No.T-12011/25/2017-Ophth. Government of India Ministry of Health and Family Welfare NCD-I/BC Section

Nirman Bhawan, New Delhi Dated 23rd April, 2018

To

The Principal Secretary
Department of Health and Family Welfare
(all States/UTs).

Subject: Pattern of Assistance under the National Programme for Control of Blindness & Visual Impairment (NPCB&VI) during 2017-20.

Sir/Madam,

I am directed to say that the National Programme for Control of Blindness and Visual Impairment (NPCB&VI) was launched in the year 1976 as a 100% centrally sponsored scheme (now 60:40 in all states and 90:10 in NE States) with the goal of reducing the prevalence of blindness to 0.3% by 2020.

The Mission Steering Group (MSG) of National Health Mission (NHM) in its 5th Meeting held under the chairmanship of Shri J.P.Nadda, Hon'ble Union Minister of Health & FW on 27th February, 2018 has agreed with the recommendation of Empowered Programme Committee (EPC) of NHM and approved revision in the rate of financial assistance for various components for implementation of NPCB&VI in district/CHC/PHC/sub-centre level. The revised norms shall be effective from the financial year 2018-19.

It is pertinent to mention that from the financial year 2013-14, NPCB&VI is being covered under the NCD Flexible Pool within the overarching umbrella of NHM. The revised norms/pattern of assistance under NPCB&VI during 2017-2020 is enclosed for your perusal at **Appendix**. The State government/UT Administration is further requested to prepare and submit the Programme Implementation Plan under NPCB&VI as per the format attached at **Annexure-III** with the **Appendix**.

This issues with the approval of JS(LA).

Yours faithfully

12. 23,04-20

Under Secretary to the Government of India

Copy with enclosure for similar action to:

- 1. State Programme Officer (NPCB&VI) (all States/UTs)
- 2. Mission Director (NHM) (all States/UTs)

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No.T-12011/25/2017-Ophth. Government of India Ministry of Health and Family Welfare NCD-I/BC Section

Nirman Bhawan, New Delhi Dated 23rd April, 2018

Subject: Pattern of Assistance under the National Programme for Control of Blindness & Visual Impairment (NPCB&VI) during 2017-20.

National Programme for Control of Blindness and Visual Impairment (NPCB&VI) was launched in the year 1976 as a 100% centrally sponsored scheme (now 60:40 in all states and 90:10 in NE States) with the goal of reducing the prevalence of blindness to 0.3% by 2020. The Rapid Survey on Avoidable Blindness (RAAB survey) conducted under NPCB&VI during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07).

2. The main objectives of the Programme are:

- To reduce the backlog of avoidable blindness through identification and treatment of curable blind at primary, secondary and tertiary levels, based on assessment of the overall burden of visual impairment in the country;
- Develop and strengthen the strategy of NPCB&VI for "Eye Health for All" and prevention of visual impairment; through provision of comprehensive universal eye-care services and quality service delivery;
- Strengthening and up-gradation of Regional Institutes of Ophthalmology (RIOs) to become Centres of Excellence (COE) in various sub-specialties of ophthalmology and also other partners like Government Medical College, District Hospitals, Sub-district Hospitals, Vision Centres;
- Strengthening the existing infrastructure facilities and developing additional human resources for providing high quality comprehensive eye care in all districts of the country;
- To enhance community awareness on eye care and lay stress on preventive measures;
- Increase and expand research for prevention of blindness and visual impairment;
- To secure participation of Voluntary Organizations/Private Practitioners in delivering eye care services.

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

- Decentralized implementation of the scheme through District Health Societies Blindness.
- Reduction in the backlog of blind persons by active screening of population above 50 years, organizing screening eye camps and transporting operable cases to fixed eye care facilities;
- Involvement of voluntary organizations in various eye care activities;
- Ensure participation of community and panchayati 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;

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- Screening of school children (primary and secondary) 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;
- Provision of assistance for cataract and other eye diseases like diabetic retinopathy, glaucoma management, 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 3 year period (2017-20):

During the three year period (2017-20), 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, providing assistance for treatment of other eye diseases, strengthening of existing eye care infrastructure and developing new 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 as per the State Programme Implementation Plans (SPIPs) approved under the National Health Mission (NHM).

The year-wise targets during 2017-20 for the approved activities upto the district level are given at **ANNEXURE-1**.

5. Pattern of Assistance:

The pattern of assistance during the three year period (2017-20) is given below:

- NPCB&VI would be part of the NCD Flexible-Pool under the overarching umbrella of the National Health Mission (NHM). Funds for implementation of the programme would be released by NHM through the respective State Health Societies in the form of grant-in-aid into the NPCB&VI account;
- Assistance for performing free cataract surgeries with Intra-ocular Lens (IOL) implantation by NGOs and private practitioners;
- Assistance to the Government Hospitals for performing cataract surgeries etc. towards drugs and surgical consumables like viscoelastics/blades/fluids etc.;
- In addition to cataract, assistance for other eye diseases like diabetic retinopathy, glaucoma management, treatment of childhood blindness, corneal transplantation and vitreoretinal surgery to NGOs and private practitioners;
- Assistance to Eye Banks and Eye Donation Centres for improvement in cornea collection and eye banking services;
- Assistance for construction of dedicated eye units in District Hospitals in NE States and few other States as per need;

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 Engagement of manpower such as Ophthalmic Surgeons, Ophthalmic Assistants, Eye Donation Counsellors and Data Entry Operators at district level on contractual basis to meet the shortage of manpower in States;

Assistance for maintenance of ophthalmic equipments supplied under the programme;

Assistance for Multipurpose District Mobile Ophthalmic Units (MDMOU) to improve coverage;

• Assistance for setting up of fixed Tele-Ophthalmology Network Units in Govt. Setup with linkage to ophthalmic consultation units through internet; intensification of IEC activities;

- Strengthening of Management Information System (MIS) and release of funds to NGOs/private practitioners on the basis of the entries in NPCB-MIS and verification of 5% cases.
- 6. The Pattern of Assistance for the three year period (2017-20), as approved by the Mission Steering Group (MSG) of NHM are attached at **Annexure-II**. A copy of the approved PIP format is attached at **Annexure-III**.
- 7. NPCB&VI would be part of the NCD Flexible Pool under the overarching umbrella of the National Health Mission (NHM). The following decisions have been taken to streamline the working of State Health Societies/District Health Societies (Blindness):
 - All the work related to blindness control in state shall be routed through State Programme Officer/Joint Director (Ophthalmology) in-charge of NPCB&VI. The State Programme Officer/Joint Director shall submit it to Director Health Services for the final approval in accordance with the approved pattern of assistance;

• All the State PIPs for blindness control shall be prepared in accordance with the guidelines issued by the centre and in consultation with the Programme Division at the centre:

- The State Government/UT administration will not divert/alter any component or part(s) thereof without the approval of the Programme Division of the MoH&FW.
- It will be the responsibility of the State Government/UT Administration to submit the Utilization Certificate within the prescribed time period to settle the grant released under the Programme as per the approved financial norm of GoI.
- 8. Attention is also invited towards provision for appointment of contractual manpower in State duration of years 2017-20. State Government/UT Administrations are requested to take advance action for making provisions for inclusion of necessary ophthalmic manpower in State/UT's budget after completion of three year period in March, 2020. The central Government will not be responsible for the salary etc. of the contractual manpower, in case the scheme is discontinued. This pattern of Assistance for three year period (2017-20) will be effective w.e.f Financial Year 2018-19.
- 9. The detailed guidelines for the implementation of NPCB&VI will be issued separately.
- 10. The Government of India will depute its Officers/representatives from time to time for monitoring and assess the progress of the scheme in State.

D.R.Meena)

Under Secretary to the Government of India

National Programme for Control of Blindness & Visual Impairment

Physical Targets (2017-20)

	2017-18	2018-19	2019-20	TOTAL
Infrastructure development		*		
District Hospital for IOL surgery SICS/ Phaco	100	100	100	300
Emulsification				
Sub- district Hospital for IOL surgery	50	50	50	150
Primary Health Center (Vision Center)	500	500	500	1500
(Govt.+NGO)				, a , a , a , a , a , a , a , a , a , a
Eye Banks in public sector	10	10	10	30
Eye Donation Center in public sector	20	20	20	60
Development of Dedicated Eye Units in district	20	20	20	60
hospitals (OPD + Ward +OT).	5 18 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
Multipurpose District Mobile Ophthalmic Units.	50	50	50	150
Fixed Tele-Ophthalmology Network units in Govt.	5	5	5	15
Setup/ internet based ophthalmic consultation units			*	
(new + maintenance of existing units)				
Eye care services		4		
Cataract surgery (in lakh)	66	66	67	199
Other diseases intervention (in lakh)	0.72	2	6	8.72
Spectacles to school children (in lakh)	9	9	10	28
Spectacles for near work to elderly persons (in lakh)	2	2	3	7
Collection of donated eyes (in lakhs)	0.50	0.55	0.70	1.75
Training of manpower				2
Refresher training of PMOAs	200	200	200	600
Training of Nurses in ophthalmic techniques	100	100	100	300
Training of Eye Donation Counsellors	50	50	50	150
Management training of State and District	130	130	130	390
Programme Managers			-	
Medical Officers PHC, CHC, DH	500	500	500	1500
ASHA & AWW(ICDS)	1000	1000	1000	3000

5

NHM COMPONENTS

S.	Component	Pattern of assistance during 2017-2020
No.	Recurring Grant-in-aid	
1	Grant-in-aid for Cataract operations in Government Sector and NGO/private sector	Reimbursement for cataract operation for NGOs and Private Practitioners @Rs.2000/- per case. Assistance for cataract operations for Government Sector @ Rs. 1000/- per case.
	Section	In the cases, where NGOs/Pvt. practitioners are using Govt. OT: (a) Normal area - @ Rs.1200/- per case. (b) Difficult areas such as tribal, desert, hilly and North Eastern districts - @Rs.2000/- per case.
		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 aligible for support not exceeding Po 350/ per operated case (if
,		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 it received as reimbursement for any free cataract surgery performed).
2	Grant-in-aid for treatment/management of other eye diseases to NGOs and private practitioners	Diabetic Retinopathy @Rs.2,000/- Childhood Blindness @Rs.2,000/- Glaucoma @Rs.2,000/- Keratoplasty @Rs.7,500/- Vitreoretinal Surgery@Rs.10,000/-
3	Grant-in-aid for distribution of free spectacles to school children to District Health Societies	Screening and free spectacles to school children @ Rs.350/- per spectacles.
4	Grant-in-aid for distribution of free spectacles to elderly population to District Health Societies	Screening and free spectacles for near work to old persons @Rs.350/- per spectacles.
5	Grant-in-aid to Eye Banks in Government/Voluntary Sector	Recurring GIA to Eye Bank @ Rs.2,000/- per pair of eyes (Eye Bank will reimburse to Eye Donation Centre attached with it for eye collected by them @ Rs.1,000/- per pair of eyes) to meet the cost of consumables including preservation material & media, transportation/POL and contingencies.
6	Grant in aid for training of PMOAs and other paramedics	The trainings PMOAs and other paramedics will be conducted at State/District level as per the NHM norms.

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7	Grant-in-aid for	State level IEC @Rs.10 lakh for minor States and Rs.20 lakh
	Information Education	for major States.
S	Communication (IEC) in	
	State/district	State level activities: for development of IEC strategy in
		various regions of the state, replication of effective prototype,
		monitoring of district level IEC activities.
		District level activities: Local IEC suitable to target population,
		use of folk methods and other indigenous means of
		communication, orientation of local leaders etc.
8	Grant-in-aid for	Maintenance of ophthalmic equipments @Rs.5 lakh per district
	maintenance of	to ensure longevity of costly ophthalmic equipments supplied
	ophthalmic equipments	under the programme.
	opininami oquipmeno	(States shall include this activity in Bio-Medical Equipments
		Maintenance Programme (BEMP). However, the State may
-	A Property of the Control of the Con	continue the existing procedure, till the activity is awarded under
		BEMP).
9	Management of State	(Upto Rs.20 lakh to meet expenditure on the following
1	Health Society	activities:
	Treatur Society	decivities.
2		A. Staff
v. • *		i. Budget Finance Officer – as proposed by State
		ii. Administrative Assistant – Preferably through outsourced
		mode
s - c		iii. MTS – preferably through outsourced mode
		iv. Data Entry Operations – to be decided on the programme
		work load
		B. Other expenses
=		Mobility support, review meetings etc.
1.2	Component	Pattern of assistance during 2017-2020
	Non-recurring grant-in-	
	aid	
10	Grant-in-aid for District	Strengthening of District Hospitals/ Sub-District Hospitals/
	Hospitals/ Sub-District	PHCs (Vision Centres) in Govt. Sector.
	Hospitals/ Vision Centres	(As per IPHS norms based on the state proposals)
		(The list of ophthalmic equipments for District Hospitals/ Sub-
	8	District Hospitals/ Vision Centres will is provided with detailed
		guidelines).
11	Grant-in-aid for Eye	Eye Banks in public sector upto Rs.40 lakh per unit for
	Banks	equipments and furnishing towards strengthening/developing
1		eye banks.
2		
		(The list of equipments and instruments etc. for eye banks will is
		(The list of equipments and instruments etc. for eye banks will is provided with detailed guidelines).
12	Grant-in-aid for Eye	provided with detailed guidelines).
12	Grant-in-aid for Eye Donation Centres	
12		provided with detailed guidelines). Eye Donation Centre in public sector upto Rs.1 lakh per unit for strengthening/developing eye donation centre.
	Donation Centres	provided with detailed guidelines). Eye Donation Centre in public sector upto Rs.1 lakh per unit for strengthening/developing eye donation centre. Construction of Dedicated Eye Unit (Eye Ward and Eye OT) in
	Donation Centres Grant-in-aid for	provided with detailed guidelines). Eye Donation Centre in public sector upto Rs.1 lakh per unit for strengthening/developing eye donation centre.

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Grant-in-aid for procurement of Multipurpose Distt.	Unit with equipments.
province	
Titultipuipuip	III. Opex cost including salary, maintenance & 1 of etc.
Mobile ophthalmic unit	@ Rs. 30 lakh per unit
with equipments	
Grant-in-aid for Tele-	Approximate cost of a tele-network unit - @ Rs.25 lakh per
network	unit
	(4-5 vision centres to be linked to district hospital/Medical
	College/tertiary care centre, whichever is nearer).
Component	Pattern of assistance during 2017-2020
Contractual Manpower	
Grant-in-aid for	i) Ophthalmic Surgeon in District Hospitals*
contractual manpower	ii) Ophthalmic Assistant in PHC/vision centres, district
	Hospitals and sub-district hospitals.*
	iii) Eye Donation Counsellors in eye banks*
	*(As per IPHS norms based on the state proposals)
	iv) Data Entry Operator at district level
	(to be decided on the basis of programme work load)
	Grant-in-aid for Telenetwork Component Contractual Manpower Grant-in-aid for

National Programme for Control of Blindness & Visual Impairment (NPCB&VI)

New FMR	Old FMR	Particulars		Unit Cost	Unit Cost	Quantity	Budget	State	GoI	Approve d Budget
			Measure	(Rs)	Lakhs)	/ Target	Lakhs)	Remarks	Remarks	(Rs. In lakhs)
2		Service Delivery - Community Based	v							
2.1	-	Mobile Units								
2.1.3		Other Mobile Units				7				
2.1.3.2	I.2.8	Grant in aid for Mobile Ophthalmic Units								
2.3		Outreach activities				×				
2.3.2		Outreach activities for controlling DCPs & NCDs								
2.3.2.4	I.1.5	Recurring grant for collection of eye balls by eye banks and eye donation centres								
2.3.3		Outreach activities at School level								
2.3.3.2	I.1.3	Screening and free spectacles to school children @ Rs.350/- per case							·	
2.3.3.3	1.1.4	Screening and free spectacles for near work to Old Person (New component) @Rs.350/- per case								
U		Infrastructure	Steven volta secon							
5.1		Upgradation of existing facilities								
5.1.1		Upgradation of CHCs, PHCs, Dist. Hospitals and other Institutions							Ę.	
5.1.1.1		Additional Building/ Major Upgradation of existing Structure								
5.1.1.1.h	1.2.7	Grant-in-aid for construction of Eye Wards and Eye OTS (renamed as dedicated eye unit)								
6		Procurement		A STATE OF THE STA						
6.1		Procurement of Equipment								
6.1.1		Procurement of Bio-medical Equipment								
6.1.1.19		Procurement of bio-medical Equipment: NPCB					٠			
6.1.1.19.a	1.2.1.	Grant-in-aid for District Hospitals								
6.1.1.19.b	1.2.2.	Grant-in-aid for Sub Divisional Hospitals								
6.1.1.19.c	1.2.3	Grant-in-aid for Vision Centre (PHC) (Govt. + NGO)								
6.1.1.19.d	1.2.4	Grant-in-aid for Eye Bank								
6.1.1.19.e	1.2.5	Grant-in-aid for Eye Donation Centre (New)								
6.1.3		Equipment maintenance			- 1					
6.1.3.1		Maintenance of bio-medical equipment				BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOOK				
6.1.3.1.d	I.1.8	Maintenance of Ophthalmic Equipment								2

New FMR	Old FMR	Particulars	Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	State Remarks	GoI Remarks	Approve d Budget (Rs. In lakhs)
6.2		Procurement of Drugs and supplies								
6.2.15		Drugs and supplies for NPCB			1					
6.2.15.1	B.16.2.11 .4.a	Assistance for consumables/drugs/medicines to the Govt./District Hospital for Cat sx etc.@ Rs.1000/- per case								
6.2.15.2		Any other drugs & supplies (please specify)								
9		Training								
9.5		Trainings								
9.5.15		Trainings under NPCB								
9.5.15.1	I.1.6	Training of PMOA under NPCB								
9.5.15.2		Any other (please specify) DPM EYE & DEO Training at State Level	~							
11		IEC/BCC								
11,18		IEC/BCC activities under NPCB								
11.18.1	B.10.6.11	State level IEC @Rs.10 lakh for Minor State and Rs.20 lakh for Major States under NPCB								
11.18.2		Any other IEC/BCC activities (please specify)IEC & BCC under NPCB								
15		PPP								
15.6	No.	PPP under NPCB								
15.6.1	I.1.1	Reimbursement for cataract operation for NGO and Private Practitioners as per NGO norms	- E							
15.6.2		Other Eye Diseases								
15.6.2.1		Diabetic Retinopathy @Rs.2000/-								
15.6.2.2		childhood Blindness @Rs.2000/-								,
13.6.2.3		Glaucoma @Rs.2000/-								
15.6.2.4		Keratoplastiy @Rs.7500/-						12 22 24		
15.6.2.5		Vitreoretinal Surgery @Rs.10000/-								
15.6.3	I.2.3	Non-recurring grant-in-aid for Vision Centre (PHC) (Govt. + NGO) @ Rs.1 lakh								
15.6.4	I.2.6	For GIA to NGOs for setting up/expanding eye care unit in semi-urban/ rural area @ Rs.40 lakh								*
15.6.5		Any other (please specify)				* .				
		Fixed tele- ophthalmic network unit in Got. Set								
17.1	1.2.9	up/ internet based ophthalmic consultation unit)			20 12					
The same		GRAND TOTAL								

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