



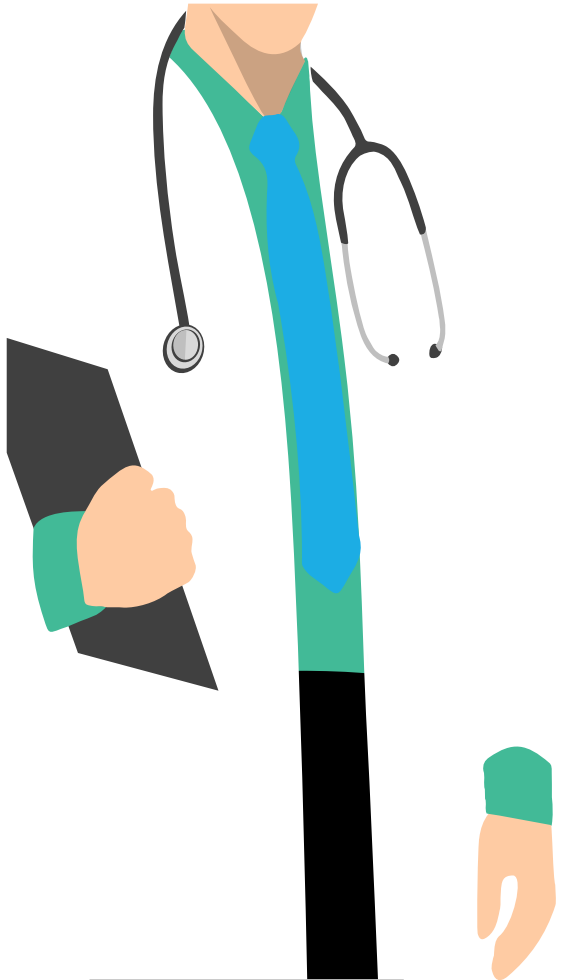
Impact Assessment Study Of **HAPPY EYES**

(Performing 800 cataract surgeries + Mobile refractive van services in Saran District of Bihar)

Submitted by: NuSocia | March 07, 2023



Table of Content



1. Introduction
2. Executive Summary
3. Overview
4. Methodology & Sampling
5. Findings
6. Analysis
7. Recommendations

Introduction



At 8 million, **India has the world's largest blind population**. Nearly half of it was preventable. A report on the social cost of blindness by Seva Foundation states that blindness costs India \$54.4 billion each year.



Four out of five people lose their sight unnecessarily, even today when 80% of blindness can be treated, cured, and/or prevented.

Blindness still remains a disease of poverty, where 90% of people with blindness live in developing countries where all aspects of health care often do not find a place in the government funding priority (NCBI).



The cornerstone of human development is access to high quality eyecare, and the right to sight is the most fundamental of all human needs. The United Nations General Assembly accepted "Vision for Everyone" as a major criterion for achieving the United Nations Sustainable Development Goals as recently as July 2021.



Accessibility and **affordability** of eyecare services, specifically in low-income states like Bihar, are major cause of concern. It is well established that clinical quality standards are inconsistently met, and a lack of trained workforce is a stumbling block to establishing effective eyecare services in these areas.



There is a need for civil society intervention to eradicate curable blindness in the Champaran region, one of Bihar's most impoverished districts. There are no major institutional eyecare service providers in the district. The district hospitals do not have adequate number of Ophthalmologists, hence, people have no choice but to refer to general practitioners or quacks in the area for primary eyecare services.

Executive Summary 1/2

The Project & Its Objectives

- The Titan Co. Ltd. and Akhand Jyoti Eye hospital's project to conduct cataract surgeries and operate a mobile medical van in Saran is part of the larger effort and project 'Happy Eyes' to make the Champaran Division of Bihar blind-free by December 2024, and thereby establish a sustainable ecosystem to ensure continuity of preventive and curative eye health services in the region.
- The project, with an objective of bridging eyecare services, had following components:
 - I. Performing 800 cataract surgeries, and
 - II. Mobile refractive van service in the Saran District of Bihar

Project Implementation

- This project was implemented by the Akhand Jyoti Eye Hospital- a unit of Yugrishi Shriram Sharma Acharya Charitable Trust (YSSACT).
- Akhand Jyoti started curing blindness in December 2005, concentrating principally in Bihar. It is working with a vision to eliminate curable blindness by providing affordable, accessible, sustainable, quality curative and preventive eyecare services in low-income states of India, and empower women to achieve this.

Executive Summary 2/2

Impact Assessment

- This report provides insights from an Impact Assessment Report commissioned by Titan and performed by NuSocia.
- It aims to evaluate the impact created by Titan's CSR intervention to provide 800 cataract surgeries to the rural and semi-urban underprivileged people living in the Saran District of Bihar in FY2022.
- The beneficiaries interviewed during this assessment included equal numbers of male and female beneficiaries having either bilateral or unilateral (left or right) cataract.

Findings & Suggestions

- The project has delivered its agreed objectives within the given timeline, i.e. between January to March 2022, and showcased its firm belief that people's quality of life will be greatly improved by restoring their sight.
- Door-to-door outreach was the necessary strategy to connect with and identify those who require the most assistance. This was a major win for the project.
- All procedures and treatments were free of cost and followed standards established by the WHO.
- 32% of the total project cost was incurred towards carrying out the surgeries. Remaining 68% was used towards building a custom-made refractive van.

Overview

Titan Co. Ltd. (Titan)

- India's prominent lifestyle company, Titan, is a leading player in the jewellery, watches and eyewear categories with several successful brands. For Titan, the Corporate Sustainability function (that covers CSR, Climate Change and Affirmative Action) is an intrinsic and essential part of being in business.

About the Project

- Titan's collaboration with Akhand Jyoti Eye Hospital aimed to undertake 800 cataract surgeries of indigent rural underprivileged people for the period of 3 months from January to March 2022, and operate a mobile refractive van in Saran District of Bihar.

NuSocia Role

- NuSocia, an impact advisory firm, has been appointed to undertake the **Impact Assessment Study** of Akhand Jyoti Eye Hospital's initiative of carrying out 800 cataract surgeries in the Saran district of Bihar and to understand the impact achieved against the expected outcomes.

Methodology

Study Objective



To assess the impact of cataract surgeries on beneficiaries

Study Phasing



- | | | | | |
|---|--|---|--|---|
| <ul style="list-style-type: none"> • Building a common understanding of the universe of the project • Introduction to key stakeholders/implementation partners • Obtain project MIS & other relevant documents for secondary research | <ul style="list-style-type: none"> • Development of research tool for primary interaction on the field • Sign-off on the tools • Tool testing • Tool digitalisation • Training of field research team | <ul style="list-style-type: none"> • Virtual data collection in the form of key informant interactions • Interaction with implementation partner, Akhand Jyoti | <ul style="list-style-type: none"> • Data consolidation & findings • Validation of secondary research with primary research data | <ul style="list-style-type: none"> • Interim presentation of findings and recommendations • Detailed report on observations, analysis, inferences and recommendations |
|---|--|---|--|---|

Sampling

Beneficiary Selection Criteria: Purposive sampling with equitable beneficiary selection on the basis of gender & able/differently-able.



Qualitative research based on appreciative enquiry




Virtual data collection during primary research

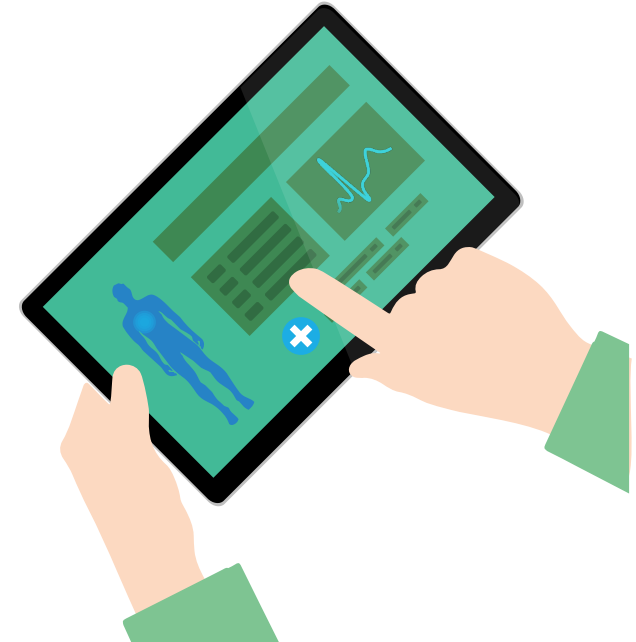


OCED-DAC 'REECIS' (Relevance, Effectiveness, Efficiency, Coherence, Impact and Sustainability) framework will be used for analysis

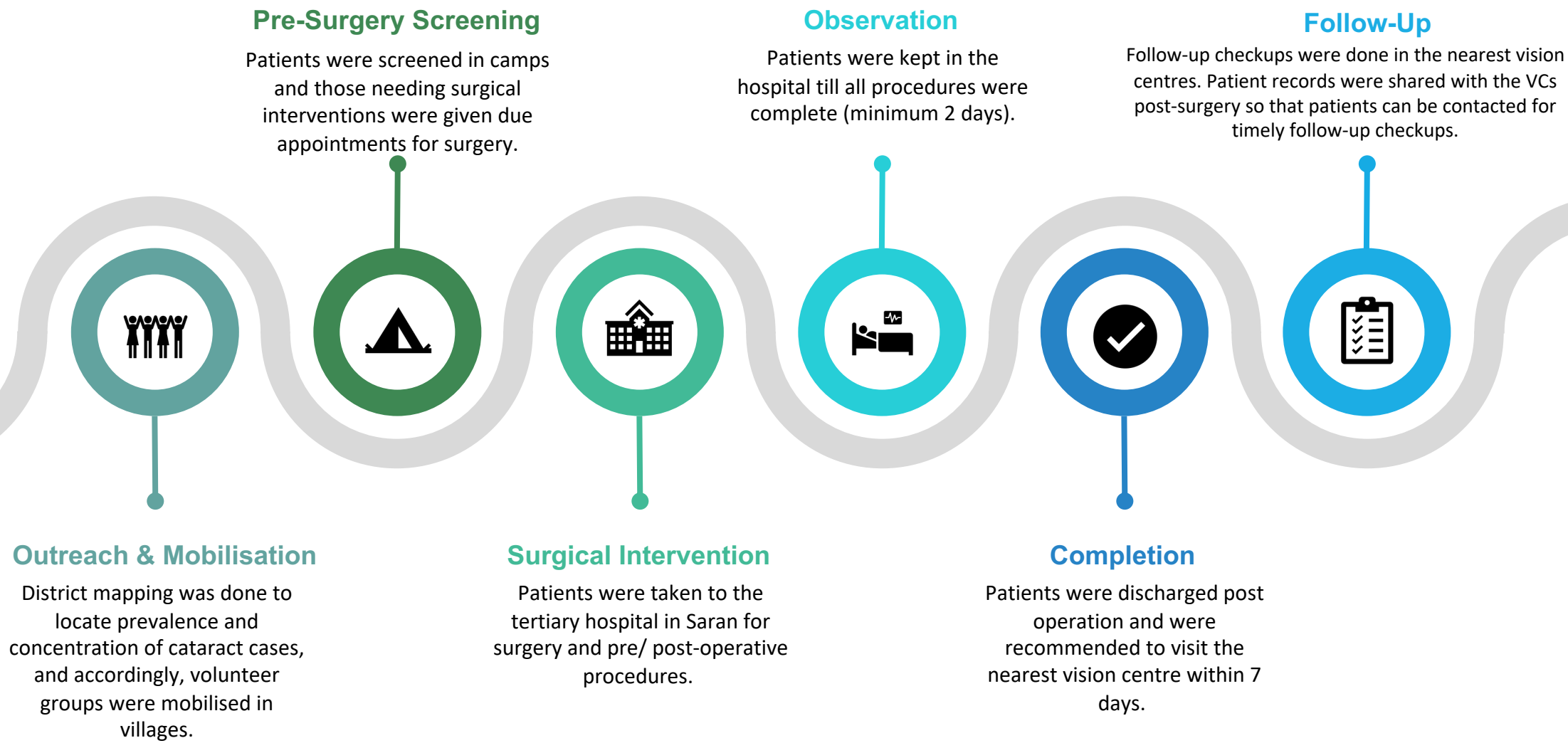
Qualitative Assessment (Virtual Interaction)	Stakeholders	Number of respondents
	Beneficiaries	10
	Beneficiaries' Families	10
	Doctor	02
	Hospital Staff	03
	AKJEH (Implementation Partner)	1
Total		26

Findings

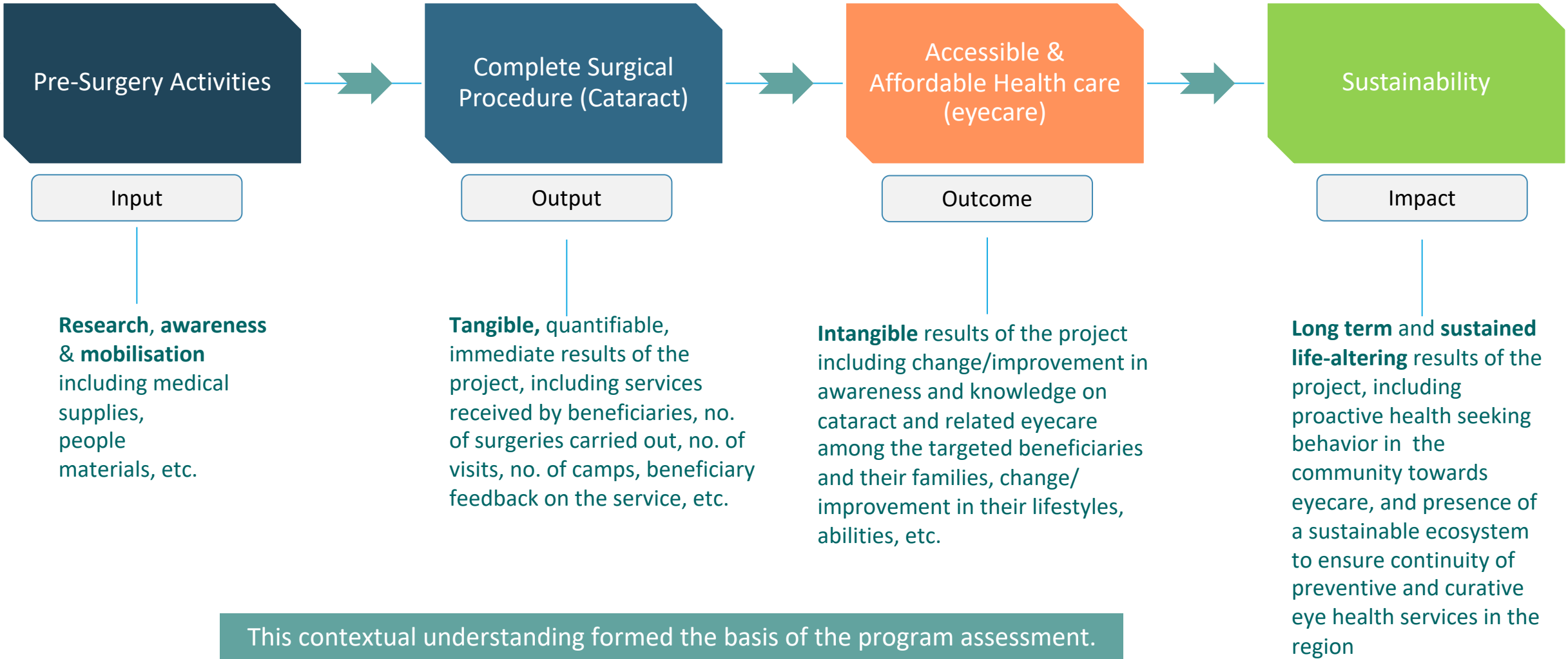
- 
1. Project Map
 2. Impact Map/ Intervention Logic
 3. Output
 4. Outcome
 5. Impact



Project Map



Impact Map/Intervention Logic



Input: Pre-Surgery Activities

Research

- **District mapping** was done to identify population in need of surgical intervention like cataract.
- **Vulnerability mapping** was done within the community to identify vulnerable groups, like the elderly population, in need of cataract surgeries, especially bilateral surgeries.

Awareness

- **Door-to-door awareness** was done by volunteer groups (groups of two volunteers were paired usually). Their role was, primarily, to make people aware about the project.
- Speakers and mics were used to make people aware about the project.
- Pamphlets and leaflets were distributed for awareness generation activities at village levels as well.

Mobilisation

- A total **200 employees** were part of the outreach team and volunteers worked free of cost to spread awareness about this project.
- Camps were set up and camp organisers were appointed to mobilise people for screening.
- There were **29 ophthalmologists** and over **300 optometrists** at the tertiary hospital where surgeries were carried out.

Output: Complete Surgical Procedure (Cataract)

- Beneficiaries were screened in the presence of a senior optometrist at the camps. These camps carried out initial screenings and primary checkups.
- Post screening, cataract patients needing surgical interventions were identified and given a due appointment (date & time) for surgery at the tertiary hospital.
- A total of **800 cataract surgeries** were carried out in the month of **February 2022**.
- **100%** of the diagnosis was age-related cataract.
- Surgical method of **manual small-incision cataract surgery (MSICS)** was used for **100%** of the patients treated.
- **Free transportation** to and from tertiary hospital was provided to the beneficiaries.
- Post-surgery, patients were discharged in a day or two, depending on the patient’s recovery speed.
- Follow-up checkup at the nearest vision centre was recommended for a month following the surgery, the first one being within 7 days.
- In a nutshell, patients received a **complete hand-holding** from the project team from beginning to end.

Total cataract surgeries	Male patients	Female patients	Bilateral cataract cases	Unilateral (L) cataract cases	Unilateral (M) cataract cases
800	410	390	485	180	135

100%

of the planned project output was achieved in terms of no. of cataract surgeries provided in the agreed geography for FY 2022

Outcome 1/2: Accessible & Affordable Health Care (Eyecare)

Change or improvement in awareness and knowledge on cataract and related eyecare among the targeted beneficiaries and their families

- Community leaders, like the Sarpanch, projected a **positive attitude towards the project** team's efforts and initiative. In some cases, the Sarpanch (Mukhiyas), due to sheer goodwill, helped the outreach team prepare a route chart for outreach activities.
- To **ease access**, ensure that beneficiaries **feel a connect with the project team post-surgical intervention**, and to keep a timely check on beneficiaries' health progress, a tele-calling department regularly collected patient feedback electronically about their experience. Door-to-door collection of feedback was also done by the outreach team to understand beneficiary experience and expectations from this project.
- As per our interaction with the implementation partner, the project team successfully treated beneficiaries who were **not aware** that cataract could be treated, and lacked awareness on measures to deal with it.
- Volunteer groups were not only been able to fill the gap in reaching out to elderly cataract patients with their door-to-door outreach activities, but were also **able to bring them to the camps and hospitals**.
- Beneficiary respondents have reportedly referred Akhand Jyoti to their friends and colleagues who were in need of similar medical attention. **Word-of-mouth** was found to be the most common source of information about this project in the community.
- A beneficiary informed us that **90%** of eye operations in this community till date have been carried out by Akhand Jyoti, thereby, amassing a good reputation and goodwill for its work locally.

Outcome 2/2: Accessible & Affordable Health Care (Eyecare)

Change or improvement in their lifestyles, abilities, etc.

- The project has helped beneficiaries massively in terms of saving huge amounts in medical bills that would otherwise be spent on treatments in private clinics. **Beneficiaries incurred no project-related expenses** at any stage. Patients were given free-of-cost transportation services to and from the tertiary hospital for surgery (free pick-up and drop).
- According to the implementation partner, patients, especially those with bilateral cataract, have been able to turn their lives around post-surgery. They now have regular jobs and are able to support their families. Beneficiaries' assimilation in society has helped them regain their confidence and overcome loneliness, social isolation, and feelings of worry, anxiety, and fear that is often associated with loss of vision. They are no more looked upon as a **burden and a liability**.

The screening camps were organised in remote rural locations that helped bridge the gap between the hospital and community

Impact 1/2: Sustainability

Long-term and sustained life-altering results of the project including proactive health seeking behaviour in the community towards eyecare

- This project has helped reached the economically and socially marginalised patients in locations that are **not easily accessible** and where medical facilities are **not adequately available**.
- On one of the door-to door visits, the outreach team came across a family wherein three children and the grandmother had **bilateral cataract**. The grandmother never sought medical attention before because she could not commute to the nearest government hospital. The family was unaware about the children's health problem (cataract) until the outreach team tested them. The children, along with the grandmother, were then taken to the nearest Akhand Jyoti camp for screening and surgical intervention was suggested. There is also another instance, as reported to us by the senior optometrist, of a beneficiary who was abandoned by her family and in-laws. Post-surgery, **she considers her life a rebirth nothing short of a gift**.
- The project has helped the patients and their families not just physically and financially, but also **psychologically, mentally and emotionally** by giving them a sense of normalcy in everyday lives, as many of them are slowly getting a closer experience of their old lives.
- The active involvement of volunteers and health workers in the project cycle has created a **proactive health seeking behavior in the community** towards eyecare.

Impact 2/2: Sustainability

Presence of a sustainable ecosystem to ensure continuity of preventive and curative eye health services in the region

- The project has created a **niche** for itself among private medical practitioners in the region, wherein there are collaboration efforts with private practitioners who refer the services of this project to their patients needing surgical interventions or other treatments or procedures that practitioners do not provide in their clinics.
- Patient history collected in this project (in the form of MIS, feedback forms, etc.) will help in creating and sharing databases to help understand the health care in the location. This will help in **creating a sustainable ecosystem** to ensure continuity of preventive and curative eye health services in the region.
- Providing free high-quality cataract surgeries to the marginalised rural communities will not only alleviate avoidable blindness but also, to some extent, poverty in the long run.

100%

of the beneficiaries interviewed are happy with the surgical interventions and have reported no complications post surgery

Feedback

"The best thing about the project is the way the project team treats and cares for the people. I have received two follow-up calls from the project team post surgery."

- Unnamed female patient

"I remember receiving follow-up calls from the team post surgery. I feel the services of the project are worth recommending to people."

- Unnamed male patient

"Post surgery, I am now able to return back to cultivation and agro work, and support my family. "

- Unnamed male patient



"I am very happy with the services of the project and have been recommending its services to other people. However, it would have been helpful if accommodation arrangements were provided for the patients' attendees as well."

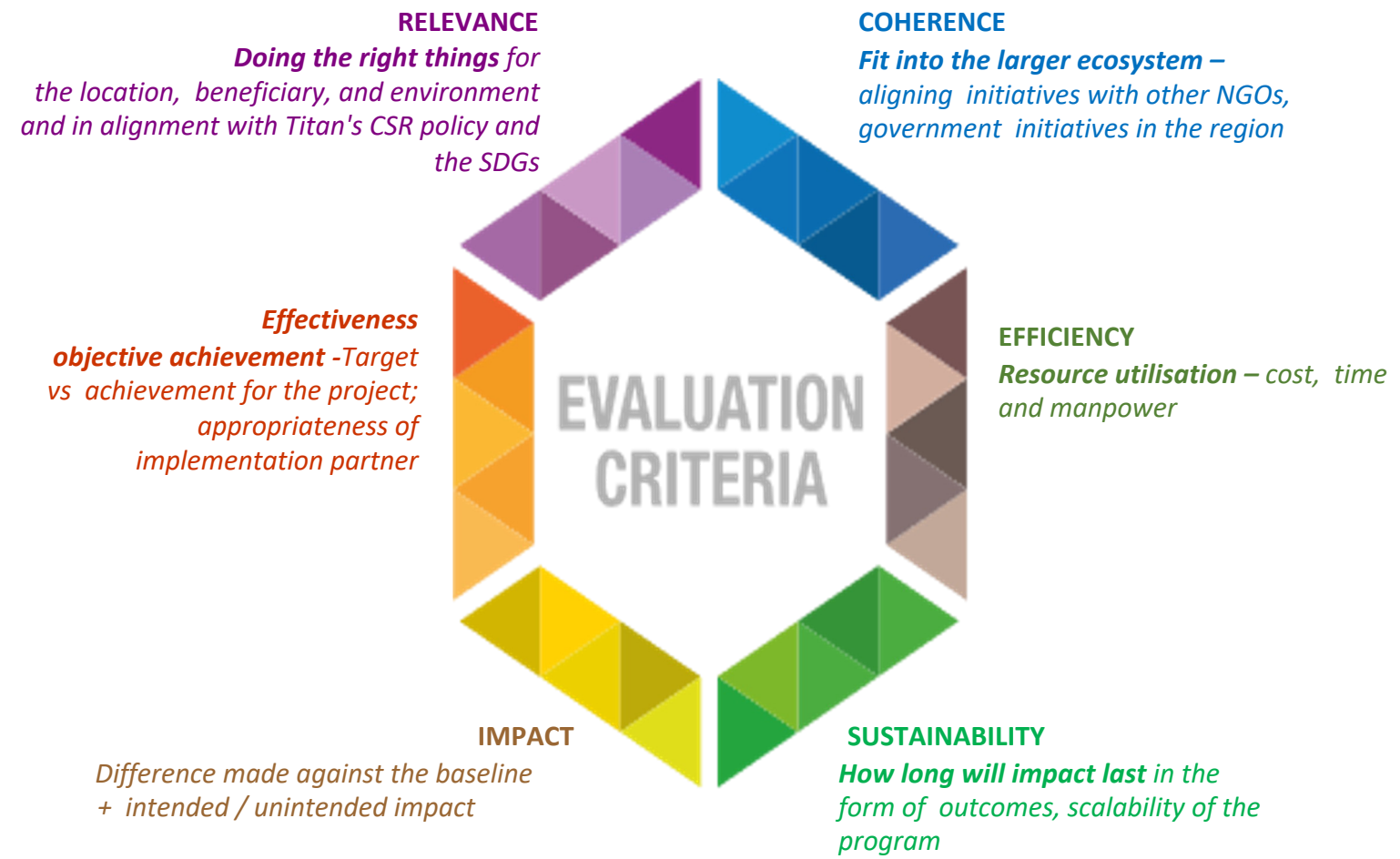
- Unnamed female patient

"The project provided everything from the initial consultation to follow-up calls on the mobile phone to check the progress on my health. However, exact details about the processes involved would be difficult to recollect as the surgical intervention was provided more than a year ago."

- Unnamed female beneficiary

Analysis

Global standard framework of RCEEIS based on OECD-DAC was used for the analysis, for the program's outcome evaluation.



Analysis (1/3)

Theme	What Worked Well	Area of Improvement
<p>Relevance</p>	<ul style="list-style-type: none"> • Before Akhand Jyoti, there were no big institutional eyecare service providers in the district. The district hospitals did not have full-time ophthalmologists, hence, for eyecare primary services, people had to refer to general practitioners or quacks in the area. • This paid service was not affordable and accessible to the rural poor, increasing the unmet demand for eyecare, specifically for cataract surgeries. 	<ul style="list-style-type: none"> • While a commendable social service has been delivered in terms of catering to the needs of the elderly population, mobilisation efforts could be used to bring other vulnerable population like differently-abled people, transgender community, single mothers, etc. within the ambit of this project.
<p>Effectiveness</p>	<ul style="list-style-type: none"> • The project has achieved its target of conducting 800 cataract surgeries for indigent, rural, underprivileged people in Bihar, for the period of 3 months from January to March 2022. • Door-to-door awareness efforts helped reach beneficiaries, who would have otherwise remained untouched by any such development projects that are in place to help them. • The cost per patient was only Rs. 3,500/- that included all pre and post-surgical intervention-related costs such as costs of lenses, outreach cost, staff salaries, patient transport, patient service, cost of consumables, etc.) 	<ul style="list-style-type: none"> • Building capacity of frontline health workers on early diagnosis and timely referral of all suspected cases with eye conditions. • Accommodation arrangement for the patient's attendees during the overnight stay at tertiary hospital for surgical intervention.

Analysis (2/3)

Theme	What Worked Well	Area of Improvement
Efficiency	<ul style="list-style-type: none"> The project has successfully addressed all aspects of health care delivery from awareness, screening, and treatment to post-care advises. Rs. 8,640,251/- was used for the financial year 2021-2022 (January to March 2022) towards carrying out the 800 cataract surgeries and building one custom-made refractive van, wherein Rs. 2,800,000/- was used for the 800 surgeries and Rs. 5,840,251 for the van. A balance amount of 1,359,749 is carried forward to FY 2022-2023. No shortage of staff was found, as often seen in other health care projects operating in rural areas. 	<ul style="list-style-type: none"> Conducting a facility audit can help identify the gaps in delivery of eyecare services and develop an action plan to bridge the gaps (if any).
Impact	<ul style="list-style-type: none"> There are indications that the vision-specific and generic health-related quality of life of people with cataract who underwent cataract surgery have improved. Interactions with beneficiaries indicated that people with operated cataract are more likely to undertake and spend more time on productive activities and less likely to report needing assistance with activities. There are testimonies of beneficiaries who have turned their lives around for the better (personally and professionally) after the surgical intervention. 	<ul style="list-style-type: none"> Better collaboration with local NGOs and other civil societies can improve project outreach. These civil societies are repositories of data and network opportunities that can be leveraged. There is a need to increase the frequency of door-to-door awareness campaigns to help address the initial scepticism from patients so that maximum project impact is ensured.

Analysis (3/3)

Theme	What Worked Well	Area of Improvement
Coherence	<ul style="list-style-type: none"> Project objectives align with the NHM’s NPCBVI scheme of Government of India, and also with SDG 3. 	<ul style="list-style-type: none"> Leveraging the available PMJAY impaneled facilities network for the provision of quality-assured eyecare services.
Sustainability	<ul style="list-style-type: none"> Implementation partner takes complete ownership of the project. A fully equipped and staffed tertiary hospital is used to conduct the surgeries. All surgeries are provided free of cost to the beneficiaries as the entirety of the cost is part of Titan's CSR investment. Community leaders, like the Sarpanch, are involved in the project mobilisation efforts. Hence, organisational, financial, and community sustainability is ensured. 	<ul style="list-style-type: none"> As part of the exit strategy, explore possibilities of establishing functional interstate referral linkages with premier eyecare institutes. Promote declaration of Avoidable Blindness-Free Villages (ABFVs). This will also help with goodwill generation. Design awareness and advocacy programs for communities to take care of their eye health needs.

Recommendations

Project Design

- Provision to provide accommodation and other basic facilities to attendees accompanying the patients for surgery.
- As part of project monitoring and evaluation, a detailed impact assessment study can be undertaken to understand the socio-economic impact of this project. This will not only serve as feedback for Titan to plan and allocate resources better, but shall also deepen the impact of CSR.

Implementation

- Sensitisation and educational or advocacy sessions can be designed and conducted to create maximum awareness on cataract and help address the initial scepticism that the project team faces.
- Using the local language or dialect to counsel the patients

Sustainability

- Leverage government schemes
- Build a local network with PHCs and government hospitals for referral services
- Suggest collaboration activities with the education sector (local schools and colleges) towards inclusive education for persons with low vision and blindness

Conclusion



This impact assessment shows that the project has succeeded in its objective of performing **800 cataract surgeries** in the select geography, providing needy people with free transportation, medicines, examinations, dietary advice and surgery.



One **challenge** faced during this exercise was that beneficiaries received the surgical interventions almost one year back, and hence, could not recall every detail during our interviews.



The project has successfully addressed the three A's or pillars of health care, i.e. **availability, accessibility, and affordability** by making this service available in the remote areas of Champaran, Bihar, with services made available within reach to all including people with disabilities, women, the elderly, which is completely free of cost, including any associated cost (e.g. for transport).



Despite the challenge mentioned above, this project is an example of how appropriate needs-based cataract service is and how a growth trajectory can be achieved and sustained with the help of a well-planned need-based CSR intervention and an expert implementation partner.



Digital KII interaction with project manager, Arnab Sarkar



Thank You