

**Impact Assessment Study**

**Aarogyatara**

**Project funded by Tata Capital Limited and Tata Capital Housing Finance Limited ( FY 2023 – 2024 Grant )**



Eye camp conducted by Sankara Eye Hospital in Krishnagiri, Tamil Nadu | Source: Deloitte

## Disclaimer

1. Deloitte refers to one or more of Deloitte Touche Tohmatsu India LLP, a UK private company limited by guarantee, and its network of member firms, each of which is a legally separate and independent entity. Please see [www.deloitte.com/about](http://www.deloitte.com/about) for a detailed description of the legal structure of Deloitte Touché Tohmatsu Limited and its member firms.
2. This material and the information contained herein prepared by Deloitte Touche Tohmatsu India LLP (DTTILLP) is intended to provide general information on a particular subject or subjects and is not an exhaustive treatment of such subject(s) and accordingly is not intended to constitute professional advice or services. The information is not intended to be relied upon as the sole basis for any decision which may affect you or your business. Before making any decision or taking any action that might affect your personal finances or business, you should consult a qualified professional adviser.
3. For purposes of the exercise, Deloitte Touche Tohmatsu India LLP has used information obtained from various enquiries, primary interactions, and secondary information sources, which we believe to be reliable, and our assessment is dependent on such information being complete and accurate in all material respects. We do not accept any responsibility or liability for any losses occasioned to any party because of our reliance on such information.
4. Deloitte Touche Tohmatsu India LLP makes no representation or warranty as to the accuracy or completeness of the information used within this assessment, including any estimates, and shall have no liability for any representations (expressed or implied) contained in, or for any omission from, this assessment.
5. This report is for information purposes only. While due care has been taken during the compilation of this report to ensure that the information is accurate to the best of Deloitte's knowledge and belief, the content of this report is not to be construed in any manner whatsoever as a substitute for professional advice. Deloitte neither recommend nor endorse any specific products or services that may have been mentioned in this report and nor do they assume any liability or responsibility for the outcome of decisions taken as a result of any reliance placed in this report.

## Table of contents

### Contents

<b>Executive Summary .....</b>	<b>5</b>
<b>Chapter 1: Introduction .....</b>	<b>10</b>
<b>Chapter 2: Approach and Methodology.....</b>	<b>17</b>
<b>Chapter 3: Programmatic Findings .....</b>	<b>21</b>
<b>Chapter 4: Stories from the field .....</b>	<b>28</b>
<b>Chapter 5: Conclusion and Way Forward .....</b>	<b>30</b>
<b>Pictures from the visit .....</b>	<b>32</b>
<b>Annexures .....</b>	<b>36</b>



## Executive Summary

*Note: (About TCL and CSR activities section to be updated in consultation with TCL TCHFL post-review)*

Tata Capital Limited (TCL) is a prominent financial services company offering a wide range of solutions to cater to the diverse needs of its customers, including retail, corporate, and institutional clients. Tata Capital focuses on providing innovative financial products and services in areas like loans, asset management, wealth management, and insurance.

Tata Capital's Corporate Social Responsibility (CSR) initiatives are built around a collaborative approach involving non-profit organizations, government agencies, and local communities. The company aims to address pressing social issues and contribute positively to society by supporting initiatives in education, healthcare, rural development, and the environment.

TCL's wholly owned subsidiary - Tata Capital Housing Finance Limited (TCHFL) is registered with the National Housing Bank as a Housing Finance Company, offering long term funds for housing purposes.

Project Aarogyatara, a collaborative effort supported by Tata Capital Limited and Tata Capital Housing Finance Ltd., has provided life-changing eye care services to underserved rural and tribal communities in Maharashtra (Thane and Palghar districts), and Uttar Pradesh (Barsana and Vrindavan of Mathura district). Implemented by two leading healthcare organizations, **Bhaktivedanta Hospital (BVH)** and **Sankara Eye Foundation India (SEFI)**, the project addresses the critical need for accessible and affordable eye care for marginalized populations.

### Scope and Objective of the impact assessment

As a part of the engagement with Tata Capital Limited and Tata Capital Housing Finance Limited, Deloitte conducted the Impact assessment of the **"Aarogyatara" programme** funded from CSR grants for the financial year 2023 – 2024.

The high-level objectives of this impact assessment are as follows:

- To study the project proposal, MoU extracts, project programmatic and financial reports and other relevant documents and conduct an intervention and stakeholder mapping.
- To design the study methodology, tools and guidelines for data collection based on the parameters of impact identified through the document review and initial structured interactions with key stakeholders of Tata Capital Limited, Tata Capital Housing Finance Limited and the Implementation Partner.
- To conduct a planned field level data collection and documentation of observations and case stories through facility visits and stakeholder interactions.
- Data collation and analysis of the inputs, processes, outputs, outcomes, impact parameters and model of implementation, as well as determining the strengths and weaknesses of the CSR initiatives.
- Determining the direct/indirect impact of the CSR initiatives on the lives of the target beneficiaries and communities, pertaining to the project
- Suggesting potential way forward to fine tune and improve the CSR initiatives.

### Approach and Methodology:

Deloitte's approach to evaluating the impact of TCL/TCHFL's CSR involved a mixed-method design, emphasizing primary data collection through in-person interactions and telephone interviews, which were then cross-verified with secondary data and insights. The assessment was guided by frameworks from the OECD's Development

Assistance Committee (DAC) and UNDP's Results-Based Management (RBM), which were adapted to address the research questions, Common Results Framework, and key performance indicators (KPIs) specific to the project.

## Stakeholder Analysis



## Sampling and Data Collection

423 primary stakeholders were covered through surveys and focus group discussions in Barsana (Uttar Pradesh), Palghar (Maharashtra), Krishnagiri (Tamil Nadu)

The sample size included a mix of male and female patient groups of 40 years upto 90 years of age. Over 25% respondents hailed from Barsana, 23% from Palghar and 52% from Krishnagiri.

Beneficiaries (Patient groups)	Healthcare professionals	Community mobilizers & Camp staff	Program Team at Implementation Partner	Program team at TCL and TCHFL	Total
378 (In-person)	14	17	12	2	423

The data collection was followed by a phase of analysis and documentation of observations and findings.

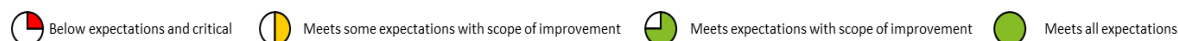
## Summary of findings:

The below process captures the journey of a patient from initial outreach, registration assistance to the course of treatment. This process is further detailed out in the report as part of the [Chapter 1: Introduction](#) section.

Step 1 Community Outreach and Mobilization	Step 2 Setting up of eye care camps & patient registration	Step 3 Screening and Diagnosis
Step 4 Cataract surgery	Step 5 Post operative care	Step 6 Follow up after 1 month

The current report presents a detailed documentation of Deloitte's observations and findings of the impact assessment of the Aarogyatara programme implemented by Bhaktivedanta in Maharashtra & Uttar Pradesh and

Sankara Eye Foundation India in Tamil Nadu. A summary of the findings is presented in the table below, while the elaborated details are available in [Approach and Methodology](#) & [Programmatic Findings](#)



## TCL & TCHFL project

## Grant and Project overview

## Outreach

### Aarogyatara

#### Locations:

Maharashtra, Uttar Pradesh, Rajasthan, Tamil Nadu, Karnataka & Andhra Pradesh

Project grant for the period June 2023 to March 2024

Bhaktivedanta – INR 1,64,86,015  
Sankara Eye Hospital – INR 5,81,61,000

Aarogyatara Project, in partnership with Sankara Eye Foundation and Bhaktivedanta Hospital, aimed to bridge the gap in eye care services for underserved rural and tribal communities. By focusing on cataract surgeries and vision correction, it sought to reduce preventable blindness while offering free or low-cost treatments.

The project aimed to ease financial burdens and ensure equitable access to quality eye care, enhancing the quality of life for economically disadvantaged groups.

The project was focused on reaching high-risk, vulnerable communities, particularly the elderly, through a combination of mobile clinics and eye care camps.

- No of camps conducted: 788
- Screening over 2,65,905 individuals
- Total No. of volunteers/local resources trained: 124.
- 24,716 patients from economically backward communities provided with free cataract surgery across 6 states.
- 7,725 refractive error glasses distributed to patients by Bhaktivedanta hospital.
- The table below represents the implementation partner wise outcome numbers.

	BV	SEFI	Total
No. of Camps conducted	374	414	788
No. of community mobilisers trained	24	100	124
No. of training sessions conducted	4	2	6
No. of screenings conducted	36,105	2,29,800	2,65,905
No. of Surgeries	2,155	22,561	24,716
Refractive error glasses distributed	7,725	0	7,725

## Relevance



- <sup>1</sup>In India, an estimated 8 million people suffer from blindness, with cataracts being a leading cause (62.6% of all blindness cases), particularly among the elderly population (National Programme for Control of Blindness, 2022). Maharashtra and Uttar Pradesh are among the states with the highest prevalence of cataract-related blindness. <sup>2</sup> The project targets rural and tribal populations in Maharashtra (Thane and Palghar) and Uttar Pradesh (Barsana and Vrindavan) specifically in regions with limited access to quality eye care services. Based on the interactions with Bhaktivedanta & Sankara Eye hospital program team, it was indicated that these areas are primarily home to elderly populations who face a higher risk of vision impairment, making the intervention vital.
- Addressing Health Gaps: <sup>3</sup>According to the National Blindness and Visual Impairment Survey India 2015-19, cataract remain the principal cause of avoidable blindness in India among individuals aged 50 and above. Project Aarogyatara's focus on providing free cataract surgeries and screenings addresses this critical issue, particularly in underserved areas. The outreach through mobile clinics and door-to-door screening is an effective method that has significantly increased the program's reach. In fact, mobile clinics ensure that individuals who might not attend traditional health camps are still able to access timely care, leading to a higher number of beneficiaries receiving treatment.
- <sup>4</sup>According to recent estimates, approximately 60-70% of cataract cases in rural India remain untreated due to lack of awareness and accessibility (Indian Journal of Ophthalmology, 2023). By offering free or

<sup>1</sup> National Programme for Control of Blindness, 2022/<https://npcbvi.mohfw.gov.in/writeReadData/mainlinkFile/File341.pdf> - Accessed on 18th Dec 2024

<sup>2</sup> National Programme for Control of Blindness, 2022/<https://npcbvi.mohfw.gov.in/writeReadData/mainlinkFile/File341.pdf> - Accessed on 18th Dec 2024

<sup>3</sup> National Programme for Control of Blindness, 2022/<https://npcbvi.mohfw.gov.in/writeReadData/mainlinkFile/File341.pdf> - Accessed on 31st Dec 2024

<sup>4</sup> Indian Journal of Ophthalmology, 2023/<https://pubmed.ncbi.nlm.nih.gov/17613845/> - Accessed on 18th Dec 2024

low-cost cataract surgeries and focusing on community mobilization, the program helps bridge the gap of limited awareness and unavailability of low-cost eye care service. For many villages near Mathura district, Bhaktivedanta Eye Hospital is the closest facility in the vicinity offering free treatment, as indicated by project beneficiaries and the implementing partner during field interactions. Sankara Eye Foundation's also sets up eye care camps in remote and rural areas, while providing free of cost commute facilities thereby bridging the gap of inaccessible healthcare. Through this initiative, the program aims for early diagnosis to avoid prolonged vision loss among patient groups.

## Program Effectiveness



- **High Volume of Screenings and Surgeries:** Bhaktivedanta Hospital conducted over 36,105 screenings and 2,155 surgeries covering Mathura district in Uttar Pradesh and Palghar and Thane districts in Maharashtra and SEFI's outreach covered 27 districts across four states—Tamil Nadu, Andhra Pradesh, Karnataka, and Rajasthan—conducting 2,29,800 screenings and performing 22,561 free cataract surgeries.
- **Positive Beneficiary Feedback:** 97% of BV beneficiaries and 100% of SEFI beneficiaries cite enhanced daily functioning post the surgical treatment. This was also validated in findings from focus group discussions which revealed improved vision, empowerment, and quality of life among beneficiaries.
- **Prevention of curable blindness and building a sensitized community:** The intervention successfully addressed curable conditions like cataracts, with 99% of survey respondents reporting significant improvement in vision. Over 43% of respondents indicate that the community mobilization efforts have increased the awareness on eye health and eye care facilities available in the vicinity. This contributed to reduced untreated eye conditions, promoting early diagnosis and treatment. Additionally, word of mouth and awareness through informative posters helped increase outreach.

## Efficiency & Convergence



- **Cost-Effective Services:** By offering free surgeries and affordable or no-cost corrective glasses, the project ensured that financial barriers did not prevent access to eye care services. BV hospital offers free corrective and recovery aids (dark glasses) used post cataract surgery, while SEFI offers free recovery aids and charges a nominal fee of INR 100 for vision correction spectacles. There is a network of hospitals in the intervention districts offering eye care support on a chargeable basis. A cataract surgery at these hospitals would range between INR 6,000 to INR 10,000.
- **Frequency of eye care camps:** SEFI organises eye care camps monthly while the other private hospital in the vicinity organises eye care camps bi-annually. With high frequency of camps, the outreach numbers reached through the program are significantly high.
- **Convergence:** While the project is exclusively implemented through the CSR grant provided by TCL and TCHFL, the Aarogyatara project aligns with a key objective of <sup>5</sup>India's National Health Mission (NHM) and the <sup>6</sup>National Programme for Control of Blindness (NPCBVI), which aims to reduce blindness to 0.25% by 2025.
- **Participation of Local Health Networks:** The ASHA workers, Anganwadi workers, and local leaders, support and participate in camps ensuring that the outreach is well-integrated with local healthcare systems and governance structures.

## Impact



- **Accessibility:** Aarogyatara project improved access to eye care in rural and urban areas through mobile clinics and strategically organised eye care camps and vision centres. 51% of BV beneficiaries travelled 1-10 km, while 47% of SEFI beneficiaries travelled 5-10 km to visit the eye care camps. The camps and vision centres are located strategically with easy access to public transport which adds to convenience of patient groups.
- **Availability:** The project ensured access to high-quality eye care services, with all beneficiaries receiving post-operative care, including medicines and corrective aids like dark glasses. Mobile van units and vision centres within 10 km of 47% of beneficiaries increased access to underserved areas. Regular follow-up visits ensured continued care, improving service availability in communities that previously had limited access. SEFI's vision centre located in Krishnagiri also offers teleconsultation services, enabling patients to access care without traveling far. In case of emergencies, patients are advised to visit the base hospital, either on their own or via SEFI buses. Based on previous feedback, beneficiaries are willing to travel independently since the surgeries and other services are free.
- **Reduced financial burdens:** The Aarogyatara project reduced the financial burden on economically vulnerable groups by offering free eye surgeries and subsidized corrective aids and medicines (eye drops & pain killers). The socio-economic background of the beneficiaries predominantly reflects low-

<sup>5</sup> India's National Health Mission (NHM) -[https://nhm.gov.in/New\\_Update-2021-22/Presentation/PS-MD-Orientation-workshop-26-08-2021/AS&MD.pdf](https://nhm.gov.in/New_Update-2021-22/Presentation/PS-MD-Orientation-workshop-26-08-2021/AS&MD.pdf) - Accessed on 20th Dec 2024  
<sup>6</sup> National Programme for Control of Blindness (NPCBVI)/<https://npcbvi.mohfw.gov.in/Home> - Access on 20th Dec 2024



---

income households, with a significant portion engaged in daily wage labor, farming, and other informal occupations. The study findings indicate that 77% of SEFI beneficiaries have an annual household income below INR 25,000 and couldn't afford the eye care treatment which typically estimate to cost between INR 6,000 to INR 10,000 per eye at a private hospital. Additionally, respondents mentioned that the cost of post-operative care and corrective aids would have been unaffordable without the project's support.

---

#### **Sustainability**



- The implementing partners through their credible work has established trust within communities, with families seeking eye care across generations. This generational loyalty strengthens the project's foothold in the community, ensuring a long-term demand for services.
  - Beneficiaries acting as "community advocates," help spread awareness about the importance of cataract surgeries and regular eye care. This word-of-mouth referral system ensures that new patients continually seek treatment, building a cycle of sustained service usage. Strengthening follow-up, especially in rural areas, will help maintain these gains in the long term.
  - Increased awareness about regular eye check-ups and preventive measures has contributed to a culture of proactive eye health. This helps reduce the incidence of avoidable blindness, fostering long-term health benefits.
- 

#### **Recommendations**

- Include glaucoma and diabetic retinopathy treatment alongside cataract surgeries for a more comprehensive eye care approach.
  - Transition to phacoemulsification for faster recovery and improved surgical outcomes.
  - Provide financial education to beneficiaries to help manage healthcare costs and improve overall financial planning.
-


## Chapter 1: Introduction

### About Tata Capital Limited

Tata Capital Limited is a premier financial services company, part of the prestigious Tata Group, offering a wide range of financial solutions to individuals, businesses, and institutions. Established in 2007, the company provides services across diverse sectors including retail loans, wealth management, corporate finance, investment banking, and asset management. With a strong focus on customer-centric solutions, Tata Capital is committed to helping clients achieve their financial goals through innovative and personalized products. Leveraging the values of trust, transparency, and ethical business practices, Tata Capital continues to drive financial inclusion and sustainable growth across India.

### Tata Capital Limited – CSR activities

The company's CSR mission is to improve the well-being of communities, especially marginalized social and economic groups, by creating a lasting, measurable, and positive impact through initiatives focused on Climate Action, Healthcare, Education, and Skill Development. Additionally, the company is committed to encouraging its employees, partners, and customers to cultivate a strong sense of responsibility towards social and environmental causes.

	<b>Jaladhar:</b> The program aims to achieve water security in water-stressed communities by implementing integrated watershed management, promoting groundwater replenishment, efficient water use in agriculture, and enhancing livelihoods	
	<b>Green Switch:</b> The Green Switch project aims to ensure energy security for unelectrified communities by implementing a solar micro off-grid model that provides sustainable power to the entire community.	
	<b>Vanaropan for Neutrality:</b> Vanararopan for Neutrality is focused on creating urban forests using the Miyawaki technique in cities through the VN (वन) program.	
	<b>Aarogyatara:</b> Aaroyatara focuses on eradicating curable blindness in underserved rural areas of Bihar, Tamil Nadu, and Maharashtra by conducting screening camps, followed by eye surgeries and post-surgery care in partnership with hospitals	
	<b>Tata Pankh:</b> The Tata Pankh Scholarship Programme provides financial support to academically talented students from economically disadvantaged backgrounds, enabling them to pursue higher education.	

*Flagship CSR Initiatives of Tata Capital Limited*

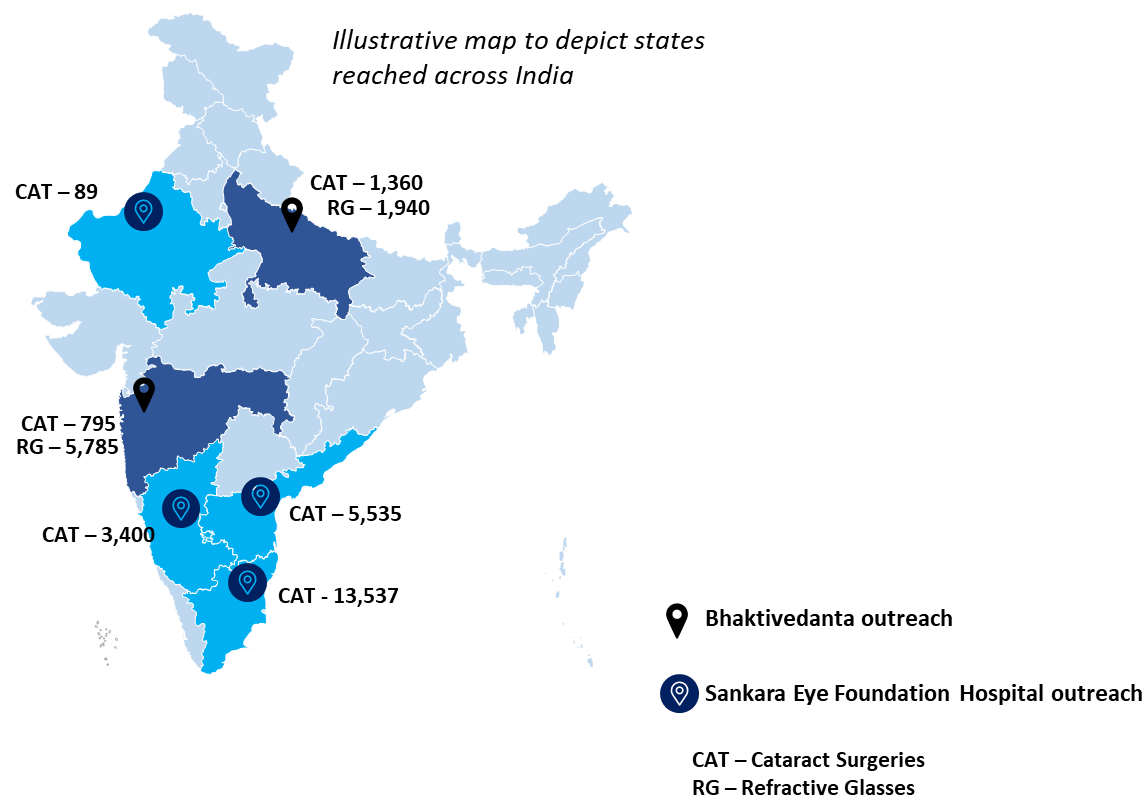
<b>Project title</b>	Aarogyatara	
<b>Project overview</b>	Aarogyatara project, supported by Tata Capital and Tata Capital Housing Finance Limited, and implemented by Bhaktivedanta Hospital & Research Institute and Sankara Eye Foundation, India, is a comprehensive initiative aimed at addressing the eye care needs of underserved communities in India. With a focus on reducing avoidable blindness, the project provides free and affordable eye care services, including screenings, surgeries, and the distribution of corrective glasses, to individuals in rural and tribal areas. Through Aarogyatara, Tata Capital's support has enabled eye care services benefiting 50,000 individuals by restoring vision and improving their quality of life.	
<b>Review period</b>	June 2023 to March 2024	
	Bhaktivedanta Hospital	Sankara Eye Foundation
<b>Client grant</b>	INR 1,64,86,015	INR 5,81,61,000
<b>Project location</b>	Uttar Pradesh and Maharashtra	Tamil Nadu, Andhra Pradesh, Karnataka, and Rajasthan
<b>About the implementing agency/partner</b>	Established in 1998, Bhaktivedanta Hospital, located in Mira Road, Thane district, is a NABH-accredited, 300-bed multi-specialty facility offering high-quality, affordable healthcare. Renowned for its eye care services, the hospital provides free and low-cost treatments, including cataract surgeries and vision correction, ensuring access to advanced eye care for underserved and economically disadvantaged communities while maintaining a commitment to compassionate care and medical excellence.	<p>Sankara Eye Foundation India (Sri Kanchi Kamakoti Medical Trust):</p> <p>Founded in 1977, Sankara Eye Foundation India (SEFI) operates 13 hospitals across 10 states, offering affordable eye care to underserved communities. Its unique Community Outreach Model has transformed over 10 million lives, with 80% of services provided free of cost.</p> <p>Gift of Vision Programme:</p> <p>Since 1990, through the Gift of Vision program SEFI has performed over 2.5 million free cataract surgeries. It identifies rural patients through outreach camps, providing free treatment, transportation, and post-surgery care, ensuring access to eye care for economically vulnerable populations.</p>
<b>Rationale of the project</b>	Enabling access to affordable eye care services among underprivileged populations in India is the primary focus of the project. Treatment for cataract and glaucoma is often cost-prohibitive, with cataract surgery in private hospitals ranging from INR 15,000 to INR 1,00,000 per eye, while in government facilities, it costs around INR 3,000 to INR 7,000. Glaucoma treatment can cost between INR 20,000 to INR 1,50,000 in private hospitals and approximately INR 10,000 to INR 30,000 in government hospitals. These high costs often deter individuals from seeking timely care, leading to untreated vision impairments that affect their quality of life and their families' economic stability. The project helps restore independence and productivity by providing life-changing support to individuals in need.	

## Project reach

### Implementing partner outreach

	Bhaktivedanta Hospital	Sankara Eye Foundation Hospital
Total states covered	2	4
Total eye care camp conducted	374	414
Total population screened	36,105	2,29,800
Total free cataract surgeries performed	2,155	22,561
Total refractive error glasses provided	7,725	-

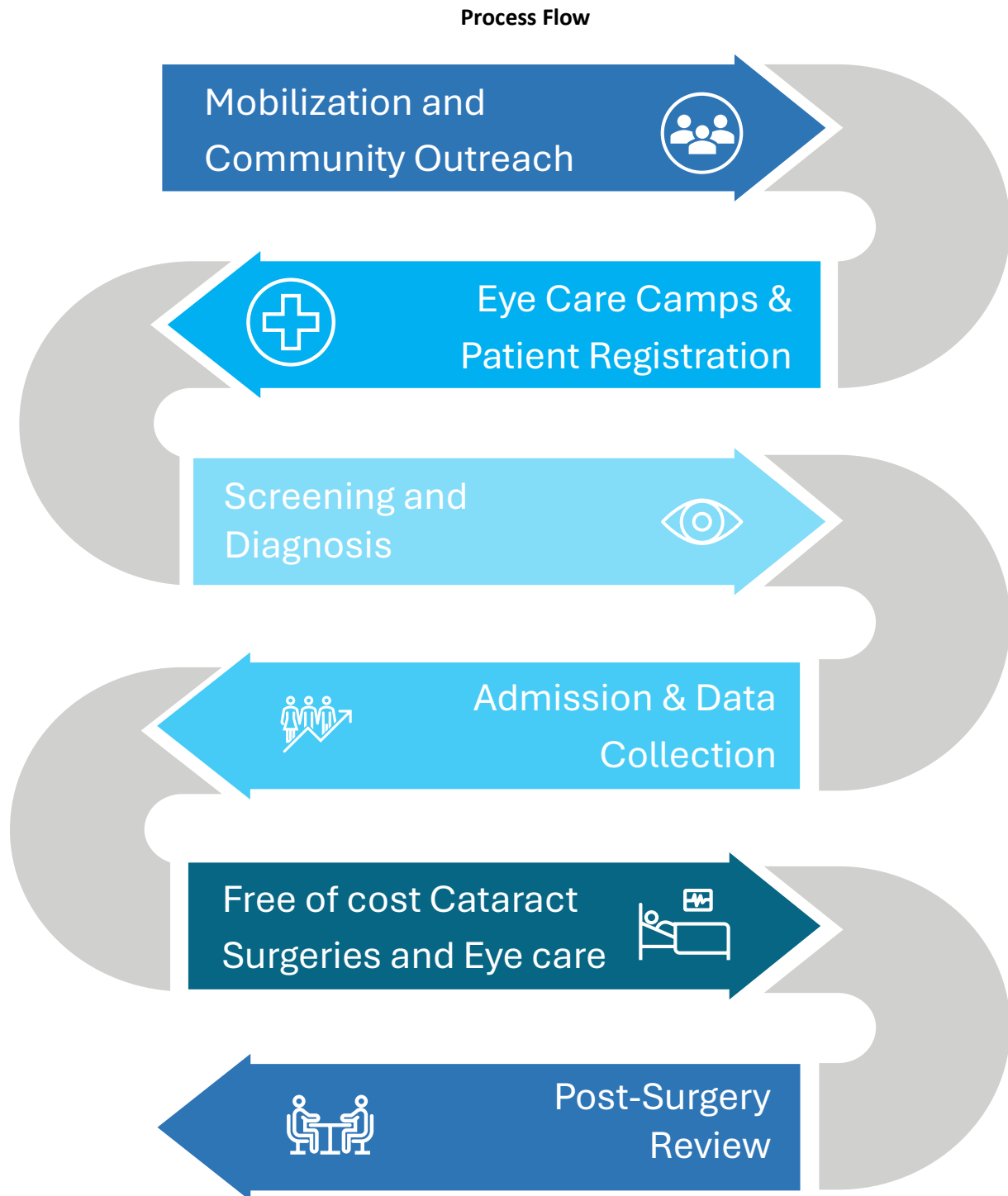
### State Wise Outreach



	Bhaktivedanta Hospital		Sankara Eye Foundation Hospital			
	Maharashtra	Uttar Pradesh	Tamil Nadu	Andhra Pradesh	Karnataka	Rajasthan
Total screening	24,244	11,861	1,66,887	37,030	25,310	573
Total Free Cataract Surgeries Performed	795	1,360	13,537	5,535	3,400	89
Refractive Glasses distributed	5,785	1,940	-	-	-	-

## Intervention Model and Process flow

It was observed that both Bhaktivedanta and SEFI follow a similar implementation model as illustrated below.





Core Area	Details
Mobilization and community outreach	<p><b>Bhaktivedanta Hospital (BV)</b></p> <p>Community mobilisers are key stakeholders responsible to drive the outreach at Bhaktivedanta. There are no formal selection criteria or educational requirements for this role, however a strong desire to serve the community is essential. 24 community mobilizers across locations of Palghar and Mathura are trained by Bhaktivedanta Hospital in basic health checks, including blood pressure and sugar tests, and in identifying cataracts at a surface level, under the guidance of optometrists. They play a key role in raising awareness about upcoming screening camps through door-to-door visits and other outreach methods. Additionally, post-surgery, mobilizers conduct follow-up visits to ensure beneficiaries regularly use their corrective aids and monitor recovery progress, emphasizing the importance of continued care.</p>
	<p><b>SEFI</b></p> <p>At Sankara Eye Foundation, community mobilizers, selected based on interest and willingness to serve, are trained to conduct basic check-ups, identify cataracts, and do door-to-door screenings. They also inform the community about upcoming camps through auto-rickshaw loudspeakers, posters, and pamphlet distribution. Post-surgery, mobilizers play a critical role in follow-up visits, ensuring beneficiaries use their corrective aids regularly and monitor recovery progress. Many mobilizers have been part of Sankara for over 10 years, with some being involved since the hospital's inception in their districts, contributing significantly to the project's success.</p>
	<p><b>Both IPs</b></p> <p>Community participation was key to the project's success at both implementation partner locations. After experiencing the benefits of the Aarogyatara project, many beneficiaries actively encouraged other members of their community to seek eye care services, further expanding the project's reach. These initiatives equipped the community with knowledge on preventive eye care, creating a lasting impact and fostering continued eye health awareness even after the project's conclusion. Local mobilizers played a vital role in raising awareness about eye care through the door-to-door visits, organizing screening camps, and health workers guiding beneficiaries through the treatment process. Their involvement ensured high turnout for free surgeries and screenings, while also facilitating post-operative follow-ups at camps and nearby.</p>
Eye care camps & patient registration	<p><b>Both IPs</b></p> <p>The eye care camps are conducted monthly with a team of more than 5 healthcare staff, including ophthalmologists, nurses, and support personnel. Patient registration forms are collected and maintained by the nurses. Data collection is systematically done on-site in respective registration forms, relevant patient documents, such as medical history and government identification proof are collected, to ensure beneficiary authentication.</p>
	<p><b>Bhaktivedanta Hospital (BV)</b></p> <p>BV eye care camps are conducted at community centres, panchayat offices, schools, and temples, while mobile vans with optometrists reach remote areas. Counsellors provide information on diagnoses, treatment options, and obtain consent for surgeries, ensuring patients are fully informed and prepared for post-operative care.</p>
	<p><b>SEFI</b></p> <p>SEFI eye care camps are conducted in local schools where individuals are screened and diagnosed on-site.</p>
Screening and Diagnosis	<p><b>Both IPs</b></p> <p>The screening process utilizes equipment like an ophthalmoscope and slit lamp to detect various vision issues, such as cataracts, refractive errors, and other eye conditions. Nurses and optometrists carry out the screenings, with consultations provided by doctors. Each individual screening takes approximately one hour, including the waiting time for eye drops to take effect.</p>

		<p><b>Referral System:</b> Individuals in need of surgery or advanced treatments are referred by the implementation partners to their respective base hospitals (Bhaktivedanta Hospital at Thane and Barsana, and Sankara Eye Hospital at Coimbatore), which are equipped with the necessary medical facilities for performing surgeries. In addition to offering free services, the transportation costs to these hospitals are also covered by the partners.</p>
Admission & Data collection	Bhaktivedanta Hospital	<p>The data entry operator or office assistant at the camp registration desk captures basic demographic details from beneficiaries. Each beneficiary is given a registration slip containing their screening data (basic vital checks), which is submitted to camp team after the screening is complete.</p> <p>All data is centrally consolidated in Microsoft excel, with the collation process typically taking 4 to 5 days. The records include beneficiaries' basic information, medical details such as pre-vision status, surgery schedules, and post-vision status, ensuring a comprehensive treatment record.</p>
	SEFI	<p>The beneficiary data is collected at the registration stage, where basic demographic details are recorded. At the screening camp, further information is gathered, including test results. For those selected for surgery, their demographic details, test results, and a photocopy of their government ID are collected.</p> <p>Three copies of the finalized beneficiary list are prepared: one for the camp team, one for the transportation team, and one for the hospital.</p> <p>The hospital team then updates and collates the data in the Medics software for real-time tracking and management.</p>
Free Cataract Surgeries	Both IPs	<p>Once patients are admitted to the respective base hospitals of both implementation partners, basic health checks are conducted before surgery. Patients are then prepped and taken for the procedure, with only one eye surgery performed at a time using SICS (Small Incision Cataract Surgery). The second eye surgery is scheduled after a 1–2-month interval. Typically, patients are admitted for up to two days post-surgery, but in case of complications, hospitals provide extended post-operative care for 5-8 days at no additional cost.</p> <p>Beneficiaries also benefit financially, saving approximately INR 6,000 to INR 10,000 by the availing these free surgeries, as identified through beneficiary interactions.</p>
Post surgery review	Both IPs	<p>Follow-up check-ups are conducted by doctors at screening camps, hospitals, or the nearest vision centres managed by implementation partners, strategically located at central village points for convenient access. Beneficiaries who have completed one-month post-surgery can attend their follow-up appointments at any of these locations.</p>
	Bhaktivedanta Hospital	<p>Corrective Glasses are provided free of cost to individuals with refractive errors</p>
	SEFI	<p>Although the treatment is provided free of charge, corrective glasses are offered at a nominal cost of INR 100 to the beneficiaries.</p>

## Programme promotion

The team at Bhaktivedanta Hospital and Sankara Eye Foundation leverages digital media to promote the programme especially during events of health care camps. Posters and banners are used during the camps highlighting the TCL logo to bring awareness on the initiative. In this endeavor, articles are also published highlighting the hospital's role in delivering free eye care services. An article on these lines was published on a digital platform on February 2024 by Bhaktivedanta team - <https://www.freepressjournal.in/india/aarogyatara-project-tata-capitals-initiative-aims-to-combat-cataract-crisis-among-poor-needy-villagers-of-barsana>



Banners used during health camp organized by SEFI | **Source: Deloitte**



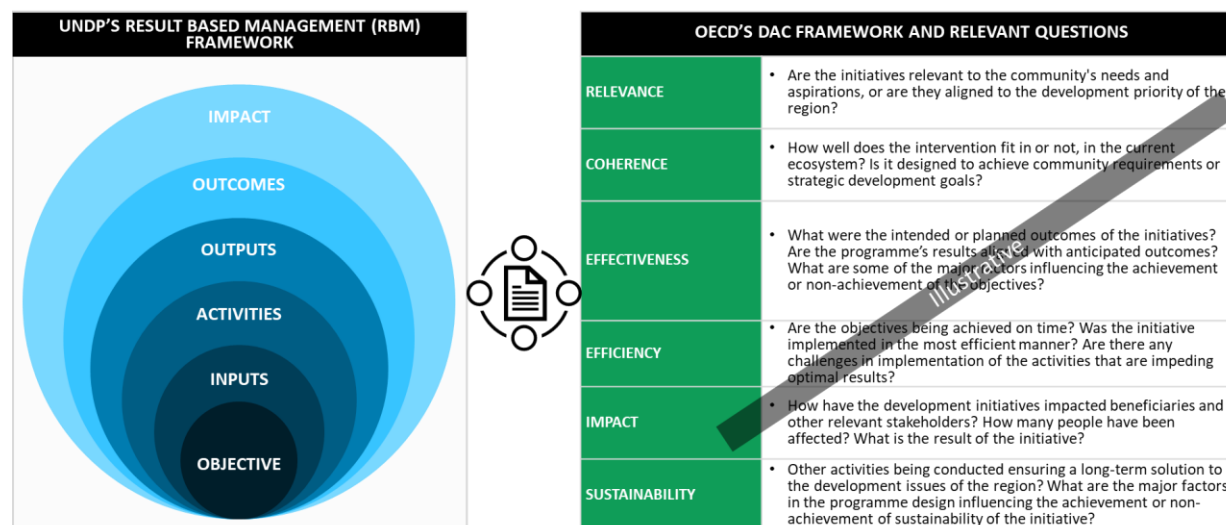
Posters leveraged during health camp at Barsana, Mathura | **Source: Free press journal India**

## Chapter 2: Approach and Methodology

Deloitte's customized approach for evaluating the impact of TCL & TCHFL's funded CSR projects and identifying potential areas for future intervention was built on extensive experience in conducting similar evaluations. A mixed-method assessment design was utilized, primarily focusing on primary data collection through in-person interactions and telephone interviews, which was further complemented and cross-verified with relevant secondary data and available insights.



The evaluation design based on OECD's Development Assistance Committee (DAC) and UNDP's Result Based Management (RBM) frameworks has been adapted to assess the project and obtain information on the research questions, Common Results Framework and KPIs framed based on the same.



### Key Enquiry Areas

DAC Framework Criteria	Key Enquiry Areas
Relevance	<ul style="list-style-type: none"> <li>What is the geographical outreach and coverage in rural areas?</li> <li>What were the prevailing socio-economic conditions of the people in the targeted locations?</li> </ul>

	<ul style="list-style-type: none"> <li>• How has the project raised awareness about common eye conditions and preventive care in the target communities?</li> <li>• How has the project addressed gender disparities in accessing healthcare, particularly in rural areas?</li> <li>• What percentage of the beneficiaries were women, and how has their participation impacted the overall health outcomes of the community?</li> </ul>
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>• What role did community mobilizers play in educating beneficiaries about available services and early intervention?</li> <li>• How effective are the mobile clinics and community-based camps in reaching underserved and remote populations? How effective are the post-operative follow-up and guidance services in ensuring sustained recovery and preventing recurrence of vision issues?</li> <li>• What is the follow-up mechanism for ensuring continued care for beneficiaries after surgery or treatment?</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>• How many steps are involved in the project process?</li> <li>• Who are the key stakeholders involved, their role and how do they contribute to deliver the project efficiently?</li> <li>• Is there any time saved due to proximity and availability of services?</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• How much financial burden has been alleviated for beneficiaries through free or low-cost treatments like cataract surgeries and vision correction aids?</li> <li>• What is the long-term impact of the intervention on beneficiaries' health and quality of life?</li> <li>• How has restoring vision affected the socio-economic inclusion of beneficiaries, particularly in terms of work productivity and social engagement?</li> <li>• What changes in household dynamics and dependency levels have been observed post-treatment?</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>• How does the project ensure the long-term sustainability of eye care improvements in the community?</li> <li>• What aspects of the project support the ease of mobilization of beneficiaries in the future?</li> <li>• Has the project instilled trust in the community regarding the project and funder?</li> </ul>

KPIs along UNDP's Results Based Management (RBM) framework for monitoring were developed and used as the basis for the programmatic review.



#### INPUTS

- Grant received from TCL and TCHFL.
- Implementation team at Bhaktivedanta & Sankara
- Finance team at Bhaktivedanta & Sankara



#### PROCESSES

- Mobilization
- Frequency and number of community-based eye care camps, mobile screenings, and outreach clinics
- Surgery and duration of stay at the hospital.
- Number of follow-up visits conducted after cataract surgeries and other treatments.
- Monitoring and reporting



#### OUTPUTS

- Total number of people registered and screened during the eye care camps and mobile clinics.
- Total number of cataract surgeries and other corrective treatments conducted.
- Number of eyeglasses or vision correction aids distributed to beneficiaries.
- Number of awareness and educational sessions held to inform the community about eye health and available



#### OUTCOMES AND IMPACT

- Percentage reduction in cases of vision impairment and preventable blindness among beneficiaries' post-intervention.
- Percentage of the target population demonstrating improved knowledge of eye care and the importance of early detection and treatment.
- Percentage beneficiaries expressing satisfaction with the services provided, including quality of care and follow-up.
- Affordability
- Accessibility
- Availability



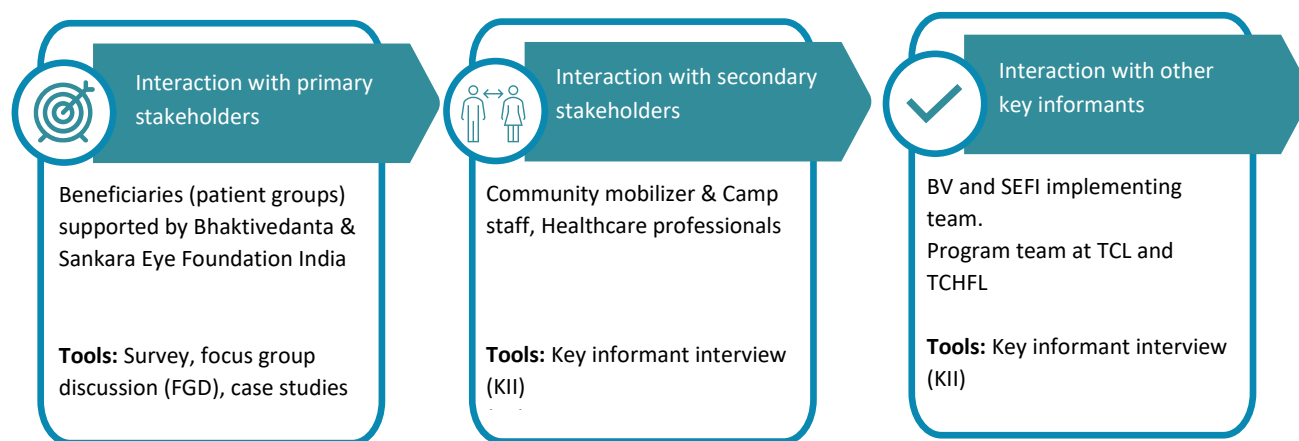
## Desk Review

A thorough review of the documents made available by the implementing partners and the funder was conducted, including the information available on the project in the public domain to build a comprehensive understanding of the process and design the assessment tools accordingly. The following documents were reviewed as a part of the desk review process for both IPs:

- Memorandum of Understanding (MoU) signed for the FY 2023-24
- Annual project progress report submitted to funder.
- Fund utilisation report.
- Patient medical data and profiling on the centralised MIS
- Patient registration forms

## Stakeholder Mapping and Sample Covered

Based on the desk review and initial interactions with the project teams at both BV and SEFI, the following stakeholders were mapped as part of the study



## Sampling Plan

The Deloitte team employed a convenience sampling approach to select respondents for the primary data collection process. A total of 191 beneficiaries participated in the survey, and 187 beneficiaries were covered through focused group discussions (FGDs) which were held across the target communities in Barsana (Uttar Pradesh), Palghar (Maharashtra) and Krishnagiri (Tamil Nadu).

In addition to engaging beneficiaries, one-on-one interviews were conducted with secondary stakeholders, such as community mobilisers, awareness camp team, healthcare professionals. Interactions with the project team from Bhaktivedanta and Sankara Eye Foundation India. A stakeholder wise sample coverage is mentioned in the table below.

Stakeholder group	Bhaktivedanta Hospital				Sankara Eye Foundation India		Total	
	Barsana		Palghar		Krishnagiri			
	FGD	Survey	FGD	Survey	FGD	Survey	FGD	Survey
Beneficiaries	45	50	42	45	100	96	187	191
Community Mobilizers & Camp staff	5		10		2		17	
Healthcare professionals – Doctors and nurses	2		5		7		14	
Program team/Implementation team	6		2		4		12	
Tata capital	2						2	
							423	

## Chapter 3: Programmatic Findings

Deloitte conducted a service benchmarking from available secondary and primary data to determine the relevance of the project in terms of the Accessibility, Affordability and Availability of these services (Screening, diagnostics, cataract surgery & post operative care) for the beneficiaries.

This data is presented below implementation partner and location wise.

### Bhaktivedanta Hospital – Palghar & Thane

The below table provides an overview of five healthcare service providers in Thane and Palghar districts, detailing their eye care services, distance travelled by beneficiaries to access eye care support, transport options, and costs involved for surgery and treatment. Bhakti Vedanta Hospital offers free screening, diagnostics, cataract surgeries, and post-operative care, with beneficiaries traveling an average of 23 to 70 km. Other hospitals, like Vasai Blind Hospital and Tara Netralaya, charge for screenings (INR 1,200-1,500) and cataract surgeries (INR 10,000 onwards), with beneficiaries traveling similar distances. Bhakti Vedanta Hospital stands out for its 24/7 service and free bus transport, providing accessible and affordable eye care.

Name of the service provider	Bhaktivedanta Hospital, Mira Road, Thane	Vasai Blind hospital, Vasai West, Thane	Tara Netralaya, Mira-Bhayandar, Thane	Shree Bhagwan Mahadev Sambre Hospital, Dolhari, Palghar	Jeevan Jyot, Palghar
Services provided/Types	Screening, diagnostics, cataract surgery & post operative care				
Average distance travelled by beneficiary to the base hospital	23 kms from Thane district/70kms from Palghar district	41 kms from Thane district/60 kms from Palghar district	22 kms from Thane district/68kms from Palghar district	100 kms from Thane district/47kms from Palghar district	94 kms from Thane district/19kms from Palghar district
Available means of transport	Bus (Free service available by BV)	Bus, Auto	Bus, Auto	Bus, Auto	Bus, Auto
Overall cost of screening and diagnostics	Free	INR 1,200- INR 1,500			
Overall cost of cataract surgery	Free	INR 10,000 onwards			
Hospital timings	24/7	10am to 6pm	10am to 6pm	24/7	09:30am-1pm

## Bhaktivedanta Hospital – Mathura

Most beneficiaries visiting the Bhaktivedanta Hospital in Mathura come from Barsana and Vrindavan villages, indicating the hospital's vital role in serving these nearby communities.

The below table compares five healthcare service providers in the Barsana and Vrindavan regions, focusing on their eye care services, proximity to Mathura, transport options, costs, and operating hours. Bhakti Vedanta Hospital, located less than 1 km from Mathura, offers free screening, diagnostics, cataract surgeries, and post-operative care, making it highly accessible for beneficiaries. Other hospitals, like Kripalu Maharaj Hospital and Braj Health Care, offer both free and paid services (INR 750-1,000 for screenings and INR 6,000+ for cataract surgeries), with beneficiaries traveling slightly further. Most hospitals offer bus transportation and operate during regular business hours, with R.K Mission Hospital being open 24/7. Bhakti Vedanta remains a cost-effective option, providing essential services free of charge.

Name of the service provider	Bhaktivedanta, Barsana	Kripalu Maharaj Hospital, Barsana	Braj Health Care Dr Shroff eye hospital, Vrindavan	R.K Mission Hospital, Vrindavan	Vatsalya Hospital, Vrindavan
Services provided/Types	Screening, diagnostics, cataract surgery & post operative care				
Average distance travelled by beneficiary to the base hospital	Less than 1 km	1.5 kms	2 kms	3 kms	5 kms
Available means of transport	Self, Bus	Bus	Bus	Bus	Bus
Overall cost of screening and diagnostics	Free	Free & paid (INR 750-1000)	Free & paid (INR 750-1000)	Free & paid (INR 750-1000)	Free & paid (INR 750-1000)
Overall cost of cataract surgery	Free	Free, subsidized & paid (INR 6000 onwards)	Free, subsidized & paid (INR 6000 onwards)	Free, subsidized & paid (INR 6000 onwards)	INR 6000 onwards
Hospital timings	9:30am-5pm	8am-12pm/2pm-4pm	24*7	24/7	NA

## SEFI Krishnagiri

Most beneficiaries visiting Sankara Hospital in Coimbatore come from Krishnagiri, reflecting the hospital's vital role in services provided to these communities.

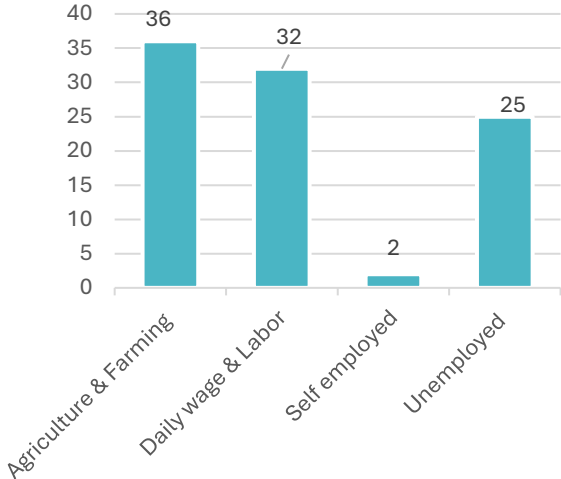
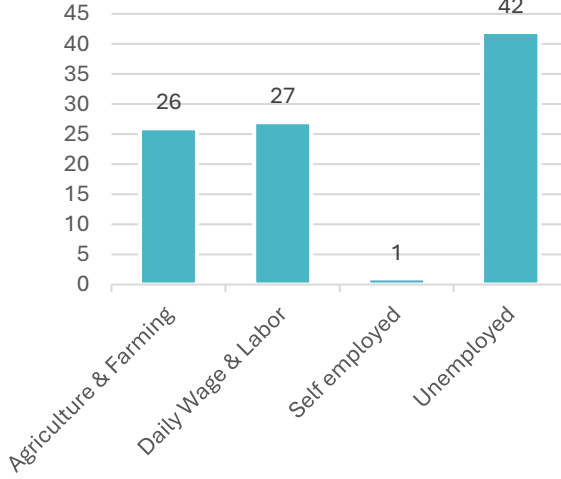
The below table compares three eye care service providers—SEFI in Coimbatore, Aravind Eye Hospital in Dindigul, and the Government Hospital in Krishnagiri—based on their distance from Krishnagiri, services, costs, and availability. SEFI, which is located 276 km from Krishnagiri, offers free screenings, diagnostics, cataract surgeries, and post-operative care, with monthly eye care camps in the area and a nearby vision center in Krishnagiri town. Aravind Eye Hospital, 120 km away, conducts eye care camps less frequently (every 6 months to a year), with a vision center 30 km from Krishnagiri. Both SEFI and Aravind offer 24/7 services. The Government Hospital in Krishnagiri, located less than 15 km from the project location, provides free cataract surgeries and screenings with OP services but does not hold eye care camps. This makes SEFI more accessible to the beneficiary group through frequent outreach services in the region.

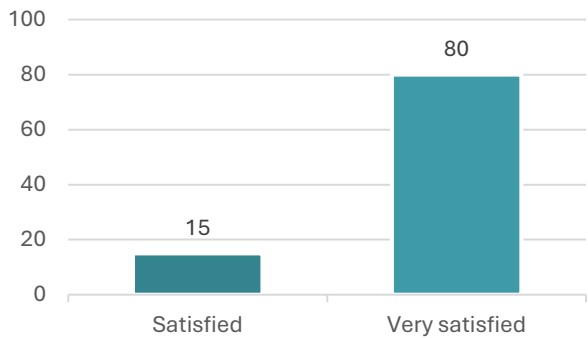
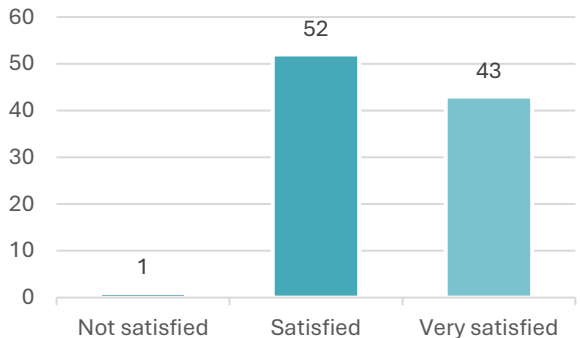
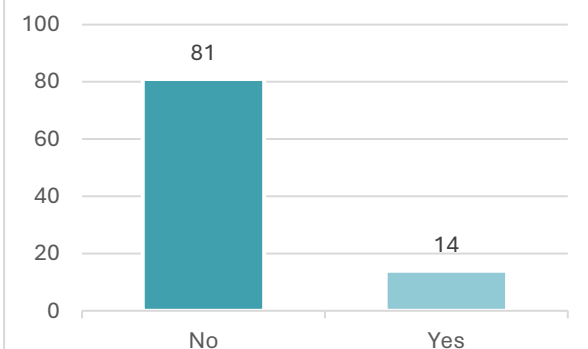
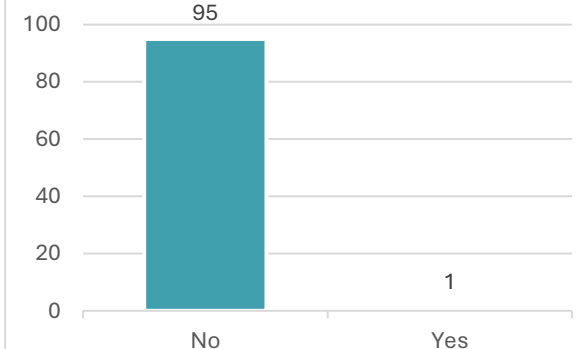
Name of the service provider	SEFI, Coimbatore	Aravind eye hospital, Dindigul	Government Hospital, Krishnagiri
Services provided/ Types	Screening, diagnostics, cataract surgery & post operative care		
Average distance travelled by beneficiary to the base hospital	276 kms	120 kms	Less than 15 kms
Available means of transport	Own, Bus	Hire a Govt run bus	Bus
Overall cost of screening and diagnostics	Free	Free	Free
Overall cost of cataract surgery	Free	Free	Free
Hospital timings	24/7	24/7	8am to 5pm/ emergency services 24/7
Other differentiators	1. Frequency: Eye care Camps are held monthly once 2. Presence: Vision center is at the Krishnagiri town	1. Frequency: 6 months/yearly once eye care camps are conducted in Krishnagiri district 2. Presence: Vision center is present in Poochampali, Krishnagiri district (30kms) from town	No eye care camps Only direct OPs who are diagnosed for cataract



Deloitte team conducted a review of the survey and FGD data, compiling key findings and analysis under this section for both the implementing partners.

Beneficiary profile																																											
BV	SEFI																																										
<p>Age distribution of beneficiaries n=95</p> <table><tr><th>Age Range</th><th>Count</th></tr><tr><td>31-40</td><td>2</td></tr><tr><td>41-50</td><td>7</td></tr><tr><td>51-60</td><td>33</td></tr><tr><td>61-70</td><td>37</td></tr><tr><td>71-80</td><td>13</td></tr><tr><td>81-90</td><td>3</td></tr></table>	Age Range	Count	31-40	2	41-50	7	51-60	33	61-70	37	71-80	13	81-90	3	<p>Age distribution of beneficiaries n=96</p> <table><tr><th>Age Range</th><th>Count</th></tr><tr><td>41-50</td><td>10</td></tr><tr><td>51-60</td><td>37</td></tr><tr><td>61-70</td><td>37</td></tr><tr><td>71-80</td><td>9</td></tr><tr><td>81-90</td><td>3</td></tr></table>	Age Range	Count	41-50	10	51-60	37	61-70	37	71-80	9	81-90	3																
Age Range	Count																																										
31-40	2																																										
41-50	7																																										
51-60	33																																										
61-70	37																																										
71-80	13																																										
81-90	3																																										
Age Range	Count																																										
41-50	10																																										
51-60	37																																										
61-70	37																																										
71-80	9																																										
81-90	3																																										
Based on the survey findings, 90% of beneficiaries were aged 50 and above, with the majority falling within the 51-70 age range, highlighting the project’s emphasis on addressing vision issues among the elderly population.	Based on the survey findings, 89% of beneficiaries were aged 50 and above, with the majority falling within the 51-70 age range, highlighting the project’s emphasis on addressing vision issues among the elderly population.																																										
<p>Average annual household income n=95</p> <table><tr><th>Income Range</th><th>Below 50 yrs</th><th>51-60</th></tr><tr><td>Below 25,000</td><td>3</td><td>20</td></tr><tr><td>25,000 - 50,000</td><td>3</td><td>42</td></tr><tr><td>50,000 - 1.5 lakh</td><td>3</td><td>12</td></tr><tr><td>1.5 lakh - 3 lakh</td><td>0</td><td>7</td></tr><tr><td>3 lakh - 5 lakh</td><td>3</td><td>0</td></tr><tr><td>Above 5 lakh</td><td>2</td><td>0</td></tr></table>	Income Range	Below 50 yrs	51-60	Below 25,000	3	20	25,000 - 50,000	3	42	50,000 - 1.5 lakh	3	12	1.5 lakh - 3 lakh	0	7	3 lakh - 5 lakh	3	0	Above 5 lakh	2	0	<p>Average annual household income n=96</p> <table><tr><th>Income Range</th><th>Below 50 yrs</th><th>Above 50 yrs</th></tr><tr><td>Below 25,000</td><td>8</td><td>66</td></tr><tr><td>25,000 - 50,000</td><td>2</td><td>16</td></tr><tr><td>50,000 - 1.5 lakh</td><td>2</td><td>0</td></tr><tr><td>1.5 lakh - 3 lakh</td><td>1</td><td>0</td></tr><tr><td>3 lakh - 5 lakh</td><td>1</td><td>0</td></tr><tr><td>Above 5 lakh</td><td>0</td><td>0</td></tr></table>	Income Range	Below 50 yrs	Above 50 yrs	Below 25,000	8	66	25,000 - 50,000	2	16	50,000 - 1.5 lakh	2	0	1.5 lakh - 3 lakh	1	0	3 lakh - 5 lakh	1	0	Above 5 lakh	0	0
Income Range	Below 50 yrs	51-60																																									
Below 25,000	3	20																																									
25,000 - 50,000	3	42																																									
50,000 - 1.5 lakh	3	12																																									
1.5 lakh - 3 lakh	0	7																																									
3 lakh - 5 lakh	3	0																																									
Above 5 lakh	2	0																																									
Income Range	Below 50 yrs	Above 50 yrs																																									
Below 25,000	8	66																																									
25,000 - 50,000	2	16																																									
50,000 - 1.5 lakh	2	0																																									
1.5 lakh - 3 lakh	1	0																																									
3 lakh - 5 lakh	1	0																																									
Above 5 lakh	0	0																																									
47% beneficiaries (45 out of 95) fall within the INR 25,000 to INR 50,000 annual household income range, highlighting the project’s significant outreach to low-	77% of beneficiaries (74 out of 96) fall under the annual income category of below INR 25,000 & 19% beneficiaries (18 out of 96) fall under the INR 25,000-																																										

<p>income families who often face barriers in accessing quality healthcare services.</p>	<p>INR 50,000 annual income category as identified in the survey findings. This underscores the project's role in reaching the most economically disadvantaged populations, ensuring access to free eye care services for those who are least able to afford them.</p>																				
<p style="text-align: center;"><b>Occupation</b> n=95</p>  <table border="1"> <thead> <tr> <th>Occupation</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Agriculture &amp; Farming</td> <td>36</td> </tr> <tr> <td>Daily wage &amp; Labor</td> <td>32</td> </tr> <tr> <td>Self employed</td> <td>2</td> </tr> <tr> <td>Unemployed</td> <td>25</td> </tr> </tbody> </table>	Occupation	Count	Agriculture & Farming	36	Daily wage & Labor	32	Self employed	2	Unemployed	25	<p style="text-align: center;"><b>Occupation</b> n=96</p>  <table border="1"> <thead> <tr> <th>Occupation</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Agriculture &amp; Farming</td> <td>26</td> </tr> <tr> <td>Daily Wage &amp; Labor</td> <td>27</td> </tr> <tr> <td>Self employed</td> <td>1</td> </tr> <tr> <td>Unemployed</td> <td>42</td> </tr> </tbody> </table>	Occupation	Count	Agriculture & Farming	26	Daily Wage & Labor	27	Self employed	1	Unemployed	42
Occupation	Count																				
Agriculture & Farming	36																				
Daily wage & Labor	32																				
Self employed	2																				
Unemployed	25																				
Occupation	Count																				
Agriculture & Farming	26																				
Daily Wage & Labor	27																				
Self employed	1																				
Unemployed	42																				
<p>The survey identified a diverse range of occupations among the beneficiaries, with the largest groups (38%) engaged in Agriculture &amp; farming related works, 34% as daily wage labors and 26% were unemployed. These findings highlight the project's focus on reaching vulnerable and economically inactive groups.</p>	<p>Survey findings show a diverse range of occupations among beneficiaries, with the largest group (44%) unemployed and 28% daily wage laborers, followed by 27% in Agriculture &amp; Farming related works. This highlights the project's focus on economically vulnerable and rural populations.</p>																				
<p><b>Effectiveness of community mobilization and awareness</b></p>																					
<p>45 respondents (47%) confirmed that community mobilizers visited their homes to inform them about the eye care camps. FGDs also highlighted the importance of word of mouth, with medical shops regularly informed about the monthly camps, further spreading awareness. Additionally, all beneficiaries confirmed that mobilizers visited their homes for post-surgery follow-ups, ensuring comprehensive care. This multifaceted outreach approach ensured that 100% of the beneficiaries were informed about the services.</p>	<p>38 respondents (40%) confirmed that community mobilizers visited their homes to inform them about the eye care camps. FGDs also emphasized the role of word of mouth, with medical shops regularly informed about monthly camps, boosting community awareness. All beneficiaries confirmed that mobilizers conducted home visits for post-surgery follow-ups, reflecting the effectiveness of the implementation partner's outreach efforts in ensuring widespread awareness and continued care.</p>																				

Satisfaction level of services provided at the camp															
<p>Satisfaction level of the Services provided at the camp n=95</p>  <table border="1"> <thead> <tr> <th>Satisfaction Level</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Satisfied</td> <td>15</td> </tr> <tr> <td>Very satisfied</td> <td>80</td> </tr> </tbody> </table>	Satisfaction Level	Count	Satisfied	15	Very satisfied	80	<p>Satisfaction level of the Services provided at the camp n=96</p>  <table border="1"> <thead> <tr> <th>Satisfaction Level</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Not satisfied</td> <td>1</td> </tr> <tr> <td>Satisfied</td> <td>52</td> </tr> <tr> <td>Very satisfied</td> <td>43</td> </tr> </tbody> </table>	Satisfaction Level	Count	Not satisfied	1	Satisfied	52	Very satisfied	43
Satisfaction Level	Count														
Satisfied	15														
Very satisfied	80														
Satisfaction Level	Count														
Not satisfied	1														
Satisfied	52														
Very satisfied	43														
<p>Out of the 95 surveyed beneficiaries, 100% expressed that they were satisfied with the services, of which 84% expressed high satisfaction. This indicates a strong positive response to the camp's services, highlighting the effectiveness and impact of the initiative in meeting the community's eye care needs.</p>	<p>Out of the 96 surveyed beneficiaries, 99% expressed that they were satisfied with the services provided at the eye care camp, of which 45% responded as being very satisfied. Only 1% reported dissatisfaction, citing the waiting period of 1-2 hours as the reason, highlighting the need for potential improvements in camp efficiency. Despite this, the overall feedback reflects the effectiveness and positive impact of the camp in meeting community eye care needs.</p>														
Satisfaction level of services provided at the hospital (includes pre- and post-surgery treatments)															
<p>Consulting other doctors before BV experience n=95</p>  <table border="1"> <thead> <tr> <th>Consulting Other Doctors</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>81</td> </tr> <tr> <td>Yes</td> <td>14</td> </tr> </tbody> </table>	Consulting Other Doctors	Count	No	81	Yes	14	<p>Consulting other doctors before SEFI experience n=96</p>  <table border="1"> <thead> <tr> <th>Consulting Other Doctors</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>95</td> </tr> <tr> <td>Yes</td> <td>1</td> </tr> </tbody> </table>	Consulting Other Doctors	Count	No	95	Yes	1		
Consulting Other Doctors	Count														
No	81														
Yes	14														
Consulting Other Doctors	Count														
No	95														
Yes	1														
<p>Before seeking treatment at Bhaktivedanta Hospital, 85% beneficiaries had never visited any other medical facilities for their eye condition, while 15% reported having sought treatment elsewhere. Despite these varied experiences, all 100% beneficiaries confirmed that their experience at Bhaktivedanta Hospital was</p>	<p>Before seeking treatment at Sankara Eye Foundation, 99% beneficiaries had never visited any other medical facilities for their eye condition, while only 1% reported visiting other medical facilities. 100% survey participants confirmed having a positive overall experience at SEFI, highlighting the care and smoother process they encountered at SEFI.</p>														

positive, praising the quality of care and overall service they received compared to other facilities.	
<b>Provision of recovery aids</b>	
The survey findings reveal that 100% of the respondents confirmed receiving dark glasses as recovery aids and eye drops, following their eye surgery. Additionally, 17 (18%) out of 95 beneficiaries were provided refractive glasses.	100% of the respondents confirmed receiving dark glasses and medicines following their eye surgery. In the case of eye drops, the beneficiaries highlighted during the FGD interactions that a nominal fee of INR 50 was collected from the patients for the provision of additional eye drops as they were not easily available near their villages. This ensured that patients have sufficient recovery aids, thereby enhancing the overall post-surgery care experience.

<b>Post-treatment impact on daily life &amp; activities</b>													
<p><b>Improvement in daily routines</b> n=95</p> <table border="1"> <thead> <tr> <th>Improvement Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Considerable Improvement</td> <td>72</td> </tr> <tr> <td>No change</td> <td>3</td> </tr> <tr> <td>Slightly Improved</td> <td>20</td> </tr> </tbody> </table>	Improvement Category	Count	Considerable Improvement	72	No change	3	Slightly Improved	20	<p><b>Improvement in daily routines</b> n=96</p> <table border="1"> <thead> <tr> <th>Improvement Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Considerable Improvement</td> <td>96</td> </tr> </tbody> </table>	Improvement Category	Count	Considerable Improvement	96
Improvement Category	Count												
Considerable Improvement	72												
No change	3												
Slightly Improved	20												
Improvement Category	Count												
Considerable Improvement	96												
The survey findings for Bhakti Vedanta Hospital revealed that 76% beneficiaries experienced considerable improvement in their ability to perform daily activities post-treatment, while 21% reported slight improvement. Only 3 out of 95 beneficiaries reported no improvement, as they required additional procedures such as retina correction surgery, with cataract surgery serving as an intermediate step for their overall treatment. This underscores the overall success of the intervention in enhancing daily functioning and reducing dependency among most patients.	The survey revealed 100% of the respondents had significant improvement in their ability to carry out daily activities independently following treatment at Sankara Eye Foundation Hospital. As mentioned in the FGDs, many beneficiaries previously facing challenges at work due to vision problems, have been able to resume their activities. This highlights the positive impact of the treatment on both their personal and economic well-being.												

## Chapter 4: Stories from the field

### "Restoring Sight, Relieving Burden: The Jaiswals' Journey to Better Vision"



Mukesh Jaiswal, aged 32 son of Shriram Jaiswal 60 from Vasai, are carpenters, Mukesh has been battling multiple health issues, including kidney failure and diabetes. On top of these challenges, he suffered from poor vision, but had never sought treatment due to the overwhelming costs of his medical care. During one of his regular dialysis sessions, he was advised to get an eye checkup at Swami Shraddhanand Hospital, a unit of the Bhaktivedanta Trust, due to his worsening vision.

Since the hospital offered free eye checkups, Mukesh decided to visit. He was diagnosed with cataracts in both eyes. Accompanying him was his father, Shriram Jaiswal, who also had vision problems but had never pursued treatment. Since the checkup was free, Shriram also opted to get his eyes tested and was similarly diagnosed with cataracts in both eyes. Thanks to the free eye surgeries offered by Bhaktivedanta Trust, both Mukesh and Shriram were able to undergo cataract surgeries in both eyes.

The surgeries have lifted a significant financial burden off their shoulders, given their heavy healthcare expenses. Since the surgeries, both father and son have reported significant improvements in their ability to work, enhancing their quality of life.

### "A Journey of Hope"



Akhtar, a 60-year-old widow from Barsana, has lived with her brother's family, relying on them in the absence of children of her own. Financial hardship has long been a challenge, worsened by her poor eyesight, which left her feeling increasingly dependent. For two years, her poor vision prevented her from contributing to the household chores, causing her to feel helpless and burdened.

One day, she heard about Bhaktivedanta Hospital through one of the community mobilizer and, in the hope of finding a solution, decided to visit for an eye screening. She was diagnosed with cataracts and underwent surgery March 2024. Akhtar recalls the surgery as a turning point in her life. Her vision improved significantly in the months that followed, allowing her to participate in household tasks once again. For the first time in years, she felt a renewed sense of independence and purpose, even taking up stitching her own clothes.

Recently, Akhtar was diagnosed with glaucoma, which is now affecting her vision once again. While the return of her sight issues has been challenging, Akhtar is now well-sensitized and aware of the support available from the eye care facility. With this newfound knowledge, she is determined to seek regular check-ups and follow-up treatment for her glaucoma, ensuring she maintains her vision and independence in the long run.



## "A New Vision, A New Life: Kusum's Journey from Darkness to Joy"



Kusum Palla, a 71-year-old woman from Punjab, now resides at the Krishna Kutir Seva Ashram in Vrindavan. Separated from her family, Kusum struggled with deep feelings of sadness and loneliness, which eventually led to depression and trauma. Her difficulties worsened as her vision began to deteriorate, making daily tasks increasingly challenging and leaving her feeling even more helpless.

During a check-up, Kusum was diagnosed with Stevens-Johnson Syndrome, a serious condition that impacted her overall health. Her life took a positive turn when a medical camp was organized by Bhaktivedanta Hospital at her ashram. Encouraged by the staff, Kusum attended the camp, where doctors discovered that her worsening vision was due to cataracts. They explained that a simple surgery could restore her sight.

Kusum agreed to undergo cataract surgery, and it was a success. Her vision was fully restored. Following the surgery, Kusum carefully followed the doctors' advice and focused on maintaining her health. With her eyesight regained, she became more independent, participating in ashram activities and reconnecting with those around her. The ability to engage with others once again brought her happiness and a sense of belonging.

## Maniyammal - A Catalyst for Change in Krishnagiri



Maniyammal, a 60-year-old resident of Krishnagiri, has undergone two cataract surgeries that have not only restored her vision but also empowered her to be a change agent in her community. Her first cataract surgery was performed in 2018 under the Gift of Vision program of SEFI, and more recently, on February 7, 2024, she received her second surgery through the Aarogyatara program, funded by Tata Capital and implemented by Sankara Eye Foundation.

These surgeries have been transformative for Maniyammal and her family, allowing her to regain independence and actively participate in daily activities. Grateful for the care and support she received; she is now an advocate for her community. She has encouraged and brought over 30 people from her neighborhood to benefit from the *Aarogyatara* program, furthering its reach.

Maniyammal expresses her heartfelt thanks to Tata Capital and Sankara Eye Foundation for their invaluable support, not only for herself but for her entire community. Her story reflects the strong sense of community participation and ownership fostered by these initiatives, demonstrating how individual beneficiaries can help amplify healthcare efforts and transform the lives of many.

## Chapter 5: Conclusion and Way Forward

---

### Strengths

- **Access to Underserved Communities:** The project directly addresses the eye care needs of marginalized and rural populations across multiple states, ensuring high outreach through mobile clinics, community-based camps, and local partnerships.
- **Free or Low-Cost Services:** Providing cataract surgeries, corrective glasses, and follow-up care for free or at minimal cost removes financial barriers for economically vulnerable groups.
- **Comprehensive Eye Care Model:** The project not only focuses on treatment (surgeries and glasses) but also emphasizes awareness, preventive care, and long-term follow-up, ensuring sustainable health outcomes.
- **Community Mobilization and Trust:** Engagement with local mobilizers and health workers ensures strong community trust, leading to high participation and better adherence to post-operative care.

### Areas of improvement

- **Data Management Challenges:** The task of data consolidation from manual registers to MS excel or a software at both hospitals is time intensive, has error potential, delays real-time tracking and timely analysis of program performance. Streamlining data management through automated or more efficient data collection systems could enhance the speed and accuracy of data processing. Additionally, there is scope to improve data collection by systematically capturing beneficiary demographics, such as gender and age, which would allow for more detailed analysis and targeted interventions.

---

### Opportunities

- **Expansion to More Regions:** The project could be scaled up to other underserved regions across India, reaching more beneficiaries and contributing to the national efforts of reducing preventable blindness.
- **Stronger Collaborations:** By partnering with other healthcare organizations, potential linkages with govt programs & NGOs, the project could enhance its reach and impact.
- **Limited Scope of Services:** While cataract surgeries and corrective eyewear are prioritized, there may be a need to expand to other eye care such as glaucoma and diabetic retinopathy treatments or address other healthcare issues in the same communities

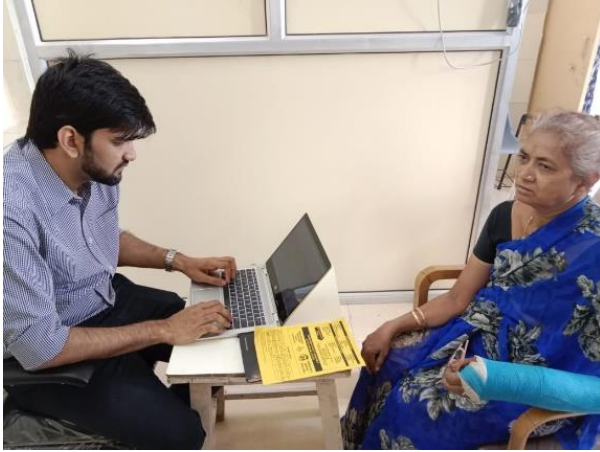
### Threats

- No apparent threats
-

## Recommendations

1. **Expand project scope:** Although cataracts remain a primary concern, some beneficiaries suggested broadening the project to help address other vision-related issues such as glaucoma and diabetic retinopathy. Incorporating glaucoma counseling, medications, and diagnostic services for diabetic retinopathy could offer a more holistic approach to eye care and improve long-term health outcomes.
2. **Strengthen data collection and management:** Since both hospitals manage multitude of beneficiary data at the registration stage, it is imperative to ensure data authenticity. Currently, the data collection and capturing process is manual which may lead to errors and duplication. It is recommended to transition to an automated or digital form of data collection reducing the potential threat of data loss.
3. **Transition to phacoemulsification technology:** Based on discussions with the hospital doctors, it was suggested to fully adopt phacoemulsification technology, as it offers greater efficiency and quicker recovery times i.e. 1-2 days to resume normal activities and 1-2 weeks for full recovery whereas SICS requires 1-2 weeks for daily activities and 4-6 weeks for full recovery. This shift could improve the number of successful surgeries and increase patient satisfaction.
4. **Strengthen financial literacy support:** Beyond providing eye care, financial education could be expanded to help beneficiaries manage any costs related to long-term eye care or other health issues. This could also encourage better financial planning for healthcare needs in general.

## Pictures from the visit



Interactions with beneficiaries from Palghar, Barsana & Krishnagiri Districts | **Source: Deloitte**





*Interactions with beneficiaries from Palghar, Barsana & Krishnagiri Districts | Source: Deloitte*



*Eye camp at Krishnagiri District | Source: Deloitte*



FGD conducted in the SEFI Krishnagiri vision center | **Source: Deloitte**



Sankara Eye Hospital implementation team at Vision center | **Source: Deloitte**



Interaction with doctors at the eye care camp in Krishnagiri | **Source: Deloitte**



Eye drops distributed to beneficiaries after surgery | **Source: Deloitte**



Discharge summary of beneficiary | **Source: Deloitte**



Home India Aarogyatara Project: Tata Capital's Initiative Aims To Combat Cataract Crisis Among Poor & Needy Villagers Of Barsana

# Aarogyatara Project: Tata Capital's Initiative Aims To Combat Cataract Crisis Among Poor & Needy Villagers Of Barsana

As per the estimates, every year about 8,000 plus people go blind. Out of these only about 50-55% only undergo surgeries for cataract. This leads to a huge back log of more than 50,000, over a period of 10 years who are suffering from avoidable blindness.

FPJ Web Desk | Updated: Tuesday, February 20, 2024, 04:22 PM IST



article-image



6.F0L8D0T0D88.H5L1Y

Snapshot of the programme in digital media | Source: Bhaktivedanta Hospital

## Annexures

### Annexure 1 - Survey and Interview respondent list

Group A – Beneficiary at Bhaktivedanta hospital

	Beneficiary name	Gender	Occupation	Home locality
1	Damodar Singh	Male	Unemployed	Barsana
2	Sugadh Singh	Male	Farmer	Barsana
3	Soran Singh	Male	Farmer	Barsana
4	Shyama	Female	Farmer	Barsana
5	Omvati	Female	Farmer	Barsana
6	Oma	Female	Farmer	Barsana
7	Murari Lal	Male	Labour	Barsana
8	Babu Lal	Male	Labour	Barsana
9	Vijay Singh	Male	Business	Barsana
10	Babu Singh	Male	Unemployed	Barsana
11	Geeta	Female	Household	Barsana
12	Kammo	Male	Household	Barsana
13	Shyam Yadav	Male	Unemployed	Barsana
14	Bhagat Singh	Male	Labour	Barsana
15	Sheila	Female	Farmer	Barsana
16	Nango	Male	Unemployed	Barsana
17	Mithilesh	Female	Farmer	Barsana
18	Bhugli	Female	Farmer	Barsana
19	Bhullo	Male	Unemployed	Barsana
20	Vati	Female	Household	Barsana
21	Ajay Singh	Male	Farmer	Barsana
22	Dhuli Chand	Male	Farmer	Barsana
23	Ramprasad Singh	Male	Farmer	Barsana
24	Radhe Singh	Male	Farmer	Barsana
25	Devi Singh	Male	Farmer	Barsana
26	Kushma	Female	Household	Barsana
27	Leela	Male	Household	Barsana
28	Vimlabai	Female	Household	Barsana
29	Bijjo	Female	Household	Barsana
30	Satyavati	Female	Household	Barsana
31	Shakuntala	Female	Household	Barsana
32	Ramesh Baba	Male	Pandit	Barsana
33	Jogendra	Male	Labour	Barsana
34	Dhama	Male	Farmer	Barsana



	<b>Beneficiary name</b>	<b>Gender</b>	<b>Occupation</b>	<b>Home locality</b>
35	Rajrani	Female	Household	Barsana
36	Premvati	Female	Household	Barsana
37	Akhtar	Female	Household	Barsana
38	Shantidevi Jadav	Female	Farmer	Barsana
39	Kera Gujjar	Female	Household	Barsana
40	Droupadi Prajapati	Female	Household	Barsana
41	Prem Koli	Male	Farmer	Barsana
42	Nibbo	Female	Farmer	Barsana
43	Shivcharan	Male	Labour	Barsana
44	Rajpal	Male	Unemployed	Barsana
45	Shanta	Female	Farmer	Barsana
46	Dharamvati	Female	Farmer	Barsana
47	Ramki lal	Male	Farmer	Barsana
48	Aman Singh	Female	Farmer	Barsana
49	Kallari Devi	Female	Household	Barsana
50	Mukho Devi	Female	Household	Barsana
51	Hari	Male	Unemployed	Kamai
52	Bhupendra Meher	Male	Driver	Satpati
53	Rajni Tarachand Patil	Female	Unemployed	Satpati
54	Shakuntala Vasudev Pandhre	Female	Unemployed	Satpati
55	Gulab Ashok Patil	Female	Unemployed	Satpati
56	Bharat Patil	Male	Fisherman	Satpati
57	Sugandha Chandrakant Patil	Female	Fisherwoman	Satpati
58	Maniram Jagan Keni	Male	Fisherman	Satpati
59	Umacharan	Male	Security Guard	Boisar
60	Harshila Bendekar	Female	Gardening	Boisar
61	Sumanben Yashwantbhai Dotare	Female	Business	Boisar
62	Lalbahadur Yadav	Male	Dairy Farmer	Boisar
63	Anant More	Male	Gardening	Boisar
64	Jaya Premraj Ike	Female	Flower Vendor	Boisar
65	Subhash Jawle	Male	Factory worker	Boisar
66	Moreswar Bhaskar Tamore	Male	Fisherman	Boisar
67	Moish Fakhruddin Mansoorwala	Male	Hardware Business	Boisar
68	Mohammad Sheikh	Male	Unemployed	Boisar

	<b>Beneficiary name</b>	<b>Gender</b>	<b>Occupation</b>	<b>Home locality</b>
69	Dattu Gorkhana	Male	Farming	Chinchane
70	Motilal Chaganlal Jain	Male	Factory worker	Nawapur
71	Gulab Madhu Vartha	Female	Farming	Boisar
72	Shakuntala Madhukar Natekar	Female	Househelp	Murbe
73	Gauribai Bansode	Female	Unemployed	Bahipada
74	Bhumika More	Female	Unemployed	Tarapur
75	Vidya Bane	Female	Unemployed	Tembhode
76	Baban Vadekar	Male	Unemployed	Chitralaya
77	Pandiyan Reddy	Male	Construction Worker	Rawalpada
78	Sheikh Idris	Male	Factory Supervisor	Dandipada
79	Rekha yadav	Female	Unemployed	Azad Nagar
80	Rampyare Prajapati	Male	Unemployed	Safale
81	Mohan Madwe	Male	Farming	Chinchane
82	Nisar Ahmed	Male	Factory Supervisor	Tarapur
83	Mira Ramesh Thorath	Female	Unemployed	Boisar
84	Ramesh Rambhau Thorath	Male	Gym Mantainance	Boisar
85	Kamal Sahebrao Ahire	Female	Gardening	Umelman
86	Lalita Prabhu Satnami	Female	Unemployed	Nalasopara East
87	Meena Rajak Dehria	Female	No Fixed Income	Wagheshwari
88	Panduranga Mukund Mhatre	Male	Farming	Kalamb
89	Kusum Panduranga Mhatre	Female	Farming	Kalamb
90	Pradeep Vasantrao Raut	Male	Unemployed	Vasai Gaon
91	Prabhakar Shankar Patade	Male	Retired from Tax Dept.	Manvel Pada
92	Dilip Shankar Patade	Male	Unemployed	Santoshbhawan
93	Atmaram Ramchandra Jagade	Male	Unemployed	Nalasopara
94	Lakshmi Shivgan	Female	Unemployed	Virar East
95	Dada Chavan	Male	Rickshaw	Ambernath

Group B – Beneficiary at Sankara Eye Foundation India (SEFI)

	<b>Beneficiary name</b>	<b>Gender</b>	<b>Occupation</b>	<b>Home locality</b>
1	Lakshmi	Female	Daily wage	Krishnagiri
2	Theemaraja	Male	Ex-Army	Krishnagiri
3	Chinnapappa	Female	Daily wage	Krishnagiri
4	Vijaya	Female	Unemployed	Krishnagiri
5	Mala	Female	Daily wage	Krishnagiri
6	Salammal	Female	Unemployed	Krishnagiri
7	Soluchi	Female	Unemployed	Krishnagiri
8	Rajeshwari	Female	Unemployed	Krishnagiri
9	Kuppusami	Male	Daily wage	Krishnagiri
10	Ramakal	Female	Unemployed	Krishnagiri
11	Devaraj Naduthambi	Male	Farmer	Krishnagiri
12	Chinnasammy	Male	Farmer	Krishnagiri
13	Chinnasammy Perumal	Male	Farmer	Krishnagiri
14	Raja	Male	Farmer	Krishnagiri
15	Subramani	Male	Farmer	Krishnagiri
16	Govindammal Chinnasamy	Female	Unemployed	Krishnagiri
17	Chinnavan	Male	Unemployed	Krishnagiri
18	Govindaswamy V	Male	Unemployed	Krishnagiri
19	Raja P	Male	Farmer	Krishnagiri
20	Manickam	Male	Farmer	Krishnagiri
21	Manya	Female	Unemployed	Krishnagiri
22	Kaveriamma	Female	Unemployed	Krishnagiri
23	Rani Chinnapaiyan	Female	Unemployed	Krishnagiri
24	Saroja	Female	Unemployed	Krishnagiri
25	Pushpa	Female	Unemployed	Krishnagiri
26	Lakshmi Gopal	Female	Unemployed	Krishnagiri
27	Chinnaraj	Male	Unemployed	Krishnagiri
28	Geeta	Female	Daily wage	Krishnagiri
29	Rajamma	Female	Unemployed	Krishnagiri
30	Pachammal	Female	Unemployed	Krishnagiri
31	Vasanthi Mani	Female	Unemployed	Krishnagiri
32	Maliga Vedi	Female	Daily wage	Krishnagiri
33	Santhamunusamy	Female	Unemployed	Krishnagiri
34	Sulochana	Female	Unemployed	Krishnagiri

	<b>Beneficiary name</b>	<b>Gender</b>	<b>Occupation</b>	<b>Home locality</b>
35	Chinnapaiyan Kaveri	Male	Unemployed	Krishnagiri
36	Nagaraj Aiyaswamy	Male	Unemployed	Krishnagiri
37	Muthammal	Female	Unemployed	Krishnagiri
38	Nallammaal	Female	Retired government worker	Krishnagiri
39	Govindhammal	Female	Daily wage	Krishnagiri
40	Palaniappan	Male	Daily wage	Krishnagiri
41	Chanmundeshwari	Female	Agriculture	Krishnagiri
42	Muthammal Kaveri	Female	Unemployed	Krishnagiri
43	Sevatha	Female	Daily wage	Krishnagiri
44	Chinnaswamy	Male	Agriculture	Krishnagiri
45	Parasuraman	Male	Daily wage	Krishnagiri
46	Chinnayyan	Male	Agriculture	Krishnagiri
47	Muniyammal Chinnaswamy	Male	Daily wage	Krishnagiri
48	Manga	Male	Petty shop	Krishnagiri
49	Ganeshan	Male	Agriculture	Krishnagiri
50	Amara	Male	Agriculture	Krishnagiri
51	Govindhamma	Female	Unemployed	Krishnagiri
52	Lakshmanan	Male	Agriculture	Krishnagiri
53	Lakshmanan K	Male	Agriculture	Krishnagiri
54	Rajammaal	Female	Daily wage	Krishnagiri
55	Chennammal	Female	Daily wage	Krishnagiri
56	Miniyammal	Female	Agriculture	Krishnagiri
57	Panjali	Female	Daily wage	Krishnagiri
58	Madhu	Female	Unemployed	Krishnagiri
59	Kaliammal	Female	Daily wage	Krishnagiri
60	Samathal Settu	Female	Unemployed	Krishnagiri
61	Kasammal	Female	Unemployed	Krishnagiri
62	Muniammal	Female	Daily wage	Krishnagiri
63	Perumaaka	Female	Daily wage	Krishnagiri
64	Thirupathi	Male	Daily wage	Krishnagiri
65	Tulasiammal	Female	Daily wage	Krishnagiri
66	Akkammal	Female	Daily wage	Krishnagiri
67	Yashodha	Female	Daily wage	Krishnagiri
68	Settamal	Female	Cattle,Farming	Krishnagiri

	<b>Beneficiary name</b>	<b>Gender</b>	<b>Occupation</b>	<b>Home locality</b>
69	Kannan	Male	Farmer	Krishnagiri
70	Nagarani	Female	Picking Flowers	Krishnagiri
71	KuppuKannan	Male	Daily wages, Flower Picking	Krishnagiri
72	Nagammai	Female	Daily wages, Flower Picking	Krishnagiri
73	Chinnakannu	Male	Daily wages, Flower Picking	Krishnagiri
74	Govindhi	Female	Daily wages, Flower Picking	Krishnagiri
75	Kavery	Male	Unemployed	Krishnagiri
76	Ramasamy	Male	Cattle	Krishnagiri
77	Muthuvedi	Female	Unemployed	Krishnagiri
78	Periyakkal	Female	Unemployed	Krishnagiri
79	Rathnam	Male	Unemployed	Krishnagiri
80	Rajendar	Male	Picking Flowers	Krishnagiri
81	Perumal	Male	Unemployed	Krishnagiri
82	Muniammal	Female	Unemployed	Krishnagiri
83	Gopal	Male	Unemployed	Krishnagiri
84	Tirupati	Male	Unemployed	Krishnagiri
85	Govindhi	Female	Unemployed	Krishnagiri
86	Nasan	Male	Unemployed	Krishnagiri
87	Vijaya	Female	100 Days Government work	Krishnagiri
88	Palaniammal	Female	Unemployed	Krishnagiri
89	Chinnasamy	Male	Farmer and Daily Wages	Krishnagiri
90	Annamalai	Male	Farmer	Krishnagiri
91	Arjun	Male	Farmer	Krishnagiri
92	Manga	Female	Farming	Krishnagiri
93	Rajamma	Female	Unemployed	Krishnagiri
94	Govindasamy	Male	Farmer, Flower Picking	Krishnagiri
95	Veera	Female	Picking Flowers	Krishnagiri
96	Rajamma	Female	Daily wages, Flower Picking	Krishnagiri

Group C – Healthcare team at Bhaktivedanta Hospital and Sankara Eye Foundation India

	Stakeholder name	Healthcare facility
1	Dr. Sachin Amre	Bhaktivedanta Hospital
2	Dr. Ranjit Wagle	
3	Abhishek Agarwal	
4	Dr.Jugal Shah	
5	Dr.Swati	
6	Dr.Vishaka	
7	Dr.Manjula	
1	Ms.Indhu	SEFI
2	Ms.Udhya	
3	Ms.Kanchana	
4	Ms.Nithya	
5	Ms.Sindhiya	
6	Dr.Gaurav	
7	Dr.Pratheek	

Group D – Camp mobilization team at Bhaktivedanta Hospital and Sankara Eye Foundation India

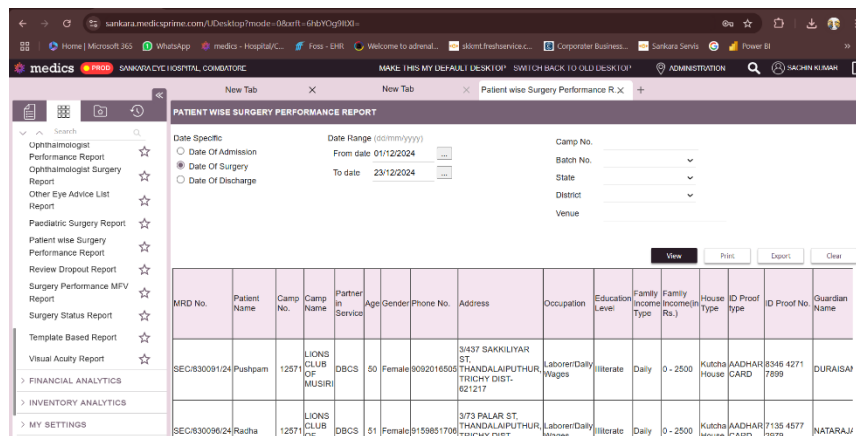
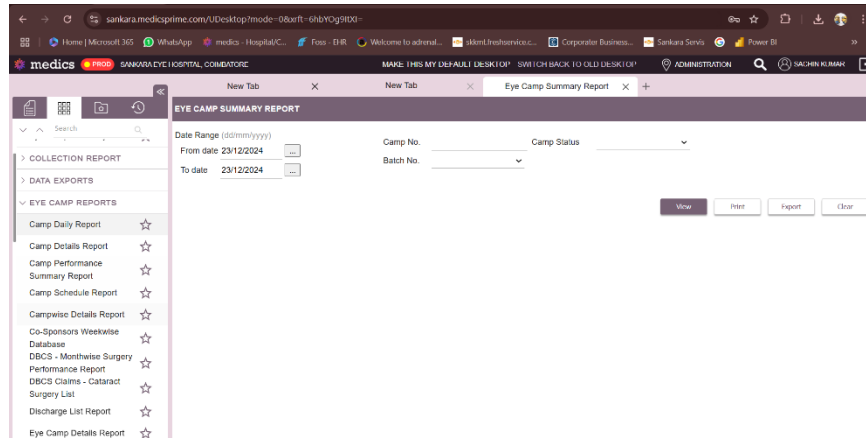
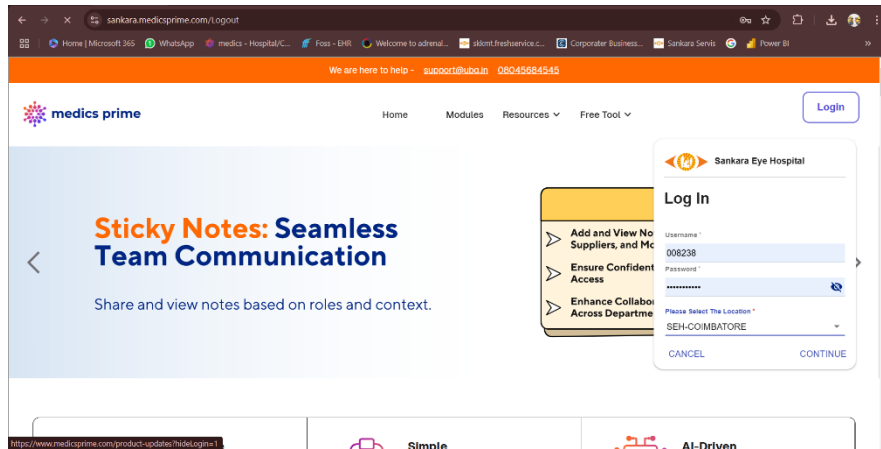
	Stakeholder name	Healthcare facility
1	Mr.Rakesh Kanojia	Bhaktivedanta Hospital
2	Mr.Priyesh Chougule	
3	Mr.Mangesh	
4	Mr.Amol Patil	
5	Mr.Aniket	
6	Mr.Anand	
7	Ms.Rasika	
8	Mr.Manoj	
9	Mr.Pundalik	
10	Mr.Sagar	
11	Mr.Krishna	
12	Ms.Poonam	
13	Ms.Khushboo	
14	Mr.Shyam Bihari	
15	Mr.Balram	
1	Mr. Ravi RB	SEFI
2	Mrs.Gayathri	

Group E – Program team at Bhaktivedanta Hospital and Sankara Eye Foundation India

	Stakeholder name	Healthcare facility
1	Ripu Daman	Bhaktivedanta Hospital
2	Mangal Kamat	
3	Vidhi Chauhan	
4	Sitaram Sharma	
5	Seetaram Sharma	
6	Mangal	
7	Yashu Choudhari	
8	Radhe	
1	Mrs.Shanthi	SEFI
2	Mr. Koushik	
3	Mr. Vignesh G	
4	Mr. Kumar N	



## Annexure 2 - Snapshots of the Medics software used by SEFI as Management information system



### Annexure 3 - Research tool (Survey, FGDs, KII)

#### Survey questionnaire

*All information provided in this survey will be kept strictly confidential and used solely for the purpose of evaluating the impact of the project. Your responses will remain anonymous, and no personally identifiable information will be shared with any third parties. Participation in this survey is voluntary, and you may choose to skip any questions or withdraw at any time.*

Note: *These guidelines will be translated in local dialect using local resources, basis requirement during the field visit*

*Project Aarogyatara, launched by Tata Capital, is a preventive healthcare initiative aimed at combating curable blindness in underserved communities. The project organizes eye care camps, providing screenings, cataract surgeries, and vision correction services to those in need. With overwhelming support from the local communities, the initiative has made a significant impact by improving eye health and accessibility to care.*

#### Objectives for this assessment:

- To measure improvements in the eye health of beneficiaries after receiving treatment, including the resolution of curable blindness and improvement in vision-related daily activities.*
- To understand the broader social and economic benefits of the project, including the financial relief provided by free or subsidized treatment and the ability to return to work or resume daily responsibilities.*
- To evaluate the effectiveness of community mobilization, awareness campaigns, and communication regarding services offered by Bhakti Vedanta Hospital.*
- To compare the beneficiaries' experience at Bhakti Vedanta Hospital with other health camps or private medical providers, assessing the quality of care, cost-effectiveness, and satisfaction.*
- To assess the overall satisfaction of beneficiaries with the services provided and their likelihood to recommend the hospital to others in their community.*

**Name of Surveyor:** \_\_\_\_\_

**Place of data collection:** \_\_\_\_\_

1. Beneficiary name						
Male / Female						
Occupation -				Age		
No. of family members	Adults	Children	Elderly	APL/BPL/Antyodaya		
	M: F:	M: F:	M: F:			
Average annual household income	INR 25,000 - INR 50,000	INR 50,000- INR 1,50,000	INR 1,50,000- INR 3,00,000	3,00,000- 5,00,000	Above 5,00,000	
How far away from the nearest eyecare facilities do you reside?	Outreach/Diagnostic/consultation  Distance in Kms:			Hospital for eye surgeries  Distance in Kms:		
Home locality						

### 1. Mobilization

Interaction with the community mobiliser			
1.1	Did the community mobilizer visit your home to inform you about the eye care camp?	Yes	No
1.2	Were you informed about the specific eye care services provided by the hospital or camp (e.g., cataract surgery, vision correction) by the community mobiliser?	Yes	No
1.3	Did the community mobilizer or anyone from the camp follow up with you after your visit?	Yes	No

### 2. Health awareness and checkup camps

2.1	What specific information or guidance were you given during the awareness camps about eye care and the services offered?					
2.2	Did you receive the treatment or care that was recommended for your condition?	Yes		No		
2.3	Have you attended any other health or eye care camps organized by hospitals or charitable organizations before Bhakti Vedanta?	Yes		No		
2.4	Is there any vision center clinic in your community?	Yes		No		
2.5	If yes, have you visited it for a check-up?	Yes		No		
2.6	How satisfied are you with the overall services provided at the camp?					
2.7	What was the doctor's recommendation? (Multiple choice)	Prescribed medicines	Recommended spectacles	Referred to laboratory for further tests	Recommended surgery	Others: specify

### 3. Visit to the Bhakti Vedanta facility/SEFI

3.1	Before seeking treatment at Bhakti Vedanta, did you consult a private doctor for your eye condition?	Yes	No
3.2	Were you referred to the Bhakti Vedanta Hospital for surgery?	Yes	No
3.3	How did you travel to the Bhakti Vedanta Hospital?		

3.4	Were you offered free travel arrangements by Bhakti Vedanta Hospital? If no, how much did you pay?	Yes		No	
3.5	What type of surgery was recommended?				
3.6	Did you get admitted to the hospital for the surgery/post operative?	Yes		No	
3.7	If yes, how much time did you spend in the hospital?				
3.8	Were you informed about the Dos & Don'ts on the recovery, Post surgery?	Yes		No	
3.9	Did you have to pay for the surgery sought?	Yes		No	
3.10	If yes, how much?	INR			
3.11	How did receiving treatment at Bhakti Vedanta Hospital help in addressing or curing your eye condition?	Considerable Improvement	Slightly Improved	No change	Worsened
3.12	Would you recommend Bhakti Vedanta Hospital's services to others in your family, community, or network?	Yes		No	
3.13	If yes, how was your experience at Bhakti Vedanta Hospital different from other medical facilities in the area?	Good	Average	Poor	
3.14	Overall satisfaction level with the Bhakti Vedanta facility/SEFI				
	Very satisfied	Satisfied		Dissatisfied	

#### 4. Post Surgery - Medicines

4.1	Where did you get the medicines from?	BV/SEFI pharmacy	Pvt pharmacy	Others
4.2	Did the BV/SEFI pharmacist explain:	Regular dosage	Side effects	
4.3	How much money did you pay for the medicines?	INR		
4.4	Did you have any side effects of the treatment or medicines?			

#### 5. Post Surgery - Corrective Aids

5.1	Were you provided any corrective aids?	Dark glasses		Spectacles	Others
5.2	If yes, then where were these dispensed	BV/SEFI optical store		Pvt. Optical store	Others
5.3	How much money did you pay for these aids?	INR			
5.4	How has the aid helped your vision?	Considerable Improvement	Slightly improved	No change	Worsened

**6. Impact on Daily Life and Financial Relief:**

6.1	How has the treatment from Bhakti Vedanta Hospital/SEFI improved your ability to carry out daily activities (work, household tasks, etc.)?	Considerable Improvement	Slightly improved	No change	Worsened
6.2	Did receiving free or low-cost treatment at Bhakti Vedanta Hospital/SEFI relieve you of financial burdens related to your eye care?	Yes		No	
6.3	If yes, how much money do you estimate you saved by receiving treatment through the camp?				
6.4	Has the free treatment allowed you to save money for other essential household needs (e.g., food, education, housing)?	Yes		No	
6.5	Has your awareness of eyecare improved due to the BV/SEFI intervention?	Considerable Improvement	Slightly improved	No change	Worsened

**7. Were any challenges faced while accessing care through the Bhakti Vedanta Hospital/SEFI ?**

--

**8. How was your overall experience of the eye care provided by Bhakti Vedanta/ SEFI?**

--

**9. Any other comments/recommendations/suggested improvements for the future**

--

## **Key informant interview guideline**

### **1. Beneficiary family members**

- How did you learn about the Bhakti Vedanta Hospital, and what prompted your family member to attend?
- What changes have you observed in your family member's health or daily activities since they received treatment for their eye condition?
- How has the treatment impacted your family's financial situation, particularly regarding costs associated with eye care?
- Did you feel adequately informed and supported throughout the process by the community mobilizer and hospital staff?
- Based on your family member's experience, would you recommend the eye care services to others in your community? What improvements would you suggest?

### **2. Community Mobilisers**

- What are some of the other existing eye care facilities available in the locality and how is the intervention of Bhakti Vedanta different from or beneficial to the community members? – Discuss across Accessibility and Affordability?
- How do you identify and reach out to potential beneficiaries in the community to inform them about the eye care camps and services?
- Has Bhakti Vedanta provided you with any training or awareness materials?
- How many households or villages have you covered through your mobilization?
- What challenges do you face while mobilizing people, especially from remote or underserved areas, to attend the camps?
- How do you ensure beneficiaries understand the services provided and encourage them to attend the camp?
- What percentage of households that you visit end up attending the camps,
- Are you provided any remuneration from Bhakti Vedanta for the services provided?
- Have you received any feedback from beneficiaries about their experience at the camps?
- What recommendations do you have for improving the mobilization process or increasing attendance at future camps?
- What is the overall change in prevalence of eye defects/disorders before and after the intervention by Bhakti Vedanta?

### **3. Healthcare professionals - Support Staff at Camps & Clinics**

- Can you describe your responsibilities at the eye care camp or mobile clinic, and how you help ensure smooth operations?
- What logistical challenges or resource limitations do you face in delivering eye care in rural or underserved areas?
- How do you ensure that patients are comfortable and well-informed throughout the process, from registration to post-operative care?
- Have you observed any behaviors or practices among patients that affect their eye health? How do you address these during interactions?
- What kind of feedback have you received from patients, and how does this feedback help improve the way you operate the camps or clinics?
- What resources or support would help you better serve patients during these eye care camps or clinics?

### **4. Healthcare professionals - Doctors and Surgeons (Providing Direct Medical Care)**

- Can you describe your role in the eye care camp or mobile clinic and the procedures you typically perform?
- What challenges do you face in delivering high-quality eye care in a temporary camp setting or mobile clinic, particularly during surgeries?
- How do you ensure that the standard of care is maintained, particularly in terms of patient safety and the success of surgical outcomes?

- What are the most common eye conditions you treat at the camps, and do you notice any recurring patterns in patient health that could be addressed through preventive measures?
- Have patients provided feedback on their experiences with the surgery or treatment? How has this feedback influenced your medical approach or bedside manner?
- In your opinion, how has this initiative impacted patients' understanding of eye health and their approach to seeking care?
- What recommendations do you have for improving the delivery of medical services, particularly surgical care, in future camps or mobile clinics?

**5. Bhakti Vedanta/SEFI project team**

- What was the primary motivation behind initiating the eye care project, and what specific goals do you aim to achieve?
- How do you coordinate with community mobilizers and healthcare professionals to ensure effective service delivery at the eye care camps?
- What challenges have you faced in implementing the project, and how have you addressed them?
- How do you measure the impact of the eye care services on the beneficiaries and the community at large?
- What feedback have you received from beneficiaries and community members about the eye care camps, and how has it shaped your approach?
- Based on your experiences with this project, what recommendations do you have for future initiatives aimed at improving eye care services in the community?

**Focused Group Discussion guideline**

**Beneficiary Demographics**

1. Beneficiary names:	
2. Total no. of participants:	
3. No. of males:	4. No. of females:
5. Age range of the group:	

**FGD questions**

1. How did you get to know about Bhakti Vedanta Hospital? *Options – Outreach camp, you reached out directly.*
2. Who is the community mobilizer here? How are they?
3. helping the community?
4. What are the other eye care facilities in the vicinity and what were the challenges in accessing or affording these services before Bhakti Vedanta?
5. Can you describe the experience of the awareness camp? How did you get to know about the camp? What specific information or guidance where provided, and how did that help you understand the services available?
6. Additionally, what steps did you take after attending the camp to access the eye care services, and how smooth was the overall process?
7. How and why did you approach the Bhakti Vedanta facility?
8. How far away from Bhakti Vedanta centres/hospital do the participants reside? - to capture radius of outreach.
9. Can you describe the process from the moment you learned about the eye care camp to the time you received treatment? How smooth or challenging was it for you?



10. How were the facilities at the hospital during your surgery and recovery? Were the arrangements comfortable and satisfactory?
11. How would you describe the doctors and staff who treated you at the hospital? Did you feel well cared for and supported throughout the treatment?
12. Did you face any hurdles during your treatment time at Bhakti Vedanta Hospital? Explore further across loss of daily wage income or transportation, etc.
13. What did you like the most about the services provided?
14. How has the treatment you received impacted your daily life, such as your ability to work, perform household tasks, or engage with your community? How do you think this project has benefited you and others in your community? What would you like to see improved in the future?
15. Do you currently have any form of healthcare insurance? If yes, were you able to use it for the treatment provided at Bhakti Vedanta? How was your experience with the insurance process during your treatment?
16. Have you received treatment for any other illness, apart from cataract, at Bhakti Vedanta? If yes, what was the nature of the treatment, and how did it benefit you?



Deloitte refers to one or more of Deloitte Touché Tohmatsu Limited, a UK private company limited by guarantee (“DTTL”), its network of member firms, and their related entities. DTTL and each of its member firms are legally separate and independent entities. DTTL (also referred to as “Deloitte Global”) does not provide services to clients. Please see [www.deloitte.com/about](http://www.deloitte.com/about) for a more detailed description of DTTL and its member firms.

This material is prepared by Deloitte Touché Tohmatsu India LLP (DTTILLP). This material (including any information contained in it) is intended to provide general information on a particular subject(s) and is not an exhaustive treatment of such subject(s) or a substitute to obtaining professional services or advice. This material may contain information sourced from publicly available information or other third-party sources. DTTILLP does not independently verify any such sources and is not responsible for any loss whatsoever caused due to reliance placed on information sourced from such sources. None of DTTILLP, Deloitte Touché Tohmatsu Limited, its member firms, or their related entities (collectively, the “Deloitte Network”) is, by means of this material, rendering any kind of investment, legal or other professional advice or services. You should seek specific advice of the relevant professional(s) for these kinds of services. This material or information is not intended to be relied upon as the sole basis for any decision which may affect you or your business. Before making any decision or taking any action that might affect your personal finances or business, you should consult a qualified professional adviser.

No entity in the Deloitte Network shall be responsible for any loss whatsoever sustained by any person or entity by reason of access to, use of or reliance on, this material. By using this material or any information contained in it, the user accepts this entire notice and terms of use.

© 2024 Deloitte Touché Tohmatsu India LLP. Member of Deloitte Touché Tohmatsu Limited