
CSR Impact Assessment Report

Indigent Eye Care (Cataract Surgeries & Screening Camps)

Prepared For



Prepared By



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ISO 27001:2013 Certified

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ABBREVIATIONS

OP	Out Patient
BP	Blood Pressure
HOD	Head of the Department
MFV	Mission for Vision
NGO	Non-Governmental organization
IOL	Intra Ocular Lens
OPD	Out Patient Department
JOCC	Jaslok Ophthalmic Community Centre
CSR	Corporate Social Responsibility
SDG	Sustainable Development Goals

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EXECUTIVE SUMMARY

Background



Project activities

- Cataract Eye Surgeries & Medical Equipment support in Kolkata and Chennai.



Project year

FY 2018-22



Beneficiaries

+71,000



NGO Partner

Medical Research Foundation
(popularly known as Sankara Nethralaya)



Project Location

Kolkata & Chennai



Budget

FY 2018-19 - Rs.3,75,00,000/-
FY 2019-20 - Rs. 1,55,00,000/-
FY 2020-21 - Rs. 1,77,50,000/-
FY 2021-22 - Rs. 1,60,00,000/-
FY 2022-23 - Rs. 55,83,000/-

SDG Goals



Research Methodology



Application of Quantitative Techniques

The quantitative study was used to assess the impact of divergent CSR Activities through the Structured tool of the Interview Schedule. This helped in getting quantifiable information.



Application of Qualitative Techniques

Qualitative Techniques of Interviews with Key Project Stakeholders, Interviews with Community People were adopted for a better understanding.



Research Design

Geography Covered (States)

Kolkata (West Bengal) and Chennai (Tamil Nadu)

Direct Beneficiaries Covered

370 Direct Beneficiaries

Sample Technique

Purposive & Stratified
Random Sampling

Stakeholders

Hospital Staff, NGO Supervisor, HOD

Key Output:

81%

of the respondents reported that the local organization had visited them to provide information about the camp



The majority of the beneficiary's monthly family income is not more than Rs. 15,000/-.

84.6%

were diagnosed with cataract eye problems.



The majority of the beneficiaries (82%) received free medicines in the medical camp and 96.7% of the respondents had undergone cataract eye surgery

96.7%

of the respondents had undergone cataract eye surgery conducted by Sankara Nethralaya at free of cost.



95%

of the beneficiaries received complimentary meals for 2 days at the time of admission. They also received free medicines after cataract surgery and 88% of the beneficiaries stated receiving a pair of dark glasses free of cost.

97%

of the beneficiaries reported availing of free medical expenses after the cataract eye surgery.

61%

of the respondents had received pick and-drop service after cataract surgery.

94.4%

of the respondents received free medicines after cataract surgery.

Impact:



Through the medical camps, the project is able to reach approximately 9000 people during FY 2021-22, and 933 people directly benefited through free cataract surgeries



Beneficiaries were able to receive cataract eye surgery from Sankara Nethralaya which is one of the best eye hospitals in India.

91%

of the beneficiaries were satisfied with the cataract surgeries.

98%

rated the services as good to excellent.

CHAPTER 1: INTRODUCTION

Project Background

From 2018 to 2022, HDB Financial Services Limited provided support to the Medical Research Foundation (MRF) in organizing and conducting free medical camps as well as cataract surgeries in Chennai and Kolkata.

The initiative aimed to address the prevalent issue of cataract-related vision impairments by providing free medical camps and cataract surgeries to individuals in need. Cataract surgeries are crucial in restoring vision and improving the quality of life for affected individuals.

Through this partnership, HDB Financial Services and MRF worked together to identify beneficiaries and organize medical camps in Chennai and Kolkata. These camps provided free medical consultations, eye examinations, and screenings to diagnose cataract cases accurately. Following the diagnosis, eligible individuals underwent free cataract surgeries performed by skilled surgeons associated with Sankara Nethralaya.

The collaborative effort between HDB Financial Services and MRF in conducting these free medical camps and surgeries aimed to address the accessibility and affordability barriers to eye care services. By extending their support to underserved communities, they ensured that individuals in need had access to quality eye care and received the necessary treatment for cataracts, helping restore their vision and improve their overall well-being.



In 2018, HDB Financial Services and Medical Research Foundation had -

- Built, established and ran a new 115-bed community ophthalmic hospital in St. Thomas Mount, Chennai, Tamil Nadu.
- Offered impoverished patients access to state-of-the-art facilities for both routine and complex diagnostic procedures at reduced costs.
- Developed the ability to perform at least 12,000 cataract surgeries annually at free of cost for people from Chennai and the surrounding areas who are in need.

For the Above activities, HDB Financial Services Donated a CSR Fund of Rs. 3,75,00,000/- (Rupees Three Crore Seventy Five Lakhs only) and benefited over 20,000 patients.



In 2019, HDB Financial Services and MRF had done the following activities –

- Performed free cataract surgeries on 20,000 low-income individuals located through medical camps in Chennai, Tamil Nadu and Kolkata, West Bengal.
- In and around Kolkata, 100 Free Medical Camps were organised to diagnose individuals with eye conditions like Diabetic Retinopathy, Cataract and others.
- Acquired a modern Auto-Refractometer with Kerotometer needed for rural camps in Kolkata.
- Acquired and run a 41-seater bus, utilised to satisfy the logistical needs for patients diagnosed and treated for eye problems in rural areas of Kolkata.

For the above activities, HDB Financial Services Donated a CSR Fund of Rs. 1,55,00,000/- (Rupees One Crore Fifty Five Lakhs only) and benefited over 20,000 patients.



In 2020, HDB Financial Services and MRF had done the following activities –

- 2900 poor individuals identified through medical camps in rural and urban areas of Chennai, Tamil Nadu, and Kolkata, West Bengal, received free cataract surgery.
- 125 free medical screenings for persons suspected of having eye conditions such as diabetic retinopathy, cataracts, and other conditions were organized in Chennai and Kolkata.
- Direct and indirect interventions were made at each camp site to raise awareness about eye care.

For the Above Activities, HDB Financial Services had donated a CSR fund of Rs. 1,77,50,000/- (Rupees One Crore Seventy Seven Lakhs Fifty Five Thousand only) and benefited over 22,000 patients.



In 2021, HDB Financial Services and MRF had done the following activities –

- Free Medical Camps, of which 30 are in Chennai and 22 in Kolkata.
- 933 Free Cataract Surgeries, of which 600 were in Chennai and 333 in Kolkata.
- About 9,000 people were reached through medical outreach camps.

For the Above Activities, HDB Financial Services donated a CSR fund of Rs. 1,60,00,000/- (Rupees one Crore Sixty Lakhs only) and benefited over 9,000 patients.



In 2022, HDB Financial Services and MRF had done the following activities –

Support the installation of medical equipment to screen patients at the Sankara Nethralaya Hospital in Kolkata, West Bengal, who may have eye conditions including cataracts or diabetic retinopathy. For the above activity, HDB Financial Services donated a CSR fund of Rs. 55,83,000/- (Rupees Fifty Five lakhs Eighty-Three Thousand only) and benefited the needed patients.



HDB Financial Services MRF Rajarhat Team, Kolkata

NGO Background

Medical Research Foundation, popularly known as Sankara Nethralaya is a renowned medical research foundation and eye care institution based in Chennai, India. It is widely recognized for its exceptional contributions to the field of ophthalmology. Sankara Nethralaya was established with a vision to provide high-quality eye care services and advance ophthalmic research.

The foundation is known for its state-of-the-art facilities, advanced technology, and a team of highly skilled and experienced ophthalmologists, surgeons, and researchers. Sankara Nethralaya offers a comprehensive range of eye care services, including specialized treatments for cataracts, glaucoma, corneal disorders, retinal diseases, and pediatric ophthalmology.

In addition to its clinical services, Sankara Nethralaya is actively involved in pioneering research and innovation in the field of ophthalmology. The institution has established dedicated research centers and laboratories to explore new treatments, develop innovative surgical techniques, and conduct scientific studies to improve eye health outcomes.

Sankara Nethralaya is also committed to community service and outreach. It organizes eye screening camps, provides education on eye health and prevention, and conducts programs to eliminate avoidable blindness, particularly among underserved populations. The foundation actively collaborates with national and international organizations to exchange knowledge and expertise and contribute to global advancements in eye care.

Overall, Sankara Nethralaya is a highly respected institution that combines excellence in clinical care, pioneering research, and community service. Its relentless dedication to improving eye health and its commitment to advancing the field of ophthalmology has made it a leading center for eye care in India.

CHAPTER 2: RESEARCH METHODOLOGY

Research can be stated as a logical and systematic search for new and useful information on a particular subject matter. Social Science Research refers to the systematic activity of gaining new understanding by following scientific principles and methods to minimize bias and subjectivity. It is opposed to writing something based on assumptions or speculations. Though insight into certain facts can also be gained through common sense and based on general observation and hearsay, those facts will not be considered valid until they have been obtained in a methodical manner that can stand the test of time. The defining characteristics of scientific research are objectivity, ethical neutrality, reliability, testability, and transparency. Identification of the research problem provides the starting point of research, which is then defined and redefined through a proper review of the literature on the problem or deliberations with research experts and knowledgeable others in the subject matter of interest. Each research problem has a multitude of perspectives and dimensions, research cannot cover all of those in a single study. Thus, we need to delimit the research problem into a 'measurable problem and formulate objectives, make decisions on the research design, sample design, type of research instruments for collecting the data, and how these data can be edited, coded, classified, tabulated, and interpreted so that findings and conclusions can be reached.' Every research needs to have a proper methodology to foresee the problems that could arise during research and steer through the research process in a proper direction without losing focus.



HDB Financial Services MRF Mukundapur Outreach team with the SoulAce team, Kolkata

Use of Mixed Methodology for Maximum Insights

The research problem consisted of understanding the extent of impact created by HDB Financial Services partnering with MRF-supported initiatives, to increase awareness and sensitivity of the people towards improved quality of life by providing free medical camps and free cataract surgeries. To gain maximal insight, both quantitative and qualitative techniques were used.

Application of Quantitative Techniques

A quantitative study will be needed if the focus is on presenting the study problem in terms of numbers, frequencies, percentages, etc. A quantitative study always uses structured tools like questionnaires and interview schedules, in which questions are planned well in advance by the researcher before entering the field. Though the information that is obtained is easily amenable to various statistical measures and tests, quantitative information has its own limitations. It can uncover only the surface phenomenon. It is unable to penetrate beneath the surface and identify what is hidden underneath. In this study, to assess the impact of structured tools like the interview schedule administered was used, which helped in getting quantifiable information.

Application of Qualitative Techniques

Qualitative research can only unravel enriched and hidden information that may not be evident on the face of it. The qualitative approach is distinguished by deeper probing and flexibility, and it can yield massive amounts of data that were not anticipated when the research was initiated. For better accuracy, to ensure anonymity and at the same time, to cover a larger sample population, quantitative techniques were used. Qualitative techniques of interviews with key stakeholders and interviews with community people were adopted for a better understanding of the problem alongside quantitative research.

Ensuring Triangulation

Triangulation is needed to increase the credibility and validity of the research findings. It is also a measure taken to ensure the trustworthiness of the research process. The findings of the quantitative research have been verified with the insights from qualitative research and the reports have also been structured to reflect this point.

Research Design

- **Name of the project** : Performing Cataract Surgeries and Eye Screening Camps for Indigent Patients in Chennai and Kolkata
- **Project Partner** : Medical Research Foundation
- **Research Design used** : Descriptive Design
- **Sampling Technique** : Purposive Sampling
- **Sample Size** : 390 Patients
- **Qualitative Methods used** : In-depth interviews of the stakeholders

Key Stakeholders



Study Tools

Tools used during the study

SoulAce has developed a mobile application platform for data collection that the field team used to undertake the study. This application has real-time data entry and data upload with GPS location details along with a questionnaire, for interaction with the project beneficiaries. The application also has a provision to take pictures of each respondent.



Primary data was collected using two types of questionnaires.

Questionnaire for Primary Beneficiaries:

Structured questionnaires were developed reviewing the project details for each of the focus areas and indicators were pre-defined before conducting the surveys.

Questionnaire for Secondary Beneficiaries and Stakeholders:

Semi-structured questionnaires were developed for each type of sample of this group. Stakeholders were identified across the focus areas.

The one-on-one discussion was done with beneficiaries to prepare the case studies.

Ensuring Commitment to Research Ethics

Anonymity

Anonymity refers to not revealing the identity of the respondents. This research study strictly sticks to not revealing the identity of the respondents unless the same is warranted for the illustration of success stories or case studies. After the research was completed, the study did not reveal which individual respondents answered which question in what manner. The results were revealed only as an aggregate, so no one would be able to single out the identity of a particular respondent. This was required to not break the trust of the respondent by not revealing the individual identity.

Confidentiality

Research subjects participate in the process only based on the trust that confidentiality has been maintained. Hence, the research would not reveal any data regarding the respondents for purposes other than the research study.

Non-Maleficence

Research would not lead to harm to the research subjects. This study ensured that the respondents were not harmed in any way.

Beneficence

Any research study should lead to some benefits for the respondent. This research study also ensured that individuals, groups, and communities benefit and their wellbeing is enhanced.

Justice

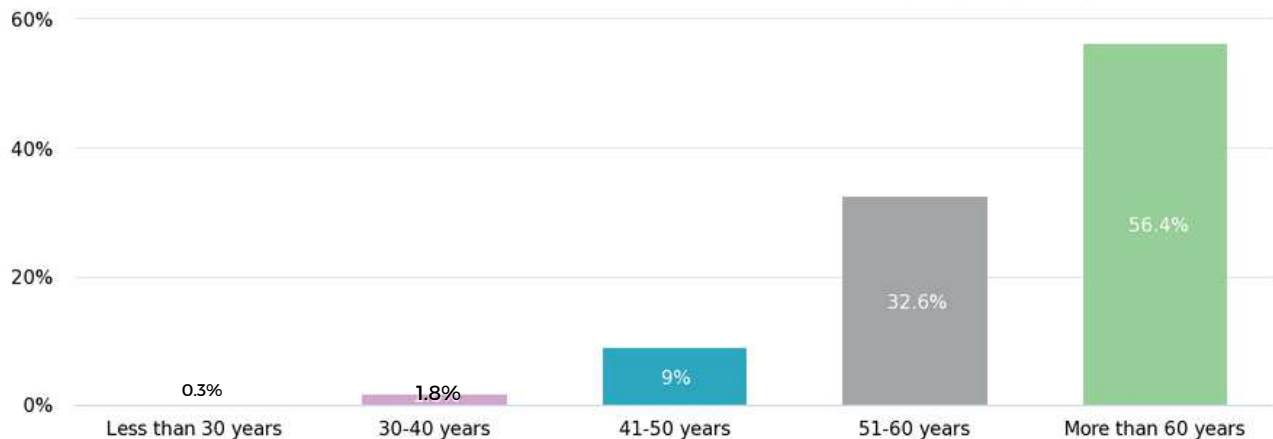
Justice refers to being fair to all. This research study ensured equal treatment of all its research subjects and no biases or prejudices towards any group based on social stereotypes or stigma associated with being a member of a certain group or class.



Shankar Netralaya Rajarhat Unit

CHAPTER 3: FINDINGS OF THE STUDY

Chart 1: Distribution of the respondents by their age-group



According to the graph, most (56.4%) of the respondents were more than 60 years old. However, 32.6% of them were in the age-group of 51 to 60 years, 9% of them were between 41 to 50 years, 1.8% of them were in the age-group of 30 to 40 years, and 0.3% of them were less than 30 years of age.

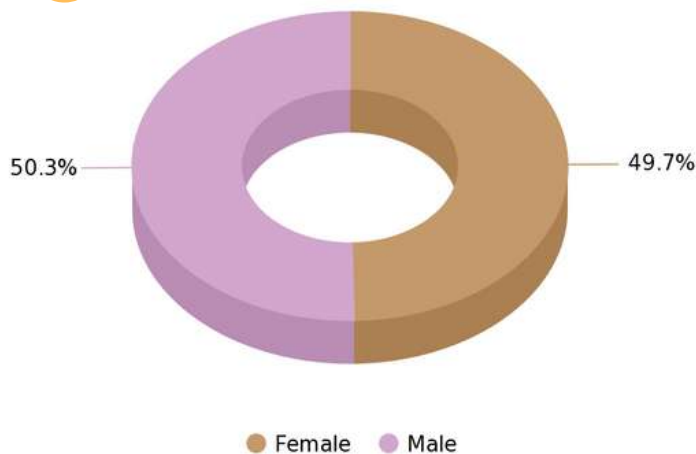


“I work as a senior social worker cum camp coordinator in outreach medical camps at Ophthalmic Community Centre. I have 27 years of experience in this field. Patients are mobilized through NGOs namely Mission for Vision, Sathya Sai Trust. We organized these outreach programs in community halls, government schools, churches, temples, marriage halls, and panchayat offices in rural areas.

The screening process for the patients includes:- registration, OP chit issuing, BP/sugar testing, verifying previous records related to illness/surgeries, eyesight testing through auto refraction by the optometrist, tentative diagnosis by the optometrist, counseling session, follow-up action plan, and sharing the camp report and details regarding the patients for free cataract and other eye-related surgeries to the Administrator. Before the support of HDB Financial Services, we were limited to mobilizing the beneficiaries for free cataract surgeries. However, only the neediest patients for the surgery were shortlisted and referred to the hospital.”

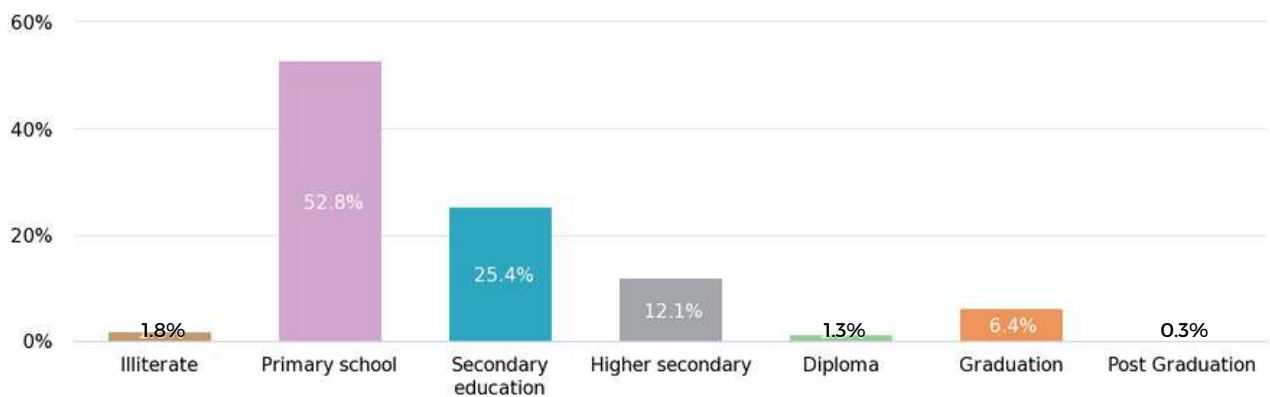
-Mr.Chandrakumar- Senior Social Worker cum Camp Coordinator

Chart 2: Distribution of the respondents by their gender



As per the pie chart, there was almost an equal percentage of males (50.3%) and females (49.7%) for the screening camp and cataract eye surgery.

Chart 3: Distribution of the respondents by their educational background



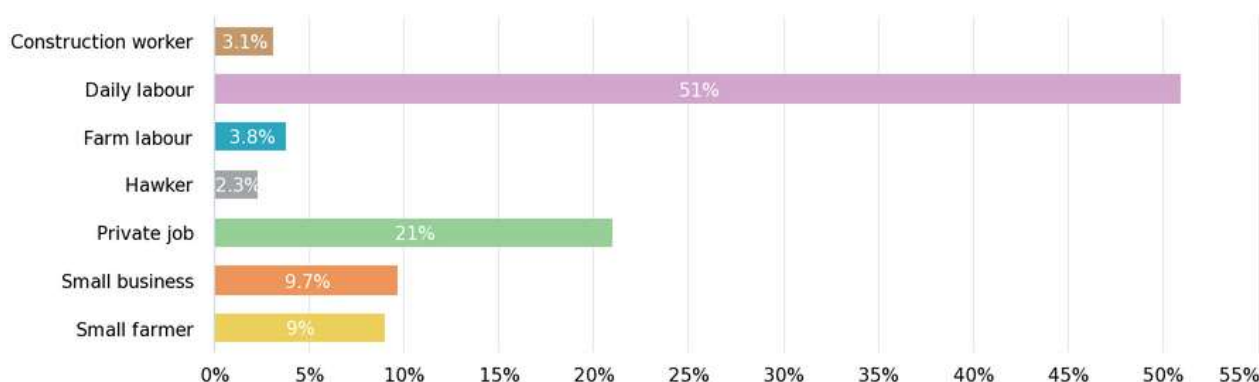
It can be inferred from the graph that most (52.8%) of the respondents had educational qualifications up to primary school, whereas 25.4% of them had attended secondary school. Further, 12.1% of them had education till higher secondary, 6.4% of them were graduates, 1.8% of them were illiterates, 1.3% of them were diploma holders, and 0.3% of them were post-graduates.



SUPPORTED BY

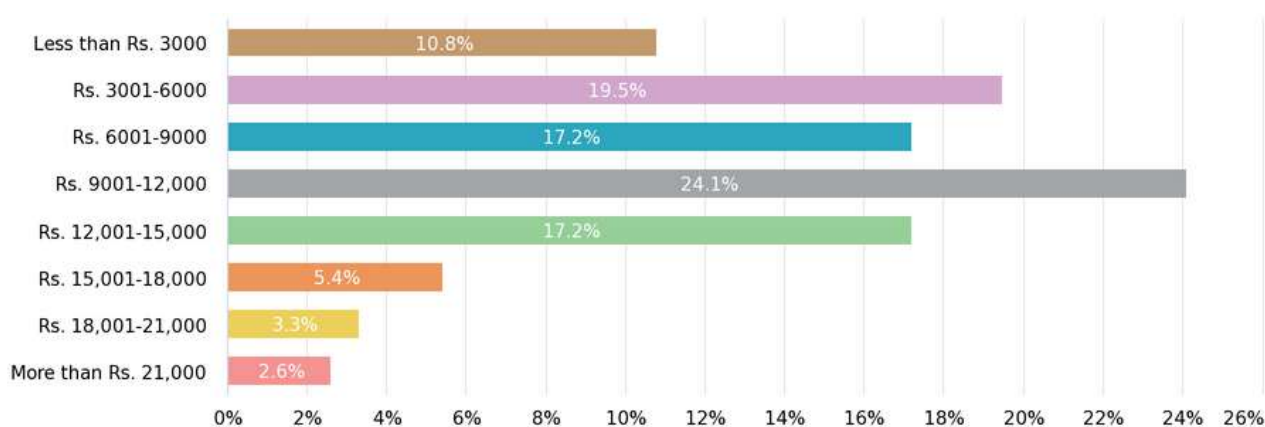


Chart 4: Distribution of the respondents by their family occupation



As per the graph, the majority of the respondent's family heads were daily wage laborers (51%), whereas 21% of them were doing a private job, 9.7% of them were into small business, 9% of them were small farmers, 3.8% of them were farm laborers, 3.1% of them were construction workers, and 2.3% of them were hawkers.

Chart 5: Distribution of the respondents by their family monthly income



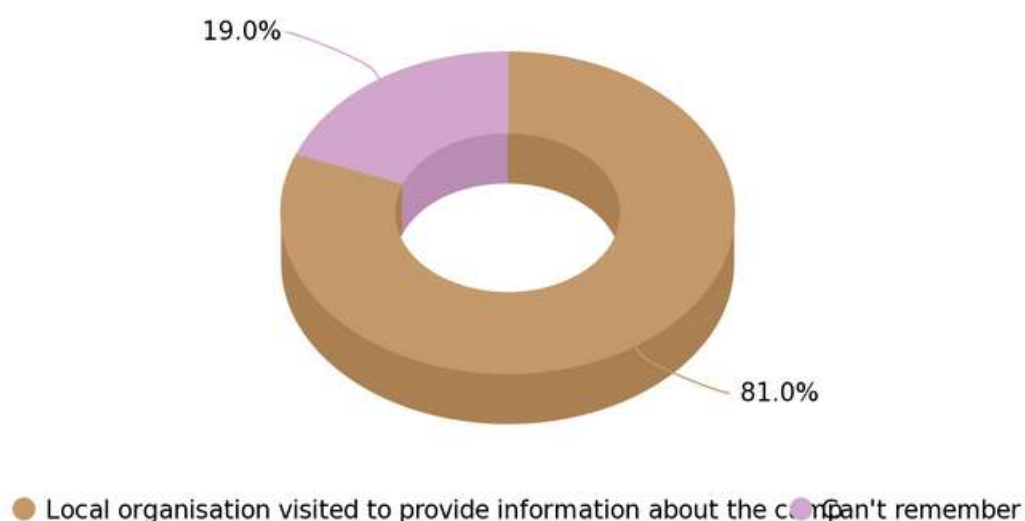
According to the graph, 24.1% of the respondents were earning a monthly family income between Rs. 9001/- to Rs. 12,000/-, 19.5% of them were earning between Rs. 3001/- to Rs. 6000/-, and 17.2% of them were earning between Rs. 12,001/- to Rs. 15,000/-. 17.2% of them were earning between Rs. 6001/- to Rs. 9000/-, 10.8% of the respondents were earning less than Rs. 3000/-, 5.4% of them were earning between Rs. 15,001/- to Rs. 18,000/-, 3.3% of them were earning between Rs. 18,001/- to Rs. 21,000/- and 2.6% of them were earning more than Rs. 21,000/-.

Chart 6: Attending the MRF screening camp



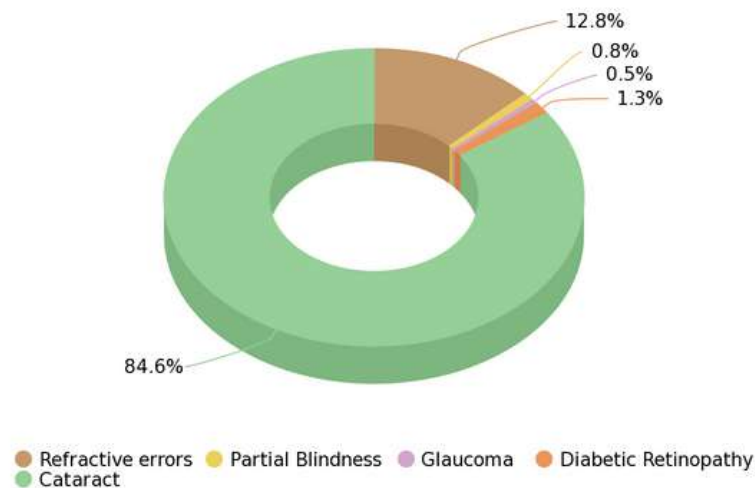
It can be inferred from the chart that 46% of the respondents had attended the screening camp more than 2 years ago, 41% of them had attended it sometime between the last 1 to 2 years, 9% of them had attended it sometime between the past 6 months to 1 year, 2% of them had attended the screening camp in the past 6 months, and 2% were unable to recall the incident.

Chart 7: Whether the health workers visited the respondent's house for camp mobilization



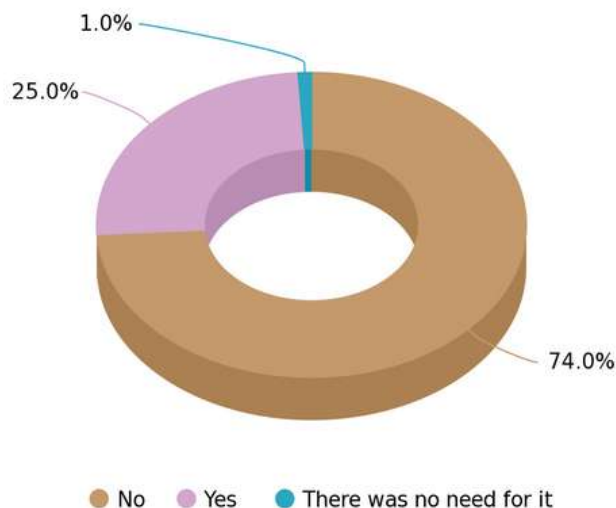
As per the graph, 81% of the respondents reported that the local organization had visited them to provide information about the camp, whereas 19% of them were unable to recall the visit.

Chart 8: Vision problems of the respondents



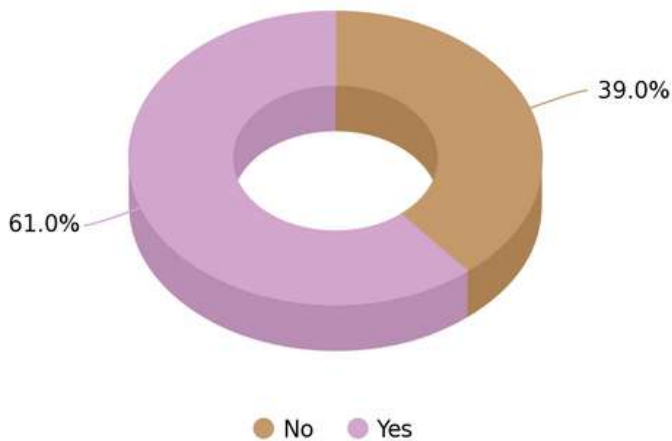
It can be inferred from the graph that about 84.6% of the respondents were diagnosed with cataracts, 12.8% of them had refractive errors such as the problem of the power of eye vision, long sight, and short sight, 1.3% of them suffered from diabetic retinopathy, 0.8% of them suffered from partial blindness, and 0.5% of them suffered from glaucoma.

Chart 9: Whether the respondents were referred to any other eye clinic/hospital for further treatment



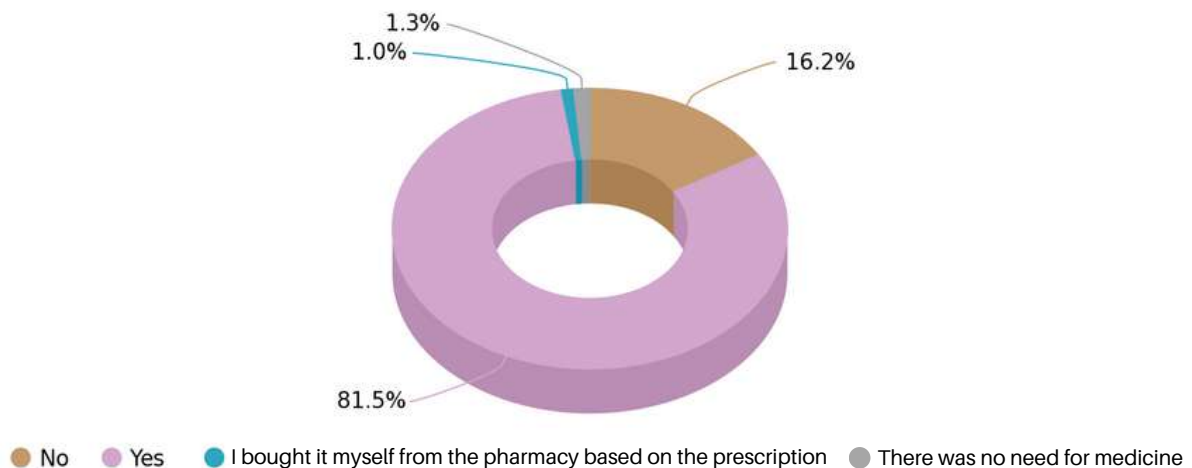
As per the graph, 74% of the respondents were not referred to any eye clinic or hospital for further treatment, whereas 25% of them got referred, and 1% of them said that there was no need for reference.

Chart 10: Whether the respondents were referred to Sankara Nethralaya Eye Hospital



According to the chart, 61% of the respondents were referred by other hospitals to Sankara Eye Hospital for further treatment/surgery and 39% of them were not referred.

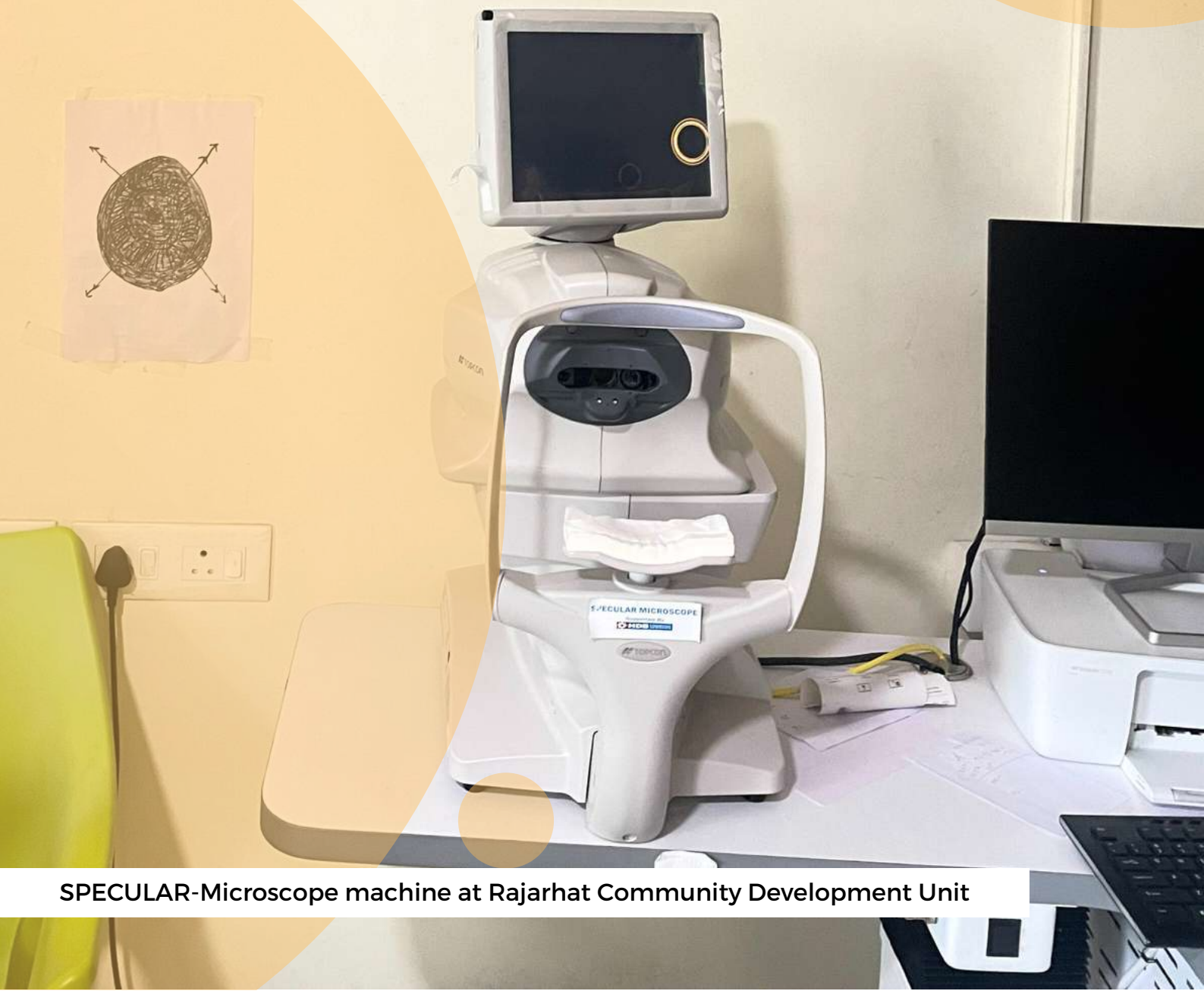
Chart 11: Whether the respondents were given free medicines in the camps



It is evident from the chart that free medicines were given to 81.5% of the respondents, 16.2% did not receive any free medicine, 1.3% of them said that there was no need for medicines, and the rest 1% of the respondents said that they had brought the medicines from the pharmacy based on the prescription.

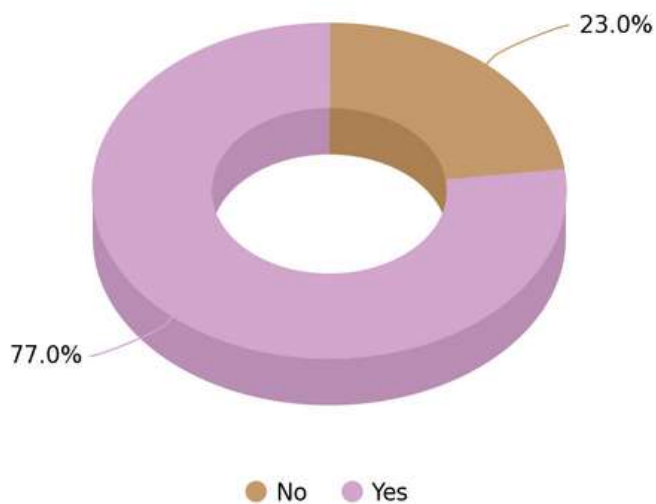
“We had donated free medicines to the people who had attended the medical camp and to the patients who had undergone the free cataract treatment. The main objective of giving out free medicines is to instill confidence among them by reducing their financial burden.”

-Mr. Kaushikh Adhikary, Senior Optometrist, HOD Community and Teleophthalmology Outreach Program, Mukundapur



SPECULAR-Microscope machine at Rajarhat Community Development Unit

Chart 12: Diagnosis of cataract during the camp



As per the chart, 77% of the respondents said that they were diagnosed with cataract during the camp, whereas 23% of them said that they were not diagnosed.

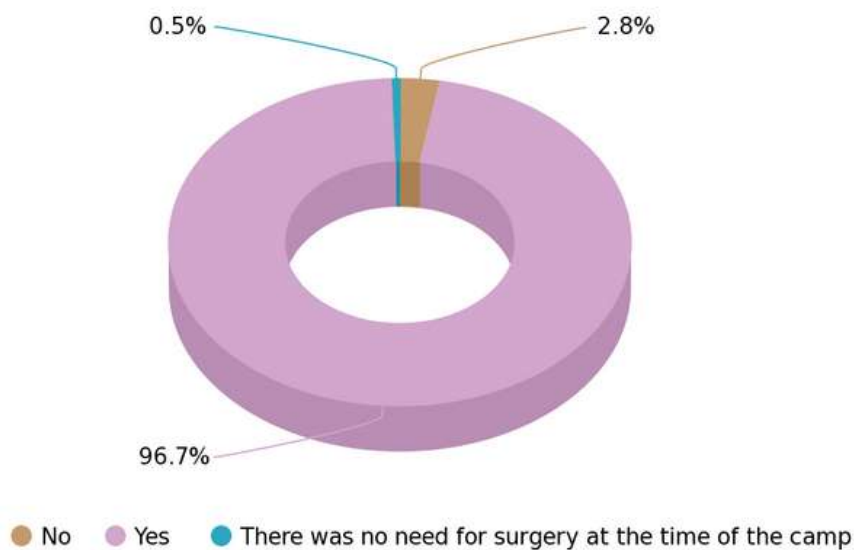


“I work as a supervisor in Mission for Vision [MFV] NGO. I have 19 years of experience. The NGO has been associated with Sankara Nethralaya for the last 20 years for conducting outreach camps. Earlier, the NGO was named Tulsi Trust and then changed to MFV. Presently, the NGO has 1 counselor in the hospital, 5 social workers for outreach activities, 1 program development manager and 1 surveyor.

Chittoor is the neighboring district to Chennai and the outreach activities are stretched till Tirupati and Palamaneri of Chittoor. With the above human resources, the NGO mobilizes the patients for free cataract surgeries and for other surgeries too. During the diagnosis, we ensure follow-up visits to the Sankara Nethralaya Community Hospital for specialized consultation and diagnosis. Patients are motivated by the doctors to visit community hospitals after a particular period and/or physicians. Information, education, and communication regarding the present problems are discussed with the patients. The NGO takes the responsibility of providing free transportation through mobile vans, up to 250 km [one way] for the patients.”

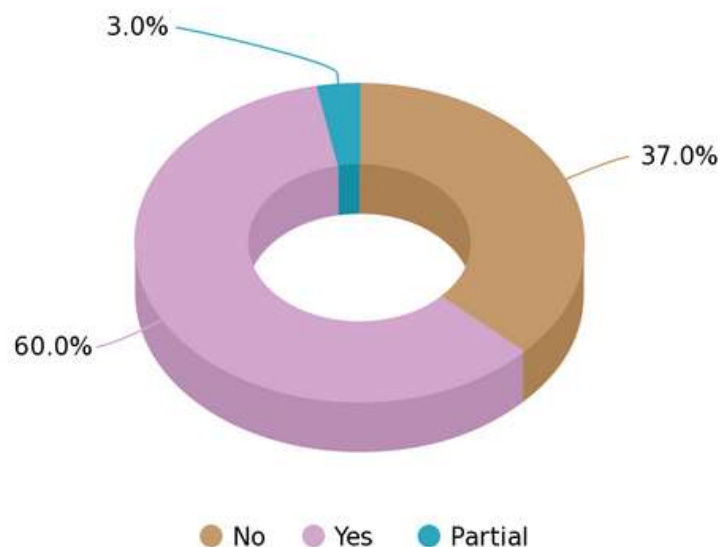
-Mrs. S. Dhanalakshmi-Supervisor

Chart 13: Did the patients undergo the cataract surgery conducted by Sankara Nethralaya?



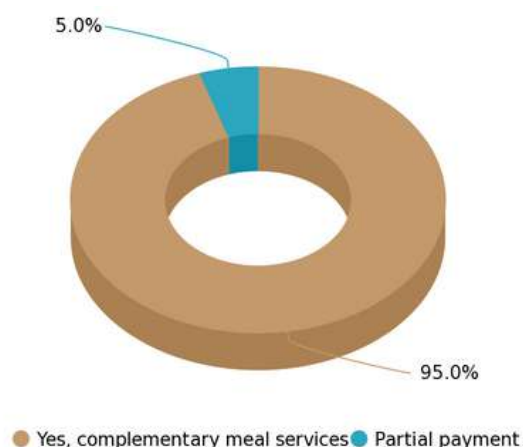
It can be inferred from the chart that 96.7% of the cataract patients had undergone cataract surgery conducted by Sankara Nethralaya, 2.8% of them did not undergo the cataract surgery, and 0.5% of them reported that there was no need for surgery at the time of the camp.

Chart 14: Pick-up and drop service for cataract surgery



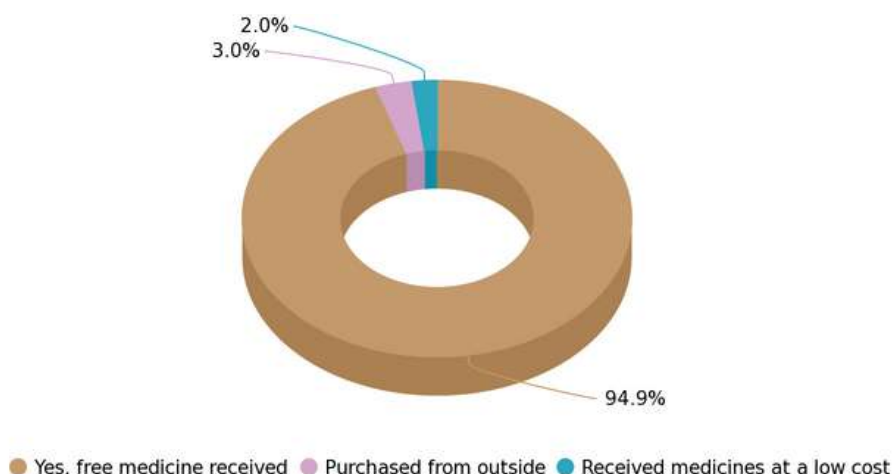
When asked if they had received pick-up and drop service during their cataract surgery, 61% of the respondents reported that they had received the pick-up and drop service during their cataract eye surgery, whereas 37% of them said that they did not receive any pick-up or drop service, and 3% of them had received either the pick-up service or the drop service.

Chart 15: Complimentary meal services



The complimentary meal was a part of this program and 95% of the respondents had received the complimentary meal services, whereas 5% of them had to do partial payment.

Chart 16: Regarding medicines received after cataract surgery



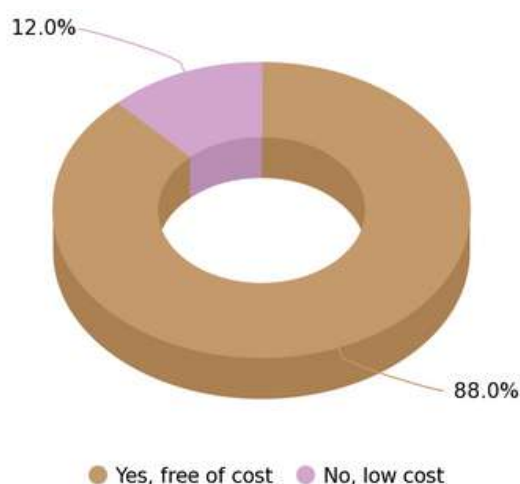
After the cataract surgery, 94.9% of the respondents had received free medicines, 3% of them had purchased medicines from outside and 2% of them had received medicines at a low cost.

“We had arranged pick-up and drop services for the patients who underwent cataract eye surgery. Many people who came to our camp were daily wage laborers and they were unable to afford transportation facilities. Some of them said that they did not need the services because they had their own vehicles. As a part of the program, we offered complimentary meals to the patients who were below the poverty line and we also charged a very nominal fee for those who were able to afford the meal.”

-Gautam Sarkar, Outreach Program Coordinator, Mukundapur

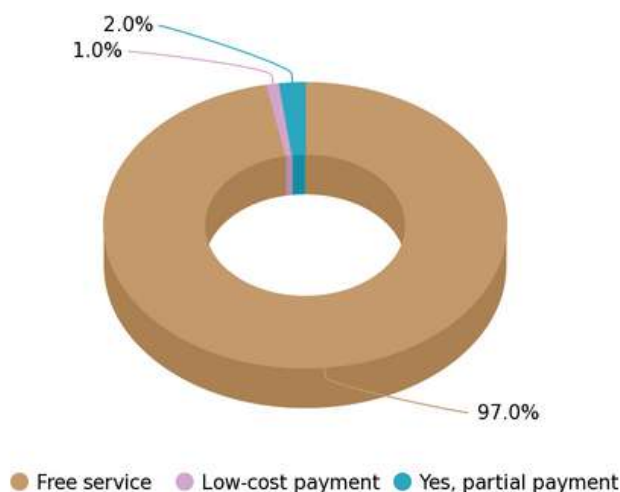


Chart 17: Whether the respondents had received a pair of dark glasses



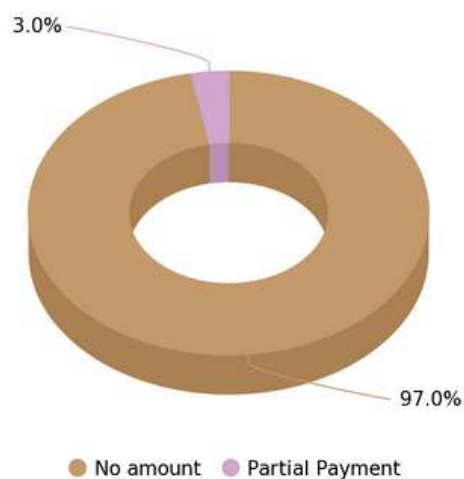
When the respondents were asked if they had received a free pair of dark glasses after their cataract eye surgery, 88% of them replied affirmatively, whereas 12% of them did not receive a free glass but instead they paid a nominal fee to receive it.

Chart 18: Whether the respondents paid for their surgery



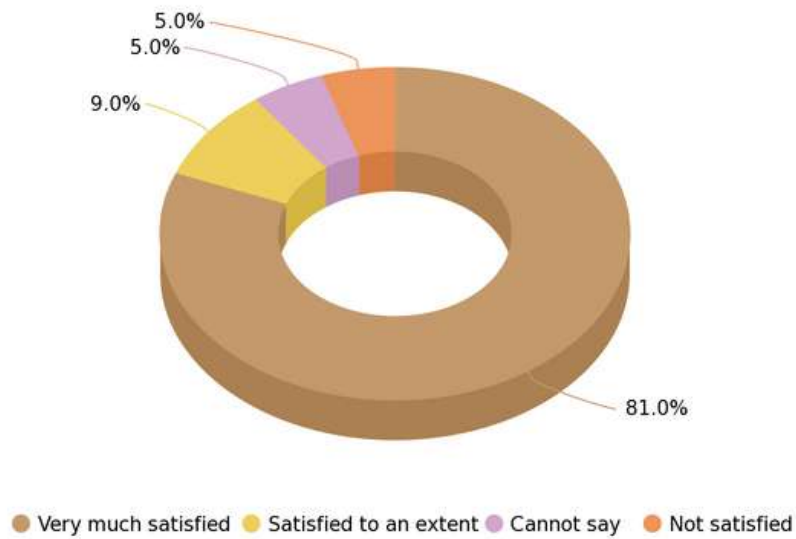
When the respondents were asked if they had paid for their surgery, 97% of the patients said that they had received free service, 2% of them had done a partial payment for the surgery, and 1% of them had paid a nominal fee for the eye surgery.

Chart 19: Medical expenses towards consultation



When the respondents were asked if they had paid any fee for consultation, 97% of the respondents said that they did not pay any amount towards consultation, whereas 3% of them had done a partial payment towards the consultation.

Chart 20: Satisfaction level for transport arrangements for the cataract surgery

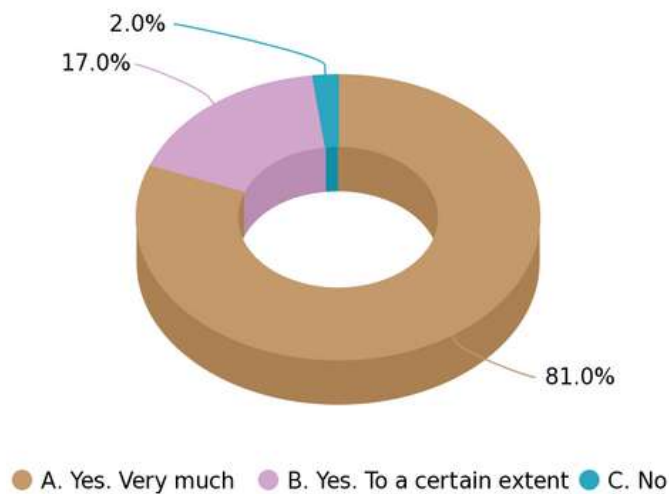


Amongst the respondents who had received the transport services, 81% of them were very much satisfied with the facility, 9% of them were satisfied to an extent, 5% of them could not say, and 5% of them were not satisfied at all.



IOL Master machine at Community Development Unit at Rajarhat

Chart 21: Reduction of financial burden towards cataract surgery



When the respondents were asked if, after the financial aid and free surgeries, their financial burden towards cataract surgery had reduced, 81% of them said that it was very much reduced, 17% of them said that their financial burden had reduced to some extent, and 2% of them said that they still suffered from financial problems.

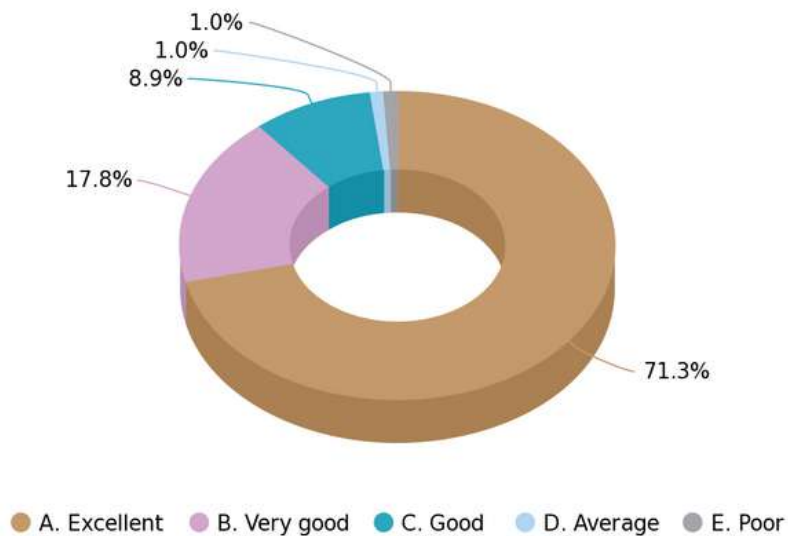


“I work as an OPD Executive at Jaslok Ophthalmic Community Centre, Alandur. We received funds for the construction of a community ward with specialized departments, Room No: 20 & 21 General Physician Room and Rooms No: 14 & 15 Doctor’s Consultation Room, dining hall on the ground floor, and to conduct free cataract surgeries for roughly 3000 indigent patients in JOCC. Regarding the community ward – general ward, there are:-

Staff nurses guide the patients, starting from allocating the MRD number to surgery confirmation in the OPD hall. Water, electricity, restrooms, and fan facilities are available. Around 150-200 visit every day, among them, 80% are accompanied by the Sankara Nethralaya Team in the van from different camp locations. The rest of the patients are direct walk-ins from various sources and especially, through word of mouth.”

-Mr.Baskaran – OPD Executive

Chart 22: Rating of the medical eye camp



Overall, everyone who attended the medical camp gave positive feedback. It can be inferred from the chart that 71.3% of the respondents said that the camp services were excellent, 17.8% of them said that it was very good, 8.9% of them felt that the services were good, 1% of them said it was average, and another 1% said it was poor.



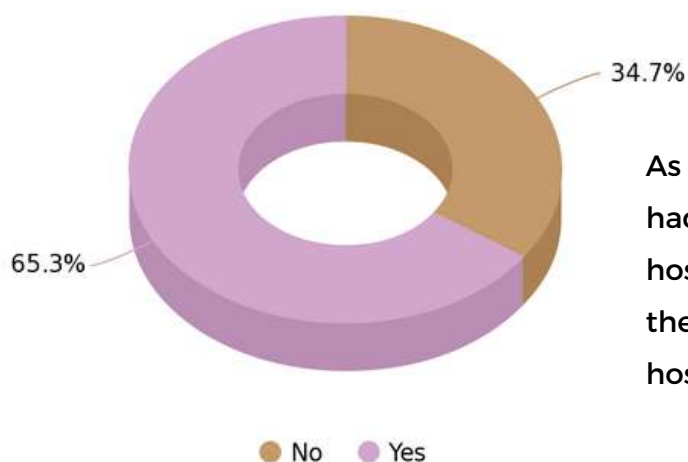
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“I come from a very poor background and my husband is a daily wage laborer. I had a vision problem for 2 years and we did not have the money for the treatment. At that moment, we came to know about this medical screening camp and my husband brought me here. On diagnosis, they said that I have cataract in my eyes and it must be removed immediately. We agreed to the operation and it was a success. I am extremely satisfied with the services provided in this medical camp. A big thanks to HDB Financial Services and MRF for helping me to clearly see again after the cataract eye surgery.”

-Saroja, 59/Female, Undergone Cataract Surgery, Chennai

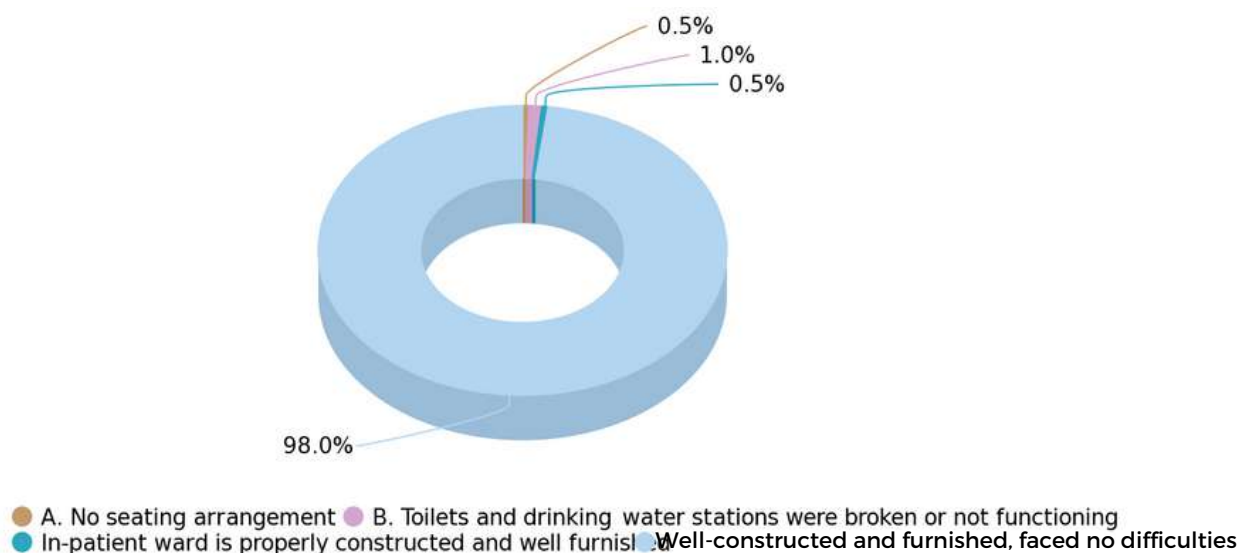
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Chart 23: Did Chennai patients visit the newly constructed hospital general ward?



As per the chart, 65.3% of the respondents had visited the newly constructed hospital general ward, whereas 34.7% of them had not visited the newly built hospital general ward.

Chart 24: Condition of the new general ward in Chennai



It can be inferred from the graph that 98% of the respondents who had visited the newly built general ward feel that it was well-constructed and furnished and faced no difficulties. However, 1% of them said that the toilets and drinking water stations were broken or not functioning, 0.5% of them said that it was very suffocating inside the ward, and the rest 0.5% of them said that there was no seating arrangement.

“These machines benefitted underprivileged patients with the upgraded and advanced treatment facility at the pre-operative stage. We had provided medicines in such a way that the underprivileged patients received the same treatment as paid patients.”

-Ms. Bony Das- Manager of Administration, Rajarhat

சமூக உள் நோயாளிகள் பிரிவு

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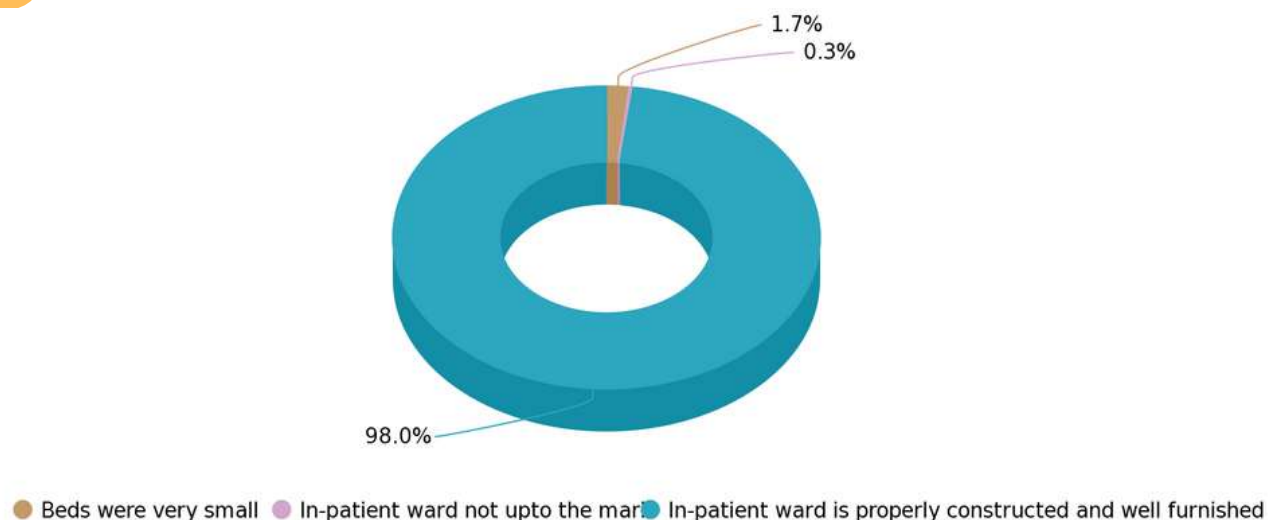


COMMUNITY WARD

Supported by:



Chart 25: Condition of the in-patient ward in Chennai



As per the graph, 98% of the respondents said that the in-patient ward was properly constructed and well-furnished. However, 1.7% of them said that the beds were very small, and 0.3% of them said that the in-patient ward was not up to the mark.



“I am the Head of the Department at Jaslok Community Ophthalmic Centre. My recommendation to HDB Financial Services for this project would be to donate the Phaco machine, which is a phacoemulsification machine intended to break up and remove lenses of the eye that have cataract.

This machine is extremely successful and safe for patients than any other conventional machine. But presently, the community hospital is using the Centurion Phacoemulsification machine and the Laurette machine and both of those are phased out. I would also request them to continue their support for the cataract surgery as there was no such support during the last financial year 2021-2022. I am also requesting two Tabs (Tablets) to enter the details of outreach programs and the details of the patients who walk in during the cataract detection camps.”

-Dr.Veena Bhaskar-HOD, Senior Consultant

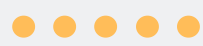


CHAPTER 4: OECD FRAMEWORK

RELEVANCE

The CSR program implemented by HDB Financial Services and MRF in Chennai and Kolkata not only provided cataract surgeries and eye screening camps but also played a crucial role in addressing the issues of limited access and cases of blindness resulting from cataracts due to a lack of awareness and resources. Through organizing eye screening camps and offering cataract surgeries, this CSR initiative actively reached out to indigent patients, increasing their access to essential eye care services and directly contributing to the prevention of cataract-induced blindness.

RATING



COHERENCE

The program exhibits a high degree of coherence with the following Sustainable Development Goals (SDGs):

SDG-3 that aims to promote health and wellbeing for all.

SDG-10 that aims to reduce inequalities.

It also aligns with the goals of the National Programme for Control of Blindness and Visual Impairment (NPCB&VI).

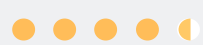
RATING



EFFECTIVENESS

The program exhibited remarkable effectiveness as it successfully accomplished its primary objectives of granting access to essential eye health care services and effectively preventing cataract-induced blindness among the targeted beneficiaries.

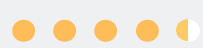
RATING



EFFICIENCY

The program's straightforward design allowed for streamlined implementation and minimized unnecessary complexities, enabling resources to be utilized effectively. With a well-defined scope, the program focused on providing cataract surgeries and eye screening camps, ensuring a targeted approach and maximizing impact. Moreover, the efficient allocation of human and material resources ensured their optimal utilization, avoiding wastage and enhancing the program's overall efficiency.

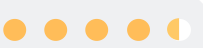
RATING



IMPACT

The program had a significant impact by providing access to eye health care services, preventing cataract-induced blindness, reducing inequalities, and promoting overall well-being among the targeted beneficiaries.

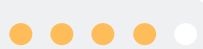
RATING



SUSTAINABILITY

By providing cataract surgeries and eye screening camps, the HDB Financial Services program not only offers immediate relief but also works towards building sustainable solutions. The emphasis on partnerships and collaboration ensures the pooling of resources and expertise, creating a foundation for continued support and future scalability. Raising awareness and promoting preventive measures contribute to long-term sustainability.

RATING



Index: 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

CHAPTER 5: RECOMMENDATIONS



To provide Shankara Nethralaya Hospital with Phacoe machine, which is a phacoemulsification machine intended to break up and remove lenses of the eye that have cataracts.



Provide two Smart Tabs (Tablets) to enter the details of outreach programs to enter the details of the patients who walk in during the cataract detection camps.



40 seater bus donated by HDB Financial Services for out reach camp for patient transportation