राज्य प्रोग्राम कमेटी (अन्धता)
(राज्य स्वास्थ्य समिति)
निदेशालय चिकित्सा एवं स्वास्थ्य सेवाऐं, राजस्थान
स्वास्थ्य भवन, सी–स्कीम, जयपुर
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क्रमाँकः अंधता / मार्गदर्शिका / 2018–19 /

दिनांकः

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
समस्त।

विषय :नेत्र सुरक्षा सेवार्थ संशोधित मानदंड और नेत्र शिविर स्वीकृति प्रपत्र प्रसारित करने के सम्बन्ध में।
(Revised norms of service delivery in EYE care services and conditions for EYE camp sanction)

उपर्युक्त विषयान्तर्गत राज्य में **नेत्र सुरक्षा सेवार्थ संशोधित मानदंड और नेत्र शिविर** स्वीकृति प्रपत्र एतद् द्वारा प्रसारित किए जाते है । यह मानदंड तत्काल प्रभाव से लागू होंगें, इनकी पालना सुनिश्चित करें।

ये मानदंड राज्य सरकार द्वारा अनुमोदित है तथा विभागीय वेबसाइट **www.rajswasthya.nic.in** पर भी उपलब्ध हैं।

निदेशक (जन स्वा0)एवं अध्यक्ष
राज्य प्रोग्राम कमेटी (अंधता)
चिकित्सा एवं स्वास्थ्य सेवाऐ,
राजस्थान, जयपुर

क्रमाँकः अंधता / मार्गदर्शिका / 2018–19 / 578
दिनांकः 28/11/18

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतुः–

1. निजी सचिव,माननीय मंत्री,चिकित्सा ,स्वा0 एवं परिवार कल्याण विभाग,राजस्थान सरकार ,जयपुर।
2. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर।
3. उपमहानिदेशक (ऑप्थे), स्वा0 मंत्रालय, भारत सरकार, निर्माण भवन, नई दिल्ली
4. निजी सहायक, निदेशक (जन स्वा0)एवं अध्यक्ष राज्य प्रोग्राम कमेटी (अंधता) चिकित्सा एवं स्वास्थ्य सेवाऐ,जयपुर।
5. निजी सहायक, जिलाधीश महोदय एवं अध्यक्ष, जिला स्वा0समिति ,समस्त।
6. संयुक्त निदेशक जोन –समस्त।
7. उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी एवं जिला कार्यक्रम प्रबन्धक (अंधता) –समस्त ।
8. प्रमुख चिकित्सा अधिकारी / अधीक्षक–जिला चिकित्सालय / सेटेलाईट अस्पताल समस्त।
9. प्रभारी –सामुदायिक स्वास्थ्य केन्द्र –समस्त।
10. प्रभारी सर्वर रूम, मुख्यालय को भेजकर लेख है कि संशोधित मार्गदर्शिका एवं नेत्र शिविर स्वीकृति प्रपत्र को अविलम्ब विभागीय वेबसाइट पर अपलोड करना सुनिश्चित करें ।
11. रक्षित पत्रावली।

28/11/18

निदेशक (जन स्वा0)एवं अध्यक्ष
राज्य प्रोग्राम कमेटी (अंधता)
चिकित्सा एवं स्वास्थ्य सेवाऐ,
राजस्थान,जयपुर ।

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT (NPCB&VI)

REVISED NORMS OF SERVICE DELIVERY IN EYE CARE SERVICES

NOVEMBER 2018

NORMS OF SERVICE DELIVERY IN EYE CARE SERVICES (REVISED IN NOVEMBER 2018)

1. GUIDELINES TO ORGANIZE EYE CAMPS :

1.1. The District Programme Committee (Blindness) (called hereafter DBCS) shall plan and coordinate eye care services including eye camps to ensure quality and mobilize resources for all activities. DBCS shall exercise technical supervision of all eye camps held in districts.

1.2. Dy. CM&HO/Block CM&HO/MO Authorized by CM&HO should inspect the camp at least once during operative session.

1.3. Chief Medical & Health Officer shall exercise power to grant permission for holding eye camps in districts. Permission should be sought by the organizers on prescribed proforma.

2. ORGANIZATION OF CAMPS :

2.1. **No Camp should be held without the permission of CM&HO.**

2.2. The voluntary organization should have at least 3 yrs. experience in eye care services must be registered with DBCS.

2.3. The CM&HO shall ensure that the voluntary organization and the team of eye surgeons planning to organize the camp have the requisite experience for conducting such eye camps. Surgeon should have experience of small incision cataract surgery (SICS).

2.4. The organizer should give a written undertaking and consent to abide by these rules and conditions.

2.5. The State Programme Committee (Blindness) and the Central Programme Division will periodically review various issues brought up with regard to the organization of eye camp for critical evaluation and further recommendations.

2.6. **Eye Camp Organizing Unit may be –**

a) All Govt./Private Hospital/Private Practitioners/ NGO have to be registered in NGO Darpan Portal NITI Ayog must have UNIQUE ID.

b) Government Sector
   - Medical College/District Hospital/ General Hospital/ Eye Static Center/ Satellite Hospital etc.
   - State Mobile Units

c) Voluntary Organization
   - Registered with DBCS

d) Private Sector
   - Charitable Hospitals/Nursing Homes

3. Registration of Eye Camp Organizing Units

3.1. No organization shall hold camps in the community unless it has been duly registered with the DBCS.

3.2. The Voluntary Organization who wish to register should have its own/attached hospital with a manpower consisting minimum of one Ophthalmic Surgeon, with supporting qualified staff.

3.3. The Voluntary Organization who wishes to register should be equipped with an operating microscope, A-scan, slit lamp, keratometer and autoclave unit and should have separate changing room, sterilization room.

3.4. Eye camp organizing units shall apply with full particulars for registration to the DBCS, giving details of their experience, infrastructure, financial status and manpower resources.

3.5. The Voluntary Organization should be capable of bearing all expenses incurred during & after camp, such as advertisement, transportation, medicine, food, shelter and management of **complication** if any occurs during camp.

3.6. One who is registered in any DBCS will be assumed to have registered in all DBCS of the state

3.7. The registered organization will always quote registration no. while making communication and would inform to CM&HO about any changes in address and personnel (Doctors & Nursing Staff) etc.

3.8. The accounts of registered voluntary organization will be open and available for inspection by DBCS and other higher authorities. He will be liable to deliver information as desired time to time.

3.9. In event of mishap the voluntary organization will bear cost of treatment.

3.10. The registration can be withdrawn, if the standards are not adhered to by the organization.

4. PROCEDURES FOR PERMISSION TO HOLD EYE CAMPS:

4.1. The registered NGO does not require repeated permission for holding eye camp in the district of registration but he has to inform concern CM&HO in writing.

4.2. NGO registered in one districts can organize camp in adjoining districts with the permission of concern CM&HO. Permission will be valid for two year. (Letter No. T-12011/5/2016-Ophth.(Pt.) Date : 10.06.2016 "It may, However, be clarified that an NGO, Operating in other/neighboring districts, should sign an MoU with the respective District Health Authorities for holding screening eye camps for smooth running of the activities as per NPCB guideline.") (Letter No. T-12011/5/2016-Ophth.(Pt.) Date 12.09.2017 "Permission may be granted only if there is no facility available for Cataract Surgery in the district where the patient is residing. However in case the approval on the application from NGO for holding a screening eye camp is not received within 3 weeks, it may be presumed that the concerned authority has no objection in holding the screening camp.") So it is a responsibility of Dy.CM&HO (health) to reply & inform NGO within 3 weeks time otherwise Dy.CM&HO (health) is bound to accept claim set of cataract operation for reimbursement of payment.

4.3. The permission to hold an eye camp shall be given by CM&HO.

5. RESPONSIBILITIES OF THE EYE SUREGEON–IN–CHARGE OF THE CAMPS:

5.1. It is the professional responsibility of the Eye surgeon to plan, implement and supervise the technical component of the eye camp organization. The eye surgeon should be given the task at least 7 days before intended date of camp.

5.2. **The technique, drugs and instruments routinely used by the surgeons at the base hospital should be used in the camp. (Drugs already used and clinically tested by him)**

Following instruction should be strictly followed during camp.

6. GENERAL INSTRUCTIONS:

6.1. Only CE/ISO certified IOL / Surgical Blades should be used during camp.

6.2. Only glass bottles of Ringar Lectate or Normal Saline should be used so that they can be autoclaved before surgery.

6.3. One eyed patient should be operated by eye surgeon with extra care these case should be operated before routine operation.

6.4. The number of sets of instruments for cataract surgery should be at least three times the number of operating tables.

6.5. First follow-up should be 5 days after discharge and Final follow-up should be after 1 month, for eye examination, suture removal, refraction, distribution of glasses etc.

6.6. Major systemic illness like Cardiac illness, severe Hypertension, Diabetes, severe Asthma etc. should be Controlled before operation. Ask any history of Hepatitis B & AIDS, should be avoided in camps.

6.7. **One sample of each of the packed drug used intra occularly during surgeries should be saved for lab examination if needed. should be saved for one month.**

6.8. Extra ocular surgery/infected surgery should be performed in the last.

6.9. The CM&HO and State Programme Officer should be immediately informed about any untoward happening in the camp and remedial measures taken by him.

6.10. **Drugs of GMP certified companies should be invariably used for indoor patients. These drugs should be purchased from company distributor or whole sale agent.**

7. TECHNICAL ASPECT :

7.1 Selection of Camp Site

CM&HO will indentify 3-4 more Static center in District. The identified Static Centre may be medical college (Govt./Private), private/NGO Hospitals, District Hospital, General Hospital, Eye Care Center Hospital, constructed by World Bank, Satellite Hospital In selection of Static Center preference should be given to the centers having eye surgeon.

Registered N.G.O., Mobile Units and MRS can organize camps on these indentified Static Centers.

No Dharamshala /School /Community hall / Mandir would be permissible to hold eye O.T. in any condition.

7.2 Duration of camp:

The minimum duration of eye camp shall be 3 days out of which 2 days would be post operative and 1 day for preoperative preparation. Patient should be discharged only after 2 dressing at interval of 24 hours. If patient is not getting expected vision after surgery than such patient should be evaluated and should immediately be referred to the higher centers if needed.

7.3 No. of Operations:

One Ophthalmic Surgeon should not perform more than 50 operations per day and there should not be more than 100 operations in one O.T. per day even if more than two surgeons are operating in the same O.T.

8. STERILIZATION IN OPERATION THEATRE :

8.1. In all O.T. complex microbial study is must with permissible bacterial count. It can be out sourced. Regular Microbial study should be done & regular interval.

8.2. Strict asepsis of hands and instruments must be adhered to.

8.3. Masks, OT slippers and caps must be worn by all the people permitted inside the OT and they should not be taken out of the O.T. Excessive or unnecessary movement of personnel must be avoided in OT. Unauthorized persons should not be permitted in the theatre.

8.4. A proper fumigation record of O.T. should be maintained.

8.5. The responsibility of fumigation is of PMO / CHC incharge and incharge of O.T. and nursing incharge of O.T.

8.6. OT to be washed / scrubbed before use and surfaces carbolized.

8.7. **O.T. should be fumigated twice in a week with the of mixture of H2O2 and Silver Nitrate Solution or with an equivalent fumigating solution in proportion.**

8.8. Fumigated Theatre should be closed for at least 12 hours before operation.

8.9. Fumigation should be done twice on two consecutive days before conducting camp surgery.

8.10. **In high volume surgery the theater should be fumigated every day.**

8.11. The fixed machine used in O.T. should be fumigated along with O.T.

8.12. All non cutting instruments should be autoclaved with standard procedure.

8.13. Strictly avoid chemical sterilization using either Glutaraldehyde or Acetone.

8.14. Ringar lactate inj, Normal Saline, Inj. Methyl Cellulose, Inj. Adrenaline, Inj. Pilocarpine etc. should be auto claved using auto clave stripes before use.

8.15. Both Ringer lactate solution (RL) or balanced salt solution (BSS) can be used for the cataract surgery as intraocular irrigating solution. To use only those which are packed in flexible bag or in bottle container. Should not use solutions supplied in rigid, plastic, non-transparent containers.

8.16. If glass bottles are used, the bottle should be checked and autoclave on the previous day. Before autoclaving. If the quantity is less or a crack or any suspended particles are seen it should be discarded. The bottle should be autoclaved on the day parameters for autoclaving bottles is 121* C temperature, 21 PSI pressure for 20 minutes.

8.17. Any leftover solution should be discarded at the end of the day after the surgeries. Should not be stored nor reused on the following day.

8.18. Proper sterility of the consumables like dyes, viscoelastic solution, irrigating fluid should be ensured by checking for expiry date, suspended or floating particles.

8.19. A high speed sterilizer or flash autoclave should be used for sterilization of surgical instruments (trays) in between the cases, thus rotating the 4-5 instruments sets (trays) per table, providing uniterrupted supply of autoclave instruments for each surgery and to sustain high volume of surgeries.

8.20. Minimum Equipment/infrastructure that should be available in Eye OTs for sterilization and for maintaining aseptic standards; 1-Horizontal autoclave, 2-High speed autoclave for sterilization in between surgeries, 3-Basic RO water plant.

9. STADARIZATION OF OPERATION THEATRE :

9.1. Eye O.T. should have three level barriers.

9.2. Eye Operation Theatre should be located away from OPD and it should be Air Tight preferably with A.C. Use of exhaust fan is not permissible

9.3. Eye Operation Theatre should be separate from general O.T. If it is not then eye surgery should be performed on first day after O.T. fumigation. The operation theater of these Static Center will not be utilized for any other purpose for at least three days before the eye camps.

9.4. Eye Operation Theatre should have separate changing room, sterilization room and there must be a gap of four feet between two O.T. Tables.

9.5. **Table-wise and Doctor-wise operation record should be maintained if possible.**

9.6. Cleaning and bleaching of overhead water tank should be done regularly.

9.7. Frequent changes of gloves and use of germicidal solution for hand wash should be done.

10. EMERGENCY SUPPORT :

10.1. The Operation theatre should be equipped with life saving drugs like Inj. Sodabicarb, Inj. Adrenaline, Inj. Dexamethasone, Inj. Atropine, Inj. Aminophylline, Inj. Hydrocortisone, Inj. Dopamine, Inj. Noradrenaline, Inj. Avil, Inj. Diazepam etc. and equipments e.g. Oxygen Cylinder and Ambu bag.

10.2. Qualified physician or anesthetist should be available in the campus during surgery.

11. STANDARDS FOR IN-PATIENT WARD :

11.1. Separate Wards are to be provided for male and female patients.

11.2. Clean sheets should be provided for each bed.

12. PRE-OPERATIVE INVESTIGATION/ PREPARATIONS:

12.1. On admission for surgery, the following investigation should be performed –

a) Check up for systemic illness like Diabetes, COPD, Hypertension & Cardio Vascular Condition, etc.

b) Ocular Examination - Visual Acuity (both eyes), Complete Ophthalmoscopic Examination, Intra-ocular Pressure recording if needed, Lid and Sac related condition.

12.2. Antibiotic drops should be instilled hourly in both eyes from at least 24 hours before surgery. during waking hours preferably.

12.3. Patient should wash his face with mild soap.

12.4. Minimum two installation of Betadine solution 5% should be done at a interval of 2 hours before operation.

12.5. 5% Povidone iodine solution used as eye drops shall be used for conjunctiva sac cleaning one the container is opened use the solution in 48 hours to avoid iodine loss and its efficacy as it lacks strong stabilizing agents.

12.6. Pre Operative vision of patient should be recorded on CSR as well as on discharge ticket, an informed consent should be taken for each patient.

12.7. Adnexal infections present to be treated with systemic antibiotics.

12.8. At each completion of surgery, topical fluoroquinolone antibiotic should be instilled in the conjunctival sac before the eye is bandaged.

12.9. Minimal handling of tissues should be done.

12.10. Sharps - Keratomes/blades/needle not to be reused, unless sterlization procedure undertaken.

12.11. The operative time should be limited to continuous eight hours after which a minimum break of two hours may be given for cleaning , sterilization and fumigation of the Operation theatre.

12.12. Lid conditions & Sac related conditions such as entropion, trichiasis, and Daryocystitis to be treated first.

12.13. All investigations including contact biometry to be done at least 1 day prior to surgery, thus avoiding contact procedure on the day of surgery if urgent patient instillation of antibiotic drops should be done one hourly along with 5% betadine installation.

12.14. Pre-op topical second or fourth generation fluoroquinolone group of antibiotics should be started in both eyes at least for such installation of antibiotic drops should be done one hourly.

13. POST-OPERATIVE CARE :

13.1. Sub-Conjunctively Inj. of Antibiotics and steroids in proper dose may be given at the end of surgery.

13.2. The dressing should be done either by operating surgeon or Doctor in-charge of surgical team.

13.3. Systemic antibiotics should be given for at least three post operative days.

13.4. Topical antibiotics and anti-inflammatory-steroidal / non steroidal agents to be given post-operatively for at least one month.

13.5. Personal hygiene to be emphasized and patient should be instructed to avoid Dust and Smoke.

14. DISCHARGE FROM CAMP :

14.1. Vision at discharge should be taken and recorded on CSR and discharge ticket. If the patient is/are not having expected vision than he/they should be thoroughly examined, investigated and treated. Surgical team & NGO's will be responsible for treatment of such patients.

14.2. Dark glasses to be dispensed at the time of discharge.

14.3. Names and address of operating surgeon & NGO team with contact no. should be printed on discharge ticket.

14.4. The discharge sheet should include the follow-up date & messages in form of do's and don'ts and post-operative instruction in Hindi language on standardized format. (Annexure-IV)

14.5. Each patient photograph must be uploaded in MIS website www.npcb.nic.in

15. WASTE DISPOSAL :

ALL Doctors and staff (Medical & Paramedical) should receive formal training in Biomedical Waste management.

15.1. Infected material to be handled only by gloved staff.

15.2. OT to be washed/scrubbed before use and surfaces carbolized.

15.3. Fumigation at frequently timed intervals or after an infected case has been done/large volume cases operated.

15.4. Bio-weekly cultures of the OT to be sent from specified points of the OT.

15.5. Ultraviolet light is recommended for overnight use.

15.6. Infected cased to be done in a separate OT along with other extra ocular surgeries.

16. FOLLOW-UP EYE CAMP :

The Guidelines under NPCB&VI indicates necessary follow-up of the operated patients on 1st post operative day by surgeon (mandatory), 2nd day and thereafter, 25 to 30 day with refractive correction by the NGO in the district where OPD has been done. The distribution of the spectacles should be undertaken by the district where the patient reside. Visual status should be recorded on CSR and discharge ticket. Information of date and place of follow up should be clearly mentioned on discharge ticket. All those cases who come for follow up & get spectacles should be reported however those who have not attended follow up/not received spectacles, Rs. 125/- may be deducted from the total amount of per case.

17. DOCUMENTATION :

17.1. Essential documentation – name of the patients, age, sex and caste, BPL should be entered in a register with father's/husband's name, full address, diagnosis, treatment given and visual result. GOI health ministry has developed a MIS in its pursuit of getting real data in respect of

various activities undertaken under the NPCB and ensuring accountability and transparency in respect of number of cataract done and other eye diseases treated at various levels and funds utilized. Website :- www.npcb.nic.in

17.2. Operative and post-operative complications if found, any re-operation done should be noted on CSR/Discharge ticket.

17.3. Brief report of each eye camp should be prepared by the ophthalmic surgeon-in-charge of the eye camp and submitted to the DBCS. Payment should be allowed only after 5% mandatory verification of cases.

17.4. In case of screening camp conducted in one district and surgeries are performed in another district. AS per (Letter No. T-12011/5/2016-May 2017 DDG Ophth.(pt.), the reimbursement of cataract surgery should be done by the district where the patient reside.)

Conditionality given in PIP 2013-14, 2014-15 (NPCB) GOI

17.5. payment of Rs. 2000/-will be made to NGO per operated case if the NGO has used all facilities of their own like drugs & Consumables, Sutures, Spectacles, Transports/ POL, Organization and publicity and IOL, Viscoelastics & addl. Consumables including their own eye hospital and Doctors.

17.6. No. Payment should be released toward reimbursement to NGO's if data entry in the NPCB (Website: www.npcb.nic.in) MIS has not been made and approved by DPM.

17.7. **As per PIP received file No. T-12011/25/2017-ophth. Pattern of assistance during 2017-2020 for**

1- grant-in-aid for cataract operation will be following.

a) Reimbursement for cataract operation for NGO'S and private practitioners @ Rs. 2000/-per case.

b) Assistance for cataract operation for Government sector @ Rs. 1000/-per case.

c) In the cases, where NGO's/pvt. practitioners are using Govt. O.T. **(A)** Normal Area - @ Rs. 1200/- per case will be given. It is for only that static center where govt. eye surgeon/facilities are not available. **(B)** Difficult area such as tribal, desert, hilly and north Eastern District @ Rs. 2000/- per case will be given. (Sub Committee of State programme committee Blindness Control) will decide for the district benefited.)

2- Grant-in-aid for treatment/management of other eye diseases to NGOs and private Practioners.

a) Diabetic Retinopathy @ Rs. 2000/-

b) Childhood Blindness @ Rs. 2000/-

c) Glaucoma @ Rs. 2000/-

d) Keratoplasty @ Rs. 7,500/-

e) Vitreoretinal Surgery @ Rs. 10,000/-

Dr. J.K. Chouhan HOD Eye Dept. SMS Medical College Jaipur	Dr. P.K. Mathur Technical Advisor State Programme Committee (Blindness)	Dr. Mohd. Iqbal Bharti Add. Director (Blindness Control) NPCB&VI

नेत्र शिविर स्वीकृति प्रपत्र

शर्तें

S.No.	Date of Screening	Place of screening	Date of Operation	Place of Operation	Camp Period
1.					

1. निःशुल्क नैत्र शिविर जिला अंधता नियंत्रण सोसायटी के सहयोग से होगा। "जिला अधंता नियंत्रण सोसायटी, संस्था के आर्थिक सहयोग से" पैम्पलेट एवं बैनर मे सम्बन्धित अस्पताल के नाम के बराबर फोंट मे लिखना जरूरी है।
2. एनजीओ/आर.एम.आर.एस. का एनजीओ दर्पण पोर्टल पर यूनिक आईडी होना अनिवार्य है।
3. केम्प में किये गये मोतियाबिन्द ऑपेरेशनों के लिए कोई अन्य संस्था से अनुदान प्राप्त नही किया गया है, का प्रमाण पत्र भी प्रस्तुत करना होगा।
4. सभी सरकारी/स्वयंसेवी संस्था मोतियाबिन्द ऑपरेशन व अन्य नेत्र ऑपरेशन हेतु लाभार्थी मरीज का आधार कार्ड क्रमांक को भारत सरकार के एमआईएस पोर्टल पर अनिवार्य रुप से इन्द्राज किया जावे। जिससे शिविर में मोतियाबिन्द ऑपरेशन हुये मरीजो के अनुदान का भुगतान मरीजो के विवरण के साथ एमआईएस में डेटा एन्ट्री के उपरान्त इस कार्यालय द्वारा अनुमोदित होने पर किया जावेंगा।
5. एम.आई.एस. पोर्टल पर मरीजों की सूची मय फोटो अपलोड करने के पश्चात् अप्रुवड करने से पूर्व सम्पूर्ण सूची प्राप्त कर संस्था प्रभारी के हस्ताक्षर करवाकर क्लेम फॉर्म के साथ प्रस्तुत करें। साथ ही यह सुनिश्चित करे कि एनजीओ जिस जिले से ओपीडी स्क्रीनिंग कर रहा है उसी जिले में एम.आई.एस. में एन्ट्री करवायी जानी है, ताकि उपलब्धि सम्बन्धित जिले में सम्मिलित हो सकें।
6. एमआरएस के द्वारा किये गये नेत्र शिविरों में समस्त दवाईयॉ आईओएल, सूचर आदि की व्यवस्था जिले में स्थित दवा वितरण केन्द्र द्वारा करवाना है या दवा वितरण केन्द से एनओसी लेकर एमआरएस अपने स्तर से उपलब्धता सुनिश्चित करे।
7. अन्य जिलों के आउटडोर हेतु सम्बन्धित मुख्य चिकित्सा एवं स्वा0 अधिकारी से स्वीकृति प्राप्त कर शिविर आयोजित करने पर भुगतान उसी जिले से किया जायेगा जहॉ पर एमआईएस मे एन्ट्री की जानी है व ओपीडी करनी है, विभागीय मार्ग दर्शिका के बिन्दु संख्या 4.2 के अनुसार कार्य किया जाना है।
8. विभागीय वेबसाईट पर उपलब्ध गाईड लाईन के बिन्दु संख्या न0 17.6 तथा बिन्दु संख्या 17.8 के 1ए के अनुसार एनजीओ को रुपये 2000/– का भुगतान उसी स्थिति में किया जाना है, जब उसके द्वारा डॉक्टर, स्टॉफ,स्वयं एनजीओ का अस्पताल, ऑपरेशन में काम आने वाली दवाईयां, लेंस तथा मरीज को लाने–लेजाने व प्रचार–प्रसार सम्बन्धित कार्य स्वयं एनजीओ द्वारा किया जायेगा।
9. एनजीओ को शिविर में रोगियो की देखभाल हेतु सम्पूर्ण व्यवस्था करनी होगी। ऑपरेशन के बाद मरीजों को यदि किसी भी प्रकार की शल्य क्रियागत जटिलता/संक्रमण परिलक्षित होता है तो संस्था को स्वंय के खर्चे पर ईलाज कराना होगा।
10. एन.जी.ओ. द्वारा शिविर समाप्ति तक नेत्र विशेषज्ञ की सेवाएं उपलब्ध रहेगी। शिविर की तिथियों व स्थानों में विशेष परिस्थितियों को छोडकर कोई परिवर्तन नही किया जायेगा। यदि किसी संगठन/ संस्था द्वारा शिविर निर्धारित तिथि पर आयोजित करना संभव न हो सके तो इसकी सूचना पूर्व में निम्न हस्ताक्षरकर्ता को देनी होगी।
11. सामान्यतः एक दिन ओपीडी, एक दिन ओ.टी तथा मोतियाबिन्द ऑपरेशन होने के उपरान्त दो ड्रेसिंग आवश्यक है।
12. प्रथम फोलोअप (5–7 दिवस के अन्तराल) में स्वंय सेवी संस्थाओं के प्रतिनिधि समय पर आवश्यक दवाईयों सहित केम्प स्थल पर उपलब्ध होंगे/रहेंगे। फोलोअप होते ही विहित प्रपत्र में कार्यालय को सूचित करना होगा।
13. द्वितीय फॉलोअप (25 से 30 दिवस के अन्तराल) एनजीओ द्वारा किया जायेगा तथा जहां पर शिविर स्थल पर प्राधिकृत अधिकारी..... .....(का नाम) द्वारा 5 प्रतिशत केसेज का प्रमाणीकरण करेगा।
14. द्वितीय फॉलोअप के पश्चात एनजीओ के द्वारा नेत्र विशेषज्ञ/सहायक की सलाह पर आवश्यकतानुसार चश्मा देना है, तथा Cataract Operation Sheet में चश्मा एवं यातायात सुविधा वाले कॉलम में मरीज के हस्ताक्षर/अंगूठा निशान करवाया जाना है।
15. शिविर समाप्ति के उपरान्त कैम्प मे किये गये ऑपेरशनो का सर्जिकल रिकोर्ड जिसमे मरीजो के नाम मय पिता/पति, आधार कार्ड क्रमांक, उम्र, जाति की सूची, पूर्ण पते के साथ व आई.ओ.एल. या स्टीकर के नम्बर सहित जमा कराना होगा। साथ ही CSR (केटरेक्ट सर्जिकल रिकॉर्ड) को स्पष्ट रुप से पूर्ण भरा जायें।
16. मरीज के प्रथम व द्वितीय फॉलोअप का इन्द्राज सी.एस.आर. में दिनांक व स्थान सहित ऑपरेशन हुये मरीज या मरीज के परिजन के मोबाईल नम्बर मय नाम, डाक का पता सहित सभी कॉलम में आवश्यक रूप से अंकित करें ।
17. उक्त शिविर का क्लेम संलग्न प्रपत्र/चैक लिस्ट अनुसार ऑपरेशन दिवस से तीन माह के भीतर ही अनिवार्य रूप से प्रस्तुत करें। तीन माह के पश्चात् प्रस्तुत क्लेम अस्वीकार्य होगें एवं इसका भुगतान नहीं किया जायेगा।
18. नेत्र कैम्प स्वीकृति चाहने वाली संस्था.....(संस्था का नाम) है जिसको यह स्वीकृति डॉ. नेत्र विशेषज्ञ.....(डॉ0 का नाम) के प्रार्थना पत्र पर दी जाती है।
19. शेष शर्तें भारत सरकार व राज्य सरकार द्वारा समय–समय पर जारी किये गये दिशा निर्देशो की पालना की जावे जो "www.npcb.nic.in & www.rajswasthya.nic.in" पर उपलब्ध है।

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