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IMPACT ASSESSMENT OF THE HAPPY EYES PROGRAMME IN KARNATAKA & TAMIL NADU

Submitted By

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EXECUTIVE SUMMARY

Sankara is committed to bring positive changes in the eye care sector by addressing the challenges of non-availability and non-affordability of quality eye care. In order to achieve this goal, Sankara with the support from the CSR initiatives of Titan Co.Ltd. implemented Happy Eyes programme in the states of Karnataka and Tamil Nadu.

This is an impact assessment study to understand and document key achievement and learnings of the Happy eye programme for the year 2021-22. The assessment used OECD criteria for programme evaluation namely relevance; effectiveness; impacts and sustainability. The data for the assessment was collected using a qualitative research method where interviews were conducted with the beneficiaries and programme staff of the implementing partner (e.g. coordinators, unit heads, HOD, VHCs, mobilizers etc). This report captures key success features of the programme; learnings and recommendations for improvement.

The Nanna Kannu, MRVP, GOV and VC are 4 projects of the Happy Eyes programme. Each of these projects are designed to target different beneficiary groups namely school children, rural population, disadvantaged, elderly population, remote communities etc for the identification and treatment of their vision problems. While all the 4 projects are implemented in Karnataka, only GOV and VC have their footprints in Tamil Nadu. Services provided under each of the projects include screening to identify vision problems, eye testing, prescription (spectacles/eye drops), provision for spectacles, referrals and consultations, surgery, post surgery care and counseling.

In terms of total number of screenings achieved, Nanna Kannu has covered the highest number (44467). This was possible due to the reason that preliminary screenings were done using the help of trained teachers and volunteers in schools. The next highest screenings are done in MRVP (11393) followed by GOV (9861) and VC (6753). While GOV tops the list for total number of surgeries (29.3% of the total screened), Nannn Kannu and MRVP have the lowest percentage for the surgeries conducted (0.28% and 0.78% respectively). VC has 753 surgeries conducted (11.1% of the total screened). Further, the highest number of spectacles were distributed under MRVP (43.5% of the total screened) followed by VC (23.7% of the total screened), Nanna Kannu (1.12% of the total screened) and GOV (3.5% of the total screened). These numbers do not signify the efficiency or effectiveness of one project over the other. However, they clearly show that the design and intent of each of these projects are different from one another and hence the coverage. Each of these projects impacted the

respective beneficiaries very effectively in their own unique way. Qualitative evidence explored in this assessment from beneficiaries interviews explains that.

Findings also show that the key distinguishing factor for the success of all these projects is to be able to provide services to the needy at their doorstep (or at least in the closest vicinity). By far, the triumph feature of the Happy Eyes programme is its ability to provide high quality services for free of cost to the very needy people. Undoubtedly, the strong institutional and organisational structures established over the years of experiences by Sankara provided the stability to make this achievable. Another highlight of the Happy eyes programme is its association with NPCB of the government. While helping the implementation of NPCB, the Happy Eyes programme managed to create a sustainability ramp to run similar projects by channelizing CSR resources. A framework involving the government, corporates and other stakeholders (e,.g. NGOs) will form key to the success of Happy eyes programme in the long run. Future efforts should be focussed to create more and more awareness to make people aware of services under Happy eyes programme and encourage them to take benefits.

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LIST OF ACRONYMS

GOV	Gift of Vision
KII	Key Informant Interview
KPI	Key Project Indicators
MRVP	Mobile Rural Vision Screening Program
NPCB	The National Programme for Control of Blindness
NBVIS	National Blindness and Visual Impairment Survey
PEC	Primary Eye care Center
SES	School Eye Screening
VHVs	Vision health visitors
VC	Vision Centre

1.BACKGROUND

Blindness is a major public health concern in India. The estimated prevalence of blindness is 4.95 million (i.e. 0.36% of the population) and that of mild, moderate, and severe vision impairment is 40 million (2.92%), 25 million (1.84%), and 4.8 million(0.35%) respectively (NBVI, 2019[1]). The National Blindness and Visual Impairment Survey (NBVIS), 2019 indicates that cataract is the major cause of blindness in the population (66.2%) aged ≥ 50 years in India. Cataract which forms a major cause of blindness can be easily treatable and avoidable with an intervention (see WHO, 2022[2]). Blindness poses an enormous financial burden to the country. For example, Sunny et al., 2022 note that the net loss of Gross national income of productivity losses associated with blindness in India would be INR 845 billion. Their study further shows that greater investments are crucial in detection and treatment of avoidable causes of blindness at an early stage in order to reduce the economic burden of blindness in India. (see Sunney et al., 2022)

India launched the National Programme for Control of Blindness & Visual Impairment (NPCBVI) as early as 1976. Following which, it made the establishment of Primary Eye Care Centers (PEC) to meet the goal of eliminating avoidable blindness and promoting vision centers models across the country (AIIMS, 2011). Although, India demonstrated a strong commitment towards the reduction of prevalence of blindness, population growth and aging population coupled with lack of a comprehensive eye care approach and weak PECs burden the blindness concern (see Khanna et al., 2020[3]). Further, gender disparities and poorer access to services in the rural areas are still a challenge in India .[4]

Given this background, Sankara is committed to bring positive changes in the eye care sector by addressing the challenges of non-availability and non-affordability of quality eye care. In order to achieve this goal, Sankara with the support from the CSR initiatives of Titan Co.Ltd. implemented Happy Eyes programme in the states of Karnataka and Tamil Nadu

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[1]https://npcbvi.mohfw.gov.in/writeReadData/mainlinkFile/File341.pdf
[2]https://www.who.int/en/news-room/fact-sheets/detail/blindness-and-visual-impairment
[3]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7003605/#ref9
[4]https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0002867

2. ABOUT HAPPY EYES PROGRAM

Happy Eyes program has four projects and is implemented in multiple districts in Tamil Nadu and Karnataka-

1. **Nanna Kannu Program :** is a comprehensive pediatric eye care program which provides eye care services to the children of government schools in 4 districts of Karnataka and 1 district (1 school) of Tamil Nadu. Under this activity, a total of 449 school screenings were conducted where 263 children were referred and 125 surgeries were conducted. In addition, mass awareness and eye screenings were facilitated by conducting 61 eye screening camps. An important aspect of nanna kannu activity is training of teachers where teachers are trained to conduct eye screening and provided with a kit for screening the children in their schools. A total of 278 teachers were trained under Nanna Kannu.

Happy Eyes Program Strategies

- Project creates a documentation trail for diagnosis, treatment & post-operative for each patient
- Spectacles distributions and referral services are in-built-in the project design

2. **Mobile Rural Vision Screening Program (MRVP) :** A Comprehensive Mobile Eye Care facility enabled with Tele-Ophthalmology for providing Eye Care at the door steps of rural households for the less privileged people from 6 Districts in Karnataka and 1 from Tamil Nadu. The MRVP project is aimed at giving a bright future to adults, by diagnosing their visual defects on site and then providing them with required remedial measures (e.g. spectacles) and surgical care. The organisation has successfully executed the program for over 8 year now which has benefitted over one lakh beneficiaries directly. Through this project patients can have access to specialized eye care services, reduced travel expenses, early detection of disease and reduced burden of morbidity. The services provided by this fully equipped mobile unit include: screening for eye ailments; refraction services; base hospital services; spectacles etc.

3. **Vision Centers :** Vision Centres are specialized centers to provide comprehensive primary eye care services, focusing on early detection, referral and appropriate treatment to prevent blindness and visual impairment.

4. **Gift of Vision :** Gift of vision is Rural Outreach Eye Care Programme. The program operates by integrating with a community, capitalizing on pre-

existing community networks and a highly efficient patient care system. It is aimed at reaching out to rural poor at their doorstep and provide free of cost eye care. It is one of the most far reaching technologically enabled programmes, covering rural areas over 400 km radius of Sankara Eye Hospital. Rural outreach camps are organized to identify beneficiaries with vision impairment. The identified beneficiaries are then brought to Sankara Eye Hospital, where they are examined, assessed, surgery performed, medications provided and sent back to their villages the next day. The treatment, transportation, medicines and boarding is provided completely free of cost to the patient. The rationale for keeping the patients for an additional day is to ensure zero post-operative infection. Review camps are conducted after a month of the surgery to ensure zero post-operative complication.

Implementing partner : The implementing Partner Sankara Eye Foundation India is a Not for Profit organisation committed to provide quality eye care services to the poor and marginalised sections of the society. Started as a small primary health care center in the year 1977 by Dr R.V. Ramani and Dr Radha Ramani, today Sankara is one among the largest and fastest growing social enterprises managing 12 super specialty eye care hospitals located across Tamilnadu, Andhra Pradesh, Karnataka, Gujarat, Punjab, Uttar Pradesh , Madhya Pradesh ,Rajasthan and Maharashtra.

In order to understand the effectiveness of the Happy Eyes program and to identify learnings for further improvements and scale up, the Titan Co. Ltd proposed to assess the Happy Eyes program and brought onboard the NuSocia team to undertake this assessment study.

This report is presented in seven sections, including the background and description of the Happy eyes programme. Section 3 provides the assessment approach and data collection methods. Section 4 presents the assessment results. Key analysis and inferences based on the REECIS framework are discussed in section 5. Recommendations and directions for further improvements and conclusions are presented in section 6 and 7 respectively.

Objectives of the assessment

The overall objective of the assessment is to evaluate the effectiveness of the programme. The specific objectives include :

1. To assess the impact of the program components on improving accessibility and availability of eye care services to the target community
2. To identify learnings and opportunities to scale up of the program

3. ASSESSMENT APPROACH AND METHODOLOGY

3.1 OECD Assessment Framework

For the programme assessment, an implementation assessment framework based on OECD DAC evaluation criteria was adopted. The OECD-DAC criteria1 of evaluating relevance, efficiency, effectiveness, sustainability, outcomes, and impact will be assessed for evaluating the intervention activities.

- Relevance: The extent to which the intervention is suited to the priorities and policies of the target group.
- Effectiveness: A measure of the extent to which an aid activity attains its objective
- Efficiency: Aid activity uses the most cost-effective resources to achieve its objective
- Sustainability: Whether the benefits of the aid activity would continue post withdrawal of donor funds and efforts.

3.2 Data collection methods

Data for the assessment was collected using qualitative data collection methods namely desk research and Key Informant Interviews (KII). An in person visit to the Vision Center, Anaikatti was also made. Please refer to annexure 1 for the tools that were used for KIIs with various stakeholders.

3.1.1 Document reviews

Desk research was conducted primarily to identify, review and synthesize information on the Happy Eyes programme structure and outcomes. Progress reports, mid assessment reports, annual reports, logframe- theory of change document, beneficiaries information data sheets etc were reviewed to understand the coverage, progress and achievement of the Happy Eyes program so far. The secondary research also helped understand the need and relevance for the programme in the respective implementation area. The National Programme for Control of Blindness (NPCB) resources and journal and newspaper articles were referred to understand the scope for scale up of the programme.

3.1.2 Key Informant Interviews (KII)

Data from primary resources was collected using a KII approach. Stakeholders interviewed include Sankara team (i.e. coordinators, unit heads, HOD, VHCs, mobilizers etc); beneficiaries (i.e. referral beneficiaries, surgery beneficiaries, spectacles beneficiaries etc). Since the focus of the assessment was to understand overall effectiveness , it was important for the evaluation team to understand the perspectives from all these stakeholders of the programme. KIIs were conducted for each stakeholder type to ensure capture their responses

about the programme. Talking with this range of stakeholders enabled us to understand their views regarding learnings, challenges and overall effectiveness of the programme strategies.

A total of 10 organizational interviews and 44 beneficiaries' interviews were conducted between 15th February to 9th of March 2023. The details of the interviews are given for each of the projects in Table 1 and Table 2. The list of beneficiaries was compiled in consultation with the Sankara Eye foundation for all projects of the Happy eyes programme and subsequently beneficiaries were contacted and interviewed over phone or virtually through google talk.
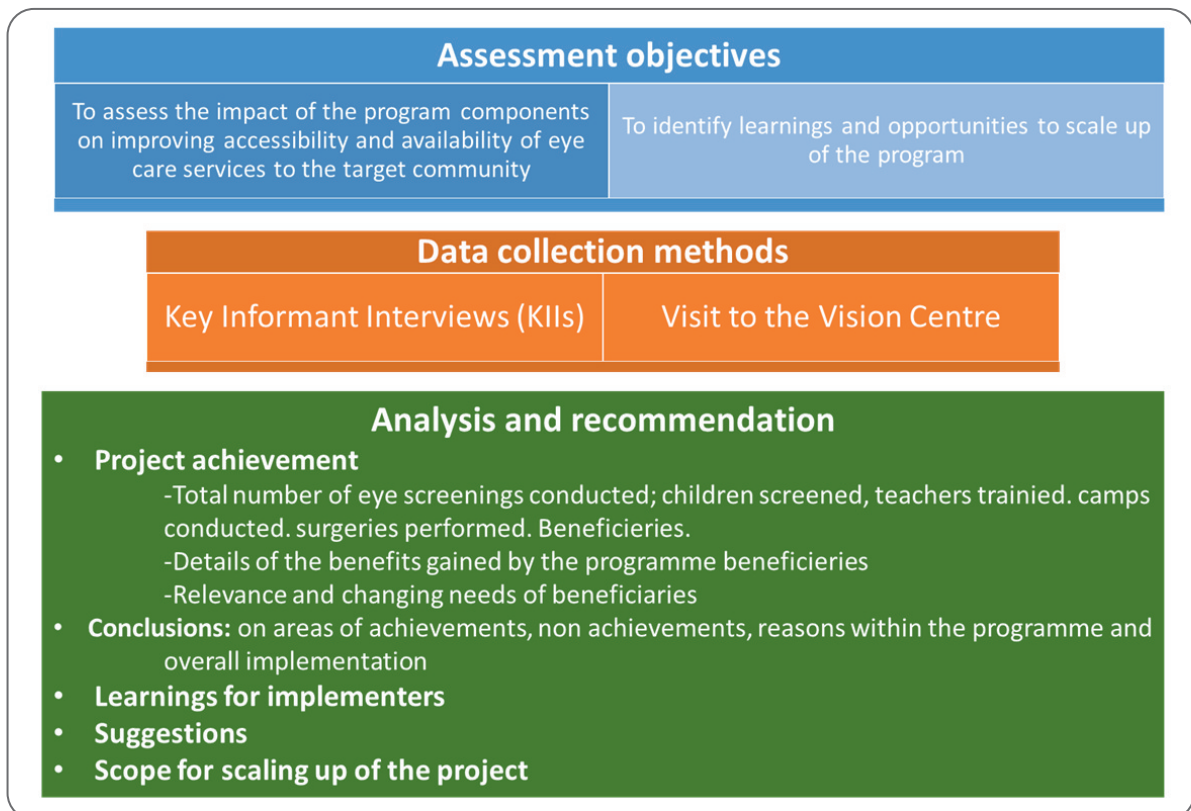

Figure 1: Schematic representation of assessment methodology

| Beneficiaries' KIIs	Karnataka	Tamil Nadu	Total interviews
Nanna Kannu	17	-	17
MRVP	10	-	10
Gift of Vision	7	5	12
Vision Centre	-	5	5
Total	34	10	44

Table 1: Details of beneficiaries' KII s conducted for various projects of Happy eyes

Sl #	Interview participant group	Interviews
1	Unit head (Nanna Kannu)	1
2	Unit head (VC)	1
3	Head master (Nanna Kannu)	2
4	Administrator (Nanna Kannu)	1
5	Administrator (GOV)	1
6	HOD	1
7	Community mobilizer	1
8	Vision Health Visitor (VHV)	1
9	Coordinator (MRVP)	1
	Total	10

Table 2: Details of organizational KIIs

3.3 Limitations

- The beneficiaries attended eye camps more than a year ago. They were finding it difficult to remember details of things we asked, particularly school children with whom we interacted did not remember much to share. This could have affected the data.
- All of the KIIs were conducted online. We feel that in-person interviews would have given more richness to the data particularly to the theme of "areas of improvement" (In-person interviews allow more probing compared to phone interviews)
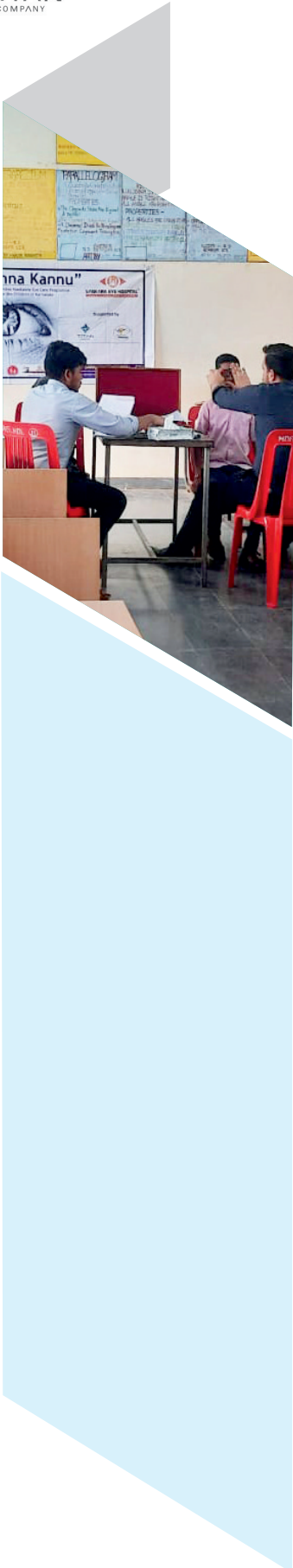
4. FINDINGS

The sections below present the findings from the qualitative interviews with the beneficiaries and staff of the implementing partner.

4.1 Nanna Kannu - School Eye Screening Programme :

Nanna Kannu is a comprehensive paediatric Eye Care Program designed to help visually impaired children to reach / attain their potential. It aims that no school-going child should be needlessly blind and those with irreversible blindness or low vision should have the same rights and access to services as their sighted counterparts to enable them to take an active role in society.

a) Process :

The process of Nanna Kannu involves 6 phases as shown in figure 2. During Phase I, permission from State Government Authorities (e.g. Education department, Health departments) will be sought. This is followed by the data collection on student population in various schools. Then two teachers for every 500 students will be identified for imparting training.

In Phase II, a half a day training will be conducted for selected teachers at Sankara Eye Hospital and during the training, teachers are provided with a kit for screening the children in their schools. The teacher's kit contains a six-meter (20 feet) measuring tape, standard vision screening "E" card, referral card for children with suspected poor vision, and educational material.

In Phase III, preliminary vision screening of students will be conducted by the teachers / volunteers. Generally around 10% of the student population screened are identified with visual defects at the primary screening. Students with normal vision are given a green card indicating the visual status, while students with visual problems will receive a pink card which carries a message to the parents.

In Phase IV, the parents are encouraged to accompany students with visual problems to the Nanna Kannu mobile bus. Procedure up to refraction and glass prescription will be completed inside the Nanna Kannu Mobile Bus. Subsequently, glasses prepared will be sent to schools for distribution to the children. The children selected for surgeries, further investigations or management would be referred to the Base Hospital.

In Phase V, those who would benefit from surgical interventions as in the case of Congenital Cataract, Developmental Cataract, Traumatic Cataract, Congenital Glaucoma, Corneal Opacities, Ptosis and squint would be provided the

surgeries free of cost by Sankara Eye Hospital. In the final phase feedback reports on the outcomes will be provided to Donors and Government Authorities; A certificate of appreciation will be issued to the teachers / volunteers and cross referrals to other specialties wherever required.
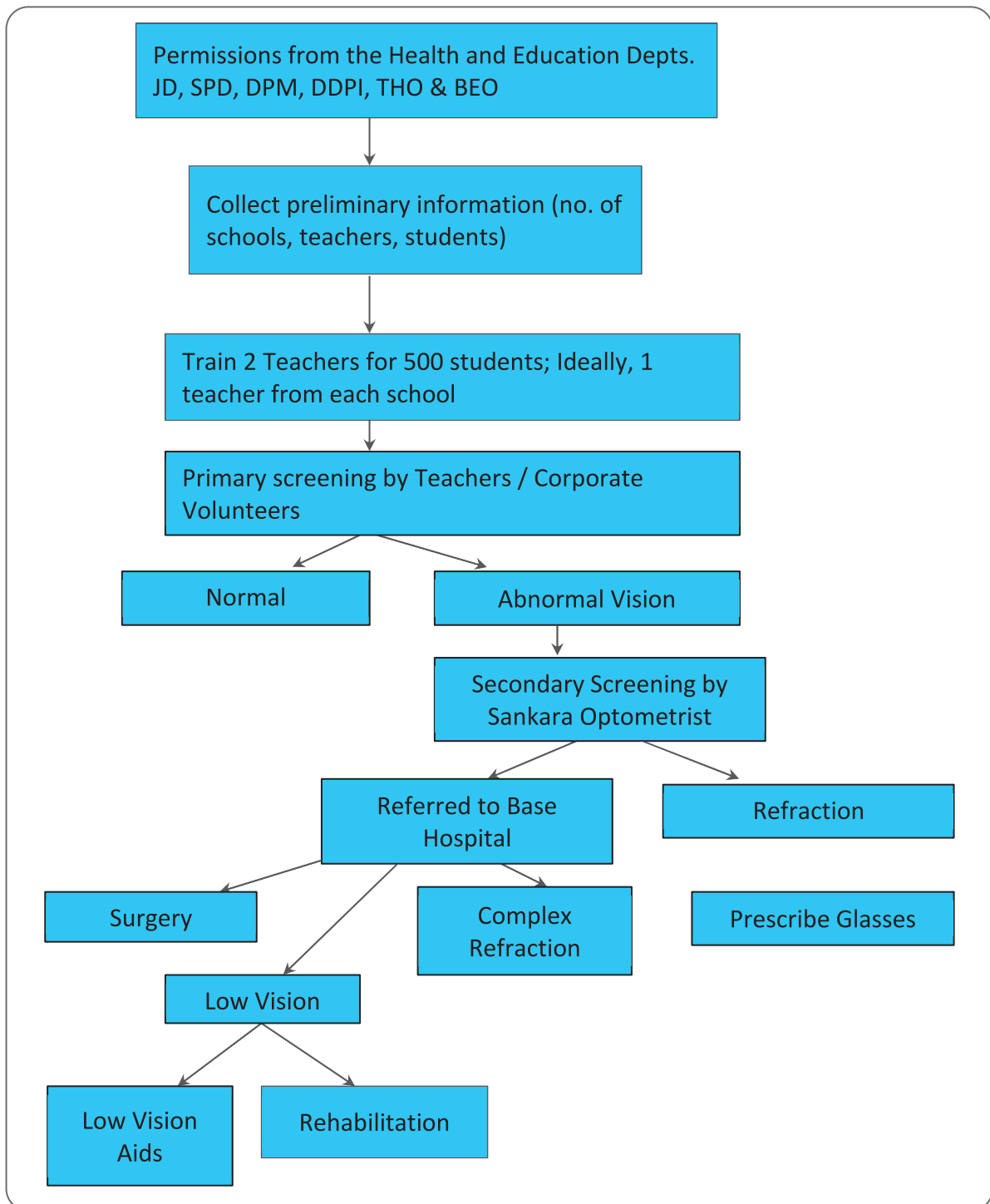

Figure 2: Flow diagram for the process adopted for Nanna Kannu

b) Coverage :

Titan supported Nanna Kannu project has been implemented in 3 districts of Karnataka namely Bangalore Urban, Bangalore rural and Ramanagara. The beneficiary students were between the age group of 8 and 16 years and boys and girls ratio is almost 50:50 (See Figure 3). All of the camps were conducted between

October 2021 and March 2022. About 4%–5% of all the total children had eye problems. Refractive error is the major problem identified in children. The outcomes achieved under each indicator is provided in Table 3

Sl #	Indicator	Planned	Achieved
1	Total number of children screened	20000	44467 (22559M, 21908 F)
2	Total number schools screening	-	449
3	Total number of camps conducted	80	61
4	Total number of teachers trained	250	278
5	Total number glasses distributed	500	1922
6	Prescribed Medicine	-	31 (M)+21(F)=52
7	Children referred to Base Hospital	100	263 (138 M+125F)
8	Total number of villages covered	-	More than 100
9	Total number of surgeries conducted	75	125 (82M + 43F)
10	Others (Low Vision Devices / Rehabilitation References)	5	0

Table 3: Outcomes on KPIs of Nanna Kannu project
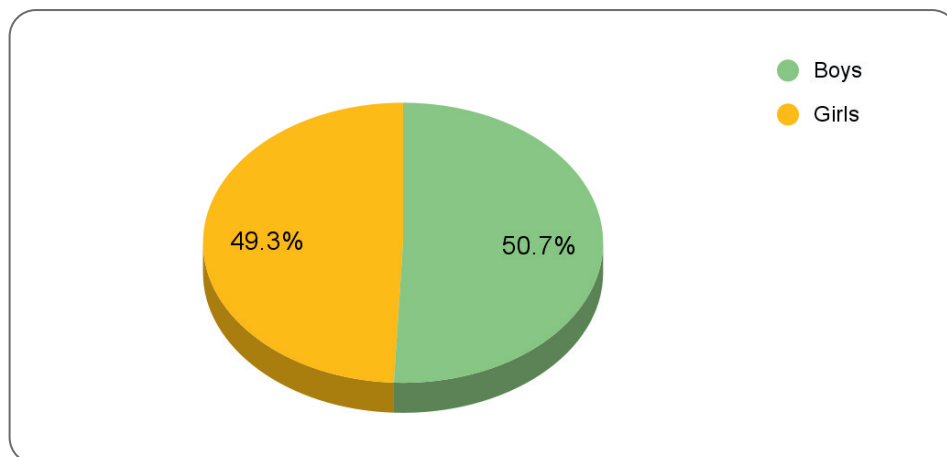
Figure 2: Percentage of boys and girls students screened under Nanna Kannu

c) Beneficiaries feedback :

All of the beneficiary children are aware of the Nanna Kannu project and its services and they mentioned that all of the services provided to them were free of cost. They explained that primary check-up was done in the school by their teachers and students were selected on the basis of whether they could read the words written on the blackboard from a distance. The selected students with vision problems were taken to the hospital from the school and teachers accompanied them.

All of the beneficiary students are happy with the services provided to them. One of the beneficiary children told that she has had nearsightedness for the last three years and has visited a private eye care hospital in Bangalore several times and spent money for her treatment. However, now, with the help of Nanna Kannu Camp and Shankara Eye Hospital, she has been able to access free eye check-ups and receive one prescription in camp, and she is very happy about it. Some of the things children and their parents appreciated about the Nanna Kannu progarmme include good consultation process, a clean hospital, free check-ups, spectacle provision, and friendly staff.

9 out of 16 beneficiaries that we interacted with were prescribed and received glasses as part of their treatment, while 4 of them are still using them, the rest of the children either stopped using because of headaches or used them for an year or less before losing them. We understood from our interactions that those who lost their glasses due to breakage did not know where to go or how to procure another one, and hence they stopped using glases. This suggests that there is a need for children to be educated or given information to their parents on what they have to do in cases of breakage or loss of glasses. To that end, a follow up or review check up could be organised.

d) Qualitative outcomes :

Apart from being able to cover large numbers, Nanna Kannu - School Eye Screening Program has changed the lives of many by making them completely independent and by improving their physical health. The staff acknowledged that there is a visible transformation in physical health among these children who visit their hospital after the treatment. For example, an HOD of the programme mentioned that "when they visit us, they look physically weak. When they leave the premises after the treatment, we can see a lot of changes in their physical well-being. We can observe that they have become independent". Similarly, another staff member said that "every day is best for me because I see smiles almost every day. They come with sadness in their hearts and leave with a smile. It is always a pleasure to watch little kids, the upcoming youth, become happy because they can see better with our help"

Through the outreach, the Nanna Kannu programme has won community support completely. As an implementing staff explained "people are now aware of Sankara and Titan and understand the goodwill of the program. Whenever we plan for camps or school visits community members are very very supportive". In the perspective of this interviewee this forms an important part of a community outreach programme and helps in smooth facilitation and implementation.

The rehabilitation facility and the counseling provided for children has enhanced the mental wellbeing of the many. Rehabilitation support has been given for those whose vision problems could not be fixed with surgery. These patients are provided with special reading materials, low-vision support, braille or abacus learning support, magnifiers, and other equipment to support them.

e) Programme level challenges :

In terms of challenges, the Nanna Kannu programme staff explained that it is difficult to gain parents' support to bring the child to the facility. The staff do everything possible to ask parents to bring the kid to the hospital. However, some parents are reluctant to bring them as many of them are daily wage workers and they don't want to lose their daily wage. Some others do not want to get their kid treated as they do not want to lose the money that they received from the government for their child towards vision treatment. Under the National Blindness Control Programme the government provides money for households for treatment of children with vision problems. So, if the kid is treated, the household will lose that money. The staff also mentioned that there is a limited window of time to cover so many children. However, they are trying their best to provide treatment to all.

4.2 Mobile Rural Vision Screening Program (MRVP)

The MRVP is a comprehensive Mobile Eye Care Program enabled with Tele-Ophthalmology for providing Eye Care at the door steps of rural households. The MRVP project is aimed at diagnosing visual defects of adults on site and then providing them with required remedial measures / spectacles and surgical care. Therefore, the patients can have access to specialized eye care services with reduced travel expenses and early detection of disease and reduced burden of morbidity. The MRVP cater to services like raise awareness on Eye Health; Screening for Eye Ailments; Refraction Services; Spectacles; Base Hospital Services

a) **Unique features of MRVP project**

- A fully equipped bus having all components of Vision examination including Auto refraction, Slit lamp examination, Ophthalmic Pre-screening Device, Computerised Lens meter, Direct & Indirect Ophthalmoscopes, Tele-consultation, Optical dispensing & counselling.
- A Tele-consultation facility would be provided who require specialist consultation at base Hospital.
- Option to select the latest spectacles frame model and Spectacles would be provided to Patients identified as having refractive errors.
- Counselling to improve spectacle compliance and maintain a good lifestyle for healthy eyes.
- Counselling to the patients who are being referred to base hospital for further consultation.

The MRVP has a coordinator, a clinical team (comprising two optometrists and an ophthalmologist) and a driver. Program Coordinator will be responsible for overall management of the program, identifying the location, obtaining permission from district authorities, scheduling the camps, team management, data management, monitoring, final reporting and evaluation. Clinical Team are responsible for complete eye examination including the refraction and retina examination. Treatment plan is decided based on the clinical condition of the patient which may vary from a basic consultation to dispensing spectacles or follow up at the base Hospital for further treatment.

b) Coverage

The Titan supported MRVP has been implemented in Karnataka namely Bangalore Urban, Bangalore rural and Ramanagara. Total 91 MRVP camps were conducted from April 2021 to March 2022 (except for the month of May) covering over 100 villages, slums and communities. About 150 people were screened in each of the camps and of which 70-75 people had issues. Refractive error and cataract were the major problems identified in patients screened under MRVP. The outcomes achieved under each indicator of MRVP is provided in Table 4

Indicators	Planned	Achieved
No.of Camps Conducted	75	91
Total People screened	5500	11393
No.of Spectacles distributed	2500	4963
Refer to base Hospital	-	2167
Sankaram Surgeries Performed	150	89
GOV Surgeries Performed		117

Table 4: Planned versus achieved targets under respective KPIs for MRVP project (2021-22)

c) Beneficiaries feedbacks

We interacted with 10 beneficiaries of the MRVP project. All of them were extremely happy about the whole project and its services. They are particularly happy about the fact that services are provided at their door steps and for free of cost. For example, a beneficiary mentioned that "it is a mobile van because it is coming to our place so no need to worry about transportation, waiting in queue, no need of getting prior appointments etc". All of the beneficiaries opined that the mobile medical unit (MMU) was very well equipped and adequately staffed. While explaining the steps they followed in MMU, a beneficiary said that "first nurse checked, then reading test happened, then doctor consultation and awareness was given, after that I received specs in 10 days"

Overall all the beneficiary respondents are very much satisfied with the service and treatment and all of them have recommended to others to take use of the MRVP services.

At the organizational level, we spoke with MRVP coordinator and he expressed that MRVP has received a very good response from beneficiaries. The reason for this success of MRVP is reaching to the remotest places and to the needy where no such medical interventions are generally provided for free of costs. People in these places are in need of these services however they cannot afford these expenses and they can easily use services like MRVP. In terms of further needs, the coordinator expressed that the MRVP project requires some more human resources as the number of camps that they are doing is increasing and they fall short of adequate numbers of employees.

Success Story

A boy from Ramnagar had a vision problem. His parents spent almost 3 lakhs rupees already in various medical facilities and didn't get any improvement. They came to our camp, and we checked him and referred to our hospital. The boy got his surgery done and received further services from Sankarayya hospital without having to pay anything. Parents and kid are very happy - - MRVP Coordinator

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4.3 Gift of Vision

The Gift of vision (GOV) programme begins with household surveys to identify cases who are then directed to camps for consultation and finally to surgery at the base hospital if required.

a) Process

The process of GOV involves five steps as shown in figure 4 .At the outset, a preliminary field survey is carried out by the village level health workers to collate the village level data from the local panchayat/Zilla Parishad. A door to door survey is also conducted to identify the persons with visual problems. This is followed by awareness and publicity activity where villagers will be informed about the camp and request participation at the camp. Publicity is done through door to door distribution of handbills, pamphlets, fliers and loudspeaker announcements
.

At the campsite, participants will be registered and screened for vision problems. Persons with visual problems that require vision restoration surgeries will be selected and asked to visit base hospital for further treatment. A preliminary health assessment to determine their medical fitness will also be conducted.

At the base hospital, a comprehensive eye examination and health assessment will be conducted to the selected patient prior to the vision restoration surgery. After the surgery is performed, patients will be given post-operative instructions and care counseling.

Finally, review and follow up exercise will be performed to ensure zero postoperative complication. Followup will be performed through a review camp generally conducted after a month of the operation to review all the persons who have been operated.

b) Coverage

Gift of Vision (GOV) was designed to cover the rural parts and is purely surgical selection camps (VHVs visit each house and identify who requires surgical treatment) - majorly cataract surgeries are conducted in GOV. Since inception it has been successful in serving the underprivileged and marginalized group who otherwise could not afford the treatment cost.

Under the Titan supported effort, 4 districts (i.e. Mandya, Chamaraja Nagar, Kolar and Shivamogga) in Karnataka and one district in Tamil Nadu (i.e. Coimbatore) were covered. Total about 110 camps were conducted screening about 9861 people. The male female ratio is about 47:53 (see Figure 5). Details of the overall planned versus achieved outcomes for each of the KPIs are provided in table 5.

Figure 4 : Process adopted for the GOV programme

Indicators	Bangalore Planned	Bangalore achieved	Shimogga planned	Shimogga Achieved	Coimbatore planned	Coimbatore achieved
Number of camps	30	34	120	55	20	21
# of people screened	3500	3966 (1932, 2034F)	4500	4175 (1884 M, 2291F)	2000	1720 (867M, 853 F)
Medicinal Intervention at Camp Site		234 (113M,21F)	-	884 (465M,419F)	-	149
Titan Sponsored Cataract Surgeries	900	900 (401 M , 499F)	1500	1500 (743M,757F)	500	500 (221M, 279F)
Glasses Distributed	200	249 (131M ,118F)	0	0	100	100 (49M, 51F)

Table 5: Planned versus achieved targets under respective KPIs for GOV project (2021-22)
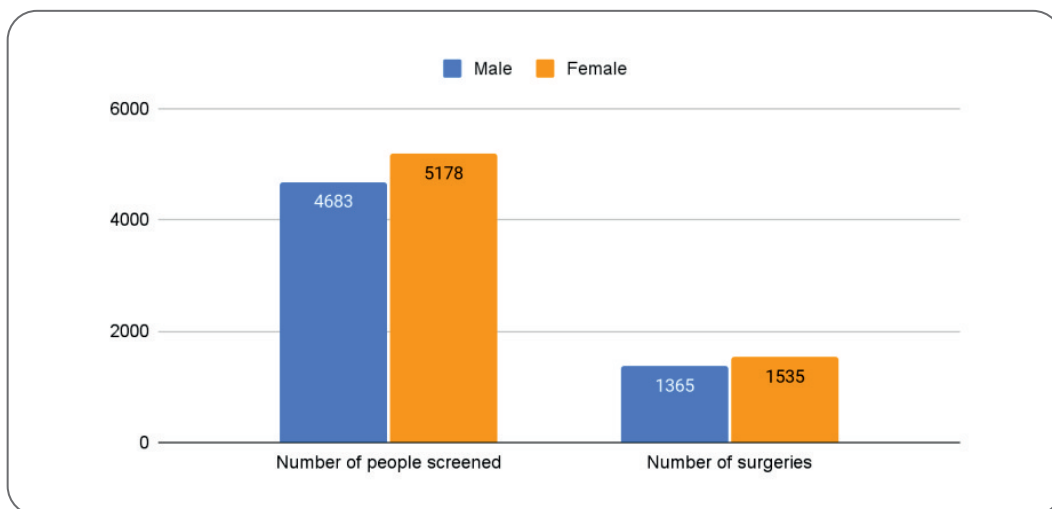
Figure 5 : Numer of male and females screened under GOV Project

Our interaction with the GOV programme supervisor revealed that GOV has a good response as they provide check-ups and detailed evaluations, however the project outcomes have been lesser compared to other years due to the pandemic during 2021-21.

c) Feedback from respondent beneficiaries

The beneficiaries of the GOV that we interacted with came to know about the eye camps through neighbors, friends, local hospitals, GOV coordination teams etc and they reached the camp site through the transport arranged by the GOV team. All of the respondent beneficiaries had been diagnosed with cataract problems (blurred vision). The services were given include eye check up, spectacle distribution and few referred for eye

surgery in the nearest city base hospital. All of them mentioned they got the treatment for free of cost and two of them said they charged for some additional medicines.

In terms of feedback, all of them except one said they are happy and very much satisfied with overall services provided to them. They expressed that campsites were well maintained; staff were very caring and helping. When the respondents were asked how this programme benefited them financially or otherwise? Some of them explained that they spent money for the same type of treatment in other private facilities for the other eye and others said they benefited because they didn't have to spend money in this camp. For example, a beneficiary explained that "I had spent money in a private hospital for my right eye. Someone I know took the responsibility of taking me to the government hospital where the camp was arranged." Similarly, another respondent mentioned that "If I had to visit a private clinic I would have to spend money, because of this project I could save some money". Two respondents in Tamil Nadu mentioned that their vision has improved now and they have been able to go to work because of the treatment". Further, all of them said that they have recommended their friends and family who are in need of eye check up.

Overall, they agreed that the GOV programme was very useful and they suggested having more such camps in their area.

4.4 Vision Centre :

Vision Centres makes eye care more accessible and comprehensive with better infrastructure and technology. Their primary objective is to deliver Preventive and Primary Eye Care for the rural citizens, which will enable the following:

- Provide specialized and technologically advanced support for betterment of health in far-flung areas where specialist doctors are not available.
- The patients do not have to travel to Super Specialty Hospital from distant places thus saving valuable time and money.
- Augmentation of ophthalmic services so that relief can be given in the shortest possible time.
- Establishment of proper infrastructure for Community Eye Health Care.
- An effective Eye Care Delivery Channel.
- A node for creating awareness and sensitization about Eye Care among the rural citizens.
- A hub and spoke model providing a continuous and fixed destination for patients for access to affordable eye care along with the outreach camps.
- Vision Centre is a vital link between the beneficiary and the eye care Institution

Staff : A Vision Centre will be manned by a Refractionist from the local community and trained by the Sankara team to detect, provide primary eye care and refer cases.

Facility : The Vision Centre will be a three room facility with attached washrooms. The Centre will be located in a prime area with ease of accessibility. The CV will comprise of: Waiting hall and Optical Dispensing Area; Consulting Chamber: including space for refraction, Physical Fitness Assessment and a store

a) Coverage

Titan has supported 4 Vision Centres, 3 in Tamil Nadu (i.e. Ambur, Virudachalam and Anaikatti) and 1 VC in Karnataka (Ranibennur). Details of the overall reach and outcomes on KPIs of VC are provided in table 6

Indicator	Anaikatti	Ambur	Virudachalam	Ranibennur	Total
New OP	484	2672	1141	2432	6729
Follow-up OP	55	470	186	873	1584
Tele consultation	525	2746	1298	3278	7847
No. of patients referred for subsidized surgeries	46	489	150	48	733
No of non-paying and subsidized surgeries performed	58	262	126	307	753
No of patients advised for spectacles	172	685	285	890	2032
No of patients Ordered spectacles	144	363	196	897	1600

Table 6 : Outcomes on key project indicators achieved for VC (2021-22)

b) VC Beneficiaries' feedback

As part of the assessment, A visit to Anaikatti VC was undertaken and 5 KIIs of beneficiaries were conducted. Beneficiaries got to know about the VC through an eye check up camp and through VC staff. Of the 5 respondents 2 were prescribed glasses and 3 underwent surgery. All of them mentioned that VC is well equipped and well maintained and they benefited enormously by getting treatment for their vision problem. A beneficiary, for example, expressed that "the people from the Vision Centre gave me my vision back. Because of that I can lead my day-to-day life peacefully and without someone's assistance". Similarly, another beneficiary appreciated that "free service and kind staff helped him a lot, and he can see things clearly after the replacement of the specs without any difficulty and it helped him a lot during my studies"

All of the respondents agreed that they became aware of the various eye health-related concerns and corresponding preventive or precautionary measures concerning eye care after undergoing treatment at the VC.

Best thing about the VC project, in their opinion, is that getting quality vision treatment for free of cost. This fact immensely helped them. A beneficiary said that "they give proper check ups and we are given vision for zero cost. Especially, they are focusing on people like us who are illiterate and unaware of these things." They feel that there is a lack of awareness about VC among many who need the services. Therefore it is key to create awareness about the VC and make needy people avail services

5. DISCUSSIONS ON OECD ASSESSMENT CRITERIA

5.1 Relevance

Relevance is the extent to which the intervention's objectives and design respond to beneficiaries' and stakeholders' needs. All four projects under the Happy eyes programme have the intention to cover different categories of beneficiaries viz children, adults, rural population, underprivileged, remote communities etc. The projects are also designed in such a way that they catered to all needy in a flexible manner. For example, children received screening within their school campuses; the MRVP provided check-ups and consultations at the doorstep of village households and through Vision Centres high class treatments with a team of trained ophthalmologists were made available in the close vicinity of villages and locations without patients having to travel long distances for treatment.

The target population, particularly rural and underprivileged, cannot afford expenses for services like spectacles and surgical services. These populations can now have the opportunity to easily use services for free of cost under happy eyes programmes. All of the beneficiaries expressed that they have recommended to their circle of friends and families to take the benefit of the programme and they opinionated that this programme is very much needed in their respective areas for the reasons discussed above.

As per the NBVS survey of the GOI (2019), blindness is more prevalent in the rural population as compared to urban population of India (the ratio 2.14% vs 1.80%)[5]. The interventions of the Happy eyes programme targeted rural populations with the inclusion of urban disadvantaged (i.e. urban slums). Hence, it holds a high relevance for the implementing areas. As found out, the common eye issue was the treatable cataract in the implementation areas. Enabling early detection and management of vision impairment through provision of spectacles or referral for further investigations was essential. To meet this, the Happy eyes played a huge role and thus highly relevant to both needy beneficiaries and also to implementing areas.

5.2 Effectiveness

Effectiveness is about understanding the extent to which an intervention has achieved its objectives. The effectiveness of the Happy eyes programme can be understood through the changes brought in reducing prevalence of blindness by identifying and treating vision problems among its beneficiaries. As explored in this assessment, all of the beneficiaries are very appreciative of the programme and they urge to continue conducting such projects in their

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[5]https://npcbvi.mohfw.gov.in/writeReadData/mainlinkFile/File341.pdf

communities. They acknowledged that accessing Happy eyes health care services has treated their vision problems. The beneficiaries across 4 projects of the Happy eyes highlight the key reasons for its effectiveness as free of cost, high quality services and accessibility of services at their doorstep. These three features have clearly contributed to the effectiveness of Happy eyes programme in all implementing areas. However, beneficiaries expressed that there is a lack of awareness of the happy eyes programme for people to get access to or benefit from. To that end, the implementation team needs to focus attention to create more awareness in the communities while camping.

In terms of achieving implementation of the planned targets, all of the Happy eyes projects have outperformed their intended targets for KPIs as shown in table 7. Specifically MRVP has shown greater performances in all the KPIs by 20-50%.

One of the interviewees at the managerial level expressed that the programme worked very well for the screening part covering big numbers, but providing treatment and services to 100% of people fell short by a little. So the efforts could be focussed on the treatment side of the things. However, planned vs achieved numbers do not show this difference.

Indicators	Nanna kannu		MRVP		GOV	
	planned	achieved	planned	achieved	planned	achieved
Number of camps	80	61	75	91	170	110
Number of people screened	20000	44461	5500	11393	10000	9861
Titan Sponsored Cataract Surgeries	75	125	150	206	2900	2900
Number of spectacle distributed	500	1922	2500	4963	200	349

Table 7 : Collective planned and achieved targets for KPIs under Titan supported Happy eyes programme in Karnataka and Tamil Nadu

5.3 Efficiency

Efficiency is a measure of how resources or inputs (e.g. funds, expertise, time, etc.) are used to bring about the intended results. In terms of expertise, the Happy eyes programme has structured protocols in place for deploying human resources for various roles. All of the organizational KIIs of this assessment reveal that the people working at the managerial level have come from the public health sector background with a minimum of 5-6 years experience in relevant fields. All of them have a postgraduate degree in management with considerable professional experiences and training in the NGO sector. In addition, they were given 3 months of comprehensive orientation and observation training before joining the job. Sankara has a tertiary education center - an ophthalmology educational institute which offers diploma courses and trains internal human resources including technicians..

Further, all of the programme staff expressed that their passion to help beneficiaries drives them to work and feels satisfied about their work. For example, an MRVP coordinator said *"everyday is best for me because I see smiles almost every day. They come with sadness in their hearts and leave with a smile. It is always a pleasure to watch little kids, the upcoming youth, become happy because they can see better with our help"*. The other part of the program that is key to programme efficiency is possessing good medical equipment and best treatment facilities. First hand information from beneficiaries and programmes heads confirms the availability of suitable good quality equipment at base hospitals, MMUs and VCs.

The programme maintains a daily, quarterly, and yearly MIS format to scan and keep all the patients' case histories. There is an internal software used to keep a record of the patients and is updated every day. The scanned copies of the manually written records are also uploaded into the system. The programme also has feedback mechanisms to receive patients' reviews and feedback. The hospital units have separate departments for paid patients for eye care and unpaid eye care - where patients are referred for surgery and expert consultation through community outreach activities. Eye care delivery happens smoothly in both facilities where they handle 50–60 patients in paid clinics and 80–120 in unpaid facilities everyday.

In terms of cost utilisation, the total budgeted amount for all project activities was 13657200 INR, however the utilized amount came up to 18615297 INR. This is because the Happy eyes programme provided services to more number of beneficiaries compared to planned numbers and hence the associated costs increased. These figures are reflected in Funds Utilisation Certificate Provided by Sankara Eye Foundation.

Collectively, the structured framework for utilization of human resource expertise coupled with MIS mechanisms systems for filing patients records have contributed to the efficiency of the Happy eyes programme.

5.4 Impact

Impacts of the Happy eyes programme could be categorized into total number of beneficiaries screened, total number of camps conducted; total number of surgical interventions and total number spectacles distributed. Details of programme wise impacts of these indicators are depicted in figure 6. While all four projects have been implemented (i.e. Nanna Kannu, MRVP, GOV and VC) in Karnataka, only two projects namely GOV and VCs are implemented in Tamil Nadu under Titan supported efforts. Accordingly, the coverage and impacts of the programme are more in Karnataka compared to Tamil Nadu (see figure 7)

The Happy eyes programme achieved screening of 72474 beneficiaries across all age groups under all four projects and out of which 7412 were prescribed and provided with spectacles. A total of 3867 surgeries were successful in treating the blindness. In addition, several thousands of beneficiaries received treatment in the form of medicines for their eye problems.

Awareness can only be effective if patients are able to access eye health care. The main barriers to eye care access include costs of the service and distance to eye care clinics (Kovai et al, 2007; Elam and Lee, 2014). Thus, creating better accessibility to care is a must when trying to raise awareness (Adlakha, 2022). Therefore, the Happy eyes programme was impactful not only in creating awareness among beneficiaries about eye health concerns but also improving the eye care seeking behavior by providing mobile clinics and free checkups. Finally, by treating blindness of beneficiaries and making them productive individuals is the biggest impact that the Happy eyes programme created.
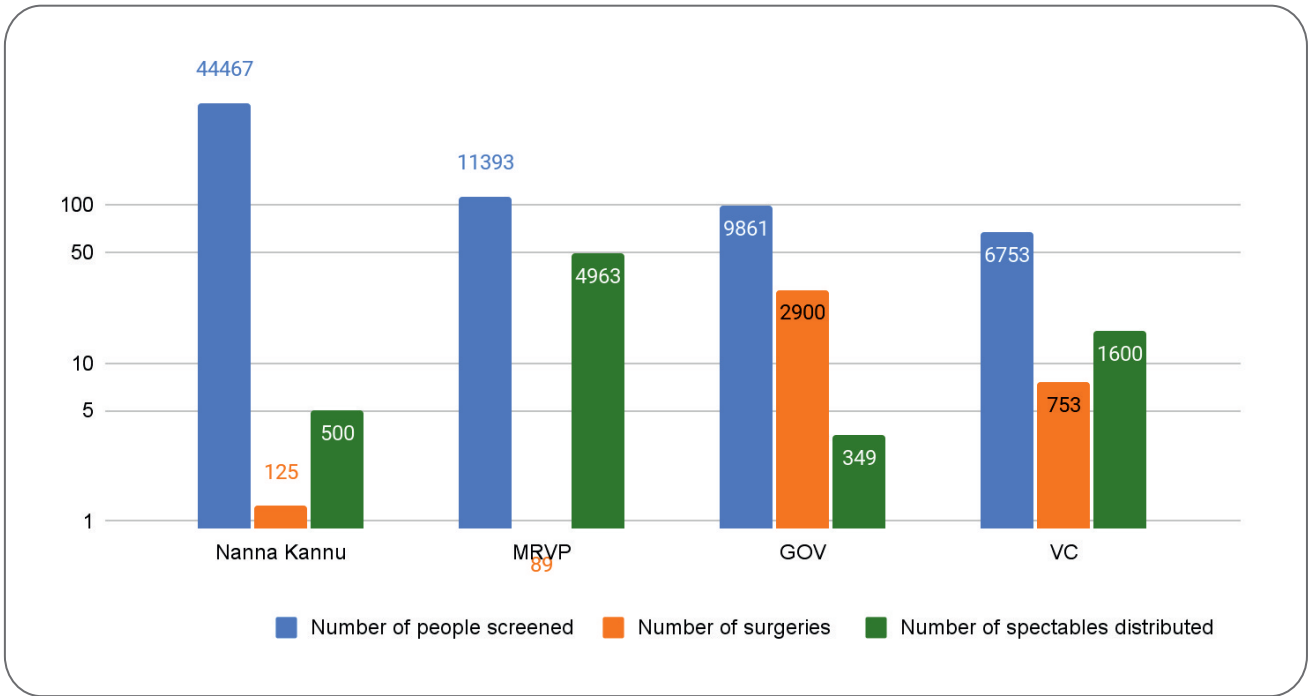
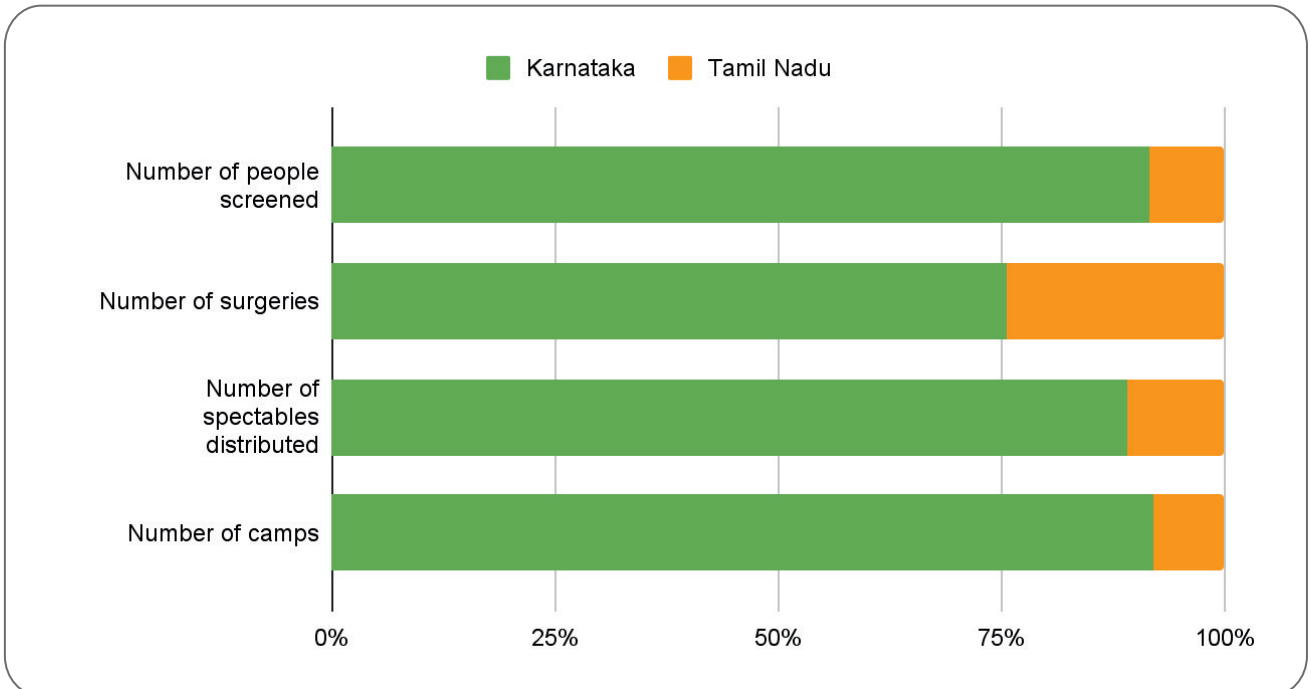Figure 6 : Programme Wise Coverage and Impacts

Figure 7 : State-wise impacts of Hppy Eyes Programme

5.5 Sustainability

The Happy eyes programme through its 4 thoughtfully designed projects has had profound impacts on the lives of several thousand beneficiaries in the implementation area. The credit of making the implementation successful roots to its strong institutional and organizational structure that is in place. The stability to these organizational structures come from years of experiences of Sankara Foundation. Sankara is aiming towards making each project self-sustainable with an 80:20 model - 80% of the beneficiaries being the free patients from the villages and the balance 20% are the affordable paying patients, cross-subsidizing the free service (Sankara foundation, 2015).

The Happy eyes programme is positioned in an unique way where it has been able to be associated with the NPCB of the Government on the one hand and Corporates on the other. In addition, it has established a good network with other stakeholders particularly NGOs and beneficiary communities. Along with the NPCB and the corporates, the Happy eyes programme has created an excellent Public-Private-Partnership model. While helping the implementation of NPCB, the Happy Eyes programme managed to create a sustainability ramp to run other projects by channelizing CSR resources. A framework involving the government, corporates and other stakeholders (e,.g. NGOs) will form key to the success of Happy eyes programme in the long run.

6. RECOMMENDATIONS

From our assessment of the Happy eyes programme following recommendations could be drawn

1) Attending to awareness needs is key

The effectiveness of the Happy eyes programme will be enhanced by attending to the awareness needs. There are two types of awareness requirements to be fulfilled. One, is the general community awareness about the services that Happy eyes offers and to motivate community members who are hesitant to come and get their eyes checked. This awareness creation is important to encourage people to access eye health care. Our interactions with both beneficiaries and programme staff suggested that there is a lack of awareness among community members to access a wide range of services offered by the programme from community outreach interventions to surgical interventions to rehabilitation services for the blind people. Therefore an emphasis should be given to awareness creation while facilitating outreach activities. Second, is the creating awareness of opportunities for qualified and interested youth candidates to get trained to be part of the programme. The programme needs trained people to handle various components and hence capability provision is an important option for the programme to grow. Creating awareness on the provision of the ophthalmic technician training course for example to the candidates from relevant backgrounds would be important. As one of the programme heads mentioned that there is not much awareness regarding the various ophthalmology trainings that are available to the interested youth from tier 1 and 2 towns. These youth groups should be made aware of the options and bring them into the workforce of the eye health sector.

2) Scale of up of activities

A major recommendation that emerged from all KIIs was to broaden the scope of outreach activities geographically and programme wise. Currently, Happy eyes is operating in 4 districts of Karnataka and 2 districts in Tamil Nadu. There is a lot of scope to extend eye care support services of the Happy eyes programme to other districts in both the states. Also, the SES and MRVP projects should be implemented in Tamil Nadu.

3) Conduct more effective follow-up measures

In the Nanna Kannu SES project, a large number of screenings were done and referrals of affected children were made to surgery intervention. However, those provided with spectacles were not provided with information or follow-up check to encourage them to continue using spectacles. Those students who have lost their spectacles currently stopped using glasses. They are not aware where to procure. So a followup or review check up helps motivate these kids continuum of eye health care and treatment throughout the life course.

7. CONCLUSION

The Nanna Kannu, MRVP, GOV and VC are 4 projects of the Titan supported Happy Eyes programme. Each of these projects are designed to target different beneficiary groups namely school children, rural population, disadvantaged, elderly population, remote communities etc for the identification and treatment of their vision problems. While all of the projects are implemented in Karnataka, only GOV and VC have their footprints in Tamil Nadu. Services provided in each of the projects include screening to identify vision problems, eye testing, prescription (spectacles/eye drops), provision for spectacles, referrals and consultations, surgery, post surgery care and counseling.

In terms of total number of screenings achieved, Nanna Kannu has covered the highest number (44467). This was possible due to the reason that preliminary screenings were done using the help of trained teachers and volunteers in schools. The next highest screenings are done in MRVP (11393) followed by GOV (9861) and VC (6753). While GOV tops the list for total number of surgeries (29.3% of the total screened), Nannn kannu and MRVP have the lowest percentage for the surgeries conducted (0.28% and 0.78% respectively). VC has 753 surgeries conducted (11.1% of the total screened). Further, the highest number of spectacles were distributed under MRVP (43.5% of the total screened) followed by VC (23.7% of the total screened), Nanna Kannu (1.12% of the total screened) and GOV (3.5% of the total screened). These numbers do not signify the efficiency or effectiveness of one project over the other. However, they clearly show that the design and intent of each of these projects are different from one another and hence the coverage. Each of these projects impacted the respective beneficiaries very effectively in their own unique way. Qualitative evidence explored in this assessment from beneficiaries interviews explains that.

Findings also show that the key distinguishing factor for the success of all these projects is to be able to provide services to the needy at their doorstep (or at least in the closest vicinity). By far, the triumph feature of the Happy Eyes programme is its ability to provide high quality services for free of cost to the very needy people. Undoubtedly, the strong institutional and organisational structures established over the years of experiences by Sankara provided the stability to make this achievable. Another highlight of the Happy eyes programme is its association with NPCB of the government. While helping the implementation of NPCB, the Happy Eyes programme managed to create a sustainability ramp to run similar projects by channelizing CSR resources. A framework involving the government, corporates and other stakeholders (e,.g. NGOs) will form key to the success of Happy eyes programme in the long run. Future efforts should be focussed to create more and more awareness to make people aware of services under Happy eyes programme and encourage them to take benefits.

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ANNEXURE

Annexure 1 : Sample of Interview Schedule

Interview participant	Sample questions
Beneficiary (Nanna Kannu)	- Please tell us your name, age, school, place of residence - Can you please tell us briefly about your health history? - How did you get to know about the Nanna Kannu Program? - How easily accessible is the centre from your place of residence? How do you commute? - What all services/ products/ consultation, etc. have you received here? - Please tell us how your typcial day of visit to this center looks like? - Do you think this project has improved your day-to-day life's medical care seeking behaviour? - As preventive eye care measures, do you receive any awareness, consultation, etc. here? If yes, what are they? - Have the staff helped you find other services you need that they do not provide? - Do you think this project has helped your parents/ family in any manner? - In what ways has this project helped you in other aspects of your life? Personal life/ professional life - Can you share with us 3 best things you like about nanna Kannu Program? - According to you, what can be done differently or improved in the program? - Would you recommend this program to your friends at school/ cousins/ peers, etc.
Beneficiary (MRVP)	- Please tell us your name, occupation, place of residence - Can you please tell us briefly about your health history? - What is your preferred choice of health care service provider? CHC? PHC? Private clinic? Mobile vans? Why? - How did you get to know about the MRVP project? - What all are the services that you received at the van? - How often do you seek the services of the van? - In your opinion, is the MMU adequately staffed and equipped? - What has changed (in the way you seek medical help) after this intervention? - Did you in any manner financially/ economically benefit from the services of the MMU? If yes, how so? - Has the MMU staff helped you find other services you need that they

	do not provide? ● Did you receive any counselling, awareness activities at the MMU? If yes, what are they? ● What is the best thing about this project according to you? ● Are there any added services/ supplies that you wish the MMU provided? ● Considering your complete experience with this MMU, how likely would you be to recommend its services to a friend or colleague?
Beneficiary (GOV)	● Please tell us your name, occupation, age, place of residence ● Can you please tell us briefly about your health history? (pertaining to eye care and resultant health issues) ● How did you get to know about the Vision Centers? ● What all are the services that you receive/received from this project? ● How easily accessible is the centre from your place of residence? How do you commute? ● In your opinion, is centre well maintained and equipped with all amenities that you require? ● Are you aware of various health related issues/ concerns/ problems and ● respective preventive/precautionary measures related to eye care? ● Did you in any manner financially/ economically benefit from this project? If yes, how so? ● Have the staff helped you find other services you need that they do not provide?
Beneficiary (VC)	● Please tell us your name, occupation, age, place of residence ● Can you please tell us briefly about your health history? (pertaining to eye care and resultant health issues) ● How did you get to know about the Vision Center? ● What all are the services that you receive/received at this centre) ● How easily accessible is the centre from your place of residence? How do you commute? ● In your opinion, is centre well maintained and equipped with all amenities that you require? ● Are you aware of various health related issues/ concerns/ problems and ● respective preventive/precautionary measures related to eye care? ● Did you in any manner financially/ economically benefit from this project? If yes, how so? ● Have the staff helped you find other services you need that they do not provide?
Administrator	● What is your name? Education backgroun? Experience?

	• How long have you been associated with Happy Eyes? How was this association started? • Can you please specify what is your role in the program • Based on your experinece in this community, what is the need of this project in the present scenario? • How did you learn about this project and what was ypur motivation for joining? • Have you received any special training for your role at the van? • Can you tell us about the day-to-day operations of the facility? • Is the hospital well equipped and staffed to assist the patients? • How do you engage in book keeping and record of patients? • Do you take any feedback from the beneficiaries? How so? • According to you, what are the strengths of this program? • According to you, what can we do to improve the program? • Would you like to share any sucess story/ exceptional case study/ best experience working here? • Would you like to share any sucess story/ exceptional case study/ best experience working here? • What are some of the challenges you face/ foresee in your role?
Unit head	• Please tell us your name, place of residence, educational qualification, experience • From your experience, what do you think are the prominent health problems in the community? • For how many years are you working as the Unit Head? Can you share with us your experience so far? • How did you get to know about the Happy Eyes project and how were you onboarded as part of it? • What facilities are available in the medical center? • Can you tell us about your roles and responsibilities in this project? • Can you tell us about the day-to-day operations of the facility? • Is the centre well equipped and staffed to assist the patients? • How do you engage in book keeping and record of patients? • Do you take any feedback from the beneficiaries? How so? • According to you, what are the strengths of this program? • According to you, what can we do to improve the program? • Would you like to share any sucess story/ exceptional case study/ best experience working here?

Annexure 2 : Assessment team

Manju Menon	Overall guidance
Namrata Shinde	Manager
Hima Abdulla	Coordinator for data collection
Haritha, Sushma, Elsa, Mahesh, Danya	Data collection support (for Beneficiaries KII)
Poornima Sheelanere	Data analysis and compilation of assessment report

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