

ZILLA SWASTYA SAMITI, KENDRAPARA
EXPRESSION OF INTEREST

No: 10212 , Dated: 16-08-2022

Proposals invited from credible NGOs/Voluntary Organizations to receive Grant-in-Aid for free cataract surgery.

Zilla Swastya Samiti, Kendrapara invites proposals/applications from credible NGOs / Voluntary Organizations / Hospital(Pvt.) to receive Grant-in-Aid out of NHM (NPCB) funding support for conducting free cataract surgery in Kendrapara District.

Interested NGOs/VOs with good reputation and fulfilling the eligibility criteria mentioned in the ToR may apply with all relevant documents through speed post / registered post / Courier only directly to the Chief District Medical & Public Health Officer, Kendrapara from 15 days date of publication in the prescribed application format as per the ToR and other eligibility conditions available in the website www.kendrapara.nic.in. Blacklisted NGOs/VOs shall not be entertained. Incomplete applications or applications received after due date or application in an open envelop will be summarily rejected. The authority reserves the right for cancellation/modification of the ToR / Selection procedure without assigning any reason thereof. No personal enquiry shall be entertained.

Sd/- A. Patanaiik
Chief District Medical & Public Health Officer
Kendrapara

Patanaiik
Chief District Medical & Public Health Officer,
Kendrapara
16-8-2022

GENERAL ELIGIBILITY CONDITIONS (ToR)

Voluntary Organization/NGO/Hospital(Pvt.):

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 district) or a charitable public trust registered under any law for the time being in force.
- b) Track record of having experience in providing health services preferably eye care services over a minimum period of 3 year.
- c) Properly constituted managing body with its powers duties and responsibilities clearly defined and laid down in a written constitution.
- d) Services open to all without distinction of caste, creed, religion or language.
- e) Having available well trained staff, infrastructure and the required managerial expertise to organize and carry out various activities under the scheme;
- f) Agreeing to abide by the guidelines and the norms of the program.
- g) Registration on Darpan Portal of Niti Ayog.
- h) Not been blacklisted or placed under funding restriction by any Government or Govt. Agencies or any adverse report from any Department in Government.
- i) The annual turnover of the organization should not be less than of rupees twenty lakhs as per the last Audit Report.
- j) Clinical Establishment certificate.

Eligibility Criteria:

a) 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.

b) Track record of three (3) years in eye care by the NGOs for participation in this scheme.

c) A newly started branch hospital of an existing and recognized hospital having all facilities as listed under general eligibility conditions above is also eligible subject to DPM, DBCS verification and certifying for participation.

d) Territorial boundary between districts has no bearing on the working of a voluntary organization as NPCBVI is a National Programme. So any NGO may work in any District of the State. However, a NGO will have to sign a 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. DPM, DBCS 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

e) 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 execution of the programme. The NGO will share the list of identified cases for surgery as well as the operated cases with the concerned district.

f) The NGO"s shall apply in the prescribed format to the Chief District Medical & Public Health Officer for accreditation/identification under this scheme.

g) All identified NGO"s shall sign a Memorandum of Understanding with the District Health Society for a period of 24 months, renewable from time to time. As long as the MOU is in operation/ valid there is no need for seeking specific permission of the Chief District Medical & Public Health Officer for holding Screening camps or other approved activities under this particular scheme. However, the identified NGO shall give a prior intimation in writing to the Chief District Medical & Public Health Officer in prescribed format 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.

h) The NGO shall apply for renewal of MOU to the concerned Chief District Medical & Public Health Officer preferably 3 months prior to expiry of MOU date. The Chief District Medical & Public Health Officer shall examine the application within a month time to decide for approval/rejection of the application, with valid reasons, and convey the outcome to the concerned NGO.

i) NGOs are responsible to keep the District Health society updated of any changes.

j) Fresh claims from NGOs for the activities undertaken in current year shall be settled in accordance with the revised guidelines.

k) 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.

l) All eye operations should be conducted in exclusive eye OT facilities (fixed) of the NGOs base hospital only.

Financial Assistance:

- a. Recurring Grant-in-aid for cataract operation for @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.

Infrastructure Requirement

a. Manpower requirement:

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

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

Release of Grant

a) The District Health Society shall release the funds to the NGOs after necessary verification.

b) The DPO/DPM, DBCS shall be responsible for verification of 5% of operated cases within 6 weeks time of surgery/intervention.

c) In case of non-approval, intimation along with reasons for disapproval should be given to the NGO within one month of application.

d) Payment to NGOs should be made only after follow up of operated cases and submission of online cataract surgery records.

GOVERNMENT OF INDIA

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT

Details of participating organization

ORGANIZATION PROFILE:

1. Name : _____

2. Address : _____

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

b

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

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

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

S. No.	Government Organization	Details of Grant	Amount	Year

S. No.	Non Government Organization	Details of Grant	Amount	Year

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)		

h

5.3 Equipment Status

Sr. No	Name of Equipment	Available	Number Required
1	TRIAL LENS SET		
2	TRIAL FRAME CHILD		
3	TRAILS FRAME ADULT		
4	NEAR VISION CHARTS		
5	DISTANT VISION CHARTS		
6	ROTATING TEST DRUM		
7	ISHIHARA COLOUR CHARTS		
8	TONOMETER		
9	DIRECT OPHTHALMOSCOPE		
10	BINOMAGS		
11	CORNEAL LOUPE		
12	SLIT LAMP		
13	APPLATION TONOMETER		
14	STREAK RETINOSCOPE		
15	INDIRECT OPHTHALMOSCOPE		
16	CATARACT SET FOR ECCE/IOL		
17	AMBU SETS WITH O2 CYLINDER		
18	OPERATION MICROSCOPE		
19	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

*IOL includes ECCE/IOL, SICS, Phaco

b. Details of Eye ball Collection for Eye Banks

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

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

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

Date:- _____

Signature of Ophthalmic Technician

Signature of authorized Signatory

with seal of the NGO

d) Outreach

Screening Camps Conducted

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

8. Enclosures to be added with the Application:

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

* Strike out whichever is not applicable.



To

The District Programme Manager (DPM, DBCS)
District Health Society

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

Sir/Madam,

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

Screening Camps Conducted

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

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

Yours Sincerely,

(Signatory)

N.B

Acknowledged by DPM, DBCS

(Signature of DPM, DBCS/Representative)

Date: _____



GOVERNMENT OF INDIA

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Assets Acquired wholly or substantially out of Government grants

Register Maintained by grantee institution

Block Account Maintained by Sanctioning Authorities

Name of Sanctioning Authority _____

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



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