



From Darkness to Light

The Journey of **76,000** Patients Towards a Better Life in Madhya Pradesh, India

Choithram Netralaya (CN) | Data, Insights and Analysis

Milestones of Our Journey

A View of Hopelessness

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What can
you see ?

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This is how a person sees the world
when they have cataract in both eyes.



We are inviting you,
dear reader, to view
our report through
the eyes of Sohan
Singh. Sohan is one
among the **76,000**
eye patients that
Choithram Netralaya
has treated.

Near and dear ones become distant
and blurry. Incapable of taking part in
social activities, solitude and
depression become constant
companions for patients with cataract.



Where there is Vision, there is Hope

Abandoned. Homeless. Depending on the compassion of others for his daily food. The life of 65-year old Sohan Singh of Pipalyahama village in Ujjain district was without hope. Not because he was a destitute.

It was because he was blind and therefore unable to provide for his needs and take care of himself. His blindness was due to cataract in both eyes, a condition that is curable. Timely cataract operations can restore vision in almost all cases.

Hundreds and thousands of impoverished and marginalised people in India live without the gift of vision when inexpensive interventions could solve that problem. Specially when you consider that 80% of all cases of blindness is due to cataract.

Under the National Programme for the Control of Blindness, the Madhya Pradesh government is aiming to reduce blindness to 0.3 % of the population by the year 2020, at present the prevalence of blindness is at 0.9% of the population.

This target would need accelerated action, massive public-private partnership interventions to reach the critical mass. Choithram Netralaya (CN) Eye Hospital is part of the solution having treated 76,000 patients since its establishment in 2008.

When team CN reached Sohan Singh, there was very little the man expected of life. Without vision, he was unable to find a place for ablutions, and as a result his personal hygiene was in an alarming state. Not only was he provided food, clothes and shelter during the days of his treatment at CN Eye Hospital, following the successful cataract operation, he was provided a pair of spectacles and medicines.

When CN restored Sohan's vision, it gave him a chance to become independent once more.

" I couldn't see the world.
But what hurt me most was the world stopped seeing me. For survival I had to beg."

- Sohan Singh



Expanding the Horizon of Hope

"Days were as good as nights – for darkness engulfed me as far as my senses would take me."

- Sohan Singh

CN is committed to continuously widen its reach, empowering hundreds and thousands more every year. In 2018 CN provided eye care to 16,762 patients, representing 78% of all cases in the districts where it operates. We are ever more inspired to grow our reach and trusted interventions are expanding CN's horizon.

When we restore vision,
we empower people,
giving them hope.

Geographic Reach



The population of Madhya Pradesh in 2018 was ~ 80 million.

CN serves a region of 20 million with its hospital, home visits and camps. A total of 10,535 villages in 16 districts. Did you know, the farthest village from CN in Indore is almost 350 km away?

Prior to 2018, CN's domain covered Indore, Dhar, Khandwa, Khargone, Barwani, Shajapur, Agar, Dewas and Ujjain, covering a population of 13 million.

Since then, CN's geographic reach has extended to Ratlam, Neemuch, Mandsaur, Alirajpur, Burhanpur, Jhabua and Harda, increasing the population base by nearly 35% from 13 million to 20 million.

Eyecare Every Step of the Way



*"When you are unable to see for a long time,
you embrace loneliness...or else every step is filled with fear,
what if I fall – who will pick me up?"*

- Sohan Singh

At Choithram Netralaya Eye Hospital, our mission is to bring an end to avoidable blindness, apart from treatments and consultation, we are focused on Cataract Removal. We are committed to serve the poor and underprivileged from the rural

and urban slums by providing free surgery, transportation, hospital stay and food. By assigning an attendant per patient we ensure that they are given guidance thereby easing the journey from darkness to light.

- 01 Continuous development of advanced eye care infrastructure and human resource
- 02 Awareness generation through outreach activities reaching every household
- 03 Continuous development of medical and surgical management processes to improve quality and efficiency of eye care and patient care outcomes

**Join us on
this journey
of hope, an
exemplar of
public private
partnership in
Madhya Pradesh**





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Patient Home

The Madhya Pradesh Government State Health Department are the major partners in mobilising patients at the grass root level. They ensure:

- 01** Door-to-door visits by Asha workers to identify cataract patients, prepare lists of prospective cases and inform Ophthalmic Assistants
- 02** Mobilise patients to the camp site, where preliminary investigations are carried out.
- 03** Persuade patients selected to undergo cataract surgery and take the bus transport to the base hospital
- 04** Post-surgery, Ophthalmic assistants / Government Doctors conduct follow-up, initially after 1 week and again, after 1 month

There are several collaborators joining CN at the Camps. While the MP government mobilises patients to the camps, two other NGOs, Samta Foundation and Sadguru Sewa Trust play a key role in managing the promotion of the camp and arranging access to them.



Eyecare Camp

Samta Foundation brings their experience of operating camps to Madhya Pradesh, having previously worked in Maharashtra to control blindness.

- The foundation has appointed 12 social workers for 15 districts, with additional support from central team
- Social workers conduct camps in each district with the support of the local state government
- Foundation pays for the publicity and patient transportation to and from their homes to camps

Sadguru Sewa Trust is the primary support for mega camps. They ensure camp operational success:

- With a team of 40 members to provide patient services for two months
- Providing 4-5 publicity vehicles and arranging loud-speaker announcements
- Responsible for print publicity: banners, posters and pamphlets
- Arranging food for all patients, attendants, doctors and staff.
- Providing blanket to all surgical patients
- Arranging diesel for all bus transportation

Mega Camp is organised for 80 days every year. During this time, almost 10,000 surgeries are conducted in CN.

Eye Hospital

The most critical part of the journey of hope is when patients step into Choithram Netralaya Eye Hospital. This is where operations are conducted to restore vision.



Seven Stages of Choithram Netralaya's Contribution

01 Training / Capacity building of MP state government Health Workers (Ophthalmic Assistants, Asha & Usha workers)

02 Patient transfer from the camp site to base hospital

03 Complete Eye Checkup and Pathological Investigations

04 Registration of patients in accordance with Government regulations

05 Catered Hospital stay & Food for three days both for patient and one attendant

06 Operative lens implantation procedure and all pre/-intra/post operative medicines

07 Black dark goggles for the patients, medicines and follow-up

The journey from darkness to light is completed every day, bringing hope to many.

Special Thanks to DBCS

The smooth movement of patients from home to camps and from camps to hospital is incomplete without the support of District Blindness Control Society that takes care of regulatory requirements. This includes all surgical verification protocols.



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"With my vision restored, I don't have to beg for favors. I can take care of myself and others..."

**...there are
thousands of
Sohan Singhs who
need your support,
come, let me show
you the way. "**

- Sohan Singh

* Sohan Singh passed away in December 2019, enjoying his gift of sight until his final days. We thank Kaniram Banjara, another eye patient of Choithram Netralaya for helping us tell the story.



Gift of Sight

When we look back at the journey of darkness to light, we are inspired to do better, go further in the years to come.





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Annual Highlights

Patient
Rejection Rate
from 50%
down to
30%

- CN works directly with the Government, where ophthalmic assistants and health workers have been appointed to screen patients at the base camp to reduce rejection rate.

Cost Savings
due to Primary
Screening at
Base Camp

- **Time** – less paramedic time spent assessing patients.
- **Transportation** – fewer seats used by screened patients and their attendants.
- **Household Income** – Up to 4 days of wages of the attendant is saved
- **Boarding** – Savings on cost of up to 3 days' food and accommodation in hospital for patient and attendant.

Annual Highlights

Enhanced Goodwill

Due to lower rejection rate we have fewer disgruntled patients.

Increase in Patient Flow

Average number of patients treated increased to 1,591 patients per month in the second half of 2018, compared to 1,021 per month from Jan – June.

Territory Expansion

6 new districts added to existing 9 districts where CN holds base camps. Being able to reach patients further afield contributes towards the goal of reducing avoidable blindness.



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Infrastructure

To cope with the expanded geography and increasing number of patients, CN has invested in its infrastructure with 4 new Operating Theatres. This will reduce patient waiting hours and increase the number of operations per day.

Increase in Bus Transport

8 school buses, of scrap value, were converted into ambulances. In addition to increased transport capacity from camps to hospital, this saved INR 50 million in capital investment.

Investment in Enterprise Resource Programme (ERP)

This year's investment in ERP aims to strengthen our management information and internal controls.

Market Share

CN carries out 78% of all cataract surgeries undertaken in the region.

New Kitchen

The kitchen prepares meals for 2,100 people per day and is undergoing refurbishment to cater to current needs and hygiene standards.

Higher ratio of Free Surgeries

From 80:20 to 92:8, the proportion of free to paid surgeries at CN was successfully increased with wider community outreach.



One Journey Leads to Another

Every step taken at CN is with the aim of making our processes more efficient so we can reach more in need of eyecare. We want to be part of the solution towards building a blind-free society. CN has over the past 10 years walked alongside

76,000 patients
and the journey continues...



Taking care of patients doesn't just end with a successful operation, they are provided with medicines and eye care kits.

An Outlook

Global and Local Insights

Extensive research has been undertaken to assess the root causes of blindness and find a cost-effective cure. Studies based on gender and cause of blindness revealed the following:

- 1 Cataract is the leading cause of blindness, accounting for 80% of all blindness.
- 2 Refractive errors are the second most common cause of blindness.
- 3 Of the total estimated 45 million global blind population, approx. 7 million are in India, and growing at an estimated 2 million new cataract cases per year.
- 4 Cataract is curable through inexpensive surgery, costing approx. US\$20-US\$25 per person.
- 5 Women account for between 53% and 72% of all cataract cases.
- 6 Blindness in the female population would reduce by approximately 12.5%, if women had the same Cataract Surgical Rate (CSR) as men.
- 7 Typically, daughters accompany their parents as attendants. One explanation suggests that sons may tend to avoid arranging a cataract operation for elderly parents. There is a perception that if elderly parents can see well, not only does their mobility increase, but they may start to interfere in family decisions.
- 8 The impact of loud speaker publicity is greater than pamphlet distribution. A high level of illiteracy in rural and urban slums, as well as cataract blindness, means, that the target audience is unable to read written text in a pamphlet.



SWOT Analysis



Strengths

- 1 **Infrastructure**
- 250-patient capacity in 8 general wards
 - 9 fully-equipped operating theatres
- 2 **Surgical & Medical expertise**
- Medical team: 13 doctors, to perform cataract surgery
 - Highly skilled in delivering good quality visual outcomes
- 3 **Collaboration with Government and other organisations**
- Provided manpower and finance for campaigns, groundwork, registration and benchmarking in addition to primary patient screening
- 4 **Ease of follow up with city presence**
- A small check-up centre in the heart of the city has been established to improve patient follow-up

Weaknesses

- Paramedic & Ophthalmic expertise**
- Need to strengthen paramedical team
 - Need to optimise the time allocated for patient check-up versus quality outcomes
- Efficiency**
- CN has sufficient staff, efficiency and utilisation of resources can be further improved
- Time taken to treat a patient**
- The average hospital stay is 3 days, to allow time for medical tests, surgery and post-op recovery
 - Surgery delay can extend hospital stay of patients to 5 days
- Not only does this add expense and risk to CN, it leads to uncertainty amongst patients

Strengths

- 5 **Goodwill**
- Choithrams’ hospital and educational institutes have served people in the region for the past 10 years, earning a reputation for excellent service and commitment to the local community
 - Positive feedback by patients serves to reinforce Choithrams’ credibility
- 6 **Free of Charge Eye Care & Services (Surgery/food/assistant/transportation)**
- All treatment, accommodation, food and transport is provided free of charge for 3 days, for patient and one attendant

Weaknesses

- Right person in the right place**
- Staff are shuffled around, even if the person is not suitable for that position
- Resource for IT**
- Need to hire a trained IT professional to run the ERP system
- Vehicle / Fleet Management**
- Often, buses fail to arrive at camps on time
 - Patients may be left stranded due to transportation delays
 - Associated loss of prospective patients, fuel and manpower

Opportunities

1

Establishing ourselves in the region

- Many new NGOs in the region provide an opportunity to collaborate further to widen the reach of eye care services
- Deepen presence in the 7 new districts to increase level of Eye Care

2

Reduce Rejection Rate

- Continue reduction in rejection rate (fallen to 30% from around 54 % initially)
- Focus on districts that continue to reject a high % of patients, with further training of ophthalmic assistants and health workers

3

ERP

- Implement and utilise ERP system to streamline activities, implement strategies and delegate jobs for maximum efficiency
- Involve all staff, especially doctors, to use the system in order to assess data and improve work flow

Threats

Follow-ups

- Though all patients are invited for follow up a week after surgery, many do not return
- As a result, the hospital misses out on insights to improve post operation eye care

Lack of PR and Media handling

- Patients from the rural areas go back and spread misinformation when they cannot be operated on medical grounds - this creates negative publicity and alarm
- Need to handle negative media publicity should there be complications after surgery

Emergence of new healthcare providers

- Negative impact on revenue due to paying patients being lured by competing eye care hospitals
- Several private institutions have become established in the region, mainly with city centre hospitals, though their outreach is expanding

Opportunities

4

Speciality expansion

- Introduce treatment for other eyecare issues prevalent in the region and treat more patients with lower incremental costs

5

Slack season

- Address prevalent myth that infection risk is higher during summers and rainy season, to ensure consistent levels of patient visits

6

Optometry Courses

- As CN Institute has optometry course permission, can look at opportunity to fill estimated India wide gap of nearly 2 lakhs of institutionally qualified optometrists, versus current 10,000 available

7

Database Management

- Create and manage database of patients to follow up with reminders for surgeries

8

Cooking fuel

- Reduce cooking costs as the bio gas plant is already in the premises

9

Stay of the patient to be reduced from 3 days to 1.5 day

- Aim to reduce hospital stay to 1.5 days by changing staff shifts to service more eye camps

Threats

Withdrawal of Government Support

- CN needs a contingency plan should the State Government withdraw their support

Hygiene and habits of villagers

- Lack of hygiene and incorrect use of eye drops by patients can negatively impact visual outcome after surgery

Recommendations

- 1

Increase number of Ophthalmic Assistants
For Mandsaur, Ratlam, Neemuch, Dewas and Burhanpur. (Refer to annexure number 1)
- 2

District Mobile Unit
Organise a medical mobile unit to visit the base camps for screening, equipped with machinery required to accurately identify patients who are medically and physically eligible for cataract surgery and reduce rejection rate.
- 3

Training of Asha workers: initial base camp and follow up
Asha and Usha workers to receive training for basic medical tests to identify prospective patients more effectively at camp. Training can also include follow-up care by visiting patients at home and sharing hygiene tips, to help improve quality of visual outcomes. A visit to a doctor can also be recommended if necessary
- 4

Focus on the paid patients
Return to 80:20 ratio for CN's free eye care activities to remain sustainable
- 5

Reporting
Reports generated from the ERP systems should be created in a way that provides reason for rejections
- 6

Marketing campaigns and focus on Community Participation in the new districts
 - Publicity for the camps is the main tool for ensuring their success. Community participation in the publicity activities is vital in achieving set targets and serving patients.
 - Local support provided by sponsors and voluntary social service organisations are a key strength in the marketing campaigns. The sponsor identifies and collaborates with other service-minded people in the community. Village leaders and local politicians use their influence to persuade people to attend the camp. They might also be able to offer some facilities for conducting the camp. Community doctors should be encouraged to refer patients with known eye problems to the camp. Teachers can persuade their students to identify patients, particularly in their own families. Religious leaders can talk about the importance of the camp when people gather for worship.
- 7

Eye Bank
CN to associate with Government Eye Banks and give counselling sessions to patients, usually aged 45 years and over. This will help create awareness about the importance of eye donation and may also result in lead generation for the eye banks
- 8

During "slack season": Knowledge sharing and research projects
 - During the "slack season", doctors could help train ophthalmic assistants and junior optometrists, so they can engage more efficiently
 - In addition, research projects could be conducted to gather information and data to cultivate a wider experience and knowledge and improve treatment and facilities
- 9

CME's to be conducted
By being informed of latest research and projects, doctors will enhance their own professional development in their pursuit of improving treatment of patients
- Involving the community in these ways will increase the turnout



Feedback

The aim of this report is to share Choithram Netralaya Eye Hospital's experience over the years and build a framework for enhanced delivery of outcomes going forward.

We invite your feedback on specific areas as well as your general comments how this report impacted you:

1. What were the highlights of the report for you ?
2. What parts of the report could be further improved ?
3. What are your expectations from future reports ?
4. Would you like to share this report with a friend? If yes, please mention their email address and we will send out a digital copy

Email your response to: giftofsight@choithrams.com



Mural by artist Rajju Verma is installed in the main lobby of the Hospital. A timeless reminder that compassion and collaboration helps in restoring vision, enlightening lives.

Choithram Netralaya – A Brief Note

Offering free surgery and low-cost treatment, Choithram Netralaya restores vision of more than 25,000 people every year. As part of Choithram International Foundation (CIF), the eye hospital-joins several other welfare institutes to provide an ever- expanding ambit of care and commitment towards humanitarian causes in healthcare and education across the globe. 2020 marks the 105th birth anniversary year of CIF's beloved founder, Mr. Thakurdas Choithram Pagarani.



Thank you

for taking the time to read this report and we hope you have found it of interest.



The newly refurbished Medical Records Department at Choithram Netralaya is a treasure house of data and insights. This information, archived over two decades, helps in responding better to patients' current needs.

Insights

Annexure 1 | District overview

S.no.	District name	Total population	Expected patients (0.09% of total population)	Total block	Total village	Total opth. Ass.	Total Asha + Usha workers	No. of patients per ophthalmic assistant	No. of patients per Asha / Usha workers
1	Agar	62,600	563	4	545	3	438	188	1
2	Barwani	1,385,881	12,473	7	714	10	1,204	1,247	10
3	Alirajpur	799,358	7,194	6	541	6	694	1,199	10
4	Burhanpur	794,993	7,155	2	268	3	511	2,385	14
5	Dewas	1,563,715	14,073	6	1,097	6	2,504	2,346	6
6	Dhar	2,189,185	19,703	13	1,484	20	1,846	985	11
7	Indore	3,500,000	31,500	4	619	16	1,084	1,969	29
8	Khargone	2,112,409	19,012	9	1,407	11	1,352	1,728	14
9	Khandwa	1,446,000	13,014	7	726	8	1,041	1,627	13
10	Neemuch	826,067	7,435	3	786	4	824	1,859	9
11	Mandsaur	1,339,832	12,058	5	906	5	11,112	2,412	1
12	Ratlam	1,540,319	13,863	6	214	5	1,333	2,773	10
13	Ujjain	201,192	1,811	6	1,034	11	1,271	165	1
14	Shajapur	1,091,036	9,819	4	593	8	664	1,227	15
15	Jhabua	1,244,613	11,202	6	813	10	1,008	1,120	11
Total		20,097,200	180,875	88	11,747	126	26,886		

Annexure 2 | Number of cataract patients in the different age range

Population	Proportion of population in the age range	Expected number of cataract patients
0-4 years	12%	1,953
5-9 years	11%	1,790
10-14 years	10%	1,627
15-44 years	47%	7,651
+45 years	21%	3,418

Annexure 3 | Load per ophthalmologist

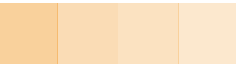
Number of eye surgeons (currently available in CN every day)	6
Number of expected patients per year	20,000
Number of working week (6 days in a week)	45
Number of potential cataract surgeries per surgeon per week	74

Annexure 4 | Monthly tally of patients

Summarised Camp Surgery Report - January - December 2018													
District	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Indore	1289	98	43	80	7	34	49	23	49	162	180	791	4998
Dhar	521	35	37	59	92	130	219	177	210	148	178	389	1806
Khandwa	957	-	223	43	49	170	289	250	251	246	248	786	2726
Khargone	458	139	70	29	35	126	122	190	227	192	322	410	1910
Barwani	89	93	113	102	94	93	156	107	160	100	133	198	1240
Shajapur	133	47	29	-	22	13	54	76	147	84	89	131	694
Agar	91	23	-	8	-	25	15	36	18	20	38	73	274
Dewas	106	-	-	-	35	24	-	58	118	100	109	179	550
Ujjain	113	-	-	-	9	13	-	46	32	29	83	177	325
Ratlam	-	-	-	-	-	-	38	12	47	22	20	50	139
Neemuch	-	-	-	-	-	-	16	10	39	9	49	56	123
Mandsaur	-	-	-	-	-	-	39	17	57	51	67	62	231
Alirajpur	-	-	-	-	-	-	-	28	15	9	13	34	65
Burhanpur	120	-	-	-	-	-	-	-	190	107	146	258	563
Jhabua	-	-	-	-	-	-	-	-	19	3	-	3	22
Other	9	-	-	-	-	-	-	-	-	-	-		9
Total	3,886	435	515	321	343	628	997	1,030	1,579	1,282	1,675	3,617	15,675

Annexure 5 | Summarised surgery report from Jan 2010 onwards

Year	Camp	Paid	Total
2010	2,898	2,338	5,236
2011	4,599	3,062	7,661
2012	4,264	2,336	6,600
2013	4,253	1,464	5,717
2014	6,510	1,031	7,541
2015	5,062	8,06	5,868
2016	6,160	1,024	7,184
2017	10,048	1,375	11,423
2018	15,675	1,087	16,762
Overall	59,469	14,523	73,992



Annexure 6 | Contribution of cataract surgeries within the region

Dist. Hospital	0	%
M.Y.Hospital	3	%
Nihar Netralaya	3	%
Aurobindo Hospital	6	%
Indore Eye Hospital	10	%
Choithram Netralaya	78	%





Imagine how it feels when you cannot see and recognise your immediate surroundings due to blindness. Let's eliminate avoidable blindness altogether.