA for Catops and various other schemes, all the following activities can be carried out without seeking any special permission on the individual basis from GOI

Recurring GIA for:

(i) Cataract operation and other eye diseases (for NGO & Private practitioners)
(ii) School Eye Screening Programme
(iii) Eye donation centre and Eye Banks.
(iv) Training
(v) IEC
(vi) Procurement, maintenance of Instruments/Ophthalmic Equipments.
(vii) Management of State Health Society/District Health Society.
(viii) Remuneration other activities & Contingency etc.

Yours faithfully

(Dr. (Mrs.) R. Jose)
Additional Director Gneral (R)
E-mail: addldghs-mohfw@nic.in
Tele/Fax: 011-2306159

NAME OF THE OFFICERS

TECHNICAL DIVISION

Dr. (Mrs.) R. Jose
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Dr. A. S. Rathore
Assistant Director General (O)

Dr. V. Rajshekhar
Deputy Assistant Director General (O)

Dr. V. K. Tewari
Health Education Officer

ADMINISTRATIVE DIVISION

Ms. Shalini Prasad
Joint Secretary

Shri. Robert Chongthu
Deputy Secretary (NCD)

Shri A.B. Chavan
Under Secretary (NCD)

(Contact Details are available on 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 Bhawan, New Delhi - 110 108
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