



Govt. of West Bengal
Directorate of Health Services
Ophthalmology Wing



National Programme for Control of Blindness & Visual Impairment
Swasthya Bhawan, 'A' - Wing, 2nd Floor, G.N. - 29,
Sector - V, Salt Lake City, Kolkata - 700 091;

E. Mail: adhsophth@gmail.com, Tel: 033 2357 4074/2333 0204

Memo No: HFW-27022/39/2025-NCD SEC-Dept. of H&FW/395/10

Date: 04/06/2025

From : The Director of Health Services,
Dept. of Health & Family Welfare, Govt. of West Bengal

To : The CMOHs- Birbhum, Coochbehar, Darjeeling, Hooghly, Kalimpong, Nandigram
HD, Purulia, Paschim Bardhaman, Rampurhat HD & Nadia

Sub : Free eye check-up camps under CHOKHER ALO in collaboration with WBMSCL &
Gluconate Health Limited under CSR component

Sir/Madam,

Visual impairment in any age group and in any community affects directly the quality of life of the person. Apart from the refractive error especially for the near vision, the adults/elderly have the age related problems like cataract, glaucoma, Diabetic Retinopathy etc. The small and timely intervention to restore the sight in them like the spectacle's distribution, cataract surgery etc. may bring back their overall confidence/self-respect/dignity/better adjustment in the social life and this in turn improves their productivity in daily life also.

In reference to the letter vide memo no. WBMSCL/CS/2840/24/3423 dated 13/05/2025 by MD, WBMSCL, the special camps will be organised under CHOKHER ALO in collaboration with the WBMSCL & Gluconate Health Limited in the selected outreach areas with high footfall potential for the needy persistently missed out community groups in the rural as well as in the urban slums exclusively for the 45/+ persons at your districts between June to July 2025.


You are hereby requested to send us the microplan within 05th June 2025. The normal routine services will need to be kept least affected. The detailed SoP to organise the camps are attached herewith. The distribution of the free customized spectacles will be in August 2025. The UCs of all the fund received for the said purpose to be submitted by 1st week of September 2025 to the WBMSCL with a copy to the State Programme Officer, NPCB&VI.

Handwritten signature and date:
04/06/2025

It is desired that all concerned would exert proactively to make it a most meaningful, high yield and outcome-oriented seamless implementation. This has approval in the file no: HFW-27022/39/2025-NCD SEC-Dept. of H&FW

Encl.: SoP (indicative outlines only)

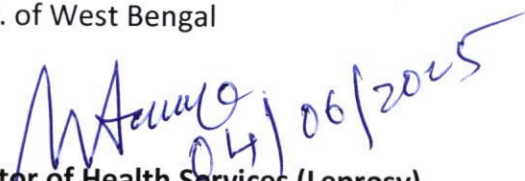
Annexure I


Director of Health Services
Dept. of Health & Family Welfare
Govt. of West Bengal

Memo No: HFW-27022/39/2025-NCD SEC-Dept. of H&FW/395/10(17) Date: 04/06/2025

Copy forwarded for kind information and for necessary action to, the:

1. Director Medical Education, Dept. of Health & Family Welfare Department, Govt. of West Bengal
2. Managing Director, WBMSCL & GHIL and Sr. Special Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
3. OSD & EO. Sr. Special Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
4. Director, Public Health Programme, Dept. of Health & Family Welfare, Govt. of West Bengal
5. District Magistrate – All Concerned Districts
6. General Manager, WBMSCL & Joint Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
7. Advisor, Public Health, Dept. of Health & Family Welfare Department, Govt. of West Bengal
8. Director, RIO, Kolkata & State Technical Nodal Officer, NPCBVI, West Bengal
9. DDHS (NCD-I / II), Dept. of Health & Family Welfare, Govt. of West Bengal
10. The Principal/MSVP/HoD-Ophth. at all the concerned Districts & Health Districts
11. DPM, NPCB&VI – All Concerned District & Health District
12. ACOH - All Concerned;
13. BMOH – All Concerned District & Health District;
14. Sr. PA to Honourable MoS, Dept. of Health & Family Welfare, Govt. of West Bengal
15. Sr. PS to Principal Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
16. Sr. PA to MD, NHM, Dept. of Health & Family Welfare, Govt. of West Bengal
17. Office Copy


Dy. Director of Health Services (Leprosy)
& State Programme Officer, NPCB&VI
Dept. of Health & Family Welfare
Govt. of West Bengal



Govt. of West Bengal
Directorate of Health Services
Ophthalmology Wing



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Date: 04/06/2025

SoP (indicative only)

IVSS : In collaboration with WBMSCL : Selected districts : June 2025

A special campaign of IVSS (Intensive Vision Screening Session) will be held in collaboration with the WBMSCL as per the following guidelines. The entire expenditure to be borne out of CSR component of WBMSCL & Gluconate Health Limited. Each of the patients generated at the camps would be tracked till the completion of the advised services:-

1. **Objective:** Campaign targeting mainly the chronically un-reached / under-served / 'left-out' geographic areas and for such persistently 'missed out' community groups where the clustering of uncorrected visual impairment cases is there and which might give the maximum yield from this campaign.
2. **Target Age group:** Exclusively the 45 years and above with the focus being the persons with spectacles-correctable visual impairment.
3. **Services:** The confirmatory diagnosis and advise for spectacles with distribution of the free spectacles. The diagnosed cataract and the non-cataract other eye diseases would also be put in the desired service cycle in a fast-track mode. The basic pre-operative investigations for the advised-surgery patients, checking of these test-reports by the MO to select cases fit for surgery, booking of the cases and tagging to the appropriate cataract surgery Govt. / NGO hospitals will be done. The patients' contact details would be shared with the frontline health workers and also with the OCCT (Ophthalmic Care Completion/Coordination Team) at the tagged hospitals for a time-bound service completion.
4. **Customized free spectacles:---** The distribution of the spectacles will be done sometime in early August 2025, to be decided / communicated to the beneficiaries by the district, at the district identified central venue through a ceremonial occasion. Preferably the distribution centre, in a prominent location, too would be one of the screening camp venues. This would be as per the mutually agreed dates/modus to be decided by the WBMSCL. It would be tried that a maximum numbers of the generated patients would get their spectacles on this ceremony day. A few token patients from the other screening sessions too would given from this venue. After this event, the spectacles would be distributed from the respected other screening venues to them who can't attend the central distribution venue.
5. The **free spectacles support** will be provided to the eligible beneficiaries by the tender-selected/tagged vendor/s as per the NPCB&VI State guidelines maintaining the existing terms/ conditions/rates/quality

norms & the checks/monitoring etc. The placement of supply order and payment thereof may be made from district/user end. The cost of the spectacles at these camps would be borne by the WBMSCL & Gluconate Health Limited. Therefore, the Logo of WBMSCL & Gluconate Health Limited to be imposed / affixed in the spectacles box along with the Chokher Alo / NPCB&VI logo. The suitable representatives from the vendor will remain deployed at every camp site for check the fittings etc.

6. **Camp dates:** Between 1st June and 30th July 2025. This would be so arranged that the routine services remain least affected in this season for the ophthalmic care at every tier.

7. **Camp venues:--**

i. Identified blocks: -- Maximum 10 (ten) camp day per district except Kalimpong (8 camp) with an aim to generate at least 1400 adult spectacles per districts. (detailed in annexure A)

ii. Chronically missed out urban slum areas in the NUHM/non-NUHM ULBs adjoin to these blocks, with high potential for large number of spectacles generation, may also be included in this campaign.

8. **Time for the camps:** 10 AM to 4 PM or till the last case is served whichever is later. However, some customization of time/duration etc. should be done to ensure high footfall adult/elderly especially in this summer season. Adequate drinking water need to be arranged at the camp venues.

9. **Care-providers** at the camps/session sites: MT (Opto.)/PMOA from nearby units will be deployed by the CMOH. Optometrist support from the MoU NGOs would also be taken. Maximum Two (2) numbers of Optometry may be hired on a fixed rate of @500/- per optometry per camp for all the camps. A team of 3 to 4 (at least) MT (Optometry) would do the screening per camp. Preferably they would do the secondary/confirmatory screening for the primary screened-out suspects. Deployment of MTs will be preferred from same as well as from nearby blocks/units. Each of these camp sessions would preferably have one Eye Surgeon from the Govt. hospitals. The Ophthalmic Nurses, CHOs would be deployed to guide counseling by the frontline health workers and to extend support to the Optometrists and to Eye Surgeons in offering the care. The dissemination of the eye/vision care messages and the messages about the eye donation etc. would be done by them.

For **Hiring of optometry** CMOHs are requested to examine the proper certificate of the candidate and who are not attached with any govt. institutions.

10. **Other health workers** :---They too remain deployed at the camp sites. Doctor from the health centres, Nursing staff from the health centres, MT (lab.), representative from the tendered/selected spectacles vendor, ECG tech (Optional), CHO, ANM, ASHA, record-keeper, DEO for doing the computerized data entry, other support staff. BMOH/PHN/BPC ASHA will supervise the activities. CMOH may tag the Eye surgeons, on their non-service days, to supervise randomly a few hospital-nearby camp sessions. CMOHs would tag the tender-selected vendors as per the need.

11. **Logistics especially the testing tools/equipments for the said camp** like Trial Box, Trial frame, Snellen Chart, near vision chart, ophthalmoscope, retinoscope etc. Are to be taken by the concerned MT

Optometry / Ophthalmology unit/s at the tagged hospitals. Arrangement of necessary other items including the registers/records/ documents/OPD tickets/referral slips etc. would be done by the BMOH/ MO in consultation with the Optometrist entrusted and also with the help of the pharmacist. Some ophthalmic medicines would be kept, especially in the outreach sites, preferably exclusively for a few very needy patients. Some general medicines may also be kept as is done in the routine health camps. The stickers/rubber seals for CHOKHER ALO logo may be used.

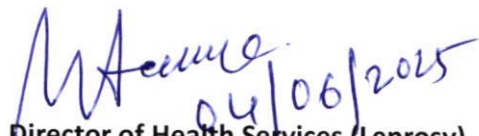
12. **Active case search:** From now on the ASHAs would reach out to the 45 years+ persons during their routine house visits. They would preferably do the rapid primary screening or the pre-screening activity at the door-step to generate the suspects. Their main focus would be identifying the visual impaired persons and to intimate them about the camp days. They would request/referred these suspects to attend the nearby IVSS camps on the specific dates for detailed screening/confirmation by the Optometrists there to put them under the appropriate service-circle soon. They would thereafter follow up the patients, through counseling for service uptake, for the completion of the advised service-circle. The activity would be monitored by the corresponding ANM / CHOs under the overall supervision from the PHN/BMOH/MO-PHC or UPHC.
13. **Hospital Ophthalmic Care Completion cum Coordination Team (OCCT) :** Each of the cataract surgery Govt. hospitals will essentially have a proactive OCCT team of 4-5 members (Dy. / Asstt Super (NM), Nursing Super, Ophthalmic Nurse, *Rogi sahayak*, pharmacist, counselor, one of the GDMOs in case of hospital/ Junior doctor in case of MCH etc.), with wide sharing of its contact details and incorporated in the microplans, to build up a regular practice in place from now on for the tracking/follow up especially for their own ophthalmic patients as well as their referred-in (from the peripheral units) patients especially for the cataract patients. This team will act under the overall supervision of the Super / MSVP who will held solely accountable to play the proactive role to ensure timely completion of the service cycle for each. It will maintain daily level liaison with peripheral health units and also with the community-based frontline health workers to facilitate the time-bound completion of the advised service-circle for each of the patients who have been referred/tagged to the respective hospitals in a most customer-friendly manner. The strict adherence to the Operational Guidelines for the cataract surgeries at the Govt. hospitals issued from time to time especially on the 16th August 2022 will need to be ensured. They would also coordinate the preparedness at the hospitals i.c.w. the HR / equipment / drugs consumables, logistics etc., to meet up to enhanced need during the peak seasons and following such IVSS camp days.
14. **Publicity:** Frontline health workers would do in IPC mode. The support may be sought from the MoU NGOs as well. ASHAs would ensure the attendance of the suspects at these camps.
15. **The venue will be well decorated with the Chokher Alo / allied IEC materials** to be printed by the districts from the approved existing specimens. District will prepare venue-specific as well as the generic



IEC banners also. Fund will be supported from WBMSCL & Gluconate Health Limited. Logo of WBMSCL & Gluconate Health Limited and "Under CSR component of WBMSCL" & "Under CSR component of Gluconate Health Limited" to be mentioned at all display materials as applicable.

16. The arrangements for the '**same day pre-operative basic doable investigations**' at the session/camp sites with the same day reporting' for the newly detected cataract patients will be appreciated.
17. The **line-listing for beneficiaries** at the camps would be maintained to track/follow up the each and everyone to ensure the service delivery and the uptake. At the end of each day's camp session, the detected/advised/hospital-tagged cataract surgery linelist will reach to the:- (i) Hospital OCCT at the Govt. as well as at the NGO hospitals with a widely publicized contact mobile phone number (ii) respective ANM/CHO/ASHA respectively for subsequent tracking/ counseling/follow up till the completion of the service circle over telephone/house-visit.
18. All the sessions will need to be kept under an intense supportive **supervision and monitoring**.
19. CMOH will try to extend the shared **mobility support** especially for the care-givers.
20. **The Drugs for common ophthalmic ailments** will be arranged from the tagged districts/hospitals. The support staff will be from the venue hospital. The key eye hospital and/or the district to may provide these additionally. The venue hospital will arrange the in-house doctors to redress ant emergent issue as well as to guide / facilitate the guest care providers.
21. **The completion of the advised / desired ophthalmic service circle** will need to done in a fast-track mode in consultation of the concerned MCH, Hospitals Supers and CMOHs.
22. **Reporting:-** The daily and monthly etc. reporting will be done in extant format separately for the entire camp. The necessary camp creation etc. would be done. The G-spreadsheet based reporting too would be done as usual during the IVSS days.
23. **The fund:-** The need-based fund for procurement of the Spectacles would be given from the WBMSCL directly to the CMOHs. Some fund for IEC printing/display, for the other logistics, for the mobility support for the care-providers etc. support too will be given by the WBMSCL & Gluconate Health Limited in the form of 'camp contingency' @Rs. 3000/- per camp. Maximum Two (2) numbers of Optometry may be hired on a fixed rate of @500/- per optometry per camp for all the camps which will be also provided under this CSR initiative. This fund would be given to the concerned CMOHs preferably before the camp on submission of the requisition along with the microplan OR in extreme cases may be given post facto as the time in hand is too short now.
24. **Microplan:-** The entire arrangement will be finalized by the CMOH in consultation with the District Magistrate. He will guide preparation of a microplan, with the day specific tagging of the GP/HSC areas within the catchment area to ensure the maximum of footfall from the target group, and would share the plan with us within next 07 days. The fund may also be sent. If/while planning for any urban slum, the consultation with the local urban health authority will need to be done.

25. **Any simple but innovative approach** from any DLTF/District/Block to reach out in more numbers for the chronically unreached groups, for backlog clearance etc. would be appreciated and would be show-cased.
26. (i) **DPM-NPCBVI** will act as the District level Nodal Officer for this campaign. ACMOH, Sadar sub-division will assist the District Nodal Officer on day-to-day basis in addition to his/her routine assignments. ACMOHs will be the Nodal Officers for their respective sub-divisions. CMOH may tag other officers on need to assist the DPM.
- (ii) **District CMOH** will remain the overall accountable for successful implementation of this special campaign through daily monitoring of it during the campaign days. CMOH would also ensure the completion of the advised service-circle on time. Apart from DPM-NPCBVI, the DPM/DPC-NHM and all the other divisions/sections under his control would assist him in implementing the campaign in the district.


04/06/2015
✓ Dy. Director of Health Services (Leprosy)
& State Programme Officer, NPCB&VI
Dept. of Health & Family Welfare
Govt. of West Bengal

Annexure – I

The detailed of the identified districts is as follows: --

Sl No	District	No. of Camp to be organize	Expected Beneficiary for Spectacles
1	Purulia	10	1400
2	Paschim Burdwan	10	1350
3	Kalimpong	8	650
4	Birbhum	10	1400
5	Coochbehar	10	1300
6	Darjeeling	10	850
7	Hooghly	10	1450
8	Nandigram HD	10	1300
9	Rampurhat HD	10	1100
10	Nadia	10	1200
Total		98	12000

M. Anurag
04/06/2025