

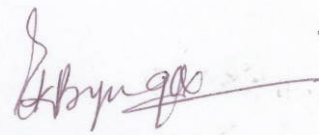
OFFICE OF THE MEGHALAYA BLINDNESS CONTROL SOCIETY
CIVIL HOSPITAL SHILLONG, (Above New OPD Building), SHILLONG-793001.
Fax & Telephone No. 0364-2229414, Mobile No: 9436705305
Email Id: mbcs.shillong3@gmail.com

No. MBCS/Teleophth/2011-12/14

Dated: Shillong, the 15th February 2012

NOTICE INVITING EXPRESSION OF INTEREST

Sealed tenders are invited from intending NGO's/Company or their accredited dealers for installation of One Mobile and few fixed Tele Ophthalmology in Meghalaya. The Tenders documents are available for sale in the Office of the Adviser Ophthalmology cum Member Secretary State Blindness Control Society, Meghalaya, (above New OPD Complex) Civil Hospital, Shillong from 20.02.2012 to 29.02.2012 on any working day during office hours by giving an application- by Cash/Demand Draft/Bankers Cheque for Rs. 500/- (Five hundred) only in favour of the State Health Society (NPCB) Meghalaya, Shillong which is not refundable. This office will not be responsible for non delivery/delay of tender documents send by post. Tenders must be received in the office of the undersigned on or before 5th March 2012 and will be opened on the same day at the Office of the undersigned at 1 P.M.


for Adviser Ophthalmology,
Cum Member Secretary,
Meghalaya Blindness Control Society
Shillong

Detailed Tele Ophthalmology Fixed Unit follows.

Tele Ophthalmology Fixed Unit

Non-recurring Grant-in-aid for Development of Mobile Ophthalmic Units with Tele-Ophthalmic Network and few fixed Tele-models (up to maximum of Rs.60 Lakhs)

1. 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 specialist and super-specialists in the cities and towns.

2. Financial Assistance

Non recurring Assistance: Upto Rs.60lakh towards development of Tele-Ophthalmic Network and few fixed Tele-Models* (with equal contribution from NGO in the form of building, equipment and Vehicle(s) or cash from management/donations). The assistance for Tele Ophthalmic Network with essential ophthalmic equipments is upto Rs.20Lakh. The assistance for Tele-Ophthalmic network/tele-models is upto Rs. 40Lakh for any following purposes:

- Construction renovation & furnishing*
- Ophthalmic equipment, instruments and other machines (List attached)

(* Not more than 33% of GIA can be utilized on capital works/construction activities in case of fixed models)

3. Eligibility criteria: The organization should have

- (i). (a). A society registered under the Indian Societies Registration Act, 1860 (Act XXI of 1860 or any such act resolved by the state) or a charitable public trust registered under any law for the time being in force;
- (b) Track record of having experience in providing health services preferably eye care services over minimum period 3 years;
- (c) Properly constituted managing body with its power duties and responsibilities clearly defined and laid down in a written constitution.
- (d) Services open to all without distinction of caste, creed, religion or language
- (e) Having available well trained staff, infrastructure and the required managerial expertise to organize and carry out various activities under the scheme; and
- (f) Agreeing to abide by the guidelines and the norms of the program.
- (ii) Organization having experience in providing eye care services for 5 years will be considered.
- (iii) Operated on at-least 2000 cases per year of cataract or combination of cataract and other ophthalmic diseases (as approved in the scheme) in the preceding 2 years of application. In case of difficult terrain (e.g. North eastern states), relaxed criteria of 200/600 operations in the preceding 1 year/2 year shall be applicable respectively.
- (iv) The applicant NGO should have preferably hand on experience /in handling tele-ophthalmology project.
- (v) The NGO should have matching contribution of the amount sanctioned under the scheme upto maximum of 60 Lakhs.
- (vi) Recent investment made by the NGO on above mentioned items during preceding three years (03) can be taken as contribution from NGO as matching grant. For long term sustainability and resource participation, following recurring cost shall be borne by the NGO:
 - i) Salaries of staff
 - ii) Cost of Consumables
 - iii) Cost on maintenance of equipment and vehicles, POL, etc.
 - iv) Administrative overheads.

4. Population to be served

The Tele-Ophthalmology project is primarily for the underserved population of the rural, tribal and hilly areas of the state. The NGO shall serve an area of 150 kms from the District Headquarter.

5. Infrastructure Requirement: This shall consist of two component:

1. Base Hospital
2. Peripheral Unit Fixed/Mobile Unit)

Base Hospital

a) Manpower requirement:

Category of personnel difficult terrain.	Minimum No.	Minimum No in
Ophthalmic Surgeons (Skilled enough to handle specialities)	4	2
Para Medical Ophthalmic Assistant (Ophthalmic Assistant/Technician/ Optometrists/Ophthalmic Nurse.)	8	4
Support Staff (Counselor/Social Worker/ Accountant/Administrator)	4	2

b) At least 20 bed IPD facility

c) In addition, the applicant NGO should have adequate infrastructure and equipment, for OPD services, Operation and Management of the Tele-Ophthalmic Services admitted patients.

d) At least one of the eye surgeon in the base hospital should have experience in handling posterior segment like Diabetic Retinopathy, Glaucoma and others.

Peripheral Unit (Fixed/Mobile Unit)

The Fixed model Tele Ophthalmic and the mobile units shall consist of the basic infrastructure and manpower requirement as follows:

1. Minimum Requirements:

- i) Manpower: There should be at least one Paramedical Ophthalmic Assistant (PMOA) in both fixed facility on Mobile Units
- ii) In case of fixed facility the OPD Room shall be at least one room with minimum length of 6 meters/3meters will be required.
- iii) In case of the mobile unit, the OPD shall be conducted in the Mobile Van with the provision of examining the patients
- iv) IT connectivity

2. Services to be Rendered

- i) Identification of conditions requiring services like cataract, glaucoma and Red eye etc. and refer patients to affiliated at Service Centre;
- ii) Vision testing & prescription / dispensing of glasses, Optical Shop can be set up or outsourced.
- iii) Conducting School eye screening program & IEC.
- iv) Organizing screening camps at the vision centres or other places.
- v) Participation in training of link workers, volunteers and teachers; and
- vi) Imparting eye health education to the community.
- vii) Maintain village wise blind registry.
- viii) Furnish data in prescribed format on number of patients , refractions and school eye screening.

3. **Equipment:** The approved list equipment instruments, mobile van, furniture, fixture is as under:

Approved list of items under Grant-in-aid to Tele Ophthalmology Project

Sl.No.	Items
1.	Mobile Unit including fabrication
2.	Slit Lamp
3.	Schiotz Tonometer
4.	Fundus Camera
5.	Retinoscopy
6.	Direct Ophthalmoscope
7.	Trial set and frame
8.	Vision Charts
9.	Torch light
10.	Optical dispensing equipment: edger zeta, lensometer, frame warmer
11.	Autorefractor
12.	Computer/Laptop with UPS
13.	Printer cum scanner
14.	Mobile Phone
15.	Still digital scanner
16.	Tele Ophthalmology software
17.	2Gb Pen/Thumb drive
18.	Inverter with battery
19.	5 Kva Genset
20.	Video conference camera and projector
21.	8 port switch – 1 No.
22.	Picture grabber card
23.	CAT cable straight 1-no; Cross -1no. (with RJ 45) – 100meters
24.	All in one memory card reader
25.	Pc to video converter
26.	Audio Visual aid
27.	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
28.	Others: umbrella, traveling bag and battery charger-1 no.

4. **Expected Output: NGO receiving non recurring grant shall**
 1. **Cataract and other Eye Diseases:**
 - i) Commit to take the responsibility of active screening of population of villages allocated by the District Health Society and in addition, cater to the patients from adjoining area.
 - ii) Prepare and maintain village wise Blind Registers in Prescribed format (**Annexure II**)
 - iii) Complete the construction & procurement of equipments vehicle, if any within one year after following due procedures.
 - iv) Provide & maintain Cataract Surgical Cards for the patients operated in the base hospital and other OPD/Indoor wards records (**Annexure – III**)
 - v) The NGO should be committed to perform free of cost operations of 1) Cataract and or other Ophthalmic diseases like diabetic Retinopathy, Glaucoma, Keratoplasty, childhood Blindness – Squint correction, ROP, Retinoblastoma upto a value of 50% of the sanctioned amount. For the purpose of this scheme, the deemed value of one cataract operation is Rs.750/- only and for other diseases it is Rs.1000/-per case.
 - vi) Maintain proper record & submit monthly report on cases screened, treated and operated in the prescribed Performa (**Annexure – VII**) in addition to reports as may be sought from the institution from time to time.
 - vii) Prepare and maintain Diabetic Retinopathy Register (**Annexure –XII**), Glaucoma Register (**Annexure –XIII**), Squint Register (**Annexure – XIV**), Keratoplasty Register (**Annexure XV**).
 - viii) Commit to perform at least 2000 Cases (Cataract surgeries and others interventions) per year for succeeding 5 years.
5. **Procedure for Approval of Grants**

Two Copies of application in with details of the proposed tele project would be submitted by applicant NGO along with necessary documents in support of qualifying criteria to the State Programme Officer (SPO), NPCB. The SPO would examine the criteria in terms of eligibility criteria, and depute a team of expert (s) (2-3) from the State/District to visit the NGO for assessing present facilities and requirements. This entire work should be completed within **maximum of three months** from the date of receipt of applications complete in all respects. The SPO may thereafter, forward from his recommendation to the competent authority for final disposal.
6. **Competent authority**

Secretary (Health)/Mission Director NRHM of the State would be the competent authority to approve/reject applications in writing giving reasons for rejection, in case of disapproval.
7. **Release of Grant**

The NPCB shall release funds for this scheme to State Health Society on the basis of proposal in the State PIP. The State Health Society shall release Grant-in-Aid to approved grantees in two installments on completion of following necessary documents.

 - Execution of bond on a hundred Non-Judicial Stamp paper by the grantee institution/NGO in the prescribed Pro-forma (**Annexure-IV**)
8. **Penalties**

The Government of India /State Government reserves the Right to inspect the premises/accounts of the NGO. Any violation of conditions will lead to suspension of any Government grant to the organization in future
9. **Disposal of Assets**

NGO shall maintain a register of Assets acquired wholly or sustainability out of Government grants as per the prescribed proforma at (**Annexure – VI**). Assets required 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 State Health Society. Goods declared as obsolete and unserviceable or condemned as per the prescribed procedure may be disposed by NGO after prior approval of State Health Society.
10. **Monitoring and Evaluation**

The State Programme Officer/District Health Society shall inspect the work done as and when required and shall also obtain monthly report from the NGO of the Work done. The grantee NGO shall be duty bound to submit such reports on a timely basis.

11. Audited Statement of Accounts & Utilization Certificate

NGO shall get its accounts audited by a Chartered Accountant and submit these accounts within three months of the closure of every financial year till the completion of conditions in the prescribed Bond to the State Health Society under intimation to the District Health Society. NGO will also have to furnish a certificate of actual utilization of the non-recurring Grant –in Aid for the purpose for which it was received within a period of 3 months of the closure of the financial year. Utilization Certificate shall be submitted in the prescribed proforma at **Annexure – VIII**. The Accounts of the NGO shall be open to inspection by the sanctioning authority whenever the institution is called upon to do so.

12. Nomination by Government

The Central Government and State Health Society will nominate one officer as its representative to the governing body of the NGO receiving Grant –in –Aid.



Annexure I

GOVERNMENT OF INDIA NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Scheme for Expansion or Upgradation of
Eye Care Units in Tribal And Rural Areas, which have no Eye Care Facilities

PART - I : ORGANISATION PROFILE

1. Name : _____
2. Address : _____

- State : _____ Pin Code : _____
- Tel No. : _____ Fax No. : _____

3. Legal Status

S.No.	Particulars	Registration No.
(i)	Public Charitable Trust	
(ii)	Society under Societies Registration Act	
(iii)	Non-profit company under Indian Companies Act	
(iv)	Registration under Foreign Contribution Act	
(v)	Income – Tax Registration ● under Section 12A ● under Section 80 G ● under Section 35CCA ● any other Section	 _____ _____ _____ _____

4. Financial Status

4.1 Details of Bank Account :

Name of the Bank _____ Branch _____

Address _____

Type of account: Saving /Current Account No. _____

Is your account operated jointly ? Yes/No

Name and Designation of the Signatories to the account :

Name	Designation

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

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

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

S.No.	Government Organizations	Details of Grant	Amount	Year
1.				
2.				
3.				

S.No.	Non Govt Organizations	Details of Grant	Amount	Year
1.				
2.				
3.				

5. Details of Existing Health Facility:

5.1 Infrastructure

Area in Sq. ft.

No. of Eye Wards

No. of Eye Beds

No. of OTs

No. of Operation Tables

5.2 Manpower

Personnel	Nos	Qualifications
Eye Surgeons		
Other Doctors		
Nursing Staff		
Ophthalmic Assistants or equivalent		
Administrator		
Community Coordinator		
Clerks		
Driver		
Others (specify)		



5.3 Equipment Status

S.No.	Name of the Equipment	Available	Number Required
1.	TRIAL LENS SET		
2.	TRIAL FRAME CHILD		
3.	TRIALS FRAME ADULT		
4.	NEAR VISION CHARTS		
5.	DISTANT VISION CHARTS		
6.	ROTATING TEST DRUM		
7.	ISHIHARA COLOUR CHARTS		
8.	TONOMETER		
9.	DIRECT OPHTHALMOSCOPE		
10.	BINOMAGS		
11.	CORNEAL LOUPE		
12.	SLIT LAMP		
13.	APPLATION TONOMETER		
14.	STREAK RETINOSCOPE		
15.	INDIRECT OPHTHALMOSCOPE		
16.	CATARACT SET FOR ECCE/IOL		
17.	AMBU SETS WITH O ₂ CYLINDER		
18.	OPERATION MICROSCOPE		
19.	ULTRASOUND A-SCAN		
20.	ULTRASOUND B-SCAN		
21.	LASER : ARGON		
22.	LASER ARGON-KRYPTON		
23.	LASER YAG		
24.	AUTO REFRACTOMETER		
25.	ANTERIOR VITRECTOMY UNIT		
26.	KEROTOMETER		
27.	ANY OTHER EQUIPMENT, PLEASE SPECIFY		

Signed _____

Date _____

6.1 Details of Trustees of the project:

Name	Designation	Address	Tel. No.

6.2 Past experience in (a) Health care delivery services

6.3 Past experience in (b) eye care delivery services

PART - II : PROJECT PROPOSAL

7. Needs Assessment

(i) Location and address _____

(ii) Villages allocated, to serve _____

iii) Leading Eye Care Facilities in the target area (Within 40 - 100 Kms Radius)

Name of the Hospital	Govt.	NGO	Private	No. of Ophthalmic Surgeons	No. of Eye Beds
1.					
2.					
3.					
4.					
5.					

* "Private" is one who is not in Govt. Employment

* In the event of a Govt. Employee working as consultant in a private clinic/Hospital, should be included as Govt.



8. The project proposal is for : (Tick appropriate item)

- i) 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 (upto maximum Rs. 30.00 lakh);
- ii) Non-recurring Grant-in-aid for Eye Banks in Government/Voluntary Sector (upto maximum Rs. 15.00 lakhs);
- iii) Non-recurring Grant-in-aid for Eye Donation Centres (EDC) in Government/ Voluntary Sector (upto maximum Rs. 1.00 lakhs)
- iv) Non- recurring Grant-in-aid for Development of Mobile Ophthalmic Units with Tele-Ophthalmic Network and few fixed Tele-Models (upto maximum Rs. 60.00 lakhs).
- v) Non recurring Grant-in-aid for PHC/Vision Centres in Government and Voluntary Sector (upto maximum Rs. 50 Thousand)

9. Current Performance

Give details of current performance : (for last 3 years)

a) Base Hospital

Year	Free/Subsidized					Paying				
	OPD		Indoor			OPD		Indoor		
	New	Review	ICCE	IOL*	Others	New	Review	ICCE	IOL*	Others

*IOL includes ECCE/IOL, SICS, Phaco

b) For Scheme II

Details of Eye Ball Collection for Eye Banks

S.No.	Year	No. of Eye Balls Collection	No. of Eye Balls Utilized	No. of eye balls discarded or disposed off	No. of Keratoplasty surgery done	No. of eye balls used for other purpose

c) For Scheme III

Details of Eye Ball Collection for Eye Donation Centre

No. of Eye Balls Collected	No. of Eye Balls received from other institutes	No. of Eye Balls sent to Govt. institution	No. of Eye Balls sent elsewhere for keratoplasty

d) Outreach

Year	Screening Camps Conducted			
	No. of Camps	No. of Outpatients	No. of patients referred to Base Hospital	Actual No. reported to base Hospital

10. Details of construction planned

- (i) Total Plot size : _____ Sq. ft.
- (ii) Existing built-up area : _____ Sq. ft.
- (iii) Total built-up area proposed for support : _____ Sq. ft.
- (iv) Approval of Town Planning/Municipal authorities submitted with proposal : Yes _____ No _____
- (v) Construction Plan :
- Eye Ward _____ Sq. ft.
- Eye O.T. _____ Sq. ft.
- OPD _____ Sq. ft.
- (vi) Estimated Cost : Rs. _____

11. Details of Equipments & Vehicle required

List major items with full particulars including estimated cost:

Items	Estimated Cost (Rs.)
Total on Procurement	

12. Estimated Project Budget

	Non-Recurring Expenses		Recurring Expenses		Total Project Outlay
	Particulars	Amount	Particulars	Amount	
1.	Civil Works				
2.	Equipments				
3.	Vehicle				
4.	Fixtures & Furniture				
	Total				



13. Details of Source of Funding

	Sources	Amount (Rs.)
(a)	Donations in kind :	
	(i) Availability of land by _____	_____
	(ii) Availability of equipment by _____	_____
	(iii) Any other _____	_____
(b)	Management's contribution in cash	_____
(c)	Local Community's Contribution	_____
(d)	Government Grants	_____
(e)	Any other Agency (specify) _____	_____
	Total	_____

14. Time Table - (Year wise) - Project Completion

Year	Work to be Completed	Estimated Cost (Rs.)

15. Financial Sustainability

16. Resolution of the Board of Trustees of NGO - along with Authorization to 2 signatories to sign the Memorandum of Understanding (MoU)

Name and Address	Signature
(i) _____	_____

(ii) _____	_____

17. Resolution of District Health Society (DHS) / State Health Society (SHS)

- a) DHS agreeing to support / recommend the NGO certifying its bonafide credibility & general standing within community.

18. Declaration

This is to certify that the information furnished in this application is true and correct to the best of our knowledge and belief. We are agreeable to sign an Agreement with Government of India, and abide by the rules and regulations of the same if a grant is given to us.

Name _____

Name _____

Signature _____

Signature _____

Designation: President /Chairman

Designation: President /Chairman

Telephone No. _____

Telephone No. _____

Place _____

Place _____

Date _____

Date _____

19. Enclosures to be added with the Application:

- i) Constitution of the organization Memorandum of Association.
- ii) Previous 3 years audited statement of accounts and balance sheets.
- iii) Annual Reports of previous 3 years including camps, if any.
- iv) Information sheet on details of the organization.
- v) Certificate of land ownership from component Revenue authorities*.
- vi) Building permission from Town Planning/ Municipal authorities*.
- vii) Certificate of land registration*.
- viii) Blue – print of the approved building plan*.
- ix) Estimated cost of phases of constructions certified by architects*.
- x) Registration Certificate under Public Charities/Societies' Act.
- xi) Registration Certificate under Foreign Contribution Act, if applicable*.
- xii) List of the members of the Executive Committee.
- xiii) Resolution of Board of Trustees to seek grant & authorization of 2 persons to sign 'Bond'.
- xiv) Resolution of District Health Society/ State Health Society.
- xv) Endorsement from the State Government*.

* Strike out whichever is not applicable.