

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 Blindness Control Society. Due to formation of National Rural Health Mission (NRHM), State Blindness Control Society (SBCS) under NPCB has been further merged with State Health Society under NRHM. District Blindness Control 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 10th 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 Blindness Control Society/District Blindness Control 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:

1. 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.
2. 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.
3. 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.

(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.

Annexure-I

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 + few fixed Tele- models	0	15	20	20	20	75
Physical Targets						
Cataract surgery (in lakh)	50	60	60	60	70	300
Other diseases (glaucoma, diabetic retinopathy, laser techniques, corneal transplantation, 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, pediatric 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

Formatted: Normal, Left

ANNEXURE-II

Component	<p>Pattern of Assistance under NPCB during 11th Plan</p>
1. State Health Society (NPCB)	<p>Grant-in-aid for management of State Health Society (NPCB)</p> <p>(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-V(G).</p> <p>Joint/Dy. Director (from Non-plan) Budget and Finance Officer Administrative Assistant/Statistical Assistant Data Entry Operator/Steno/LDC Group D</p> <p>(b) For Small 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-V(G).</p> <p>Dy. Director (from Non-plan) Budget/Accounts Officer Administrative Assistant/Statistical Assistant Data Entry Operator/Steno/LDC Group D</p> <p>Note: The above staff may be engaged on deputation/ contract basis</p>
2. Strengthening/ setting up of Regional Institutes of Ophthalmology	<p>Grant-in-aid for Strengthening/setting up of Regional Institutes of Ophthalmology (17 existing and 3 new)</p> <p>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 V (A).</p>
3. Strengthening of Medical Colleges	<p>Grant-in-aid for strengthening of Medical Colleges (150)</p> <p>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 V (A).</p>

<p>4. Strengthening of District Hospitals</p>	<p>Grant-in-aid for strengthening of District Hospitals (200)</p> <p>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 V(B).</p> <p>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).</p>
<p>5. Upgradation of Sub-dist. Hosp/ CHCs</p> <p>6. Mobile Ophthalmic Units with Tele-Ophthalmic Network</p> <p>7. Vision Centres at PHCs/ in Vol. Sector</p>	<p>Grant-in-aid for strengthening of Sub-District Hospitals (75)</p> <p>Non-recurring assistance upto Rs. 5 lakhs for ophthalmic equipments for IOL Surgery/SICS, IOL, Sutures etc. List of Equipment is at Annexure V (B).</p> <p>Grant-in-aid for Development of Mobile Ophthalmic Units with Tele-Ophthalmic Network and few fixed Tele-Models (75) (New initiative)</p> <p>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.</p> <p>Grant-in-aid for PHC/Vision Centres (3000) in Government and Voluntary Sector</p> <p>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 V (E).</p> <p>Recurring assistance of Rs.8,000 per month for appointment of one Ophthalmic Assistant on contractual towards salary. (New initiative).</p>
<p>8. Support to Eye Banks in Government/ Voluntary Sector</p>	<p>Grant-in-aid for Eye Banks in Government/Voluntary Sector (30)</p> <p>Non-recurring assistance upto Rs. 15 lakh for equipments and furnishing towards strengthening/developing Eye Bank by GOI as per Annexure V(C).</p> <p>Recurring assistance of Rs.1500 per pair of eyes towards honorarium of Eye Bank staff, consumables including preservation material & media, transportation/ POL and contingencies.</p> <p>Recurring assistance of Rs.10,000 per month for appointment of one Eye Donation Counsellor on contractual basis towards salary. (New initiative)</p>

<p>9. Support to Eye Donation Centres in Govt./ Voluntary Sector</p>	<p>Grant-in-aid for Eye Donation Centres in Government/Voluntary Sector (120)</p> <p>Non-recurring assistance upto Rs.1 lakh for strengthening/developing Eye Donation Centre.</p> <p>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.</p>
<p>10. Grant-in-aid to Distt. Health Societies</p>	<p>Recurring Grant-in-aid to District Health Societies (NPCB)</p> <p>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 V(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.</p> <p>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.</p>

<p>11. Grant-in-aid for free cataract operations and other eye diseases by voluntary organizations/ PRI etc. in camps/fixed facilities</p>	<p>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:-</p> <table border="1" data-bbox="289 279 1161 499"> <thead> <tr> <th></th> <th>ECCE/IOL</th> <th>SICS/PHACO</th> </tr> </thead> <tbody> <tr> <td>a. Drugs and consumables</td> <td>200</td> <td>200</td> </tr> <tr> <td>b. Sutures</td> <td>50</td> <td>0</td> </tr> <tr> <td>c. Spectacles</td> <td>125</td> <td>125</td> </tr> <tr> <td>d. Transport/POL</td> <td>100</td> <td>100</td> </tr> <tr> <td>e. Organization & Publicity</td> <td>75</td> <td>75</td> </tr> <tr> <td>f. IOL, Viscoelastics & additional. Consumables</td> <td>200</td> <td>250</td> </tr> <tr> <td>Total</td> <td>750</td> <td>750</td> </tr> </tbody> </table>		ECCE/IOL	SICS/PHACO	a. Drugs and consumables	200	200	b. Sutures	50	0	c. Spectacles	125	125	d. Transport/POL	100	100	e. Organization & Publicity	75	75	f. IOL, Viscoelastics & additional. Consumables	200	250	Total	750	750
	ECCE/IOL	SICS/PHACO																							
a. Drugs and consumables	200	200																							
b. Sutures	50	0																							
c. Spectacles	125	125																							
d. Transport/POL	100	100																							
e. Organization & Publicity	75	75																							
f. IOL, Viscoelastics & additional. Consumables	200	250																							
Total	750	750																							
<p>12. Non recurring GIA for strengthening/ expansion of Eye Care units</p>	<p>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.</p> <p>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).</p> <p>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).</p> <p>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).</p> <p>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 V(D).</p>																								
<p>13. Information Education Communication</p>	<p>Information Education Communication</p> <p>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.</p> <p>State Level : IEC strategy developed in various regions of the State, replication of effective prototype, monitoring of district level IEC activities.</p> <p>District Level: Local IEC suitable to target population, use of folk methods and other indigenous means of communication. Orientation of local leaders.</p>																								

<p>14. Training of Ophthalmic and support manpower</p>	<p>Training of Eye Surgeons and other eye care personnel</p> <ul style="list-style-type: none"> • 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 PMOAs 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.
<p>15. Management Information System, Monitoring and Evaluation</p>	<p>Management Information System Monitoring & Evaluation</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>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.</p>

16. Construction of dedicated Eye wards & Eye OTs	<p>Non-recurring Grant-in-aid for construction of dedicated Eye Wards and Eye OTs (75) (New initiative)</p> <p>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, Utrakhand where dedicated Operation Theatres are not available as per demand to develop eye care infrastructure. (New initiative).</p>												
17. Maintenance of Ophthalmic Equipments	<p>Non-recurring Grant-in-aid for maintenance of Ophthalmic Equipments (New initiative)</p> <p>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.</p>												
18. Support towards salaries of Ophthalmic Manpower to States	<p>Recurring Grant-in-aid to meet salaries of Ophthalmic Manpower to States (New initiative)</p> <p>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):</p> <table border="1" data-bbox="337 915 1114 1188"> <thead> <tr> <th data-bbox="337 915 802 974">Post</th> <th data-bbox="802 915 959 974">Approx. number</th> <th data-bbox="959 915 1114 974">Salary per month</th> </tr> </thead> <tbody> <tr> <td data-bbox="337 974 802 1033">Ophthalmic Surgeon in District Hospitals in new District.</td> <td data-bbox="802 974 959 1033">250</td> <td data-bbox="959 974 1114 1033">Rs.25000/ -</td> </tr> <tr> <td data-bbox="337 1033 802 1125">Ophthalmic Assistant in District Hospitals in new Districts and in PHCs/Vision Centres where they are not available.</td> <td data-bbox="802 1033 959 1125">425</td> <td data-bbox="959 1033 1114 1125">Rs.8000/ -</td> </tr> <tr> <td data-bbox="337 1125 802 1188">Eye Donation Counsellors in Eye Banks in Government and NGO Sector.</td> <td data-bbox="802 1125 959 1188">150</td> <td data-bbox="959 1125 1114 1188">Rs.10000/ -</td> </tr> </tbody> </table>	Post	Approx. number	Salary per month	Ophthalmic Surgeon in District Hospitals in new District.	250	Rs.25000/ -	Ophthalmic Assistant in District Hospitals in new Districts and in PHCs/Vision Centres where they are not available.	425	Rs.8000/ -	Eye Donation Counsellors in Eye Banks in Government and NGO Sector.	150	Rs.10000/ -
Post	Approx. number	Salary per month											
Ophthalmic Surgeon in District Hospitals in new District.	250	Rs.25000/ -											
Ophthalmic Assistant in District Hospitals in new Districts and in PHCs/Vision Centres where they are not available.	425	Rs.8000/ -											
Eye Donation Counsellors in Eye Banks in Government and NGO Sector.	150	Rs.10000/ -											

ANNEXURE-III

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 Coherence 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 ophthalmoscope
47	LIO, and endolaser
48	IOLs
49	Sutures 4-0, 8-0, 10-0 (silk, Nylon, Vicryl, Prolene)
50	Gonioscope (single mirror/2-mirror/Goldman 3-mirror/pan fundoscopic Lens)
51	Consumables for Phaco Surgery(phaco tips, sleeves, cassettes etc.)
52	SICSX(blades)
53	Paymen Capsulotomy Lens (for Yag Laser)
54	Abraham Iridotomy Lens (for Yag Laser)
55	Mainster Lens -Central Fundus (Laser Coated)
56	Mainster Lens -(Widefield) (laser coated)
57	Fluorescein strips
58	Schirmer Tear Test Strips
59	Rose Bengal Strips
60	Lissamine Green Strips
61	Lander's Vitrectomy Lens set
62	Lander's Vitrectomy Lens Set (Pediatric size)
63	Vitrectomy Irrigating Lens set (Plano, widefield, biconcave)
64	Silicon Oil Injector
65	Intraocular Magnet (Titanium Handle)
66	Endocapsular Tension Ring
67	Consumables for ophthalmic surgery (like viscoelastics, Ringer lactate 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)

S.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

	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/Sulpha cetamide 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 10 mg, 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

(Rs.)

(ii) Minor States/UTs

S.No.	Post	Remuneration P.M.	Cost P.A.
A	<i>Staff Support</i>		
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