

**OFFICE OF THE CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH
OFFICER, CUTTACK.**

No.10393 NPCB&VI/CDM&PHO, Cuttack Date **16.08.2024**

**ADVERTISEMENT FOR INVITING APPLICATION FROM NON-GOVERNMENT
ORGANIZATIONS (NGOs)**

for

National Programme for prevention and control of Blindness and Visual Impairment.

Applications are invited from interested NGOs/Private Hospitals (having valid registration under clinical establishment Act), fulfilling the criteria as mentioned in the guidelines, for release of Grant in Aid for undertaking treatment of Cataract, Diabetic Retinopathy, Childhood Blindness, Glaucoma, Keratoplasty, Vitreoretinal surgery and mobilization of cases to hospitals. For further information please refer to “Schemes for implementation of National Programme for Control of Blindness and Visual Impairment (NPCB&VI)”, available in the website <http://cuttack.odisha.gov.in> . Application with required documents should be submitted in a sealed cover and must reach to the office of the undersigned latest by 02-09-2024. The envelope duly super scribe as “**Application From Non-Government Organizations (NGOs) for NPCB & VI Activities**” addressed to CDM&PHO, Cuttack, Cantonment Road, Buxi Bazar, Cuttack - 753001.

Sd/-

**Chief District Medical and
Public Health Officer, Cuttack.**

1. SCHEMES FOR VOLUNTARY ORGANIZATIONS

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

Following schemes are presently available under the programme:

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

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

2. GENERAL ELIGIBILITY CONDITIONS

Voluntary Organization/NGO:

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

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

3. PRIVATE PRACTITIONER

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

The role of Private Practitioner is to:

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

Display:

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

Details of the Schemes for Voluntary Organizations

RECURRING GRANT IN AID:

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

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

2 Financial Assistance:

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

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

3. Eligibility Criteria:

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

4. General Guidelines:

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

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

5. Population to be served:

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

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

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

GOVERNMENT OF INDIA

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL
IMPAIRMENT

Details of participating organization

ORGANIZATION PROFILE:

1. Name: _____
2. Address : _____

State : _____ Pin Code: _____

Tel No. : _____ Fax No. : _____

3. Legal Status

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

4. Financial Status

4.1 Details of Bank Account:

Name of the Bank _____ Branch

Address

Type of account: Saving / Current Account No.

Is your account operated jointly? Yes / No

Name and Designation of the Signatories to the account:

Name	Designation

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

Year	Total Receipts	Audited Statement A/C for last 3 years.
2022 - 23		
2021 - 22		
2020 - 21		

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

Sl. No.	Government Organization	Details of Grant	Amount	Year
1				2022 - 23
2				2021 - 22
3				2020 - 21

Sl. No.	Non Government Organization	Details of Grant	Amount	Year
1				2022 - 23
2				2021 - 22
3				2020 - 21

5. Details of Existing Health Facility:

5.1 Infrastructure

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

5.2 Manpower

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

5.3 Equipment Status

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

Signed _____

Date _____

6.1 Details of Trustees of the NGO:-

Name	Designation	Address	Tel. No.

6.2 Past experience in (a) Health care delivery services

6.3 Past experience in (b) Eye care delivery services

7 Current Performance

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

a) Base Hospital

Year	Free Subsidized					Paying				
	OPD		Indoor			OPD		Indoor		
	New	Review	ECCE /SICS	IOL*	Others	New	Review	ECCE /SICS	IOL*	Others
23 - 24										
22 - 23										
21 - 22										
20 - 21										

*IOL includes ECCE/IOL, SICS, Phaco

b. Details of Eye ball Collection for Eye Banks

Sl. No	Year	No. of eye balls collection	No of eye balls utilized	No. of eye balls discarded or disposed off	No. of Keratoplasty surgery done	No. of Keratoplasty Surgery done	No. of eye balls used for other purpose
23 - 24							
22 - 23							
21 - 22							
20 - 21							

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

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

Date:- _____

Signature of Ophthalmic Technician

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

d) Outreach

Screening Camps Conducted

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

8. Enclosures to be added with the Application:

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

** Strike out whichever is not applicable.*

Pre-operative and Post Operation diagnosis of patients

A. Patients Name:----- Registration No.----- Address----- Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Taluka----- District/State----- Age: <input type="text"/> <input type="text"/>		A. Patients record: regd. No----- Name----- Address----- Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Age: <input type="text"/> <input type="text"/>																																					
B. Pre-operative Examination :		B. Operative examination:																																					
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F. IMMEDIATE COMPLICATIONS: Mark		D. Surgery Date----- Place:----- Operated Eye: RE <input type="checkbox"/> LE <input type="checkbox"/> Procedure ----- Date of Discharge ----- Presenting VA RE LE -----																																					
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G. Follow up: Date-----		Presenting VA at discharge-----																																					
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Right eye				left eye																																			
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To

The CDM&PHO

District Health Society, Cuttack

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

Sir/Madam,

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

Screening Camps Conducted

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

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

Yours Sincerely,

(Signatory)

N.B

Acknowledged by CDM&PHO

(Signature of
CDM&PHO/Representative)

Date: _____

Monthly Reporting format (To be filled up in MIS)

Month: _____

Year _____

Name of the NGO: _____

District _____

Address: _____

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

School Eye Screening (To be filled up in MIS)

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

GFR 12 – C [(See Rule 239)]

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

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

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

Kinds of checks exercised

- 1.
- 2
- 3
- 4

Signature.....
Designation.....
Date.....

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

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

1. Preamble:

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

2. Parties of MOU:

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

3. Duration of MOU:

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

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

4. Commitment of the NGOs

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

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

5. Commitments of District Health Society

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

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

6. Termination of MOU

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

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

Signed this day, the of..... 20

For and on behalf of
District Health Society

NGO/Private Practitioner

To

The CDM&PHO

District Health Society, Cuttack

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

Sir/Madam,

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

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

Yours Sincerely,

(Signatory)

N.B

Acknowledged by CDM&PHO

(Signature of
CDM&PHO/Representative)Date:

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

CERTIFICATE OF RECOGNITION

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

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

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

CDM&PHO

(With Name & Officer Seal)

Place:

Date:

To

The CDM&PHO
District Health Society, Cuttack

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

Sir/Madam,

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

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

Yours sincerely,

(Signatory)

N.B

Acknowledged by CDM&PHO

(Signature of CDM&PHO/Representative)

Date:_____

