

Tele-ophthalmology Guidelines

The last date of receiving the Notice Inviting of Expression of Interest is on 10th of May 2012

(Tele-ophthalmology, an information and communication technology based tool, has the potential to assist in electronic delivery of diagnostic and healthcare services to remote rural population)

Background

Even though there have been several initiatives taken by both Government and Private sector, the rural and remote areas continue to suffer from absence of quality healthcare services. The health indicators of the nation are in dismal situation even after implementation of several nationwide projects to improve it. Recently, the union government has adopted a mission approach to boost the public health for the masses by launching National Rural Health Mission (NRHM). One of the objectives of the NRHM is to provide the rural population access to healthcare services. In this context, Telemedicine, an information and communication technology based tool, has the potential to assist in electronic delivery of diagnostic and healthcare services to remote rural population even in the absence of physical infrastructure in place thus creating a platform to network India. Telemedicine helps to provide healthcare where there is none and improve healthcare where there is some.

The fact is that while 70% of our population lives in rural India; 90% of secondary & tertiary care facilities are in the cities and towns far away from the rural India. At the same time, it is also a fact that a significant proportion of patients in remote locations in tribal/ underserved area could be successfully managed with some advice and guidance from specialists and super-specialists in the cities and towns.

Scope of the project

- Design, development and implementation of low cost rural tele-ophthalmology infrastructure consisting of fixed or mobile web technology based broad band wired / wireless network centering around base hospital/health institution.
- Integration with existing/ proposed telemedicine projects irrespective of organization in an area to maximize the impact without duplication of activities.

Expected Benefits

- Timely access to diagnostic, specialty eye care advice at grass root level
- To reduce the backlog of blindness in defined/identified/underserved area
- Provide follow up services as close to beneficiary as possible
- Lead to social and psychological quality well being in the community
- Augmented rural healthcare delivery system by integration of low cost, sustainable, scalable fixed/ mobile technology platform into existing rural healthcare services infrastructure
- Improvement on the knowledge base of rural population (to empower the community on eye care – disease prevention & health promotion)
- Education, training / retraining and skill development of grass root healthcare workers and professionals
- Strengthen Public Private Partnership
- Study of implication and feasibility testing of new technology

Procedure for approval of grant

Since this is a new initiative and many states do not have capacity to execute the project independently, it has been decided with the approval of competent authority (Secretary [HFW]) that award of such proposals/project would be carried out by Government of India for implementation of Eleventh plan of NPCB and thereafter it would be handed over to States/UTs.

The project proposal can be built up by States/UT government or independently by an NGO. However, proposal submitted by NGO would be considered only under favorable recommendation by respective State/UT government. NPCB will consider the request depending upon the merit of proposal and availability of funds on case to case basis.

Population to be served

The tele-ophthalmology project is primarily aimed at delivering eye service to North Eastern States and other rural/tribal/hilly under served area. For NGO, the underserved population to be served would be atleast 20 km from base hospital and may be decided in consultation with District Programme Manager [NPCB].

NGO

The definition of NGO is described elsewhere [NGO guidelines under NPCB] however for the purpose of Tele-Ophthalmology it should be registered with minimum three years experience and interested to implement IT initiative. The referral hospital should have adequate infrastructure, equipments and human resources for OPD services, operations and management of admitted patients at base hospital. Minimum staff recommended for the facility is summarized for referral hospitals (Govt / NGO) below, however for NE states and J & K relaxation is allowed. If smaller NGOs or other implementing agencies (including IT based) do not have their own hospitals they should undertake to develop linkages with Govt. hospital or NGO hospital for the purpose of referral of their patients form tele-ophthalmic centres.

Category of personnel	Minimum No. recommended (Govt./NGO)
Ophthalmic Surgeons	2
Middle Level Ophthalmic Personnel (Ophthalmic Assistant / Technician / Optometrists / Ophthalmic Nurse.)	4
Support Staff (Counselor / Social worker/Accountant / Administrator)	3
Group IV worker	2

Financial assistance

- Non-recurring assistance upto Rs 60 [sixty] lakhs per centre will be awarded under NPCB as one time grant for procurement of approved equipments, instruments, mobile van, furniture and fixture as indicated in Annexure below.
- All recurring, incidental and administrative expenditure for tele-ophthalmology would be borne by recipient organization.
- The grantee organization will execute a MOU and Surety bond in this regard and commit itself to provide service to poor free of cost of atleast 50% of grant released by NPCB under Tele-ophthalmology project. For NGO, the applicable rate for reimbursement as per approved Eleventh plan of NPCB are Rs 750/- per cataract surgery and Rs 1000/- for management [laser/surgical] of other eye diseases/patient. Till such time of achievement of physical targets commensurate with consumption of 50% of grant, the recipient organization will not be entitle for any recurring grant-in-aid for management of these eye diseases from local District Health Society under Tele-ophthalmology project.

- The entire grant would be released in one installment. Every step will be taken to ensure that grant is released within three months of formalization of proposal i.e. signing of bond/MOU.

Maintenance of Account and Utilization Certificate

The NGO/organization/agency shall be required to open a separate account in bank exclusively for the Government grant. It will also be required to furnish a statement of accounts duly audited for the financial year by a chartered accountant to the authority, who sanctioned the GIA. The account of NGO shall be open to inspection by the sanctioning authority whenever the institution is called upon to do so. NGO will also have to furnish a certificate of actual utilization of non-recurring GIA for the purpose for which it was received within 3 months of closure of the financial year.

Monitoring and Evaluation

The day to day operational monitoring and evaluation would be carried out by respective State/UT government through their representatives. Grantee institute would maintain the records of each patient in the appropriate register and report to Government of India [NPCB] & District authorities on quarterly basis as per the prescribed format [Annexure]. In addition, NPCB can also make monitoring visit to assess the infrastructure and service delivery at project sites. However, if the State Society or Government of India is not satisfied with the progress of project or service delivery or it finds that conditions of the grant are being violated, it reserve the right to terminate the project at any stage and order the NGO to refund the amount with 12% interest to Government of India.

Expected Output

NGOs receiving the non-recurring grant will need to abide by the following conditions:

- Commit to take the responsibility of active screening of population of village in underserved area and/or as per area allocated by District/State health society
- Prepare and maintain village wise blind register
- Motivate, refer or transport patient to base hospital for further management
- Carry out School Eye Screening & dispense glasses to children in the allocated schools by health society
- Conduct community based awareness activities
- Hold comprehensive eye screening camps at peripheral level

Disposal of Assets

The grantee institute [NGO] shall maintain a register of assets acquired wholly or substantially out of Government grants. Assets acquired wholly or substantially out of the Government grants will not be disposed of, encumbered or utilized for any purpose other than those for which the grants are sanctioned. If such assets are disposed of after due sanction, the money thus received will be credited to District/ State Health Society/Government of India. Goods declared as obsolete and unserviceable or condemned as per the prescribed procedure may be disposed by NGO after prior approval of District/ State Health Society. (This Tele-Ophthalmology Guideline is the draft guideline).

Penalties

Government of India through its representative reserves the right to inspect the premises / accounts of the NGO. Any violation of conditions will lead to suspension of Government grant to the organization in future.

Approved list of items under grant in aid to Tele-ophthalmology project

SN	Items
	Mobile unit including fabrication
	Slit lamp
	Schiotz Tonometer
	Fundus camera
	Retinoscopy
	Direct ophthalmoscope
	Trial set and frame
	Vision charts
	Torch light
	Optical dispensing equipment: Edger zeta, lensometer, frame warmer
	Autorefractor
	Computer/laptop with UPS
	Printer cum scanner
	Mobile phone
	Still digital camera
	Tele-ophthalmology software
	2GB Pen/thumb drive
	Inverter with battery
	5 kva Genset
	Video conference camera and projector
	8 port switch-1 no.
	Picture grabber card
	CAT cable straight-1 no.; Cross-1 no [with RJ 45]-100 meters
	All in one memory card reader
	Pc to video converter
	Audio visual aid
	Furniture and fixture: table [4x2 feet]-2 no.; bench [8x1]-4 no.; plastic chair-5 no.; examination stool- 2 no.; dismountable black room; sponsor displaying unit
	Others: umbrella, travelling bag and battery charger-1 no.

Tele-ophthalmology Progress Report

Name of Institute:

Name of the Officer in-charge with contact details and email:

Type of Tele-ophthalmology model [Fixed/mobile]:

Financial Report

- Date of receipt of grant:
- Amount of grant received:
- Amount spent on approved procurement:
- Amount incurred for providing free services as per norms of NPCB:
- Available balance as on 1st April 20.. [if any]:

Physical Performance Report

SN	Frequency	Qtr	Cumulative	Total
1	No. of screening camps held			
2	No. of screening camps held beyond 20 km from district/base hospital			
3	No. of new patients screened			
4	New Male patient [including children]			
5	New Female patient [including children]			
6	No. of children less than 16 years			
7	No. of follow up patients			
8	No. of patients referred with outcome			
8.1	Cataract			
8.2	Refractive error			
8.3	Glaucoma			
8.4	Diabetic Retinopathy			
8.5	Low vision			
8.6	Corneal disease			
8.7	Any other [specify]			
9	No. of surgeries conducted under this project			

Any feedback:

Signature of officer in-charge/authorized signatory:

Memorandum of Understanding

This Memorandum of Understanding is made on this _____ day of _____ 2009 by and between.

The President of India, acting through his Officers of the Ministry of Health and Family Welfare, situated at **Nirman Bhawan, New Delhi –110108** (hereinafter referred to as the “**First Party**”, which expression unless repugnant to the context mean and include its successors in interest and permitted assigns),

AND

.....; (hereinafter collectively referred to as “**Second Party**” which expression unless repugnant to the context shall mean and include their successors in interest and permitted assigns) of the **Other Part**;

(Party of the First Party and the Party of the Second Party are individually referred to as “**Party**” and collectively as “**Parties**”.

WHEREAS the Second Party is implementing the Tele-ophthalmology programme in the District.....State.....

AND WHEREAS the First Party desires to financially assist the Second Party in implementing Tele-ophthalmology and has agreed to fund part of the budget required for the desired purpose. The understanding reached between the Parties is stated hereunder.

IT IS THEREFORE HEREBY AGREED AS FOLLOWS:

1. The Second Party required funds for implementing the Tele-ophthalmology programme for performing the eye care services for rural/Tribal or underserved or un-reached population.
2. The Second Party should screen periodically at least once in a month/quarter etc., the tribal/rural or underserved population preferably at least 20 kms away from district head quarters/base hospital for eye ailments and provide treatment and referral services through Tele-ophthalmology. This should include treatment for Cataract, Glaucoma, Diabetic retinopathy, low vision, childhood blindness
3. The Second Party would follow the Tele-ophthalmology guidelines issued by National Programme for Control of Blindness from time to time and develop the Tele-ophthalmology services either through a fixed or mobile model.
4. All routine or other expenditures would be borne by the Second party for implementing Tele-ophthalmology in their area.

5. The second party should submit quarterly financial and technical report of their performance.
 6. The first party or their representative [District Programme Manager] would cross check atleast 5 [five] percent of treated cases, however, in case of ambiguity, the second party is liable to be prosecuted as per the existing law.
 7. As per the under-standing reached between parties, the First Party agrees to release the amount of[Rupees.....only] to the Second Party. This activity would be commenced within a period of one month from the date of release of fund to Second party and completed within one year.
- The grantee organization commit's itself to provide service to poor free of cost of atleast 50% of grant released by NPCB under Tele-ophthalmology project. For NGO, the applicable rate for reimbursement as per approved Eleventh plan of NPCB are Rs 750/- per cataract surgery and Rs 1000/- for management [laser/surgical] of Diabetic Retinopathy [DR], Glaucoma, Corneal Transplantation and Childhood blindness/patient. Till such time of achievement of physical targets commensurating with consumption of 50% of grant, the recipient organization will not be entitle for any additional recurring grant-in-aid for management of these eye diseases from District/State Health Society under Tele-ophthalmology project.
1. The funds shall be issued by cheque or DD payable to, payable at.....
 2. The detailed record shall be maintained by the Second Party and render the true accounts of utilization to the first party as and when required. The first Party may conduct the audit of accounts.
 3. The decision to extend the project beyond one year lies with the First Party
 4. Parties shall bear their own costs of negotiating this memorandum of understanding or any other related document.
 5. Parties agree to co-operate with each other to ensure that the provisions of this memorandum of understanding are fully and expeditiously implemented so as to achieve the objective of the memorandum of understanding.

6. Any notice or communication to be made by the Parties shall be in writing and will be delivered by registered post, fax or e-mail with return receipt. The persons for communication hereafter in respect of this memorandum of understanding shall be:-

(i) For Party of the First Part:-

Address: Representative
Government of India,
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110108

Fax:

Email:

(ii) For Party of the Second Part:

Tele:

Fax:

Email:

Should the Parties hereto desire to change the name of their respective personnel an advance notice shall be given by the Party causing such change. Any amendment to the terms and conditions contained in this memorandum of understanding shall be in writing signed by the Parties.

1. In the event of any provisions contained in this memorandum of understanding are rendered unenforceable under the applicable laws, the rest of the provisions shall remain in full force and effect.
2. The governing law of this memorandum of understanding shall be laws of India.
3. Any disputes arising out of this memorandum of understanding shall be, at first instance, be resolved amicable by the Parties. In case the Parties are unable to settle the dispute within thirty (30) days of making the reference, the same shall be referred to arbitration to be conducted under the Arbitration and Conciliation

Act, 1996. The arbitration shall be conducted by the sole arbitrator as may be mutually appointed by the Parties. In case the Parties fail to appoint the arbitrator within thirty (30) days, the same shall be appointed by the Chief Justice of the High Court. The place of arbitration shall be New Delhi and the proceedings shall be conducted in English language.

IN WITNESS whereof the parties have executed this memorandum of understanding by their authorized signatories on the day and year first above written.

Signed on behalf of the President of India

Representative

Government of India,
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110108

Fax:

Email:

Witnesses:-

1)

(Name, address of Signatory)

Signed on behalf of

Witnesses:-

1)

(Name, address of the Signatory)

SURETY BOND

This Bond made on _____ day of _____, 2009 between _____, registered Under Section 25 of the Companies' Act 1956 and having its office located at _____, in the state of _____hereinafter called "The Obligor" (which expression shall unless excluded by or repugnant to the context be deemed to include its successors-in-interest) of the First Part and

.....

"hereinafter jointly called the Sureties" (which expression shall unless excluded by or repugnant to the context be deemed to include their respective heirs, executors, administrators and legal representatives) of the second party and the President of India (hereinafter called " The Government") of the Third Party;

WHEREAS on the request of the obligor, the Government have sanctioned a grant-in-aid of Rs [Rupees.....only] **vide Letter No. _____** (hereinafter referred to as the said letters) which forms an integral part of these presents and a copy whereof is annexed hereto and marked with the Letter "A" of the purpose of an condition to the obligor executing along with two Surety a Bond in favor of the Government on the terms and conditions and in the manner hereinafter contained which the obligor has agreed to do.

Now this Bond Witnessed and it is hereby agreed and declared as follows:-

1. That the obligor shall utilize the said grant-in-aid of **Rs.[Rupees.....only]** for the purpose specified in the said letter and for no other purpose whatsoever.
2. That the obligor shall abide by all the terms and conditions specified in the said letter and the General Financial rules, 2005 and any orders or instructions that may be issued by Government of India from time to time.
3. That in the event of any failure on the part of the obligor to abide by any of the terms and conditions of the Grant-in-aid specified in the said letter or his committing any breach thereof, the government will be at liberty to order the obligor and/or the Sureties or either of them to repay in full (forthwith the entire grant-in-aid amounting to **Rs.[Rupees.....only]** or any part thereof with interest thereon at the rate of six percent (6%) per annum and any order made by Government in this respect will be final and binding on the obligor and the Sureties shall jointly and

separately forthwith and without any objection pay to the Government such sum not exceeding a sum of **Rs. [Rupeesonly]** plus interest thereon as may be fixed by the Government and the decision of the Secretary to the Government of India in the Ministry of Health and Family Welfare about the amount so to be paid shall be final and conclusive.

1. Upon the obligor utilizing the grant-in-aid only for the purpose specified in the said letter and abiding by fulfilling and performing all the terms and conditions of the said letter the above written obligation shall be void and of no effect but otherwise it shall be and remain in full force effect and virtue.
2. PROVIDED always and it is hereby agreed and declared that the decision of the Secretary, Ministry of Health and Family Welfare as to whether the obligor has or has not performed and observed the obligations and conditions herein before received shall be final and binding.

PROVIDED FURTHER that the liability of the Sureties hereunder shall not be impaired or discharged by reason or time being granted or any forbearance, act or omission of the Government of any person authorized by them (whether With or without the knowledge to sue or take action against the obligor before suing or taking action against the Sureties or either of them.

3. The stamp duty on the bond shall be borne by the Government.

IN WITNESS whereof these present have been signed by

- 1)(for and on behalf of the obligor as the Surety) and by
- 2)for and on behalf of the President of India on the dates appearing against their respective signature.

Signed by

- 1) _____ dated _____
(Signature of the Second party)

Name and Address

In the present of the following witness:

1) _____

Certified that the Sureties named above are solvent and are owner of such assets worth not less than the amount of the bond as can be attached and sold in execution of court's decree.

Signature _____
(Name to be given in Block Letters)
Designation _____
(With seal of the Authority of First Party)

Signed bydated _____ for and on behalf of the President of India in the present of the following witnesses:

1) _____

(EACH PAGE OF THIS BOND HAS TO BE SIGNED BY THE TWO OFFICE BEARERS OF THE INSTITUTION WHO ARE AUTHORIZED TO OPERATE UPON AND BIND THE FUNDS OF THE INSTITUTION)

CERTIFICATE

..... [Rupeesonly] release of grant in aid tovide sanction letter No.Ministry of Health & Family Welfare, Government of India, New Delhi.

It is hereby certified that any amount has not been sanctioned /granted for the same purpose by any other Ministry /Department of Central Govt. for the Period to which the grant relates.

.....
[Name and signature of authorized signatory of grantee institute]