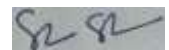


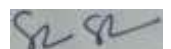


Evaluation of Happy Eyes Program of Sankara Eye Hospital

Bangalore & Shivamogga



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Executive Summary

TITAN partnered with Sankara Eye Hospital in 2014 to support its eye care services to the underprivileged population of the country through its Gift of Vision Program. Later the support was extended to two other programs: 1). Nanna Kannu Program (Rainbow Program) and 2). Mobile Rural Vision Screening Program (MRVP) program. This particular evaluation is restricted to the programs supported by TITAN in the FY of 2020-21. In the FY of 2020-the 21, the Gift of Vision Program had conducted 63 camps covering around 5631 persons. The MRVP had reached 4768 people through 51 camps, and the *Nanna Kannu* program had covered 127 schools screening around 14093 children. Achievements under all the programs were lower than the previous year due to COVID and related government restrictions.

This evaluation is conducted to understand the process and the achievements of the programs supported by Titan. Both quantitative and qualitative methods were used to collect information from the stakeholders of the program. One hundred seventy-two beneficiaries from Sankara Eye Hospital Shivamogga and Bangalore are surveyed to capture their experience of going through surgery under the Gift of Vision program.

Major Findings of the Study: Ninety-five per cent of the total surgeries conducted by the Sankara Eye Hospitals of Karnataka were for cataracts. Prevalence of blindness is highest in the 80+ age group, but SEHs Bangalore and Shivamogga covered only 1.7 per cent of the beneficiaries in the age group. Lack of interest from family members is the primary reason for lower coverage in this age group.

Sankara Eye Hospital has reached the most underprivileged section of the society (which is also their goal) as 76 per cent of the beneficiaries were illiterate, and 96 per cent were BPL cardholders. About 1/3rd of the beneficiaries are working, and 42 per cent have their agricultural land.

People had travelled more than 26 km from their homes to reach the camp. About 51 per cent of the patients travelled by local busses to reach the campsite, and another 32 per cent travelled in their vehicle. Most beneficiaries attended the camp because they had been facing eye problems for the last 1-2 years, but less than 21 per cent ever visited a doctor for consultation. About 99 per cent of the respondents were 'happy' with the facilities provided in the camps. Few respondents requested drinking water facilities, proper toilet facilities, lunch, and sitting arrangements during the waiting period.

Most of the respondents had travelled in the SEH buses to the Base Hospital for surgery. All the respondents were satisfied with the food quality and sleeping facility provided at the Base Hospital. More than 96 per cent of the respondents are happy with the outcome of the surgery, but 13 per cent of the respondents are still facing difficulty seeing properly.

After the respondents were dropped off at the campsite, they were either picked up by their relatives (75%), or they took a local bus (16%) or auto (9%) to travel back to their home.

Most of the respondents confirmed following the post-surgery instructions even though some of the instructions were difficult to follow. More than 53 per cent of the respondents had not attended the review camp organised by the Sankara Eye Hospital after a month of surgery. About 95 per cent of the respondents had received corrective glasses after the surgery, and 79 per cent had confirmed using them regularly.

SEH's initiative for the underprivileged section of the country has helped to improve the lifestyle of the people in their old age. Most of the respondents denied having any after operation issues. Fifty-four per cent denied having any limitations in their activities, and 88 per cent of the respondents had said that they are going out of their house without any support after the surgery.

Administrative challenges to accessing permission from the government departments to conduct the program and lack of cooperation from the family members are some of the challenges the team faces with the Gift of Vision program. But the majority were due to the restrictions/modifications that the COVID made in the whole program.

Recommendations in the report are the feedback of the SEH team members only where the suggestions are made for addressing a few of the regular challenges and also improving the outputs. All of them recognized that challenges due to COVID-19 are time specific and most of them would not be relevant in the coming financial years.

Evaluation of Happy Eyes Program of Sankara Eye Hospital, Bangalore & Shivamogga

Section 1: Introduction to the Programs

1. Introduction

The National Program for Control of Blindness and Visual Impairment (NPCB&VI) was launched in 1976 to reduce the prevalence of blindness to 0.3% by 2020. Initially, it was a 100% centrally sponsored scheme; later, it was made 60:40 in all the states and 90:10 in the NE States. At the turn of the millennium, which, along with the International Agency for the Prevention of Blindness (IABP), launched Vision 2020: The Right to Sight, a global initiative to “intensify and accelerate prevention of blindness activities to achieve the goal of eliminating avoidable blindness by 2020”. In 2013, World Health Assembly adopted Universal Eye Health: Global Action Plan 2014-19 to reduce the prevalence of avoidable visual impairment by 25 per cent by 2019 compared to the baseline prevalence in 2010. India achieved the target well before the given time with 47 per cent and 52 per cent reduction in blindness and visual impairment, respectively, in the last decade.

As per the National Blindness and Visual Impairment Survey of India: 2015-the 19, the number of visually impaired people in India is reduced to nearly 34 million compared to WHO estimates of 62 million in 2010. There is anecdotal evidence to suggest that the increase in the prevalence of blindness and visual impairment has been reversed in recent years, despite the ever-increasing and more elderly population¹. Other fascinating findings of the study were blindness is higher among:

- women (2.31%) than men (1.67%) in the population aged ≥ 50 years in 2020²;
- illiterates (3.23%) than in the country’s literate population. It was only 0.43 per cent among 10th pass and above; and
- the rural population (2.14%) than the urban population (1.80%).

2. Sankara Eye Hospital: Programs and Achievements

Sankara Eye Hospital, with a vision “to work towards the freedom from preventable and curable blindness,” started its journey in 1977 when Dr Ramani and Dr Radha and 10 like-minded doctors established a Medical Centre on the premises of Kamakshi Amman Temple in

¹ Kumar, Atul; Vashist, Praveen¹ Indian community eye care in 2020, Indian Journal of Ophthalmology: February 2020 - Volume 68 - Issue 2 - p 291-293 doi: 10.4103/ijo.IJO_2381_19

² Average blindness in the country was 1.99 percent above population above 50+ in 2000.



Coimbatore, Tamil Nadu. Realising that 80 per cent of the partial or total blindness could be prevented or cured, Sankara Eye Hospital was established in Coimbatore in 1985 and a Sankara Eye Bank. In the last 36 years, 12 other eye hospitals have been established across seven states³.

In 2014, TITAN partnered with Sankara Eye Hospital to support their eye care services to the underprivileged population of the country through their Gift of Vision Program. Later the support was extended to two other programs: 1). Nanna Kannu Program (Rainbow Program) provides eye care services to children through schools, and 2). Mobile Rural Vision Screening Program (MRVP) program, which provides eye care services (limited to screening) and free corrective spectacles (if required) to the economically underprivileged section of people in the urban and rural parts of the country. Also, for a period of one year (2020-2021), TITAN has supported establishing a Vision Centre in Rennebennur town of Haveri District in Karnataka, which provided comprehensive primary eye care services to the economically poor people with a focus on early detection, referral and appropriate treatment to prevent blindness and visual impairment.

Even though TITAN has been supporting Sankara Eye Foundation since 2014 to reach the unprivileged section of the society, this particular study is restricted to the programs supported by TITAN in the FY of 2020-21. As per the information provided by the Sankara Eye Hospital (henceforth SEH), TITAN had continued its support for three of its major programs in the FY of 2020-21:

2.1. Gift of Vision (Rural Outreach Eye Care Programme): Launched in 1990, Gift of Vision (hereafter GoV) is a massive community outreach programme. SEH has performed over 2 million free cataract surgeries and has become one of India's major eye care providers. The Gift of Vision program integrates with a community, capitalising on pre-existing community networks and a highly efficient patient care system. It aims to reach out to the rural poor at their doorstep to provide free eye care services. It is one of the most far-reaching technologically enabled programmes, covering rural areas over 400 km of the SEHs. Rural outreach camps are organised to identify beneficiaries with vision impairment. The identified beneficiaries are then brought to the nearest Sankara Eye Hospital (or base Hospital), where they are examined, assessed, surgery performed, medications provided and transported back to the campsite near their residence on the next day. Transportation, treatment, medicines and boarding are provided entirely free to the patients. After a month of the surgery, review camps are conducted to ensure zero post-operative complications. Free transport, meals, & accommodation for patients at the base hospital have helped overcome the economic barrier to reaching out to the community on a large scale.

³ In 1981, Sri Kanchi Kamakoti Medical Trust was established, the parent organisation of Sankara Eye Hospitals/Foundation in India.

In the FY of 2020-21, Titan supported the GoV program in two Sankara Eye Hospitals, i.e., Shivamogga and Bangalore. Due to COVID regulations across the country, both hospitals could not conduct the required number of camps. Sankara Eye Hospital Bangalore started organising camps from November onwards and was able to conduct 32 camps by the end of the financial year. On the other hand, Shivamogga Centre conducted 31 camps starting from December 2020. Together, both the hospitals were able to screen about 5631 people and conducted cataract surgeries on 2232 people in the FY of 2020-21.

Table 1: Achievements under Gift of Vision Program, Bangalore & Shivamogga for FY 2020-21

		Bangalore			Shivamogga		
		M	F	T	M	F	T
1	Number of Camps Conducted	32			31		
2	Number of people screened	1444	1481	2925	1175	1531	2706
3	Percentage of SC/STs amongst people screened (in %)	5.3	5.5	5.4	36.6	35.1	35.7
4	Number of people received Medicinal Intervention at Camp Site	41	46	87	132	114	246
5	Number of Titan Sponsored Cataract Surgeries (Unpaid/BPL)	482	574	1056	535	641	1176
6	Percentage of SC/STs among Titan Sponsored Cataract surgeries (in %)	4.8	4.4	4.5	36.1	30.4	33

Source: Annual Report of 2020-21, Sankara Eye Hospital, Bangalore

2.2. **Mobile Rural Vision Screening Program (MRVP)** is a comprehensive mobile eye care program where a vehicle with an autorefractor, two trail sets, and slit-lamps with a teleophthalmology facility is crafted to provide eye care for the less privileged people from rural and urban areas of Karnataka. The program is implemented in and around five districts of Bangalore Urban district, i.e., Bangalore Rural, Tumkuru, Kolar, Ramnagara, and Bidar⁴.

As per the information shared by SEH, 4768 people were screened in 51 camps. Glasses were provided to 1541 people, and 701 people were referred to the Base Hospital, of which only 109 had gone through the surgery. It is essential to mention here that not all the people referred to the base hospital need surgery, like the patient identified with

⁴ Special camp was conducted in Bidar district for handloom workers on the request of Government of Karnataka in 2020-21. Otherwise, the district, which is 600 kms away from the SEH Bangalore, is not covered under the program.



complex refractive error needs to visit Base Hospital for a few more tests before being prescribed for a corrective eyeglass. Like, any other project, MRVP was also affected by the COVID-19 pandemic, as the number of camps decreased from 130 in 2019-20 to 51 in 2020-21 (refer to the table below).

Table 2: Comparative Achievements of MRVP

Particulars	2019-20	2020-21
Screening of Adults	13,000	4768
Spectacles Distribution	4,000	1541
Surgical Intervention	200	109
Number of Camps	130	51

Source: Sankara Eye Hospital, Bangalore

- 2.3. **Nanna Kannu Program:** The program provides eye care services to the children of government schools in 2 taluks of Ramnagara District and one educational block of Bangalore Urban district of Karnataka. As per the information provided, 25 camps were organised to cover the students from 127 schools in 2020-21. About 14093 children were screened, 82 children received corrective glasses and surgeries were conducted for 63 children. As the schools were closed for most of the academic year, SEH was able to implement the program for two months only in the FY of 2020-21, viz, February and March.

Table 3: Achievements of Nanna Kannu Program, 2020-21

		Bangalore		
		M	F	T
1	Number of Schools Covered	127		
2	Number of Camps Conducted	25		
3	Number of children screened	7059	7034	14093
4	Number of children received corrective glasses	44	38	82
5	Number of children who had undergone cataract/other surgeries	44	19	63

Source: Sankara Eye Hospital, Bangalore

- 2.4. As per the agreement with SEH for the FY of 2020-21, Titan agreed to provide support for the selected programs of the Bangalore and Coimbatore SEHs, but COVID restrictions didn't allow the Coimbatore Hospital to conduct the activities under the program. Therefore, the fund was redirected towards supporting the GoV program in Sankara Eye Hospital in Shivamogga, Karnataka. Also, one-year establishment support (2020-2021) was provided to the **Vision Centre in Rennebennur, Haveri**

(Karnataka), which provides comprehensive primary eye care services to the surrounding areas, focusing on early detection, referral and appropriate treatment to prevent blindness and visual impairment. It is quite evident from the table below that the Rennebennur Vision Centre was way behind the target. However, we need to consider that higher number of COVID positive cases were recorded in beginning of the FY across the country disrupting any normal activities, including opening of the Vision Centre. The Vision Centre in Rennebennur was inaugurated on 21st December 2020; concluding that the Vision Centre was operational only for 3 ½ months of the FY 2020-21. In the given time period, the achievements of the Vision Centre were way higher than the target.

Table 4: Target and Achievements for the Vision Centre Rennebennur, 2020-21

	Specification	Unit	Target	Target for four months	Achievements (in less than 4 months)
1	Screening of walk-in patients from the community	Number of Walk-in Patients	1675	419	695
2	Prescribe/ dispense spectacles	Number of Patients	251	63	132
3	Teleconsultations	Number of Patients	1348	337	650
4	Referred non-paying subsidized surgeries from the area	Number of patients	178	45	116
5	Sustainability of the Vision Centre, Rennebennur	Percentage of total earnings/total expenses of the Centre	100% sustainable	25%	46%

Section 2: Objectives and Methodology of the Study

1. Objectives of the Study:

TITAN has been supporting the programs of Sankara Eye Hospitals since 2014, but the evaluation is restricted to the financial support provided in the FY of 2020-21 with the following objectives:

- a) Achievements of the Project
 - Inform about the expected outputs of the grant mutually agreed upon by the partner and TITAN, the reason for variance, and observations
 - Help in understanding the work done by the partner and the challenges faced in the implementation of the project.
- b) Effectiveness of an Intervention
 - Help understand the effectiveness of a particular intervention in a given theme/area.
- c) Way Forward
 - The evaluation output will give critical insights into the program and recommendations that will assist in making decisions about Titan's support to the organisation.

Along with the objectives mentioned above, the study will also explore the impact of the COVID on the program's overall achievements and discuss the program's future course.

2. Methodology:

The mixed method is used to collect the required data/information for the evaluation. We have restricted the quantitative method of data collection to the beneficiaries of the GoV program only. Assuming the beneficiaries' profiles are nearly the same in the GoV program⁵, we considered the sample size at 80% confidence level and 5% margin of error, which is 153 beneficiaries. A systematic sampling method was used to sample beneficiaries from the list of beneficiaries for 2020-21. Enumerators were hired to interview the sampled beneficiaries telephonically, and around 200 beneficiaries⁶ were called, of which 20 were unreachable, and eight were rejected due to incomplete information. In total, 172 beneficiaries were included in the study. In *Nanna Kanu* Program, we dropped the idea of interviewing children telephonically. As the services provided under MRVP are nearly the same as under the GoV program, we also dropped the idea of surveying beneficiaries of MRVP.

⁵ Mostly above 60+ years from the rural areas of the country, and from lower social and economic category.

⁶ List of 200 beneficiaries is shared with the enumerators considering that many contact numbers had changed over last year.

We also used the qualitative data collection method, like FGDs, and IDIs. Group Discussion, for understanding the programs, its processes, and challenges. The first step in the process was to list the stakeholders (within and outside SEH) of the program and then meet them (or sometimes connect with them telephonically) with the support of the SEH team. We met most of the stakeholders in the hospitals only, which was arranged by the project lead of the Bangalore and Shivamogga Hospitals. The table below has listed the program wise stakeholders and the process of collecting information from them.

Table 5: List of Stakeholders and Process of Data Collection

S.No	Stakeholders	Programmes		
		GoV	Nanna Kanu	MRVP
1	CMO	IDI with Dr Mahesh, SEH Shivamogga CMO is not available at SEH Bangalore		
2	Senior Doctor	IDI with Dr Meena, Head of the Department Glaucoma, SEH Bangalore		
3	Unit Head	IDI with Ms Gayatri, SEH Shivamogga IDI with Mr Gnanasekaran, SEH Bangalore		
4	Outreach Administrator	IDI: 1. Anita, Senior Administrator, SEH Shivamogga 2. Avinash, Administrator, SEH Shivamogga 3. Paramesh, Administrator, SEH Bangalore		
5	Ward In-charge	IDI with Savithamma KV, Camp Ward In-charge, SEH Shivamogga		
6	Coordinator	Venkatesh Rao & Arun, SEH, Shivamogga	Chandrappa L, SEH Bangalore	Kumar C, SEH Bangalore
7	Vision Health Visitors (VHVs)	Group discussion with: - Ravi Kumar, Thagaraja Nayar, Krishna, and Shankara Nayar, SEH Shivamogga	Santosh Kumar G Bhulakshmi, SEH Bangalore	
8	Local co-sponsors	Group Discussion @ SEH Shivamogga		
9	Rannebannur Vision Centre	Sunil, Refractionist Prakash, Counsellor		
10	Beneficiaries	Group discussion with 3 Beneficiaries from Shivamogga		
11	Beneficiaries	Survey of 172 sampled beneficiaries (total beneficiaries 2339)	--	--

11.1	Beneficiaries of Sankara Eye Hospital, Bangalore	73 (total beneficiaries 1163)		
11.2	Beneficiaries of Sankara Eye Hospital, Shivamogga	99 (total beneficiaries 1176)		

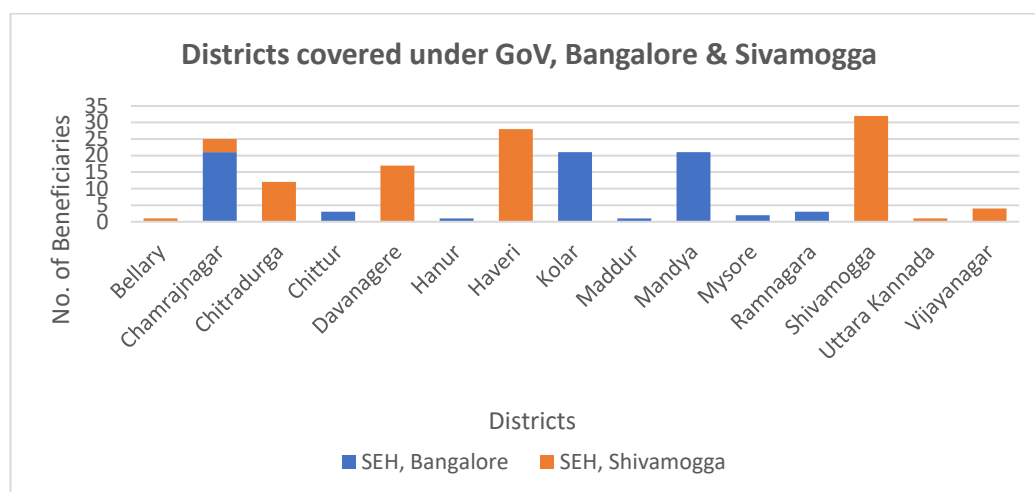
Section 3: Findings and Challenges of the Program

1. Findings of the study:

As mentioned in the methodology, only the beneficiaries of GoV had been selected for the quantitative survey. The questionnaire captured the beneficiaries' socio-economic details and their experience of going through eye surgery in Sankara Eye Hospitals. Findings from the discussions with the SEH staff and beneficiaries of projects are also incorporated in this section.

1.1. Socio-Economic Status of the Selected Beneficiaries

The survey covered 72 and 99 beneficiaries treated in the SEH Bangalore and Shivamogga, respectively. Both hospitals had covered 15 districts, of which Bangalore had covered seven districts, and Shivamogga covered eight districts. Most of the beneficiaries in the study are from Shivamogga district (32), followed by Haveri (28) and Chamarajanagar (25).



As per the National Blindness and Visual Impairment Survey India 2015-19 (hereafter NBVI Survey 2015-19), cataract is the principal cause of blindness (66.2%) in the country. In 1994, seven states of India launched a world bank-assisted cataract blindness control project, which had increased cataract surgeries from around 1.2 million per year in the 1980s to 3.9 million per year by 2003⁷. In Sankara Eye Hospitals, of the total surgeries (2339) conducted in the FY of 2020-21 in SEH Bangalore and Shivamogga, more than 95 per cent are for cataracts rest are to correct other vision impairments. As per our discussion with the Unit Head of Bangalore, the SEHs will focus on surgeries other than cataracts from the current financial year (2022-23) because of the Ayushman Bharat program of the Central Government is covering the expenses of eye surgeries other than cataract.

⁷ Murthy, G., Gupta, S. K., John, N., & Vashist, P. (2008). Current status of cataract blindness and Vision 2020: the right to sight initiative in India. *Indian journal of ophthalmology*, 56(6), 489–494. <https://doi.org/10.4103/0301-4738.42774>

As per the NBVI Survey 2015-19, the maximum prevalence of blindness was seen in the 80+ age group (11.6%), followed by the 70-79 age group (4.1%), 60-69 age group (1.6%) and 50-59 age group (0.5%). However, as per our survey, about 44 per cent of the beneficiaries are in the age group of 61-70 years, followed by 31 per cent in the age group of 52-60 years and 14 per cent from the age group of 71-80 years (about 90 per cent of the sampled beneficiaries are above 50 years old). Only 1.7 per cent of the beneficiaries are in the 80+ age group. This suggests that even though blindness is higher among the 80+ age group, few are coming forward for the surgeries. As per our discussion with the SEH team, family members don't show any interest in operating the people above 80 years old. Neither they will bring their elderly members to the camp nor give consent for surgery. Therefore, the program cannot cover many people in the 80+ age group. About 92 per cent of the beneficiaries were married, and another 8 per cent were either unmarried or widows. This means that most people have a spouse to take care of them during the post-surgery phase.

As per the NBVI Survey 2015-19, the prevalence of blindness is higher in 50+ years of females (2.31%) than in 50+ years males (1.67%). As per our survey, about 52 per cent of our beneficiaries were female, and the rest 48 per cent were male but female coverage is very low in the districts covered by SEH Shivamogga (46.5%) than in SEH Bangalore (60.3%). Survey has not enquired about the reasons for such variations amongst the hospitals, but we assume that lack of transportation facilities and lack of support from family members might be the primary reasons for lower coverage in the areas covered by SEH Shivamogga.

As per the survey, about 49 per cent of the beneficiaries were from the General category, 21 per cent from Scheduled Caste communities, 7.6 per cent were from Scheduled Tribes communities, and the rest 23 per cent were from OBC and other communities. As per NBVI Survey 2015-19, blindness is more pronounced among illiterates (3.23 per cent) than literates. It is prevalent among 0.43 per cent of the population among 10th pass and above. As per our survey, 76 per cent of the beneficiaries were illiterate, and only 3 per cent were 10th pass and above. As per our survey, about 96 per cent of the population are BPL cardholders, and around 82 per cent of the 60+ years old population is receiving pension either from Sandhya Suraksha Yojana (SSY)⁸ or National Old Age Pension Scheme (NOAPS), which ranges between INR 500 to INR 1900/month⁹. The higher number of BPL card holders among beneficiaries is due to the SEHs program goal of reaching out to the poor socio-economic category of the population.

About 66 per cent of the beneficiary sampled for the survey are working, around 42 per cent of them have their agricultural land and, another 28 per cent are working as daily wage labourers either in agriculture or in the construction sector. The rest of the working population

⁸ Initiated by government of Karnataka has launched Sandhya Suraksha Yojana to provide financial assistance in the form of monthly pensions to the senior citizens of Karnataka

⁹ Even though the pension under NOAPS for 60 to 65 age group is INR 600/month but most of the people have to pay INR 100 to the postman/bank *saathi*.

worked either in the private/government/non-government sector as salaried workers (5.3%) or owned a small enterprise (4.6%).

1.2. Capturing Beneficiaries Feedback on the Program

As mentioned above, the GoV program has three phases: 1) Pre-Surgery Phase; 2). Surgery Phase, and 3). Post-Surgery Phase. The questionnaire was designed to capture the process and the reactions of beneficiaries in each phase. We have also captured the process through discussions with the SEH team from Shivamogga and Bangalore.



The team also discussed the challenges in the program, especially the ones they faced during the pandemic. Therefore, the sub-sections below have listed all the activities under each phase, followed by the findings from the survey and then the challenges of implementing the program.

1.2.1. Pre-Surgery Phase

Before the surgery, rural outreach camps are organized to identify beneficiaries with vision impairment. However, the team go through many activities, from organizing a camp to counselling the identified beneficiaries for surgery. As per our discussion with the team, the major activities of the pre-surgery phase are:

- Apply to the District Blindness Control Society (DBSC) to conduct camps for the year in the district. A separate application needs to be made for every project district.
- As per the sanctioned number of surgeries to be supported by the DBSC and considering the available facilities in the hospital, the SEH program team and the field team build an annual plan for the year. SEH Shivamogga conducts at least ten camps in the Shivamogga



district and two camps in other districts every month. On the other hand, SEH Bangalore conducts 20 camps in a month, of which two are in the Bangalore Urban district, and the rest 18 are in different districts of Karnataka and Andhra Pradesh. Also, most of the camps are planned in the 1st and 4th quarters of the year as the 2nd and 3rd quarters are agricultural seasons and months of maximum festivals.

- By the 25th of every month, SEH shares the camp schedules plan with DBCS to get their permission, which usually takes 10-15 days.
- About ten days before the camp, Village Health Volunteers (VHVs) start promotional activities by putting up banners and holders in crucial places, distributing handbills/pamphlets, and auto announcements. As per the survey findings, about 41 per cent of the patients came to know about the camp through their neighbours/family members, followed by announcements made by auto-rickshaw/rickshaws (33%). Pamphlets (9%), government officials (7%), local coordinators (5%), banners in familiar places, and advertisements in the local newspaper (2%) are some of the other sources of information for the patients to know about the upcoming camp. Strangely, no one had mentioned the house to house visit by VHVs as the source of information for the camp.
- About three days before the camp, VHVs start collecting primary data through house-to-house visits and carrying out promotional activities about the upcoming camp in their vicinity.
- Pre-camp arrangements, like finalizing the venue, promoting the camp, and completing sponsorship with local organisers, are made.
- People are asked to come with 2 IDs (Aadhar is mandatory) and two passport size photos to camp for registration. After registration, a vision test is conducted (requires a closed room with a minimum of 6 ft distance between the monitor and the patient to test their

Household Survey

Three days prior to the camp, VHVs start visiting at least 30 houses in a day for household survey. SERVI, an app to capture the relevant data, is developed for the purpose. VHVs are also trained in torch testing which help them to diagnose first level cataract in the patients. If diagnosed with any eye related issues, VHVs issue them a Yellow Card, with an instruction to visit camp for further check-up. The survey helps in identifying the major issues and spread of eye related issues in an area.

Number of staff included in the camp depends upon the size of the camp. The table below has given the size of staff for the smallest and largest camp size.

Mini camps (50 patients attending the camp)	Mega camps* (more than 200 patients)
<ul style="list-style-type: none"> • 1 Doctor • 4 VCT students / Staff • 1 nursing staff • 1 Optometrist • 2 members from the outreach programme (1 team lead and 3 VH) • 1 driver 	<ul style="list-style-type: none"> • 2 Doctors • 4 VCT students / Staff • 1 nursing staff • 2 Optometrists • 2 members from the outreach programme (1 team lead and 3 VH) • 1 driver

**Of the total camps conducted, about 25 per cent are mega camps.*



vision), followed by a doctor's consultation. People diagnosed with surgery undergo fitness tests (BP, Diabetes and medical history are checked). The Team Lead of the outreach program counsel the patient for the surgery and gives them a referral card.

- Patients suggested for corrective glasses are asked to come after a few days to pick up the glasses. The patients suggested for surgery are transported to the base hospital for further consultation and surgery.

Findings from the Survey:

As per the survey findings, people had travelled more than 26 km from their homes to reach the camp. About 51 per cent of the patients travelled by local busses to reach the campsite, and another 32 per cent travelled in their vehicle. Only 7 per cent of respondents said that they walked to the camps as the camp was within a kilometer from their house. Only 1.2 per cent of the people said that the local sponsor had arranged a vehicle for their travel to camp.

All the people, except one, came to the camp because they faced a problem with their eyes. About 59 per cent of the people said that they were suffering from eye issues from last year. And another 24 per cent from the last one to two years. Sixteen per cent of the people have been suffering from eyes issues for more than two years, but only a few of them visited a doctor for consultation. As per our study findings, less than a quarter of the respondents visited the government (21%) or private hospitals (3%) for consultation before the camp. More than 85 per cent of the respondents said that they were unable to afford eye tests and any further treatment; thus, they never visited any private or government eye hospitals, another 9 per cent of the respondents said that they were not aware of any eye hospitals in the vicinity of their house.

On average, people waited for about 33 minutes to get first level screening done at the camp. All the people had confirmed that the SEH team checked their BP and Blood-sugar before screening their eyes. More than 97 per cent of the people had assured that proper sitting arrangements (while waiting for the screening and other tests) and drinking water facilities were organized in the camp. About 99 per cent of the respondents were 'happy' with the services provided in the camps. During the group discussion, a beneficiary had said, "what more could be expected when we are getting a free eye check-up and a surgery done?". The majority of the respondents (96.5%) said they had not paid anything to access the camp facilities provided by SEH.

The counsellor at camp explains the whole process of surgery to the people who are suggested for surgery after the examination. About 81 per cent of the respondents said that the counsellor explained the surgery process in detail in the camp, whereas 18 per cent said that they were counselled with very basic information about the surgery, only 1.2 per cent of the respondents denied receiving any information about the surgery in the camp.

Table 6: Did the SEH Team Explain the Surgery in the Camp?

	Yes	Yes, but very basic information was shared	No
SEH Bangalore	54 (74%)*	18 (24.7%)	1 (1.4%)
SEH Shivamogga	85 (85.9%)	13 (13.1%)	1 (1%)
Total	139 (80.8%)	31 (18%)	2 (1.2%)

* Numbers in parenthesis are percentages.

About 23 per cent (40 respondents) of the respondents shared a few suggestions to improve the facilities in the camp, like,

- Seating arrangements should be made after eye dilation drops are given to the patient (9 persons)
- Set up a pandal for the waiting period of the patients (11 persons)
- Arrange for lunch (8)
- Drinking water facilities should be provided at the camp (7)
- Toilet facilities should be provided as many older adults can't control their bowel movements (3).

1.2.2. Surgery Phase

The Surgery Phase spans between the arrival of patients at the Base Hospital and their drop-off at the camp location. Major activities under this phase are:

- Upon arrival, SEF staff take a headcount and collect the Gift of Vision referral card given to them at the base camp. Kits are distributed to the patients, and they are asked to sit in the waiting area for counselling on the upcoming surgery.
- Post counselling, individual medical files are created, and patients are admitted to the hospital for surgery. Then the patients are sent to the allotted ward. Patients from the same camp are kept in the same ward for the convenience of logistics; and also, patients feel safe with the known people.
- All the patients go through general medical checkups, like BP, diabetes and medical history. Then, the doctor assesses the eyes and suggests the course of action for the surgery.
- Before surgery, the patient signs the consent form and gets ready for the surgery.
- The qualified doctors conduct surgery.
- Post-surgery, SEH prepares the record of each beneficiary to access compensation under the National Programme for Control of Blindness scheme of the Central government¹⁰.

¹⁰ At 60:40 ratio for all the states of the country, other than NE states



- The patients remain under observation for the next 24 hours, and their vitals are monitored regularly. The rationale for keeping the patients for an additional day is to ensure zero post-operative infection.
- The discharge summary is prepared and shared with the patients. The staff explains the precautions that need to be taken in the next 30 days for proper recovery from the surgery. Also, an instruction manual with a pictorial depiction of the list of precautions is given to each patient. The importance of an instruction manual with pictorial description could be understood from the finding that 76 per cent of the beneficiaries are illiterate.
- After taking patients' feedback; medical kits¹¹ and dark glasses are given to patients.
- Patients are dropped off at their location. For the journey, SEH provides light snacks to each patient. At the dropping point, sponsors verify the name and number of the people taken for surgery.

Findings from the survey:

Patients prescribed for the surgery travelled to the nearest Base Hospital of SEH within four days of the camp (ranging between 1 to 8 days). During regular times, the patients are shifted to the Base Hospital on the camp day only, but during COVID, patients need to be tested negative before admission to a hospital. Therefore, the SEH team had to wait for the COVID test report from PHCs¹², which used to take 3 to 5 days.

More than 98 per cent of the patients had travelled in the SEH busses, and the rest 2 per cent travelled by their vehicle to the Base Hospital. All the respondents had confirmed getting a seat on the bus, and 64 per cent confirmed getting a snack during the travel. The average travel time to the Base Hospital was 2.6 hours, and therefore 75 per cent of the respondents had requested to stop the bus in-between the journey as most of them are pretty old and need to use the washroom frequently.

As confirmed by 96 per cent of the respondents, they were counselled again by the SEH counsellor after reaching the Base Hospital. All the respondents were satisfied with the quality of food served and the sleeping facility (other than 3.5% of the respondents) provided at the Base Hospital. We had enquired especially to the women respondents about their stay in the hospital as men and women were allotted beds in the common ward. All the female respondents were okay to share a ward with men. Moreover, during the group discussion, a female respondent mentioned that she felt safer and more comfortable being with the men in the same ward because they were from her locality only, and she knew most of them. All the respondents said that the staff of the hospitals were well behaved and supportive.

¹¹ Medical kit consists of all the medicine required for a month for a proper recovery from the surgery.

¹² Local PHCs were made responsible for conducting COVID tests of all the persons attending the camp.



More than 96 per cent of the respondents were satisfied with the outcome of the surgery, but strangely 13 per cent (23 respondents) of the respondents were still unable to see properly. Out of 23 respondents, 12 had said that they sometimes feel pain in the operated eye. Eight respondents needed surgery in the other eye to see properly, and the rest of the respondents were facing other health issues after the surgery, like headaches.

Before leaving the base hospital, the patients were explained about the precautions that needed to be taken for the next one month for proper recovery, which had been confirmed by 99 per cent of the respondents. Ninety-eight per cent of the respondents also confirmed receiving an instruction manual explaining 'does and don't' measures in the next one month. More than 98.3 per cent of the respondents said that the medicines provided by SEH were enough for the month; they didn't have to buy any medicines after the surgery. Only two respondents said they purchased medicine for INR 165/- after the surgery.

After the respondents were dropped off at the campsite, they were either picked up by their relatives (75%), or they took a local bus (16%) or auto (9%) to travel back to their home.

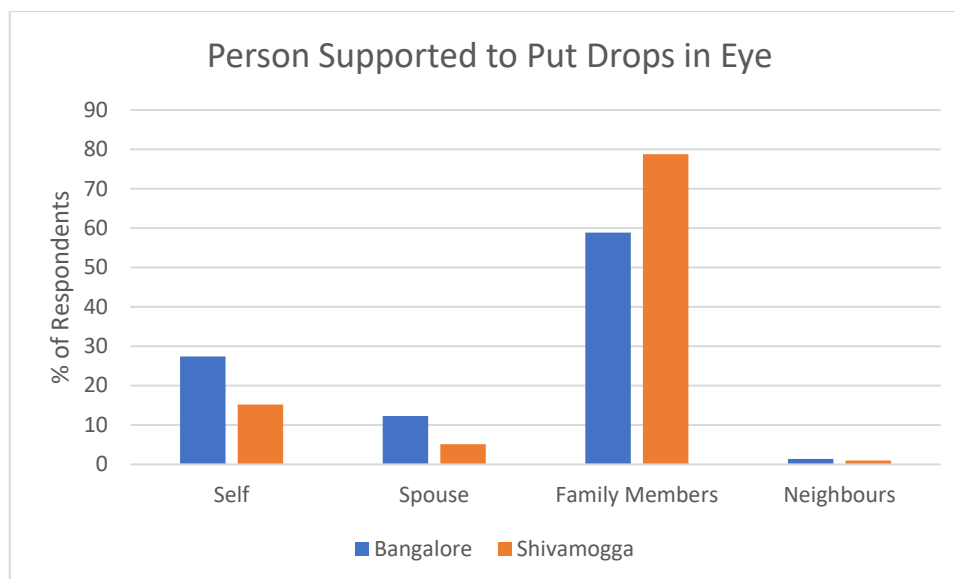
1.2.3. Post-Surgery:

After a month of the surgery, review camps are conducted to ensure zero post-operative complications. Following are the identified activities in the post-surgery phase:

- After a month, review camps are organized in the same location.
- All the patients who have undergone surgery will report for the final checkup.
- Measurement for corrective glasses, wherever needed, is taken. Corrective glasses are delivered within 15 days to the patients through the local sponsors.
- The final data of the patient is submitted on the website of NPBC to receive government compensation under the scheme.

Findings from the survey:

Except for one, all the respondents confirmed following post-surgery instructions, even though 9 per cent had also mentioned that the instructions given are complicated to follow. Patients have to put drops for a month after the surgery for proper recovery. As per the survey findings, about 70 per cent of the respondents had said that their family members (except their spouse) helped them put drops in their eyes, their spouse supported another 8 per cent, and the rest 21 per cent did it themselves. Strangely, family support is much lesser in the areas near Bangalore than in Shivamogga.



More than 53 per cent (91 respondents) of the respondents had not attended the review camp organized by the Sankara Eye Hospital after a month of surgery. Even though the venue and date were mentioned in the card given to the patients during the discharge, many forgot to attend the review camp for the final check-up. Reasons given for not attending the review camp are – not remembering the date and venue (49 respondents), having some work on the day of the review camp (29 respondents), or no one was at home to take the respondent to the review camp (10 respondents).

About 95 per cent of the respondents had received corrective glasses after the surgery, and 79 per cent had confirmed using them regularly. Of the 36 respondents who were not using the glasses regularly, 53 per cent had said that they were not able to see clearly after wearing the glasses, 22 per cent had complained about eyeglasses not fitting correctly, 14 per cent grumbled of getting headaches after using the eyeglasses, and rest 11 per cent said that they feel uncomfortable to wear glasses while working.

1.3. Current Status of the Respondents:

Based on the National Eye Institute’s ‘Visual Functioning Questionnaire – 25’ (VFQ-25), Version 2000, we have included three questions to understand the comfortability of the beneficiaries after a year of surgery. With this, we would not be able to measure the economic gain of the beneficiaries, but we can understand the comfortability that a good vision can give to a human being.

SEH's initiative for the underprivileged section of the country has helped to improve life’s comfortability, especially for people in their old age. As per the survey findings, 82 per cent of the people had said that they don’t have any pain or discomfort around their eyes after surgery, 54 per cent denied having any limitations in their activities, and 88 per cent of the respondents had said that they are going out of their house without any support after the surgery. This change in their lifestyle has undoubtedly brought joy and confidence to their life.



Table 7: Respondent's Feedback on their Current Status

S.No	Questions	Categories	% of respondents
1	Pain and discomfort in and around the eyes	None	82
		Mild (sometimes)	12
		Severe (most of the days)	3
		Very Severe	3
2	Limited in your activities	Never	54
		Some of the time	8
		Most of the time	21
		Always	17
3	Going out of home without the support	Yes	88
		Yes, but only in need	11
		No, not without any support	1

As per the team, challenges in implementing the GoV program:

1. Even though SEH plays awareness generating videos/audios during the camp, it is proposed that the activity be taken up more rigorously so that the issue could be curbed at the initial stage of blindness.
2. Every year, Sankara Eye Hospital applies to the District Blindness Control Society (DBSC) of the 21 districts of Karnataka to get permission to conduct camps in the districts, and it's a time-consuming process which could have been avoided with single window application at state level.
3. It is mandatory to get a signed consent letter from the family members of the patients before surgery. Still, sometimes families do not contact or even provide consent for patients, especially of the very old patients. Thus, barring them from surgery.
4. Sometimes, patients give inaccurate medical history/data to get the surgery done for free. On the other hand, sometimes patients get scared at the operation table and back off. In such cases, doctors have to counsel them to perform the surgery.
5. Documentation must be submitted to DBCS within 60 days of the surgery. But the portal of DBCS is very slow and often fails after several uploads due to a busy server. SEH staff have to work overtime and odd hours to finish the uploading within the given period.
6. DBCS rejects applications for compensation without giving a reason, thus leaving the SEH team clueless about the reason for the rejection of payment.
7. Absence of communication from DBCS to SEH and similar organizations about the transfer of compensation amounts has created widespread administrative challenges in tracking transfers across different geographies.
8. Government hospitals send complicated cases to SEH for treatment, but for these treatments, SEH cannot claim compensation from DBCS.

9. Per patient expenditure for SEF is INR 9000, but the compensation received from DBCS is INR 2000. The grant from Titan covers some of the difference, but SEH bears the rest.
10. Earlier, with sponsors' help, SEH organised camps with space for proper eye testing in better locations. But since COVID, DBCS has made it mandatory that camps have to be conducted in the local / Block level Primary Health Centers only. This has caused much inconvenience to the SHE team and the people who attend the camps. Most of the PHCs are small in size and lack needed infrastructure, like separate/clean toilets, a drinking water facility, or even a space to accommodate more than 300 patients in a day. Because of space constraints, it is challenging to conduct an optometrist test that requires more than 6 ft of space. Also, space available in the PHCs is usually not enough to arrange proper seating arrangements for patients waiting for their turn. Even the mandatory COVID protocol of maintaining a social distance in public places was impossible to follow.
11. RTPCR tests were mandated for all the people attending the camps, and the local PHC was made responsible for conducting them. However, the local PHC used to take three days to provide the testing results. This had delayed the process, as the SEH team had to come again to pick up the patients from the camp area (before, the patients suggested for surgery in the camp were shifted to the hospital on the same day). Also, many patients will not turn up in the camp area on the days of transportation, consequently increasing the dropout rate.
12. While the government-approved rapid antigen tests, many patients tested positive after reaching the hospital. SEH had to create an isolation ward to accommodate these patients.
13. Usually, the testing unit sent by PHCs runs out of RTPCR kits very soon.
14. As per the COVID protocol, social distancing must also be maintained on a bus. Hence, decreasing the number of passengers in a bus to 1/3rd of its capacity. In the case of SEH, instead of the 60s, only 20 patients could be transported to the base hospital per trip, consequently increasing the transportation cost and time.
15. Patients in the base hospital sometimes do not adhere to the COVID protocol. This puts even the staff at risk.
16. SEH had to counsel their staff during COVID because they were terrified of getting infected because of the delayed RTPCR tests of the patients.

1.3. Mobile Rural Vision Screening Program (MRVP) program

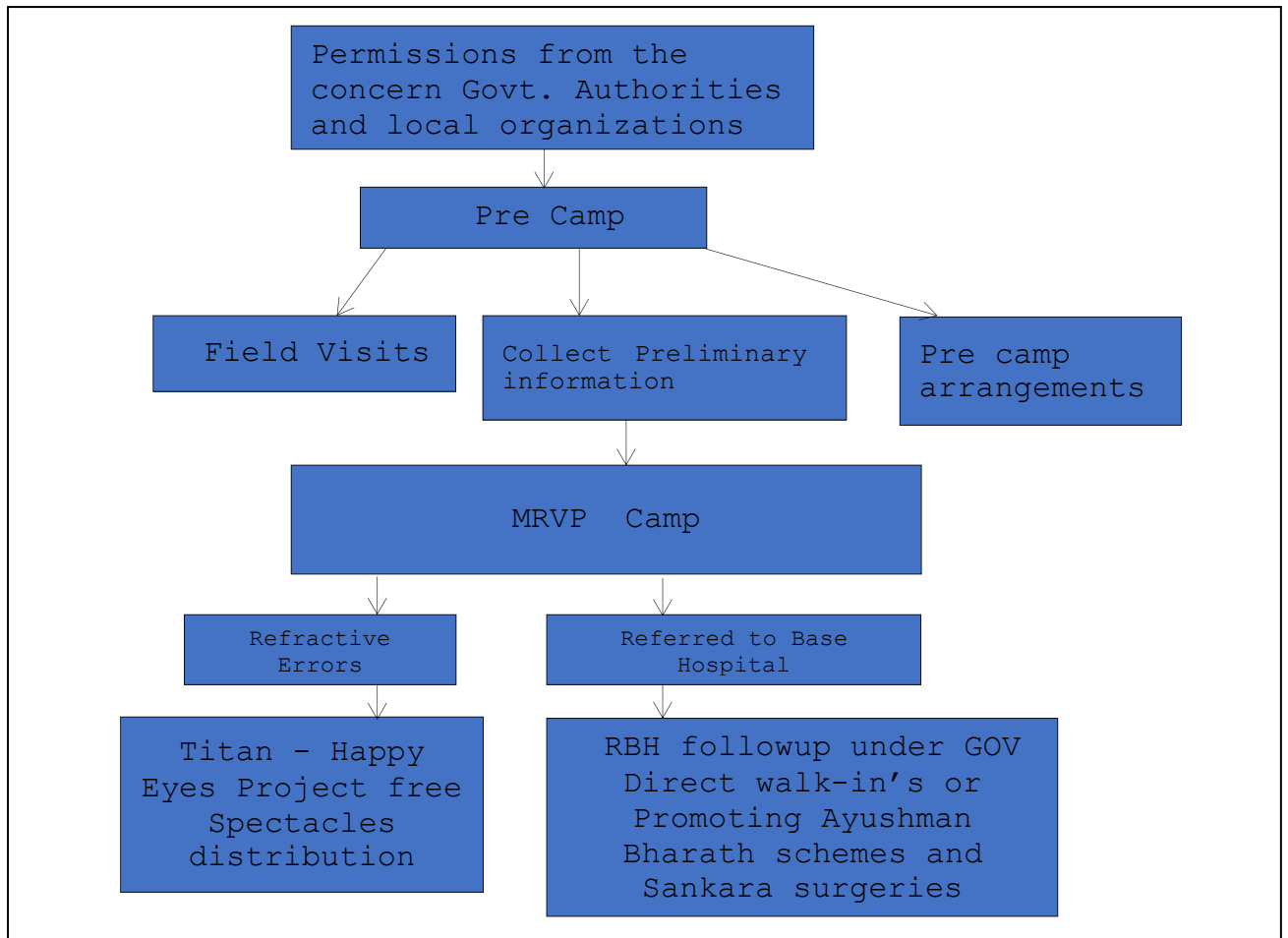
As per our discussion with the MRVP team¹³, the camps are usually conducted in the slums of Bangalore City, either recommended by the government or NGOs or corporate offices, or in rural areas. The team approached the Taluks CEO to get a permission letter for conducting camps in their taluk and sought support from their panchayats. CEO usually connects the team with the PDOs. The team then meets the interested PDOs and panchayat members and explains the camp. The camp date is finalized in the same meeting, and the gram panchayat members are asked to promote the camp in their jurisdiction.

On the camp day, the vehicle reaches the campsite and does the refractive examination of the people identified with visual issues. Even though age is no bar to access the services, the focus remains on the area's older adults¹⁴. Based on the examination, people with visual impairments are either given the corrective glasses (distributed free after two weeks by SEH) or referred to the Base Hospital for further check-ups. A referral card is issued to the person referred to the Base Hospital for further check-up. A person can either opt for the Sankara Package of INR 12000/person or come through the GoV camps to access free services based on their economic conditions. Currently, SEH encourages people to access the *Ayushman Bharat*¹⁵ scheme, which covers almost all surgeries except cataracts. The flow chart below has described the process of MRVP.

¹³ Kumar, Project Coordinator, MRVP, Bangalore

¹⁴ Children are usually covered through *Nanna Kaanu* program.

¹⁵ Ayushman Bharat is a National Health Protection Scheme, which will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family (no restriction of family size) per year for secondary and tertiary care hospitalization.



Challenges:

Following challenges are identified by the team during the process of implementation.

17. Outputs of MRVP are comparatively less than the other programs; this is because in an MRVP van, only two patients can be examined for refractive error at a time, and every examination takes at least 20 minutes. This means that MRVP could reach only 150 patients in a day.
18. MRVP van has a slit lamp examination tool that could be operated by a trained doctor only. But due to the shortage of doctors with SEH Bangalore, doctors could not be part of every camp conducted under MRVP, and the tool remains unused in more than 80 per cent of the camps organized in a month.¹⁶
19. Lack of workforce (current team consists of two VHVs and one Team head, the team requires at least two more VHVs) has restricted the number of camps that could be organized in a month. Currently, only 12 camps are organized in a month, but an increase in the workforce could enable the team to conduct at least eight more camps.

¹⁶ As per our discussion with the team, every month MRVP conducts 12 camps but doctors are available only for 2 camps.

20. Because of the government restriction during COVID, not more than 70 people could be gathered in a place. This has resulted in a decrease in per camp achievements to half. Also, NGOs were not willing to conduct camps for fear of gathering above the government norms.

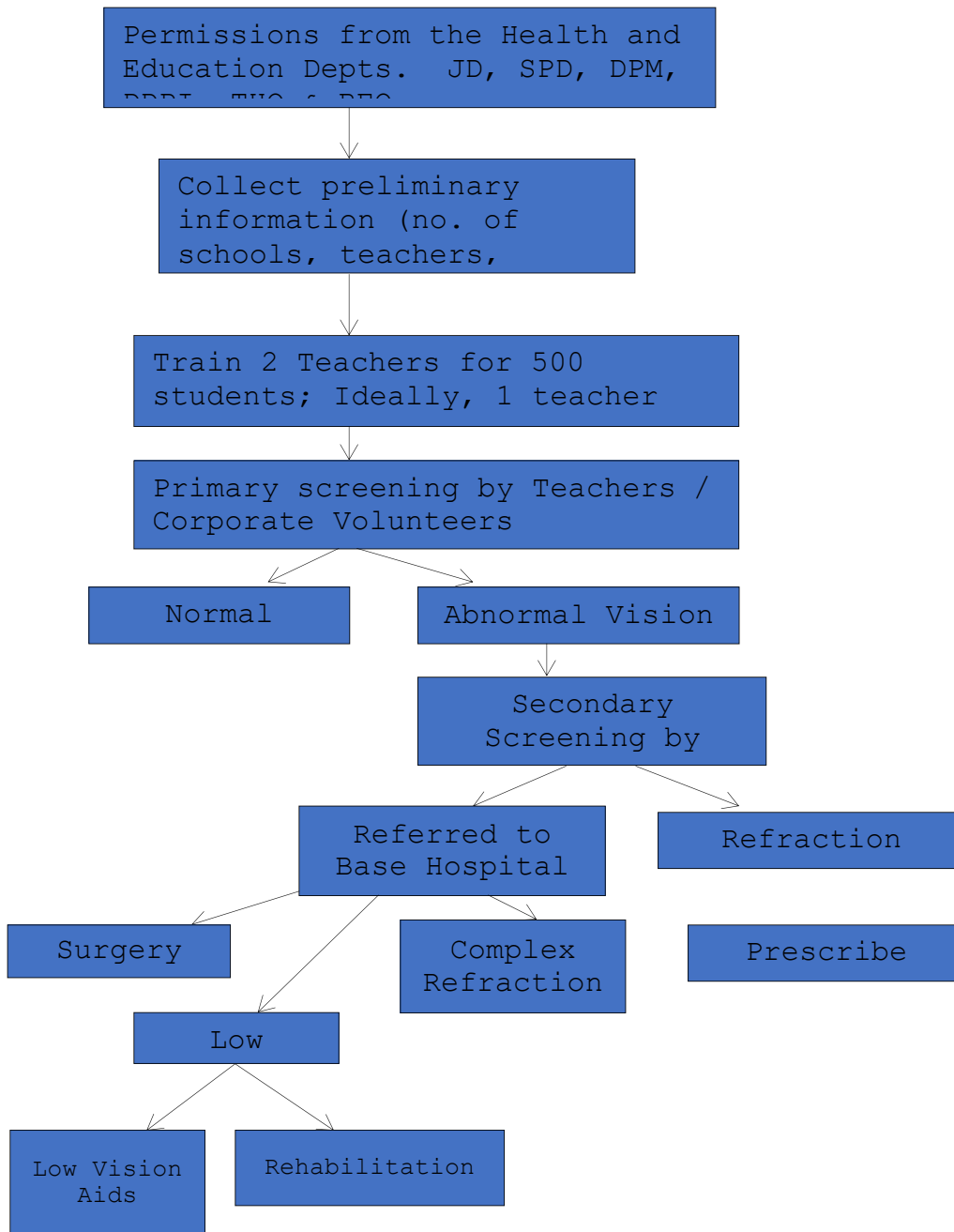
1.4. Nanna Kannu Program:

The program provides eye care services to the children of government schools in 2 taluks of Ramnagara District and one educational block of Bangalore Urban district of Karnataka.

The program has three stages:

1. Getting approval from the State Health Department and the Education Department to conduct camps in the schools.
2. Conducting a half-day training program for teachers from selected schools on 'How to identify common eye problems in children?'. Before the camp, teachers conduct primary level screening of the children and prepare a list of children with eye abnormalities. Sometimes, volunteers from the corporate offices also come forward to conduct primary level screening at the schools.
3. *Nanna Kannu* program team conducts camp and tests all the children identified with eye abnormalities by a teacher or volunteers. Children with refractive errors are prescribed corrective glasses, and children with other abnormalities are referred to the Base Hospital. The referral card issued to children with visual impairments is valid until 15 years.

The chart below describes the various stages of the program.



Challenges:

1. In the FY of 2020, SEH applied to conduct eye camps in other districts, but the application is still in process with the State's Health Department.
2. From their experience in eye care, the SEH team is aware that at least 5 per cent of the children in the rural areas will have eye abnormalities. However, few teachers had submitted a false report of 0 cases of eye abnormalities in school in the past. In such cases, the team again takes permission from the BEOs to conduct a school camp, overruling the teacher's report.

3. Only 10 per cent of the children referred to the base hospital during the camp will come to the hospital for further check-ups. The children identified with squinted eyes will rarely come to the hospital for further treatment.

Section 4: Major Findings and Recommendations

1. Major Findings:

Prevalence of blindness is highest in the 80+ age group, but SEHs Bangalore and Shivamogga covered only 1.7 per cent of the beneficiaries in the age group. It seems, lack of interest of the family members is the primary reason for lower coverage in this age group.

As per their goal, Sankara Eye Hospital has reached the most underprivileged section of the society as 76 per cent of the beneficiaries were illiterate, and 96 per cent were BPL cardholders. About 1/3rd of the beneficiaries are working, and 42 per cent have their agricultural land.

People had travelled more than 26 km from their homes to reach the camp. About 51 per cent of the patients travelled by local busses to reach the campsite, and another 32 per cent travelled in their vehicle. Most beneficiaries attended the camp because they had been facing eye problems for the last 1-2 years, but less than 21 per cent ever visited a doctor for consultation. About 99 per cent of the respondents were 'happy' with the facilities provided in the camps. Few respondents requested drinking water facilities, proper toilet facilities, lunch, and sitting arrangements during the waiting period.

Most of the respondents had travelled in the SEH buses to the Base Hospital for surgery. All the respondents were satisfied with the food quality and sleeping facility provided at the Base Hospital. More than 96 per cent of the respondents are happy with the outcome of the surgery, but 13 per cent of the respondents are still facing difficulty seeing properly. After the respondents were dropped off at the campsite, they were either picked up by their relatives (75%), or they took a local bus (16%) or auto (9%) to travel back to their home.

Most of the respondents confirmed following the post-surgery instructions even though some of the instructions were difficult to follow. More than 53 per cent of the respondents had not attended the review camp organised by the Sankara Eye Hospital after a month of surgery. About 95 per cent of the respondents had received corrective glasses after the surgery, and 79 per cent had confirmed using them regularly.

SEH's initiative for the underprivileged section of the country has helped to improve the lifestyle of the people in their old age. Most of the respondents denied having any after operation issues. Fifty-four per cent denied having any limitations in their activities, and 88 per cent of the respondents had said that they are going out of their house without any support after the surgery.

Administrative challenges to accessing permission from the government departments to conduct the program and lack of cooperation from the family members are some of the challenges the team faces with the Gift of Vision program. But the majority were due to the restrictions/modifications that the COVID made in the whole program.

2. Recommendations:

2.1. Recommendations for the GoV Program:

- i. It is difficult to get the attention of the beneficiaries in the camp; therefore, the team suggested playing counselling audios/videos on the bus (while travelling to the hospital) to prepare them for the surgery.
- ii. After reaching the hospital, objects of a kit, like sanitizer, toiletries, etc., are distributed to the patients. The team suggested that the objects of the kit be given in a cloth bag to help the beneficiaries keep their things organized and safe.
- iii. Expanding the number of Vision Centre's as it requires small capital but can reach large population through its primary level check-ups.
- iv. Currently, cataract surgeries consist of about 95 per cent of the total surgeries. Given that Ayushman Bharat Medical Insurance scheme of Centre is covering the expenses of most of the surgeries (other than cataracts), SEH should prioritize other surgeries also.
- v. Certain percentage of the annual project amount should be reserved for R&D purposes as it will help designing/modifying programs for improving reach.
- vi. SEH had requested to provide volunteers to streamline their operations in the various Centres. Also, support is asked from the Titan Corporate office to train their HR, operation, admin and account team to improve functioning.

2.2. Recommendations For MRVP:

- i. The team has requested to increase the allotted eyeglasses under the program as the refractive issues have increased due to increased screen hours during the pandemic.
- ii. Pick-up and drop facility are not available with the MRVP camps. MRVP team usually gives a yellow slip to a patient after examination, but only 10-15 per cent of the people visits the Base Hospital for further check-ups. The team requested arranging a bus for the children who are referred to Base Hospital.

2.3. Recommendations for Nanna Kannu Program:


- i. Most of the team members of SEH are engaged with various programs, which sometime results in non-availability of the specialists/doctors or re scheduling the program. Therefore, the Program Manager of the *Nanna Kannu* program asked for a dedicated medical team for the program.

- ii. Currently the team has a vacancy of 2 VHV's which they requested to fill as soon as possible to improve the achievements of the program.
- iii. Despite the counseling of SEH team, parents rarely bring their children with squint issue to the hospital for treatment even. The team suggested to generate awareness on the issue among parents and teachers through brochures and short films.
- iv. Sensitizing the children with refractive error to wear eyeglasses regularly through regular follow-ups.
- v. Children from distant areas with multiple eye issues need more than a day for examination. Usually, SEH provides one-day free accommodation for these children but sometimes examination takes more than a day, and the child has to stay back for an extra day/s. In such cases, parents either pay for the extra day/s or leave without completing the process. The team suggested that the hospital administration should provide accommodation to these children for the extra days, either for free or on subsidized rates.

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(Surashree Shome)



Appendix 1

Questionnaire for the Beneficiaries

S.No	Questions	Answer	Code
A	Background of the Beneficiary		
1	Name of the Beneficiary		Please copy it from the list.
2	Contact number		Please copy it from the list.
3	Is it your number or of your family members?		1 Yes, it is my number 2 No, it belongs to my family members 3 No, it belongs to my neighbour
4	Taluk		
5	District		
6	Age		Write completed age only. Also, refer to the list shared (it is the one-year-old list so that the respondent would be one year older now)
7	Gender		1 Male 2 Female 3 Other
8	Social Category		1 General 2 SC 3 ST 4 OBC 5 Others
9	Education		1 Illiterate 2 Primary (Std 1 to 5) 3 Secondary (Std 6-10) 4 High Secondary (Std 11-12) 5 Diploma 6 Degree (BSc/B.Com/BA) 7 Post Graduation (MSc/M.Com/MA) 8 Professional Degree (BE/CA/MBBS) 9 Any other

10	Do you live in your own house?		1 2	Yes No
11	Are you working currently?		1 2	Yes No
12	Current Occupation		1 2 3 4 5 6 7 8 9 10 11	Retired Housework Salaried Own agriculture Land Agriculture/Construction wage labour Daily Wage Labour Government Office Non-Government entity Entrepreneur (own shop/factory etc.) Unemployed (for below 55 years) Any other
13	If not currently working, then where were you working previously?		1 2 3 4 5 6 7 8 9 10 11	Housework Salaried Own agriculture Land Agriculture/Construction wage labour Daily Wage Labour Government Office Non-Government entity Private office Entrepreneur (own shop/factory etc.) Unemployed (for below 60 years) Any other
14	Current Marital Status		1 2 3 4 5	Unmarried Married Divorce Separated Widow
15	Do you have a BPL card?		1 2 3	Yes No Don't Know
16	Do you get an old-age pension (through the		1 2	Yes No (skip to question 18)

	National Old Age Pension Scheme/ Sandhya Suraksya Yojane?			
17	If yes, how much you are receiving per month?	Rs. _____/month		

S.No	Questions	Answer	Code
B	Camp (Pre-Surgery Activities)		
18	How did you come to know about the camp?		1 Pamphlets 2 Neighbours/family members 3 Announcements by auto-rickshaw/rickshaw 4 Banners in familiar places, like local markets etc 5 House- to house visits from the volunteers of Sankara Eye Hospital informed about the camp. 6 Government Officials 7 Local coordinator 8 Advertisement in the local newspaper 9 Any other, please mention _____
19	Why do you go to eye camp?		1 Because I was facing a problem with my eye 2 Because my neighbour/family asked me 3 It was a regular check-up 4 I was asked by the volunteer to visit the eye camp Any other, please mention _____
20	If the answer is 1, then from when s/he was facing the problem?		<i>Mention in months</i>

21	Have you visited any other hospital to check your eyes before visiting Sankara Eye Hospital?		1 2 3	Yes, I visited a government hospital Yes, I called a private hospital No
22	How far was the camp from your residence?	-----Km		
23	How do you travel to the camp?		1 2 3 4 5 6	I walked as it is within 1 km By local busses Auto/other private vehicles carry individual people. Own vehicle Arranged by the local people Others
24	How long does it take you to get screened after reaching the camp?	_____ Minutes		<i>Please write in minutes only</i>
25	Was enough sitting facility at the campsite?		1 2 3	Yes No I don't remember now
26	Was drinking water available at the campsite?		1 2 3	Yes No I don't remember now

27	Are you happy with the medical facility provided in the camp?		1 2 3	Yes Yes, what more we can expect from getting a free eye check-up No
28	BP and sugar were checked in the camp before the screening?		1 2	Yes No
29	Did the people explain to you about the surgery in the camp?		1 2 3	Yes, they explained Yes, but very basic information was provided No
30	Do you have any suggestions to improve the available facilities in the camp?		1 2	Yes No (skip question 31)
31	If yes, what are they?		1 2 3 4 5 6	A temporary shed (Pandal) should be arranged in the camp as it is pretty hot to wait outside. A sitting facility should be provided, especially after giving drops, as it is difficult to see. Food should be provided Proper drinking water facility should be arranged Toilet facilities Any other, please mention
32	Have you paid for any services to anyone in the camp?		1 2	Yes No

33	Would you have visited any private hospital to check your eyes if the camp didn't happen?		1 2	Yes (skip question 34) No
34	If not, why?		1 2 3	I don't know about the available hospitals providing eye care I can't afford it I don't have anyone to take me to a hospital for a checkup.

S.No	Questions	Answer	Code	
C	Surgery at the Base Camp (Sankara Eye Hospital Sivamoga/Bangalore)			
35	Which base hospital you went for the surgery?		1 2	Sankara Eye Hospital, Bangalore Sankara Eye Hospital, Shivamogga
36	After how many days of a check-up at camp did you go for surgery?		1 2 3 4 5 6 7 8	One day Two days Three days Four days Five days More than 15 days More than one month More than three months
37	How do you travel to the hospital for surgery?		1 2 3 4	By Hospital bus By own vehicle I walked in as the hospital is not far from my house Don't remember
38	Have you paid for the travel?		1 2	Yes No
39	Did you get a seat while going to the hospital by bus?		1 2	Yes No
40	How long was your travel from your camp area to the hospital?	_____ Hours		<i>Write in hours</i>
41	Do you get snacks while travelling to the hospital by bus?		1 2	Yes No
42	Do you have any recommendations to improve		1 2 3	Not to stop bus in-between. To stop bus in-between as the passengers are quite old Any other, please mention _____

	the facility while travelling to the hospital?			
43	After you reached the hospital, did you get the counselling?			
44	Are you satisfied with the food provided?		1 2 3 4	Yes No No, as they provided just rice Don't remember
45	Was enough drinking water facility available in the hospital?		1 2	Yes No
46	Was the sleeping facility good?		1 2	Yes No
47	Being a woman, did you feel safe sleeping in a commonplace?		1 2	Yes No <i>(Only applicable to women beneficiaries)</i>
48	Had the staff behaved well?		1 2	Yes No
49	Are you satisfied with the surgery?		1 2	Yes No
50	Are you able to see now properly?		1 2	Yes <i>(skip question 51)</i> No
51	If not, why?		1 2 3 4	The other eye needs to be operated Sometimes I feel pain in the operated eye Facing other health issues like headaches Any other health problem due to surgery, if yes describe _____
52	Before leaving the hospital, have they told		1 2	Yes No

	you what precautions need to be taken for a month?			
53	Have you received a card explaining do's and don'ts after the surgery?		1 2	Yes No
54	Have you paid anything to buy any medicines/drops after the surgery?			Yes No (skip question 55)
55	If yes, how much?	Rs. _____		
56	After the bus drops you at the campsite, how do you travel to your house?		1 2 3 4 5 6	Relatives came to pick me up Took local bus Took auto Walked with other patients The local coordinator arranged for a vehicle Any other, please mention
57	Was it challenging to travel alone after the surgery from the drop location?		1 2	Yes No

S.No	Questions	Answer	Code
D	Post-Surgery at the Base Camp (Sankara Eye Hospital Sivamoga/Bangalore)		
58	Who gave the drop in your eyes after the surgery?		1 I put it myself 2 Spouse 3 Family members (daughter/son/son-in-law/daughter-in-law/grandson/grand daughter/brother/sister)

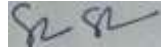
			4	Neighbours
			5	Others
59	Have you followed the instructions given on the card?		1	Yes
			2	No
60	Were some of the Instructions in the card difficult to follow for you?		1	Yes
			2	No
61	Does the hospital recommend a follow-up visit to the base hospital?		1	Yes
			2	No (skip question 62)
62	If yes, have you visited?		1	Yes
			2	No
63	If not, why?		1	Hospital is very far from my residence
			2	No one is available to take me to the hospital for follow-up visit
			3	I was very busy
			4	Any other, please specify
			5	_____
64	Had the Sankara Hospital organized a camp after a month in your area for review?		1	Yes
			2	Yes, I even got a reminder call on my mobile
			3	No
65	Have you attended the review camp?		1	Yes
			2	No
66	If not, why?		1	I didn't remember/know
			2	I have some work on the day
			3	No one was there to take me to the camp
			4	Any other, please specify

67	Have you received a corrective glass after the review?		1 2	Yes No
68	Are you using your spectacle regularly?		1 2	Yes (skip question 69) No
69	If not, why?		1 2 3 4 5	They do not fit properly I am unable to see properly I am getting a headache after using the spectacle I am not comfortable wearing a spectacle while working Any other, please specify _____
70	Have you faced any difficulty in the whole process?		1 2	Yes (skip question 71) No
71	If yes, what are they?			
72	Any recommendations to Sankara Hospital?			

S.No	Questions	Answer	Code	
E	Current Status			
73	How much pain or discomfort have you had in and around your eyes (for example, burning, itching, or aching)?		1 2 3 4	None Mild (sometimes) Severe (most of the days) Very severe (consistently)
74	Are you limited in the things		1 2	All the time Most of the time

	you can do because of your vision?		3 4	Some of the time None of the time
75	Currently (after surgery), do you go out of your home alone, because of your eyesight. ...		1 2 3	Yes Yes, Only when needed No, I avoid it completely

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(Surashree Shome)

