

**COMPARITIVE STUDY AND STRATEGIC ANALYSIS ON THE
PERFORMANCE OF VISION CENTERS OF
SANKARA EYE FOUNDATION, INDIA**

Dissertation submitted to



The IIHMR University, Jaipur

for the partial fulfillment of the award for the degree of
Master of Business Administration (MBA)

In

Hospital and Health Management

By

Dr. Shaurya Prakash Verma

Under the Supervision and Guidance of

Dr. Monica Chaudhary

2021

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DECLARATION BY STUDENT

I hereby declare that this dissertation, “Comparative Study and Strategic Analysis on the Performance of Vision Centers of Sankara Eye Foundation, India” is a bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of my degree. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Name of Student – Dr. Shaurya Prakash Verma

Date - 22nd July 2021.

CERTIFICATE

This is to certify that Dr. Shaurya Prakash Verma in partial fulfillment for the requirements for the award of the degree of MBA (Hospital and Health Management/MBA) from the IIHMR University, Jaipur has successfully completed her internship at Sankara Eye Hospital, Coimbatore during 22nd March 2021 to 20th June 2021.

Place - Coimbatore

Date – 22nd July 2021.

Mr. Bharat Balasubramaniam

President Sankara Eye Hospital

CERTIFICATE FROM FACULTY GUIDE

This is to certify that dissertation titled, “Comparative Study and Strategic Analysis on the Performance of Vision Centers of Sankara Eye Foundation, India” is a record of the research work undertaken by Dr. Shaurya Prakash Verma in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific and analytical.

Faculty Guide- Dr. Monica Chaudhary

IIHMR University, Jaipur

Date – 22nd July 2021.

Dean – P.R. Sodani

IIHMR University, Jaipur

A. Abstract:

In India, around 21 million people are blind or having some kind of visual defect. Out of this 21 million, 15 million populations live in rural area. Blindness has huge consequences on humans and on the societies. Besides this, India is among the countries who suffer from a shortage of doctors with only 12,000 ophthalmologists, out of which mostly concentrating their practice in urban areas only. Presence of effective eye care services is the only key for effectively controlling visual impairment for population who cannot reach to the tertiary eye care facilities and at the same time it is also important to understand the impact of such eye care service providers (vision centers) working across the country for rural population and analyze their performance on timely basis so that maximum needy population should get benefited from it preventable blindness can be avoided..

This study was under taken to analyze the performance of all vision centers of Sankara Eye Foundation across India for which an observational cross-sectional analytical study was conducted at Sankara Eye Hospital, Coimbatore with three objectives which were; to identify the underperforming and best performing Vision Centers of Sankara Eye Foundation, India, to compare and identify the reasons for underperformance of Vision Centers from those which are performing well and to identify and suggest strategies to improve functioning of underperforming vision centers of Sankara Eye Foundation.

With the help of a semi structured Questionnaire, a series of telephonic interviews were conducted with staff of all 15 vision centers to access its performance. Also, secondary data was collected from various sources like Sankara Website, Annual Reports of Sankara Eye Hospital and annual magazines of Sankara Eye Hospital to support the study.

Key results that came out from the study were that Vision centers of Annur, Channagiri, Perur, Krishnagiri and Shikaripura are performing quite well and the major reason attributed to their success is good connectivity, easy accessibility, facilities offered, and well implemented marketing initiatives. The paper also discuss that majority of the Underperforming VC of Sankara Eye Foundation belongs to Northern India like Dewas, Kannauj and Neem ka Thana which means that there is a lot of work do in North India region to establish the presence of Sankara Eye Foundation.

B. Acknowledgement

This report is the result of twelve weeks whereby many people of different departments guided me in the workplace. It is a pleasant opportunity to express my gratitude to all of them.”

I express my deepest gratitude to **Mr. Bharath Balasubramaniam, President-Operations and Administration** for providing me an opportunity to learn and allowing me to complete this report successfully.

I express my deepest gratitude to my mentor **Mr. Sudhir Sudhal -Vision Centre Head** for his guidance and constant supervision, as well as for providing necessary information regarding the report and for the support in completing this report successfully

I would also like to thank **Mr. Kowsik Krishnamoorthy, Manager -Operations & Partner Relations** for being a constant source of support, and guidance throughout the span of time.

I express my heartfelt gratitude to the Unit heads of vision center, Sisters and other working staffs whoever helped me in completion of the project as well as for departmental learning.

I am glad to acknowledge **Dr. Monica Chaudhary, Associate Professor and Mentor, IIHMR** for incorporating right attitude in me towards learning and for helping and supporting whenever required.

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Dr. Shaurya Prakash Verma

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E. List of Symbols & Abbreviations:

Abbreviations	Full Form/Explanation
BH	Base Hospital
FY	Financial Year
OPD	Out Patient Department
Spec	Spectacle Collection
TP	Total Population
VC	Vision Center
VT	Vision Technician
VHV	Village Health Visitor

Chapter-01: Introduction

1.1 Introduction:

Sankara Eye Foundation India (SEFI) is a Not for Profit organization committed to provide quality eye care services to the poor and marginalized sections of the society since last 43 Years. 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 enterprise with a group of 11 hospitals equipped with world class facilities & robust Infrastructure and catering to the rural & the urban population.

Sankara's Community Outreach Model is a unique, replicable & sustainable model which has transformed over ten million lives since inception and continues to do so.

While Sankara's Pan India footprint is expanding, serving more States and Districts, it has been realized that Primary Eye Care is very important especially at the Village level, for which the concept of Vision Centers has been introduced across all Sankara Units. Today SEFI is having 16 vision centers spread across 7 states in the country. These vision Centers are located in the states of Tamil Nadu, Madhya Pradesh, Karnataka, Gujarat, Rajasthan, Punjab and Uttar Pradesh. In the upcoming years SEFI is planning to add more units and vision centers in other states of country to achieve the goal of "Eradicating Preventable Blindness" across the country.

The fixed presence of the Sankara's Vision Centre provides eye care services on a daily basis to many people. Each vision center of SEFI is responsible for providing comprehensive eye care services to the 'catchment' population of about 50,000-100000 people through appropriate infrastructure, trained human resources drawn from local communities and state-of-the-art Teleconsultation services. For setting up these Vision Centers, SEFI invests a huge amount of Capital (Approx. 13.5 Lakhs capital expense and 9.3 lakhs recurring expenses) for each vision center just to provide quality eye care treatment to all sections of the society but especially to the poor and needy. Therefore it is very necessary to keep a regular check on the performance of all the vision centers of SEFI across India

The Purpose of Conducting this study was to analyze the performance of all vision centers of Sankara Eye Foundation across India with the aim

1. To identify the underperforming and best performing Vision Centers of Sankara Eye Foundation, India.

2. To compare and identify the reasons for underperformance of Vision Centers from those which are performing well.
3. To identify and suggest strategies to improve functioning of underperforming vision centers of Sankara Eye Foundation, India.

1.2- Overview of Sankara Eye Hospital's Vision Centers:

Sankara's Vision Centers act as Satellite Primary Eye Care Centers which is basically a small, permanent facility set up to provide cost effective primary eye care services to semi-rural and rural communities and acts as the first point of contact of the population with comprehensive eye care services provided by an exclusive skilled eye care worker. Usually Ophthalmic assistants operate the center. Each day the patients are screened by an Optometrist with secondary/tertiary consultations done with the base hospital through tele-ophthalmology and Patients identified with Refractive Errors are provided spectacles. Those patients requiring surgeries are counseled by the councilor and brought to the Base Hospital for further treatment. Currently there are 16 vision centers of Sankara Eye Foundation situated across India. These are-

S.No	Year of Establishment	Vision Center Location	District	Name of States where Vision Centers are established.	Distance from the Base Hospital
1	Mar-2016	Krishnagiri	Krishnagiri	Tamil Nadu	260 km
2	Dec-2016	Annur	Coimbatore	Tamil Nadu	21 km
3	Jun-2017	Perur	Coimbatore	Tamil Nadu	21 km
4	Aug-2018	Channagiri	Shivamogga	Karnataka	32 km
5	Dec-2018	Neem Ka Thana	Jaipur	Rajasthan	115 km
6	Sep-2019	Kapadvanj	Kheda	Gujarat	52km
7	Oct-2019	Shikaripura	Shivamogga	Karnataka	39km
9	Oct-2019	Aruppukottai	Aruppukottai	Tamil Nadu	60 km
8	Nov-2019	Sathymangalam	Erode	Tamil Nadu	60 km
10	Dec-2019	Kannauj	Kannauj	Uttar Pradesh	70 km
11	Dec-2020	Dewas	Dewas	Madhya Pradesh	56 km
12	Dec-2020	Polur	Tiruvannamalai	Tamil Nadu	350km
13	Dec-2020	Ranebennuru	Haveri	Karnataka	133 km

14	Dec-2020	Kallakuruchi	Kallakuruchi	Tamil Nadu	260 km
15	Mar 2021	Virudhachalam	Cuddalore	Tamil Nadu	320 km
16	Dec 2020	Kulluthalai	Karur	Tamil Nadu	190 km

Table-01 Details of the Vision Center

1.3- Equipments Used at Sankara Vision Centers:

1. Remidio (a portable non-invasive & amp; non-mydratic device) that detects anterior and posterior segment conditions.
2. A smart phone is attached to the device for taking high resolution photo, sending it through 3G connections to be finally received by the base hospital's Ophthalmologist.
3. Sphygmomanometer
4. Glucometer for checking sugar level in the blood for surgery selected patients.
5. Vision Chart for basic visual acuity.

1.4- Manpower-

For working effectively, Team of 2 members consisting of one trained vision technician and one trained counselor provides their service in the vision center.

1.5- Geographical Location and Demographic Details:

Krishnagiri: Krishnagiri is a Municipality city in district of Krishnagiri, Tamil Nadu. The Krishnagiri city is divided into 33 wards. It has population of 71,323 of which 35,395 are males while 35,928 are females as per report released by Census India 2011.

Population of Children with age of 0-6 is 7748 which is 10.86 % of total population of Krishnagiri.

Annur: Annur is a town panchayat and Taluk headquarters of Annur Taluk of Coimbatore district. It is a suburb of Coimbatore city located north-east about 30 kilometers (19 miles) from the center of the city. Annur is a Town Panchayat city in district of Coimbatore located in Tamil Nadu state.

It has population of 20,079. Male population is of 9,971 and females are of 10,108 (Census, 2011)

Population of Children with age of 0-6 is 1835 which is 9.14 % of total population of Annur.

Perur: Perur is a Town Panchayat city in district of Coimbatore, Tamil Nadu. The Perur Town Panchayat has population of 8,004 of which 4,010 are males while 3,994 are females as per report released by Census India 2011. Population of Children with age of 0-6 is 690 which is 8.62 % of total population of Perur (TP).

Channagiri: Channagiri is a Town Panchayat city in district of Davanagere, Karnataka. The Channagiri city is divided into 19 wards The Channagiri Town Panchayat has population of 21,313 of which 10,856 are males while 10,457 are females as per report released by Census India 2011. Population of Children with age of 0-6 is 2451 which is 11.50 % of total population of Channagiri (TP).

Neem Ka Thana- Neem Ka Thana is a small town in Sikar district in the Rajasthan state of India. As of 2011 Indian Census Neem-Ka-Thana had a population 36,000. Males constitute 53% of the population and females 47%. 16% of the population is under 6 years of age.

Kapadvanj: Kapadvanj is a Municipality city in district of Kheda, Gujarat. The Kapadvanj city is divided into 9 wards having a population of 49,308 of which 25,436 are males while 23,872 are females as per report released by Census India 2011. Population of Children with age of 0-6 is 5506 which is 11.17 % of total population of Kapadvanj (M).

Shikaripura: Shikarpur or Shikaripura is a Town Municipal Council city in district of Shimoga, Karnataka. The city is divided into 23 wards where the Shikarpur Town having population of 36,015 of which 18,048 are males while 17,967 are females as per report released by Census India 2011.

Aruppukottai: It is a town and a municipality in Virudhunagar district in the state of Tamil Nadu, India. As of 2011, the town had a population of 87,722. A total of 7,654 were under the age of six, constituting 3,934 males and 3,720 females.

Sathyamangalam: (also known as Sathy) is a town and municipality in Erode district in the Indian state of Tamil Nadu. Sathyamangalam is situated on the southern side of the Western Ghats, which extend towards the east from the Nilgiri Mountains. The town lies close to the border of the adjoining state of Karnataka. As of 2011, the town had a population of 37,816. A total of 3,382 were under the age of six, constituting 1,737 males and 1,645 females.

Kannauj: is a city, administrative headquarters and a municipal board in Kannauj district in the Indian state of Uttar Pradesh. In 2011, Kannauj had population of 1,656,616 of which male and female were 881,776 and 774,840 respectively. In 2001 census, Kannauj had a population of 1,656,616 of which males were 881,776 and remaining 644,753 were females.

Dewas: is a city in the Malwa region of the Indian state of Madhya Pradesh. As of the 2011 census, Dewas had a total population of 289,550, of which 150,081 were males and 139,469 were females. Population within the age group of 0 to 6 years was 35,437.

Polur- is a special grade Town Panchayat in Tiruvannamalai district at the state of Tamil Nadu in India. Located at the foothills of Javvathi hills, According to the 2011 census, the Taluk of Polur had a population of 457,785 with 229,065 males and 228,720 females. Child population in the age group below 6 was 48,154 with 25,157 Males and 22,997 Females.

Ranebennuru: is the city Municipal Council and is a City in Haveri district in Karnataka, India. It is situated 300 kilometers (190 mi) northwest of Bengaluru, the capital of Karnataka. As of 2011 India census, Ranebennuru has a population of 106,365. Males constitute 50.7% of the population and females 49.3%.

In Ranebennuru, 10.8% of the population is under 6 years of age.

Kallakuruchi: is a District in the Indian state of Tamil Nadu and the administrative headquarters of Kallakurichi district in Tamil Nadu. According to 2011 census, Kallakurichi had a population of 52,508. A total of 5,541 were under the age of six, constituting 2,914 males and 2,627 females.

Kulluthalai: is a town in Karur district in the Indian state of Tamil Nadu, Roadways are the major mode of transportation to Kulluthalai. According to 2011 census, Kulluthalai had a population of 27,910 with a sex-ratio of 1,016 females for every 1,000 males, A total of 2,522 were under the age of six, constituting 1,313 males and 1,209 females.

Virudhachalam: Virudhachalam is a Town and Taluk headquarters in Cuddalore district in the Indian state of Tamil Nadu. As per the 2011 census, the town had a population of 73,585 of which 37,066 are males while 36,519 are females. Population of children in the ages of 0-6 is 7735 which is 10.51 % of the total population.

1.6 - Vision Center Timings:

Days	Time
All Weekdays	9 am to 7 pm
Sunday	Weekly Off

Table 2: Vision Centre Timings

1.7- Vision Center Staff Details:

The Vision Center is usually operated by 2 persons an Optometrist and a Councilor and at some VC field worker is also present.

The Staff Details of the Sankara Vision Centers are as follows:

1.7.1 Councillor:

Sr. No	Vision center	Name of the employee	Highest qualification	Total Experience
1	Ranebennuru	Prakash Singapur	BA	15 years
2	Shikaripura	Abhishek B R	BBM	1 year 11 months
3	Channagiri	Iftekar Ahmed	BSc	4 yrs. 5 months
4	Annur	Vimal Devi	OT	14 yrs.
5	Perur	G.Revathi	Vision Care Technician	4 yrs.
6	Krishnagiri	No Counselor		
7	Sathymangalam	K. Angeeswari	HSC	4 yrs.
8	Kulluthalai	Sangeetha S.	BBA and Diploma in Ophthalmic Assistant	2 yrs.
9	Kallakuruchi	Devi k	BBA	2 years
10	Polur	Rukmani	MA, BED	10 yrs.
11	Virudhachalam	G.Jayanthi	B.Sc.	
12	Aruppukottai	A. S. Radha	DOA	8 yrs.
13	Kannauj	Prabal Pratap	B.Sc.	1yr
14	Kapadvanj	Hemant Kumar	Diploma in Engineering+ Optical courses	9 yrs. 6 months
15	Neem Ka Thana	Hitendra Singh Kalyanwat	Graduate	1 yr.
16	Dewas	Sonali Sharma	B.COM (2nd year)	4 years

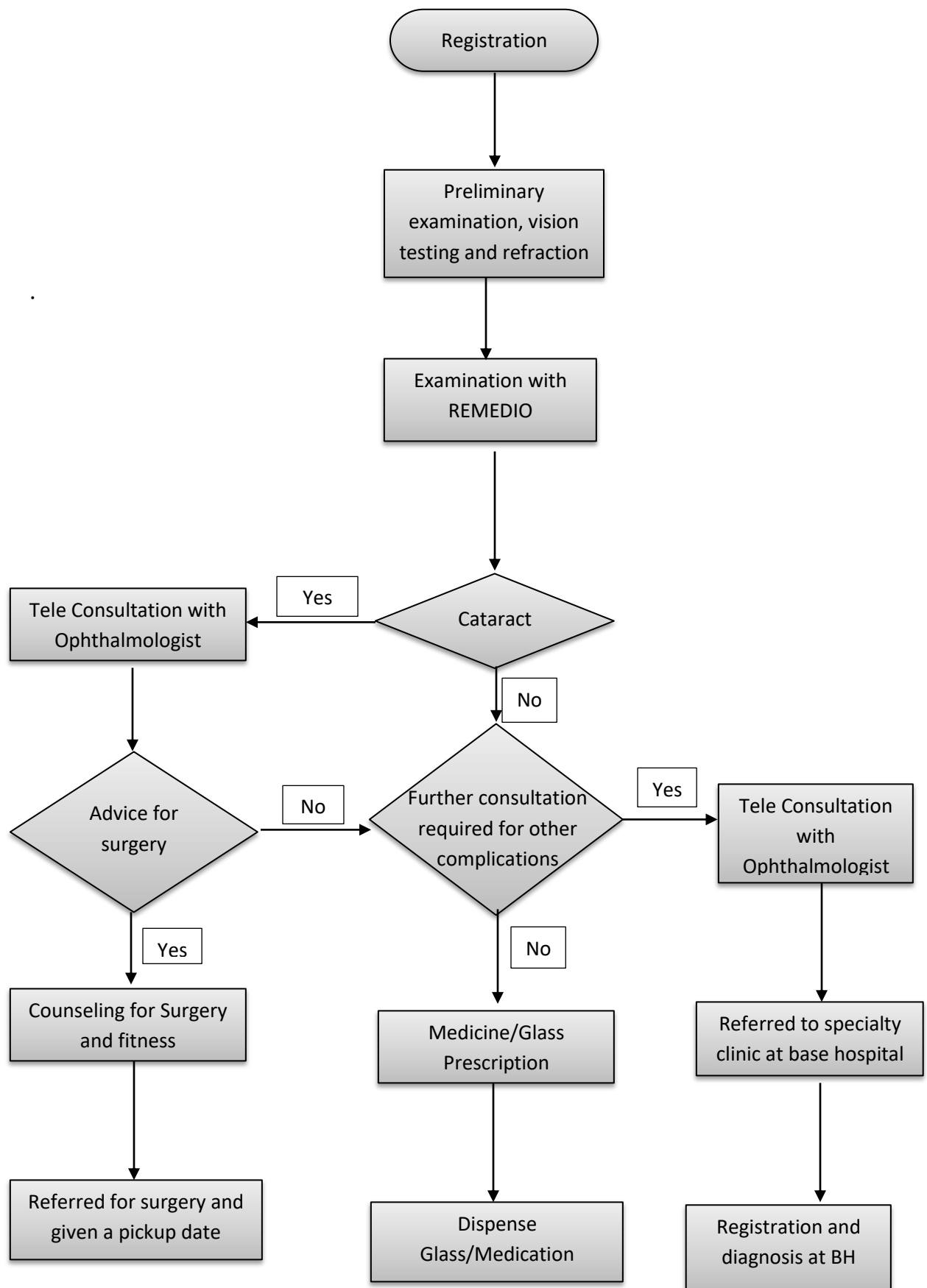
Table-03 Vision Center Councillor Details

1.7.2 Optometrist-

Vision center	Name of the employee	Highest qualification	Total Experience
Ranebennuru	Harish Gouda N	DOT	2.5 years
Shikaripura	Basnagouda V H	DOT	1 year
Channagiri	Manohar P	DOT	3 yrs. 8 months
Annur	S Sasikala	Ophthalmic Technician	10 yrs.'
Perur	Krishnapriya.K	Diploma in Optometry	10 yrs.
Krishnagiri	V.Gayathri	DOT	10 yrs.
Sathymangalam	T. Anuradha	DOT and BBA	20 yrs.
Kulluthalai	A. Kalaivani	Diploma and B.Sc. Optom	3 yrs.
Kallakuruchi	Jayalakshmi K	B.Sc. Optom	8 yrs. 6 months
Polur	Shobhna	B.Sc.	10 yrs.
Virudhachalam	R.Sasi	B.Sc. Optom	6 Yrs.
Aruppukottai	M Kathirvel	B.Sc. Optom	12 yrs.
Kannauj	Anuj Kumar	Optometrist	6 yrs.
Kapadvanj	Krisna Gopal	D Optom+ B Optom	5 yrs. 8 months
Neem ka Thana	Rakesh Mehra	B.Sc. Optom	2 yrs.
Dewas	Dheeraj Deshmukh	DOT	3 yrs. 6 month

Table-04 Vision Center Optometrist Details

1.8- Activities and process flow



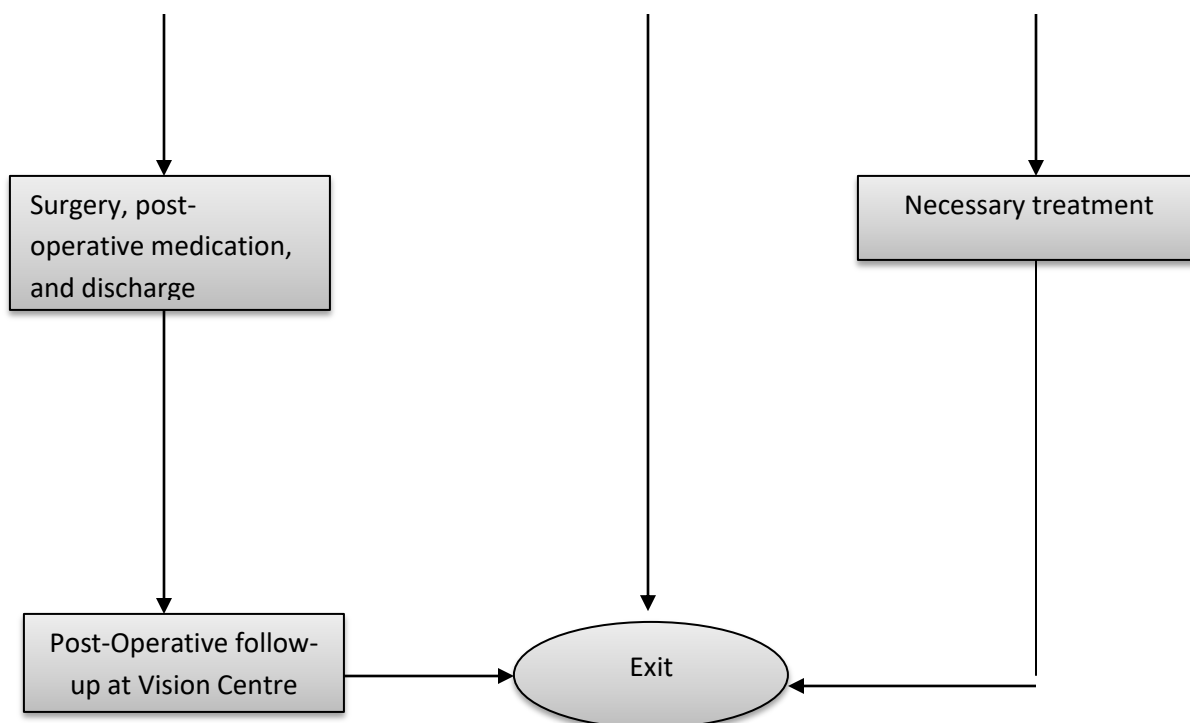


Figure 1: Activities & Process Flow

2 Chapter-02- Review of Literature:

Sr. No	Journal & Date	Title	Authors	Salient Features
1	Indian Journal of Ophthalmology (Sep-Oct 2012)	Key factors determining success of primary eye care through vision centers in rural India: patients' perspective	Kovai et al (2012)	The paper concluded that a good VC can increase patient satisfaction. However, patient expectations are not only limited to the provider but also to other factors such as paying ability and convenient transportation that helps patients reach the location of the VC with ease. “

2	Indian Journal of Community Medicine (2015 Apr-Jun)	A study on Models for primary eye care services in India	Misra et al (2015)	The Paper concluded that key aspect for the success of any vision center is patient satisfaction which may be achieved by providing quality services, using updated technology, accessibility (cutting travelling costs) and effective counseling at vision centers. Sustainability of primary eye care services through various models in urban or rural communities mainly depends on its pre-defined and well thought approach. “
3	Indian Journal of Ophthalmology (Sep-Oct 2010)	Comparison of patient satisfaction with services of Vision Centers in rural areas of Andhra Pradesh, India	Kovai et al (2010)	In the study, it was found that the overall satisfaction levels of the Vision Center's experience were at 74% and 62%, which is quite good. However, continuous improvement is required in service time, performance of staff, cost and quality of vision care, especially at more remote primary eye care centers.
4	Community Eye Health Journal (Sep-2007)	Delivering refractive error services: primary eye care centers and outreach	Kovin Naidoo and Dhivya Ravilla (2007)	The study indicated that screening in schools and in communities through vision centers is important to boost patient numbers and to ensure that clinicians' time is utilised optimally. Also, outreach programmes have the potential to serve as an awareness tool and to meet short- term needs in poorly served remote areas.
5	Investigative Ophthalmology and Visual Science Journals	Tele- ophthalmology aided Vision Centers in rural South India w.r.t. role and	Mona Khorana, R.Ramakrishnan, Mohideen A. Karder	The study pointed out poor and under-utilized existing eye care services in rural areas which is because of multiple factors. Vision centers provide access to permanent primary eye care

		utilization of services.		with comprehensive eye examination having a clear benefit over outreach camps. It also cost effective for both provider and patients.
6	PubMed: National Library of Medicine (Mar 2016)	Accuracy of vision technicians in screening ocular pathology at rural vision centers of southern India	Vasanthi Suram, Uday Kumar Addepalli, Sannapaneni Krishnaiah, Vilas Kovai, Rohit C Khanna	The study concluded that there is good rapport between the vision technicians and the ophthalmologist for screening and referrals. Vision technicians could be a good resource at the primary level to screen for any eye defects; however, they may need further training to detect more eye defects..
7	Indian Journal Of Ophthalmology (Feb 2020)	Primary Eye Care in India- The Vision Center Model	Rohit C Khanna, Shalinder Shabarwal, Asim Sil, Mohammad Growth, Kuldeep Dole, Subeesh Kuyyadyil, Hedi Chase	This article focuses on delivery of PEC models in India, specifically through the vision center (VC) approach. VCs are part of a larger eye care network and provide Primary Eye Care Center (PEC) in remote rural areas of the country. Factors to be considered while setting up a VC are Size of the population, Accessibility, community participation and other competitors in that area.
8	Community Eye Health Journal (July 2016)	Eye Care in Rural Communities- Reaching the Unreached in Sunderbans	Sameera Ahmed	The study points out that for any VC to be successful it should be locally operated, rate should be subsidized, young people should be volunteered to create awareness among the masses, Registered medical Practitioners should be involved and continuous technology based monitoring of the patients should be done
9	Community Eye Health Journal	Optical products for refractive error and low vision	Kovin S Naidoo Yashika I Maharaj, Vivasan Pillay, Sebastian Fellhauer	The study points out that for any Vision Center to be successful it is very important to focus on the optical products required for the efficient delivery of refractive

				error and low vision services, and provide insight into how they can be managed effectively to ensure a quality service. It is also important to know the right supplier and know what your customer wants and could afford?
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Table-05 Literature Review

2.1- Aim: To access the performance of Vision Centers of Sankara Eye Foundation India and suggest strategies to improve their functioning.

2.2- Objective:

1. To identify the underperforming and best performing Vision Centers of Sankara Eye Foundation, India.
2. To compare and identify the reasons for underperformance of Vision Centers from those which are performing well.
3. To identify and suggest strategies to improve functioning of underperforming vision centers of Sankara Eye Foundation, India.

Chapter-03- Methodology:

3.1 -Source of data: Primary data was collected through series of telephonic interviews conducted with the help of semi structured questionnaire and secondary data of performance analysis (April 2020- March 2021) was taken from the medics.

3.2- Study tool: Semi Structured questionnaire

3.3-Mode of Interview: Telephonic Interviews and face to face Interviews

3.4-Study type: Observational cross sectional analytical

3.5-Study Duration: Apr 2021- June 2021

The study was conducted in the duration of three months where a qualitative study was done at Sankara Eye Hospital, Coimbatore (Tamil Nadu) and a systematic search was done to collect secondary data from various sources like Sankara Website, Annual Reports of Sankara Eye Hospital and annual magazines of Sankara Eye Hospital.

3.6- Study Area: Sankara Eye Hospital Coimbatore, Tamil Nadu and 16 vision centers (Annur, Perur, Krishnagiri, Ranebennuru, Shikaripura, Channagiri, Sathymangalam, Kulluthalai, Kallakuruchi, Polur, Virudhachalam, Dewas, Aruppukottai, Kannauj, Neem ka Thana and Kapadvanj)

3.7-Sample size: 43 respondents (Unit Heads, Refractionist and Counselor) from all 16 VCs.

3.8-Sampling method: Purposive sampling

3.9-Inclusion criteria: Selection criteria will include 16 vision centers of Sankara Eye Foundation India

3.10-Exclusion criteria: Exclusion criteria will include those vision centers which are less than 1 month old or those which fall outside the jurisdiction of Sankara Eye Foundation, India.

3.11-Analysis plan: Statistical analysis with graphical representation

3.12-Data collection method: Telephonic interviews with the staff of VCs and Secondary data obtained through annual magazines and annual reports of Sankara Eye Hospital.

Chapter-04- Results

4.1 Overall Performance Analysis of VCs

(Source of data: April 2020- March 2021)

4.2. Total OP and Average OP/day

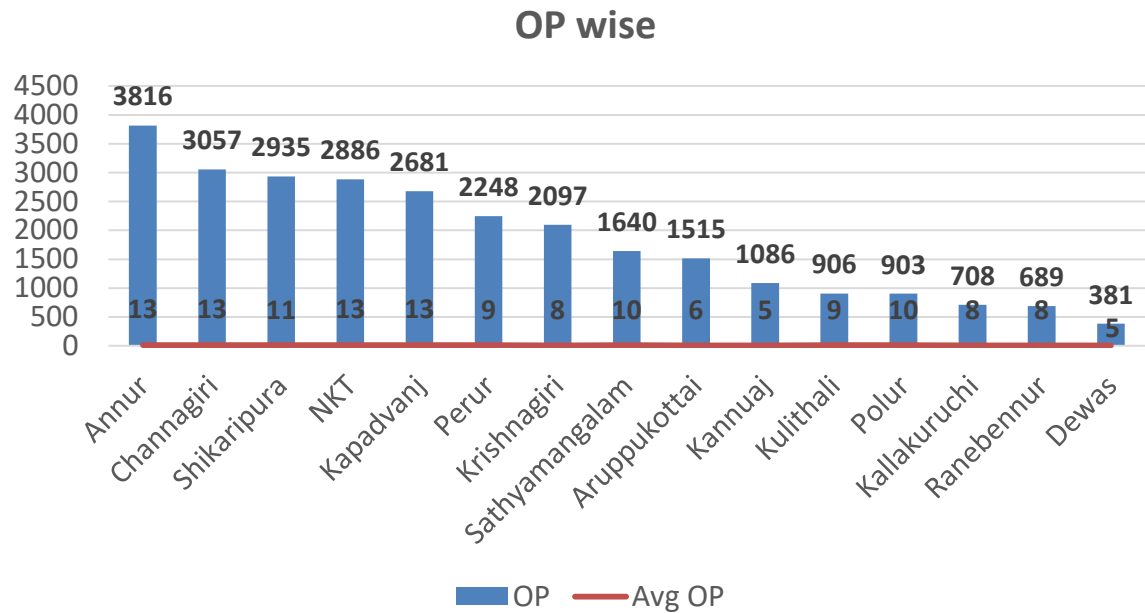


Fig-02

According to the analysis done among all the 16 Vision Centers of Sankara Eye Foundation

In terms of OP It has been found that Vision centers of Annur, Channagiri, Shikaripura, Neem Ka Thana and Kapadvanj are doing quite well whereas Vision Centers of Kannauj, Polur, Dewas, Kallakuruchi and Ranebennur and Kulluthalai seems to be underperforming.

The reason for the high OP in Annur, Channagiri, Shikaripura, Neem Ka Thana and Kapadvanj is, being the old VC these are quite established and popular in the area.

Location wise these VC are well suited.

Connectivity between the VC and Base Hospital is very good.

4.3- Surgery Conversion/month

In terms of Surgery Conversion and Referral to Base Hospital again the Vision Centers of Annur, Perur, Krishnagiri, Channagiri and Shikaripura seems to be doing quite well and the primary reason attributed to this factor is good visibility connectivity and between the base hospital and Vision Center.

Also these being the old Vision centers, they are quite popular among the people because of Word of mouth Publicity.

Presence of experienced and trained Councillor and Optometrist at these vision centers is also one of the reasons for the high referrals and surgery conversions from Vision Centers to Base Hospital.

While VC of Dewas, Kannauj, Ranebennur and Kulluthalai being the new Vision centers, they are not quite popular among the people yet hence referrals and word of mouth publicity is low which is also affecting the performance of the Vision Center.

At Neem ka Thana VC, there was no Councillor and field worker for the last few months which affected the performance of the VC in terms of Referrals and Surgery Conversion.

At Kannauj VC, there was a change in the Staff at the VC, new optometrist and field worker recently joined which affected the performance of VC in terms of referrals.

At Dewas VC, no camps could be organized in that area due to COVID Lockdown hence the referrals were low.

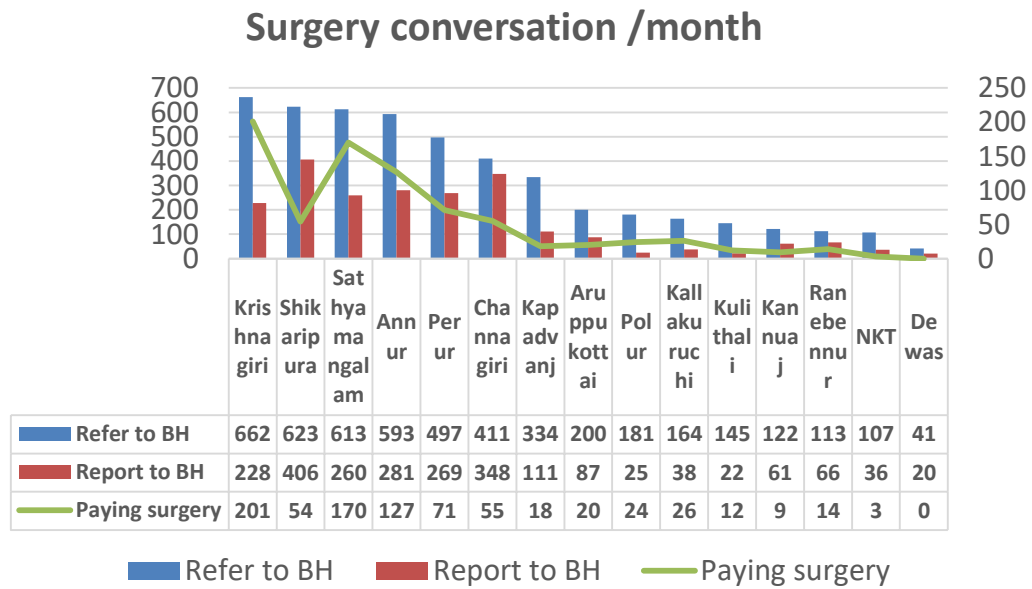


Fig-03

4.4- GP Advised and Optical Order Sale-

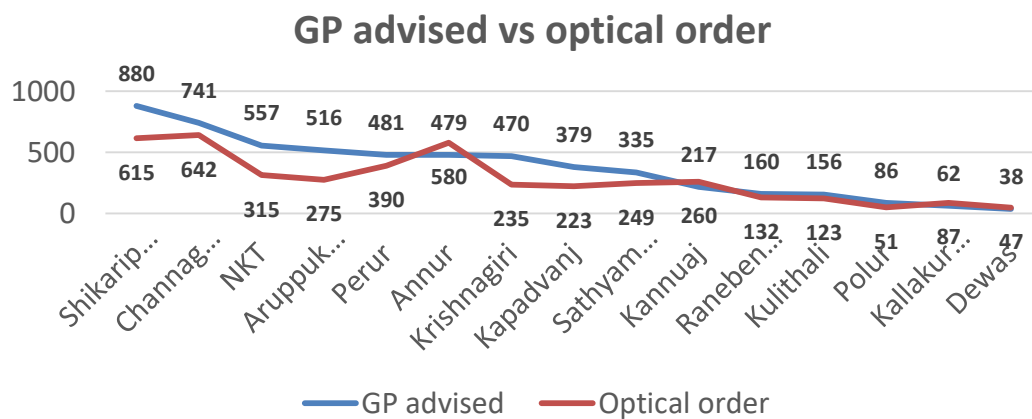


Fig-04

In terms of Optical Order Sale and Glass Prescription advised (GP), Vision centers of Annur, Perur, Shikaripura, Channagiri seems to be doing quite well and Vision centers of Dewas, Kallakuruchi, Polur seems to be underperforming.

The Primary reason for the underperforming of Dewas Polur and Kallakuruchi in terms of Optical sales is primarily attributed to low OP at the Vision Center which in turn affecting the Optical Sales of the Vision Center also.

Another factor which greatly contributes the poor sales of Optical at these Vision Centers is lack of marketing Initiatives at these vision centers.

Polur Dewas, Kallakuruchi being the new Vision centers which were just opened in Dec 2020 during which COVID and lockdown happened, this factor also affected the Optical Sales at these VC.

Another factor responsible for low optical sales in these Vision centers was presence of other Optical shops in the area which were offering the Opticals at cheaper prices than the VC.

4.5- Total Revenue Generated and Self Sufficiency-

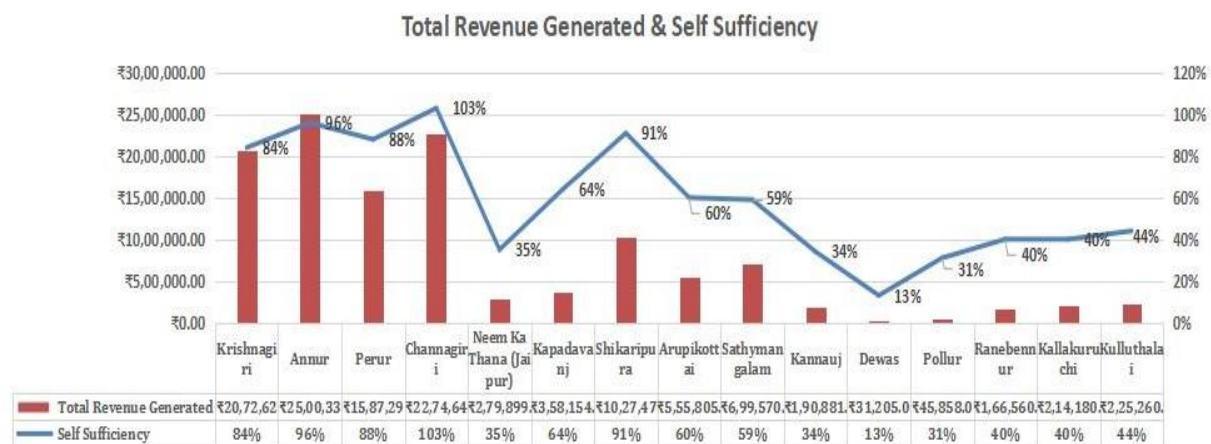


Fig-05

As per the analysis the VC of Annur, Perur, Krishnagiri and Channagiri are among the top revenue generating Vision Centers and are highly self-sufficient whereas Vision Center of Dewas, Kannauj, Polur Ranebennur and Kallakuruchi are among the least revenue generating VC and not so much self-sufficient .

The Primary reason attributed for the high revenue generation of the VC of Annur, Perur Krishnagiri and Channagiri is good patient flow, higher optical sales and well trained optometrist and Councillor at these VCs.

Whereas the Revenue generation of Dewas, Kannauj Polur, Ranebennur and Kallakuruchi is low because these being the new vision centers, the OP Flow and optical sales are low at these Vision centers which in turn affecting the revenue generation and Self Sufficiency of these Vision Centers.

Another Reason attributed to poor performance of Dewas, Kannauj Polur, Ranebennur and Kallakuruchi in terms of Revenue generation is presence of other Competitors in these areas and lack of marketing initiatives.

At Neem ka Thana VC, low Revenue Generation and low self-sufficiency is primarily because of the lower consultation charges at the VC in comparison to other VC.

4.6- Month wise Performance Analysis of VCs-

1. Annur

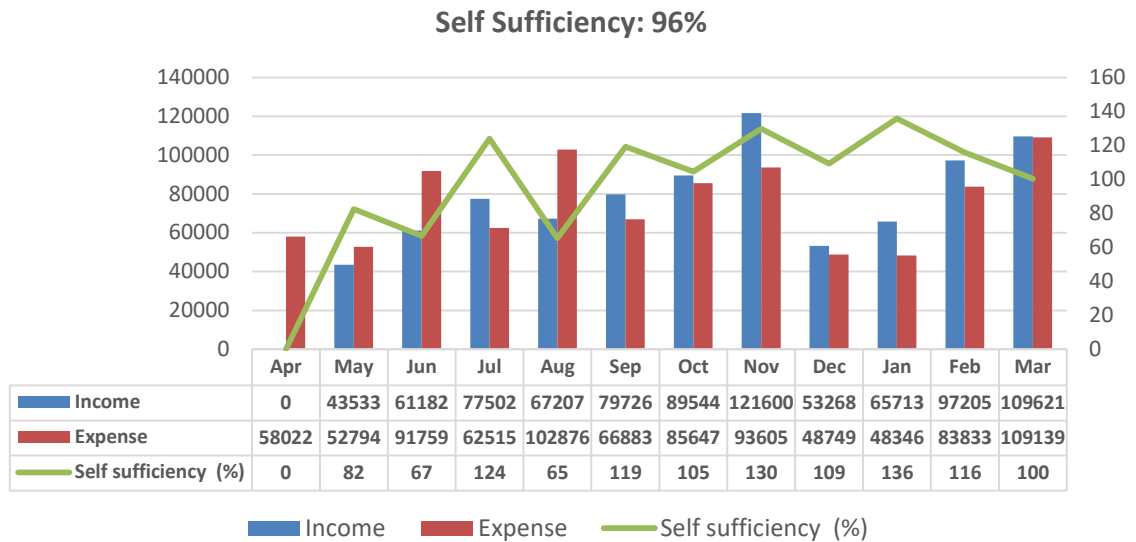


Fig-06

Performance Indicators of Annur-

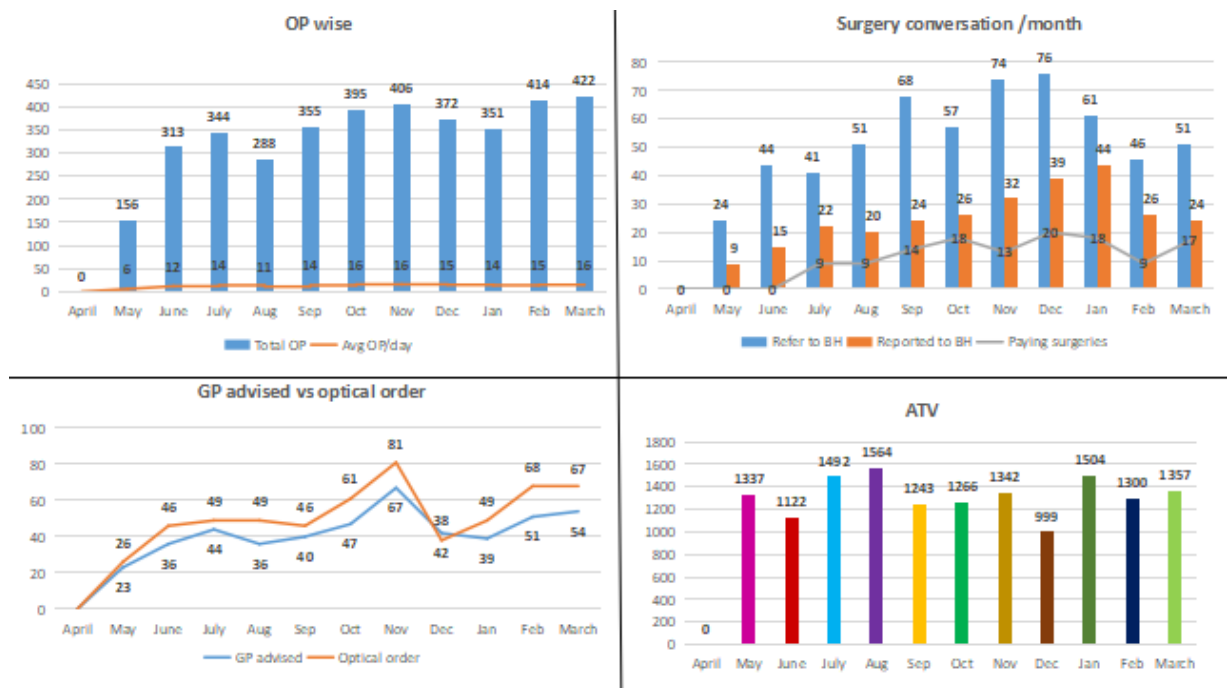


Fig-07

2. Perur

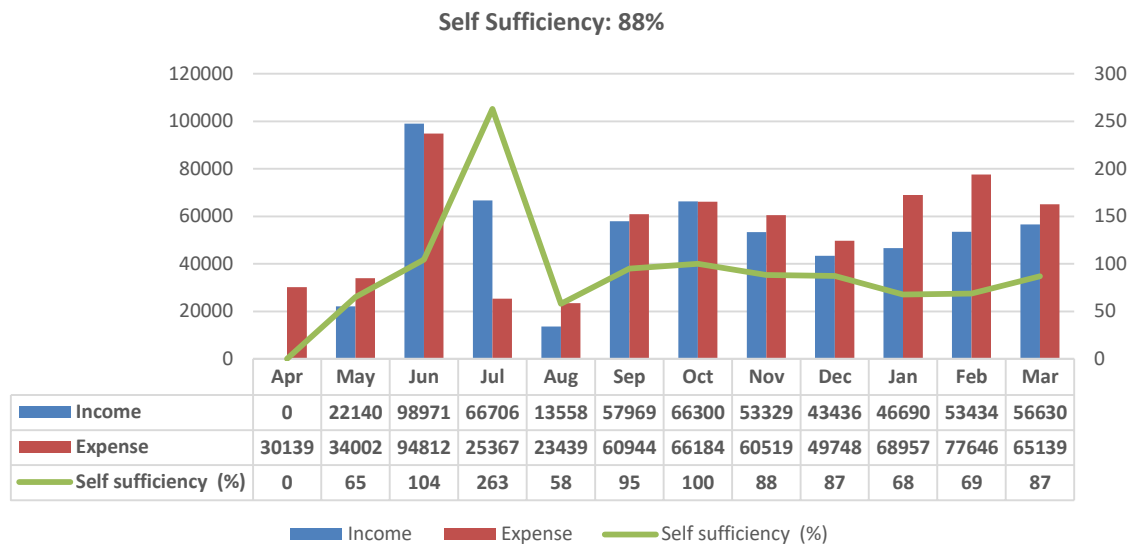


Fig-08

Performance Indicators of Perur-

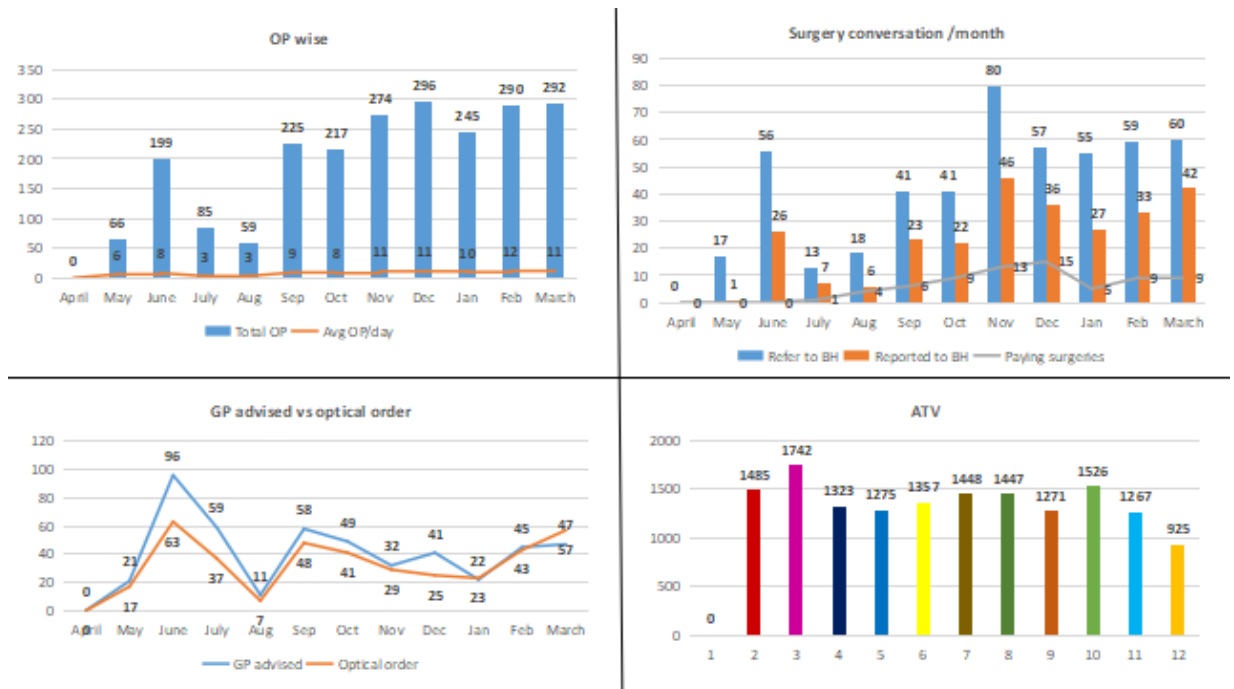


Fig-09

3. Krishnagiri

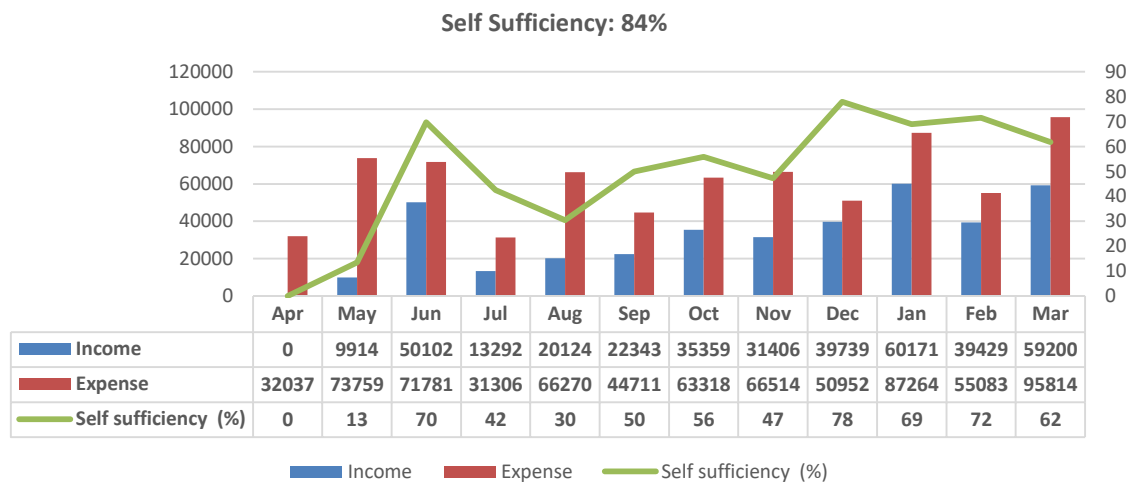


Fig-10

Performance Indicators of Krishnagiri-



Fig-11

4. Sathymangalam

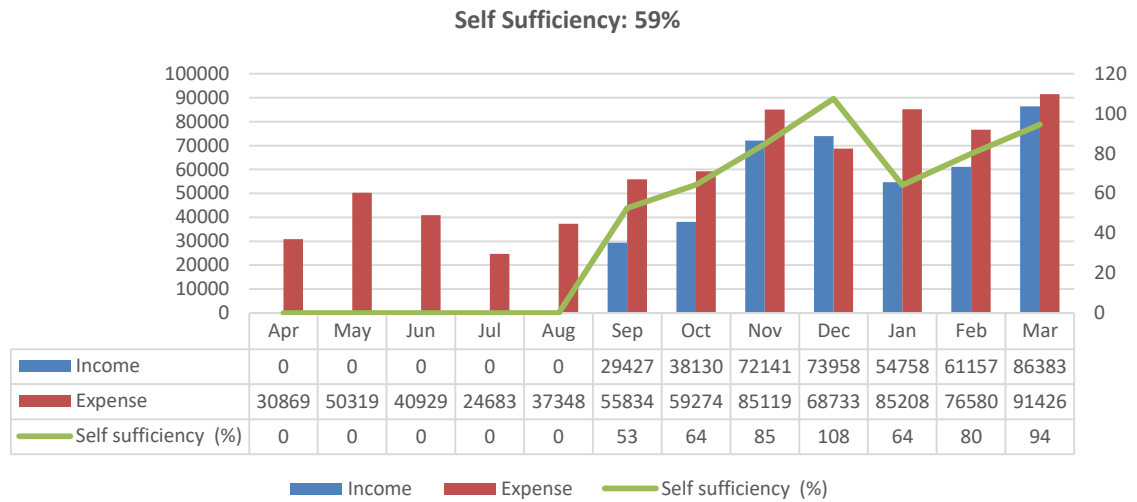


Fig-12

Performance Indicators of Sathymangalam-



Fig-13

5. Aruppukottai-

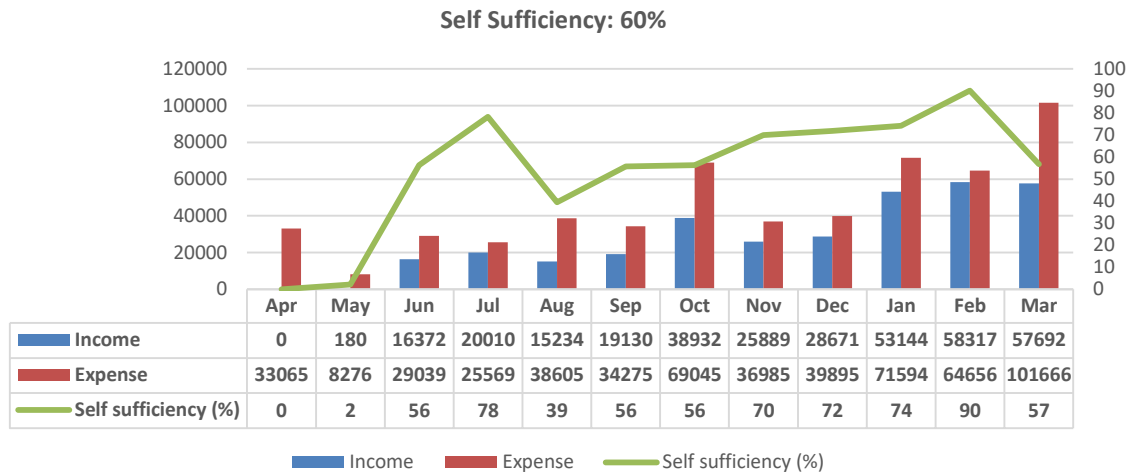


Fig-14

Performance Indicators of Aruppukottai-

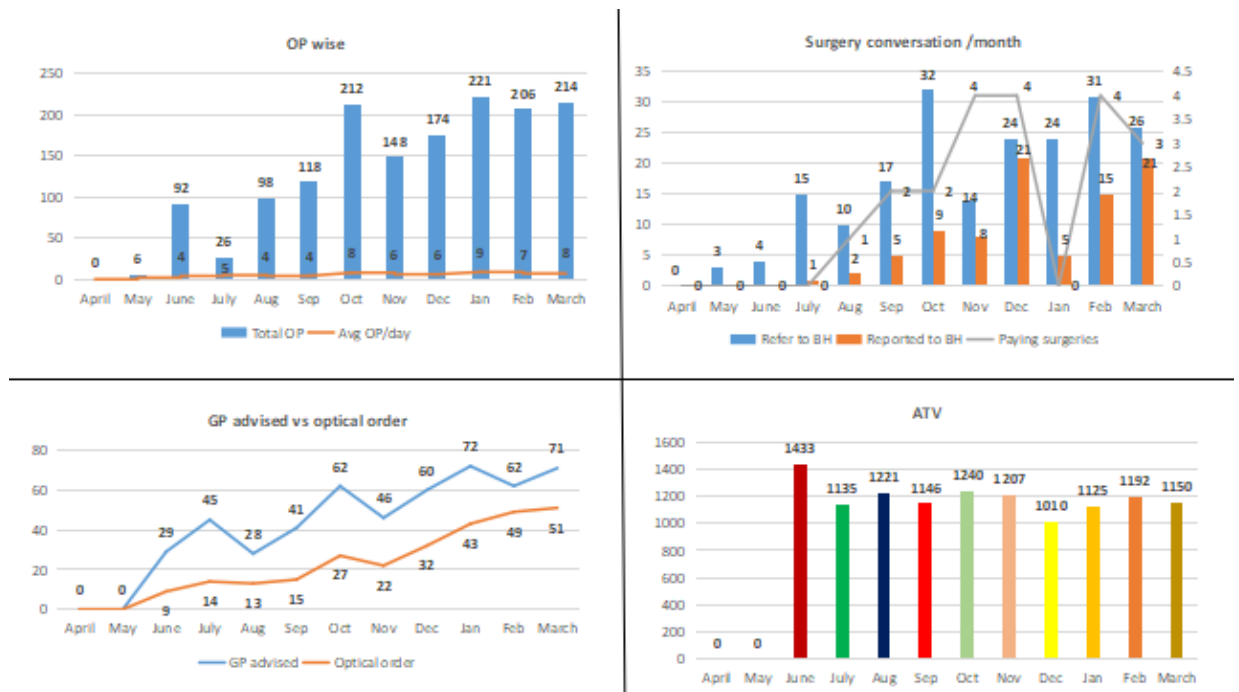


Fig-15

6. Shikaripura-

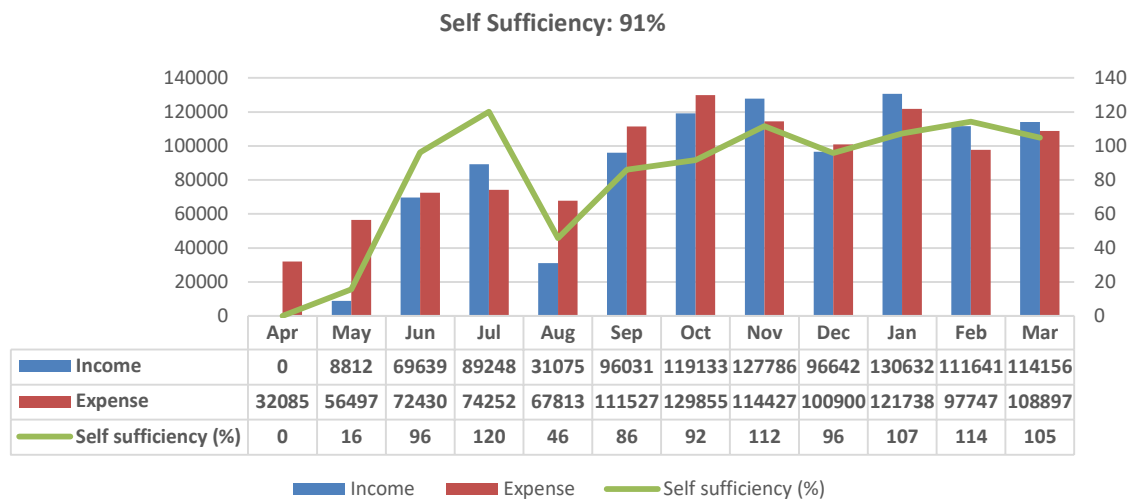


Fig-16

Performance Indicators of Shikaripura-

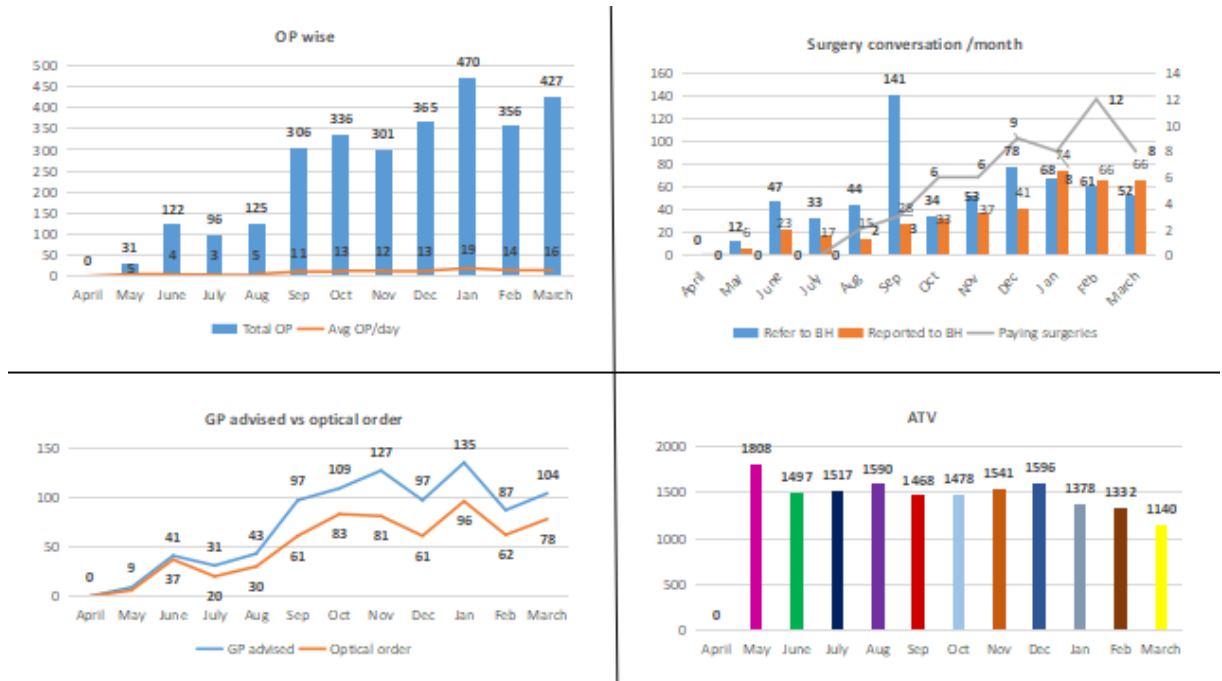


Fig-17

7. Channagiri-

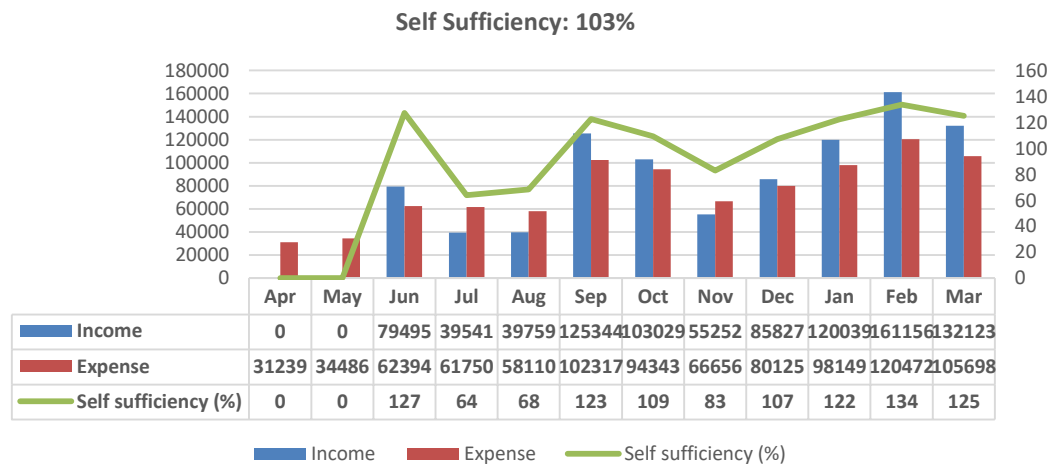


Fig-18

Performance Indicators of Channagiri-

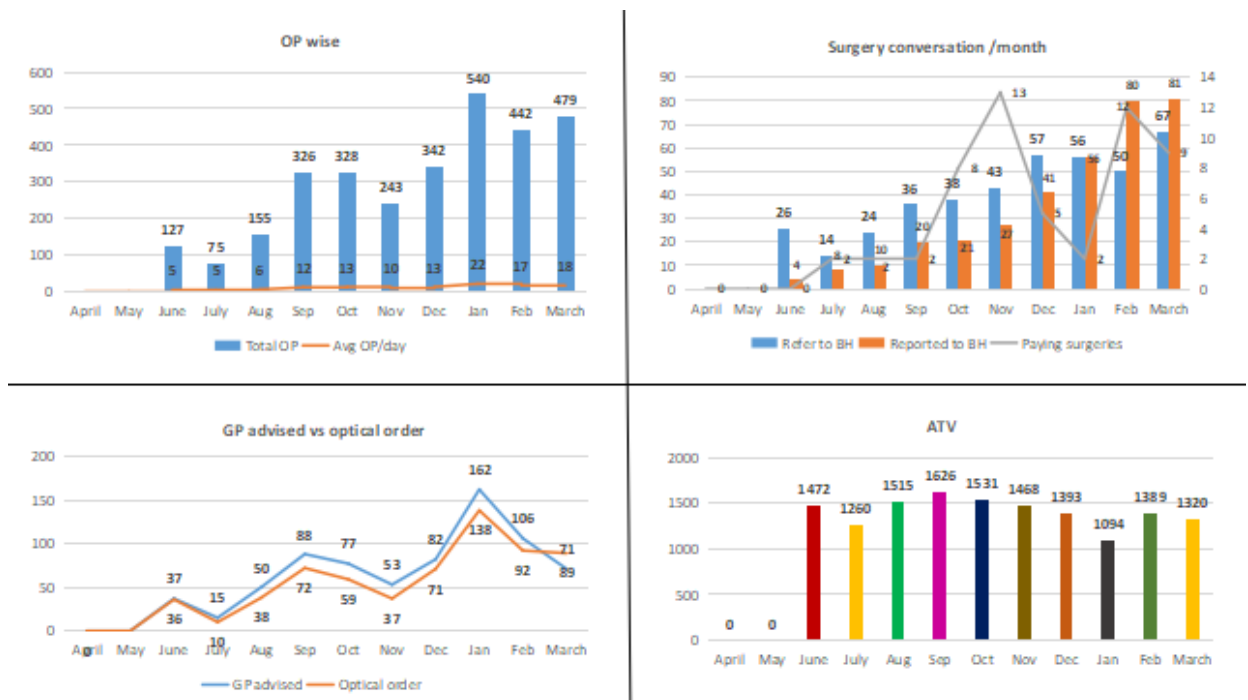


Fig-19

8. Kapadvanj

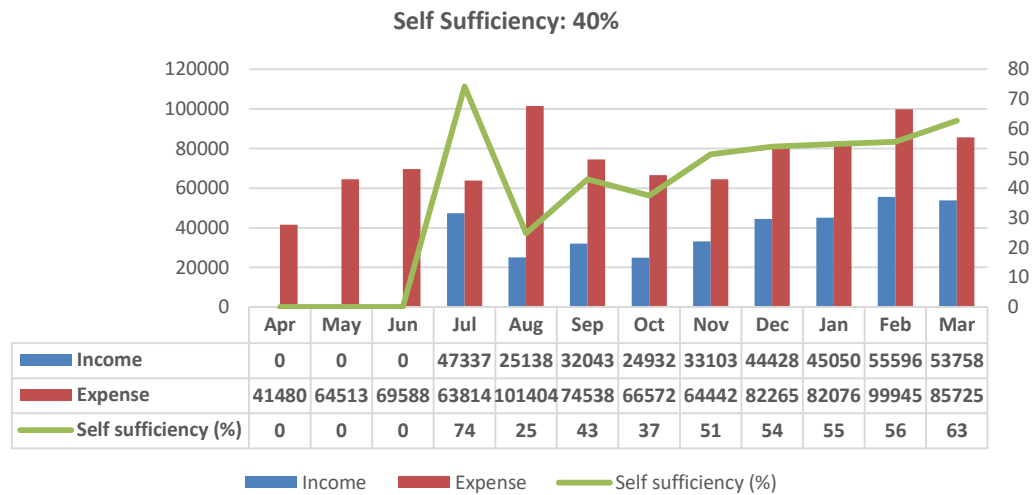


Fig-20

Performance Indicators of Kapadvanj-



Fig-21

9. Neem Ka Thana

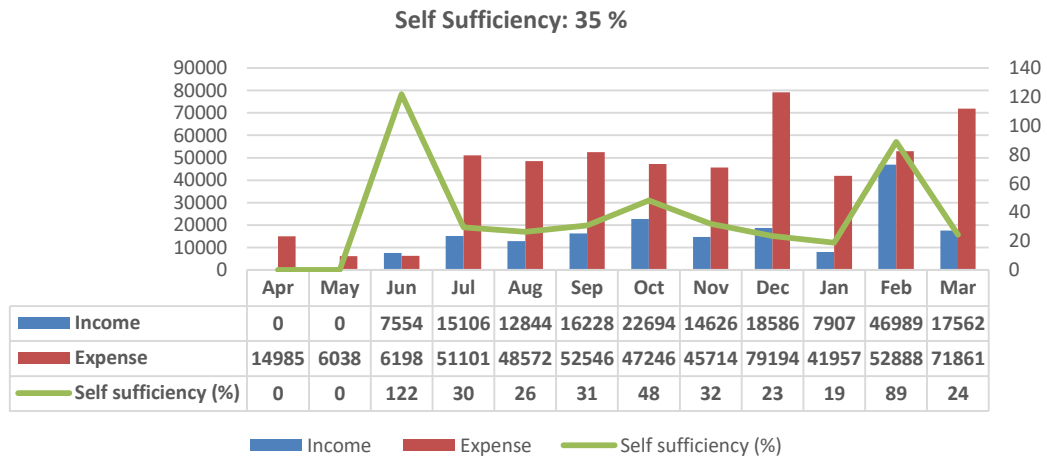


Fig-22

Performance Indicators of Neem Ka Thana-

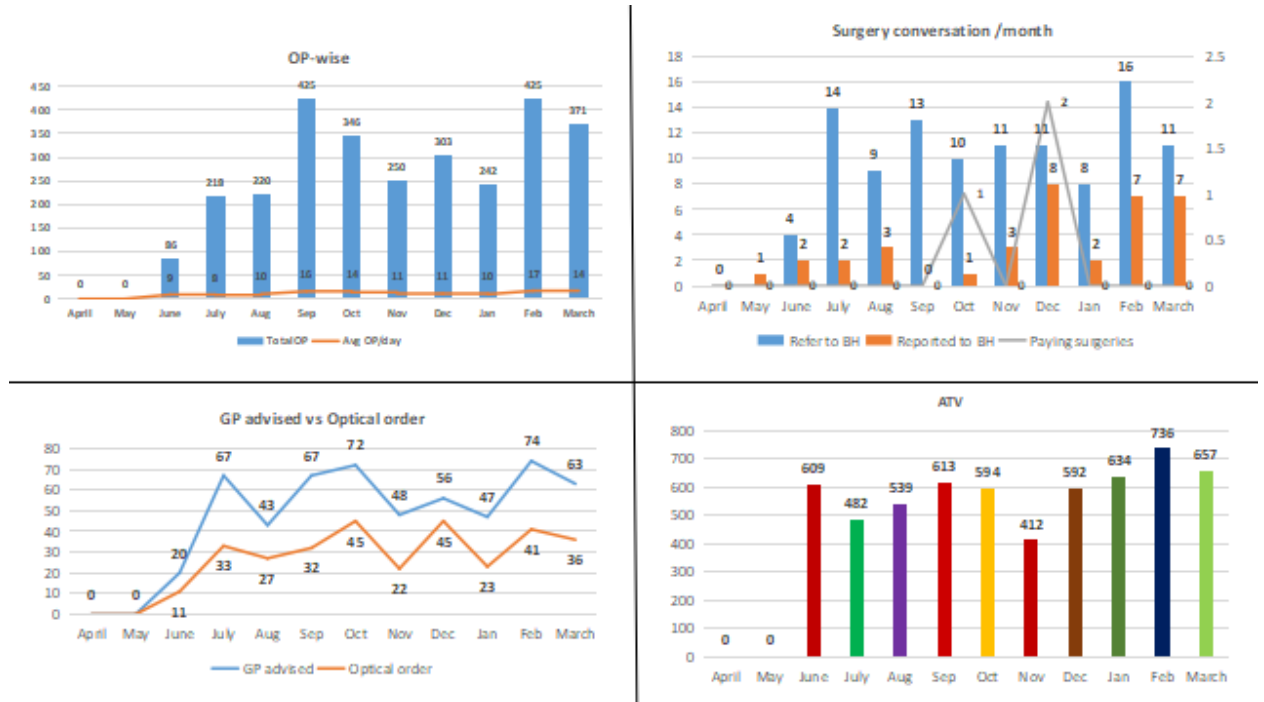


Fig-23

10. Kannauj

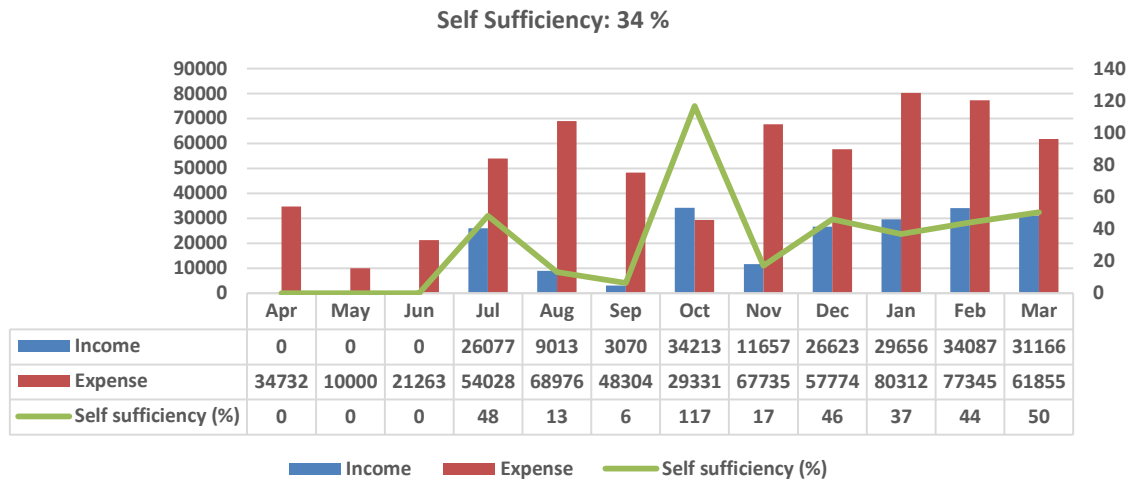


Fig-24

Performance Indicators of Kannauj-

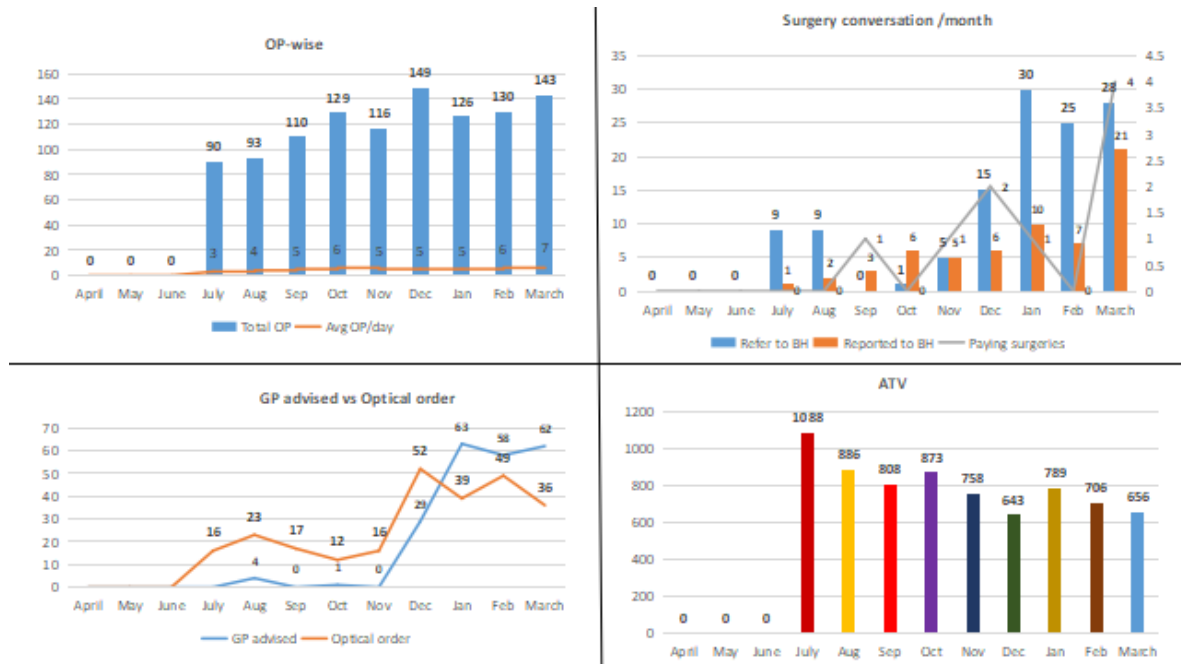


Fig-25

11. Kallakuruchi

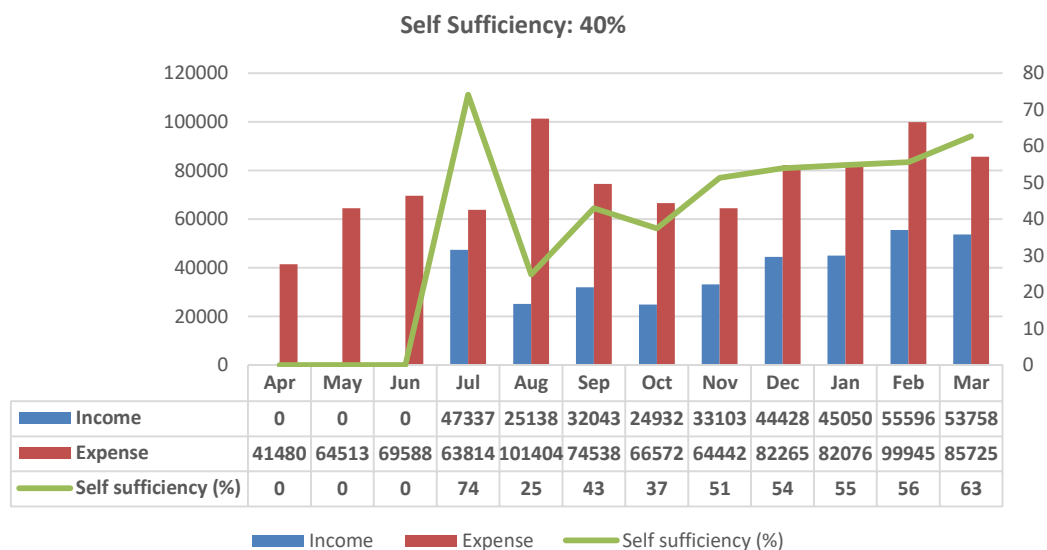


Fig-26

Performance Indicators of Kallakuruchi-

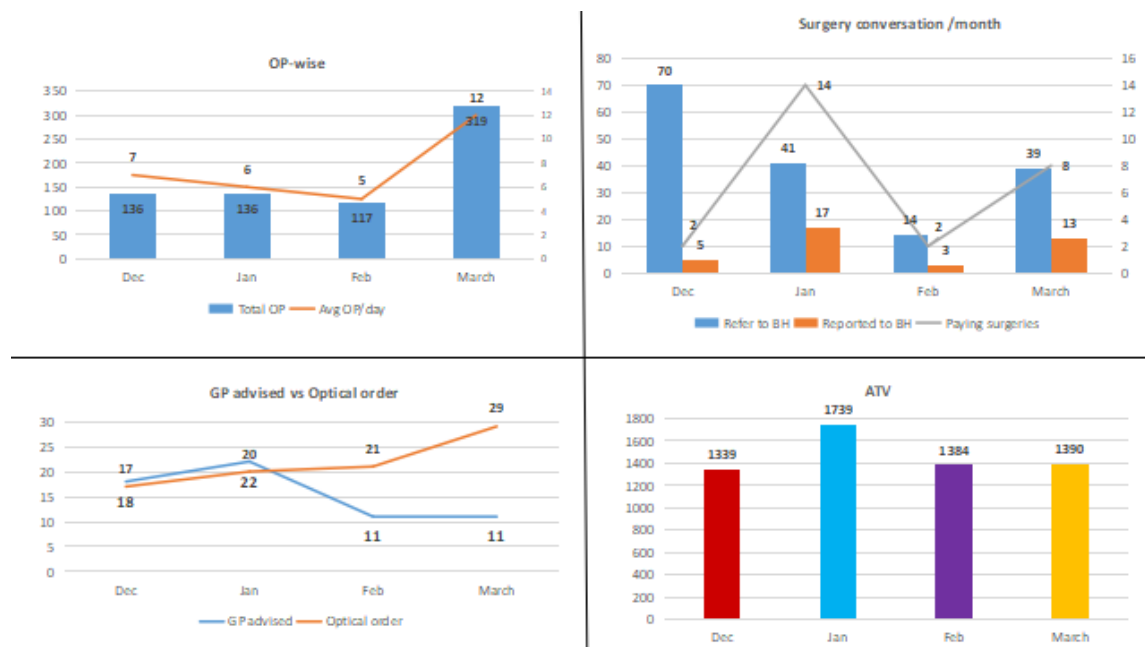


Fig-27

12. Polur-

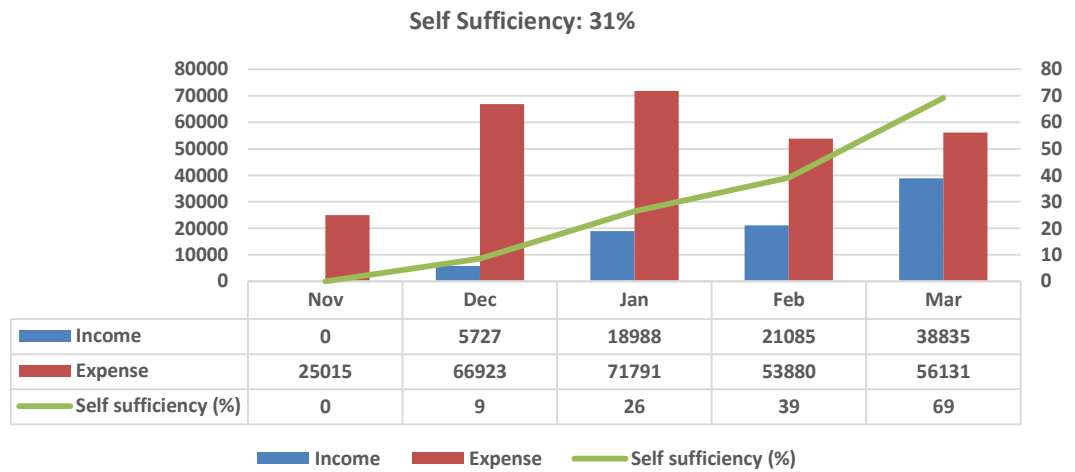


Fig-28

Performance Indicators of Polur-

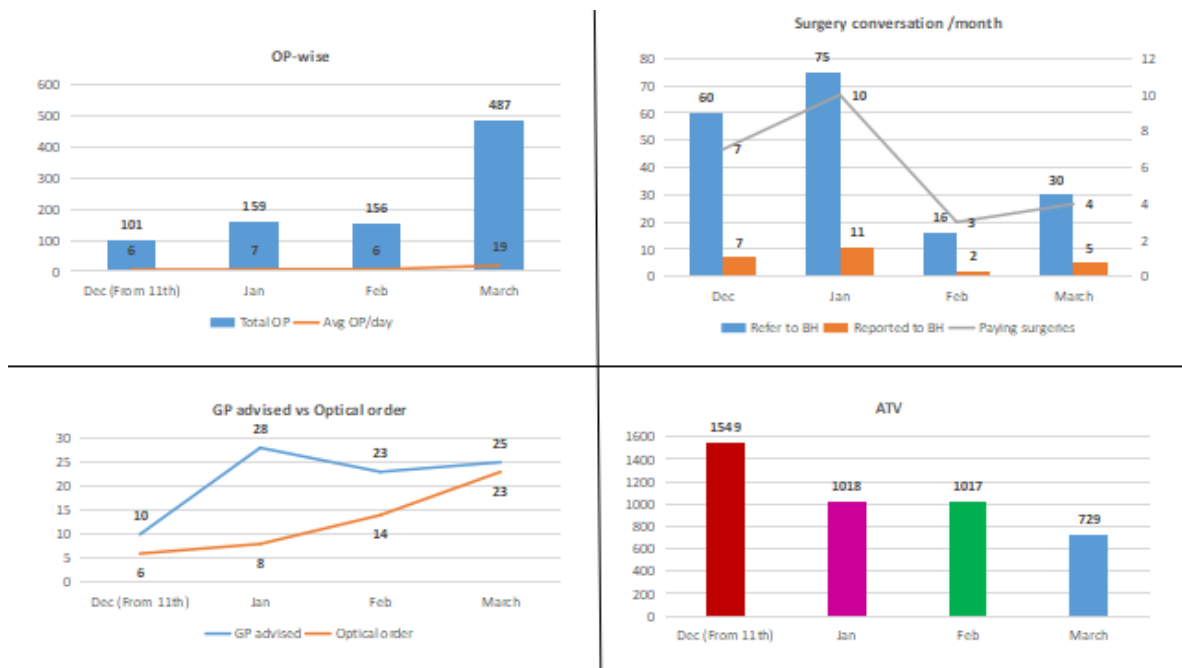


Fig-29

13. Kulluthalai-

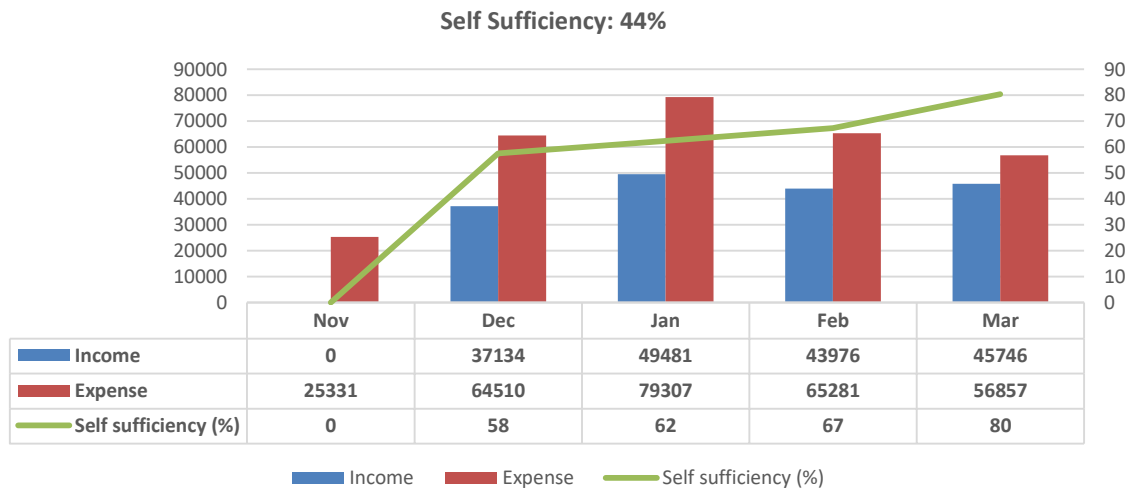


Fig-30

Performance Indicators of Kulluthalai-

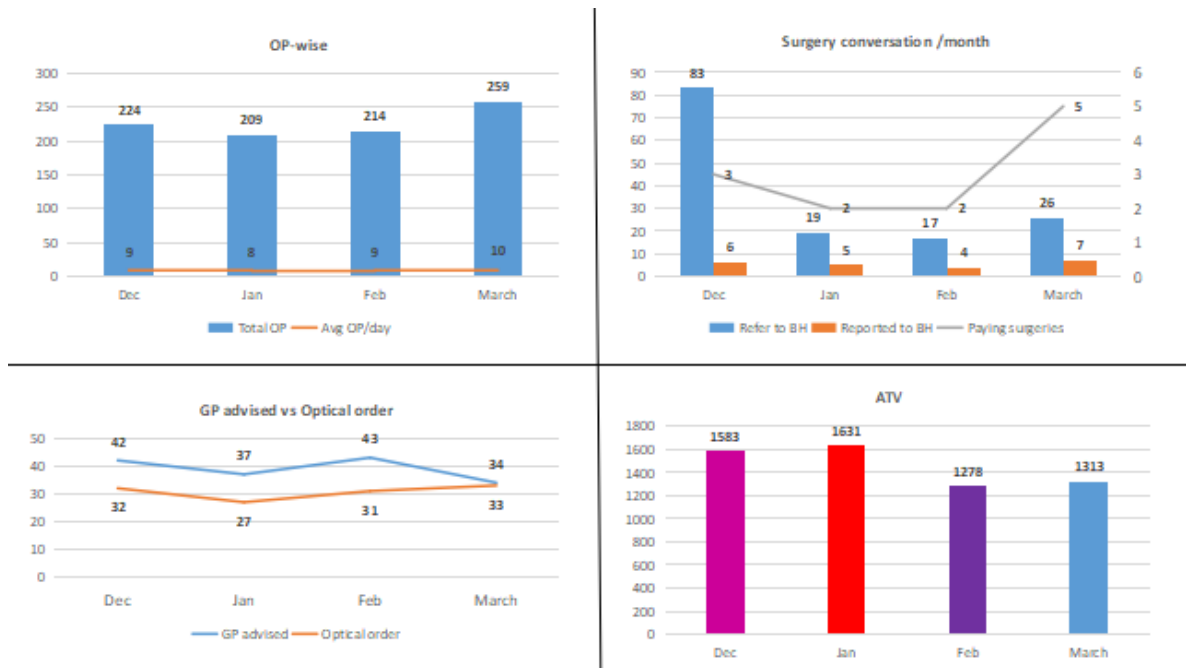


Fig-31

14. Dewas-

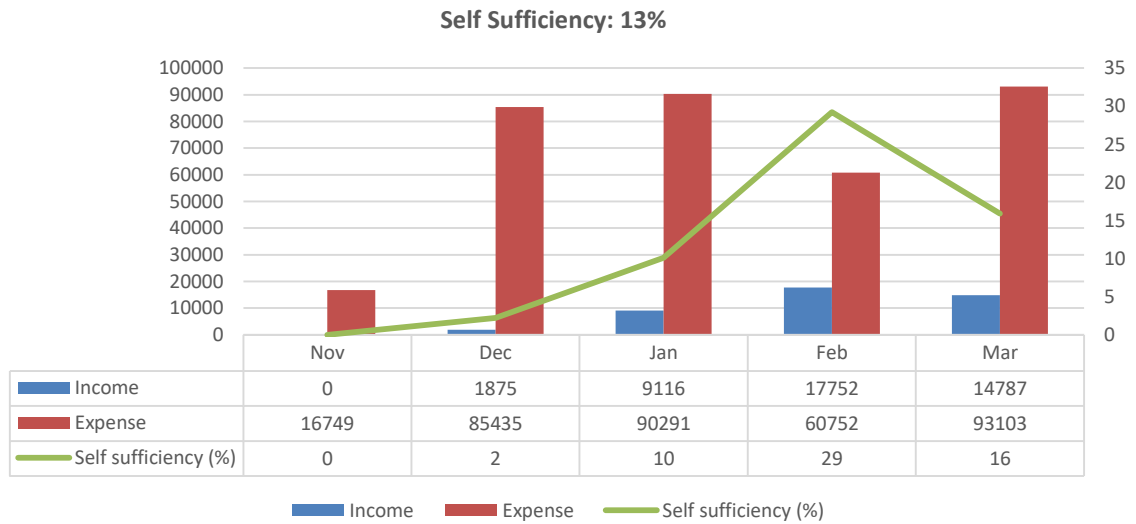


Fig-32

Performance Indicators of Dewas-

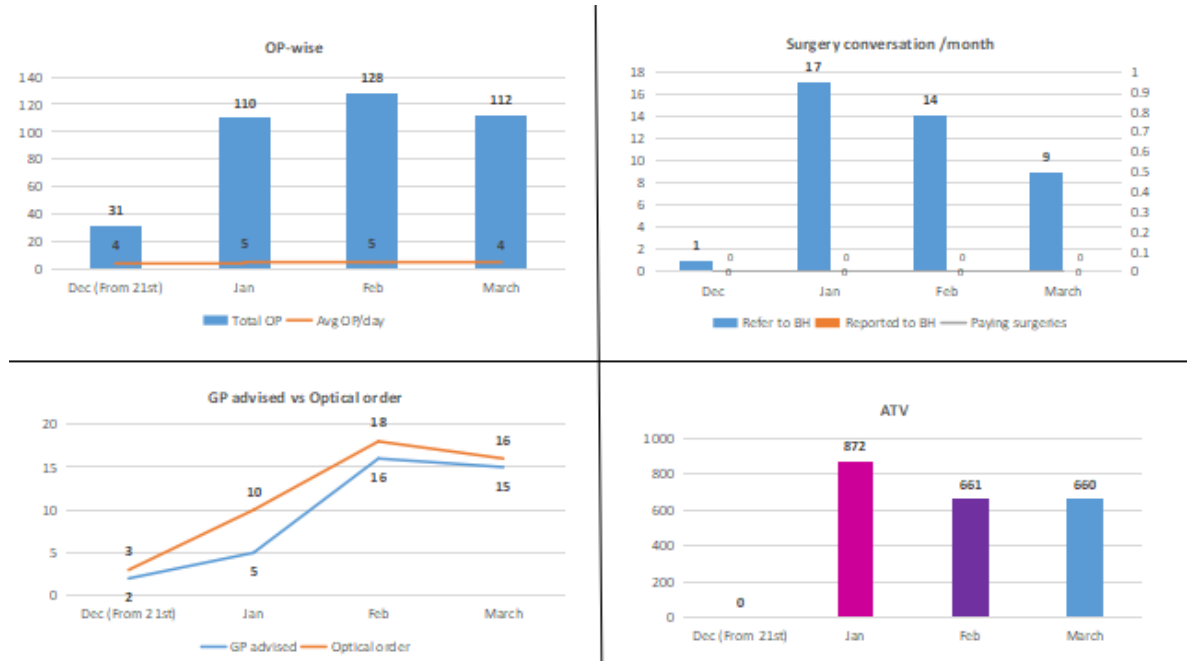


Fig-33

15. Ranebennur-

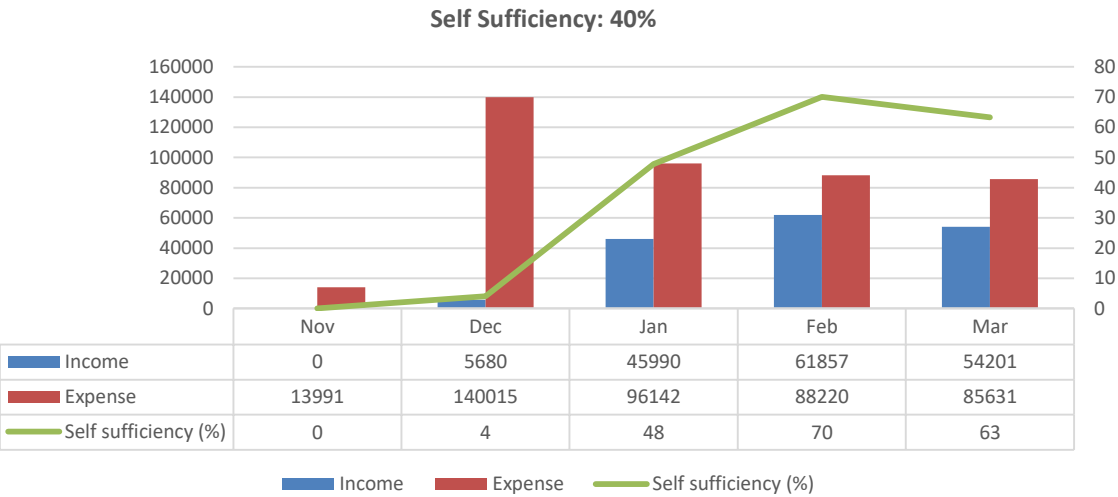


Fig-34

Performance Indicators of Ranebennur-

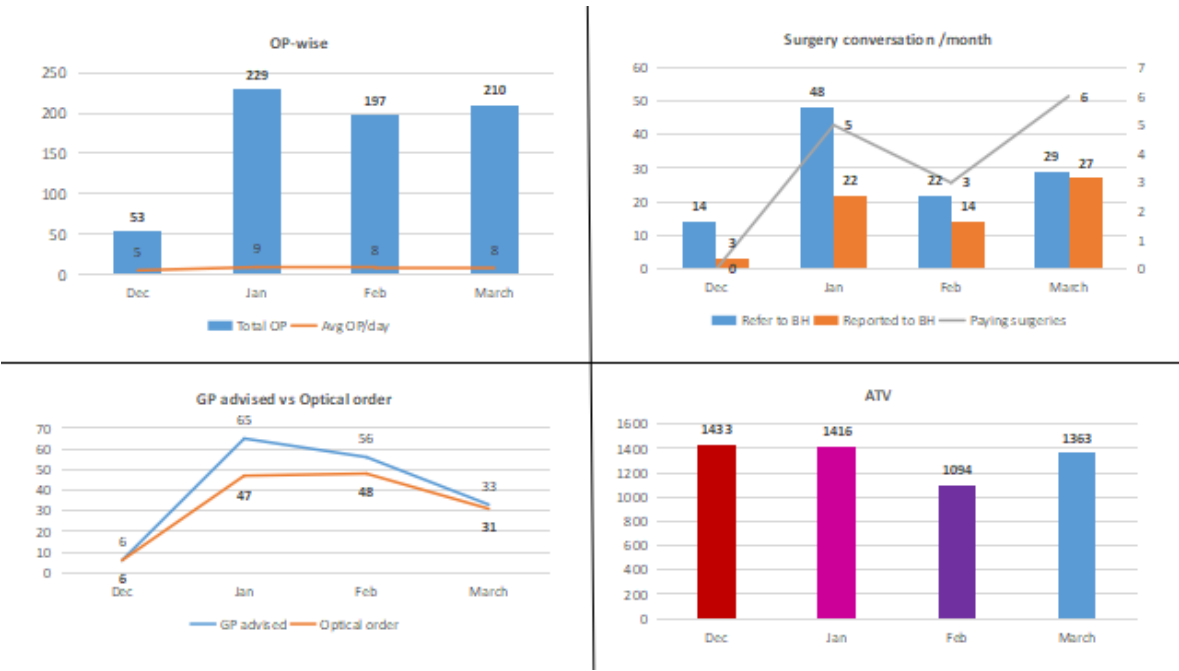


Fig-35

4.7- Factors Determining the Success of the Vision Centers-

As per the study, the factors which I feel responsible for determining the success of the VC are-

- Accessibility of the Vision Center
- Connectivity between the base hospital and vision center
- Timings
- Marketing Initiatives
- Affordable Optical Prices
- Facilities Offered
- Experienced Staff
- Referrals to Base Hospital and Vision center
- Dedicated Field Workers /Role of VHV's
- No other Eye Hospital in the vicinity

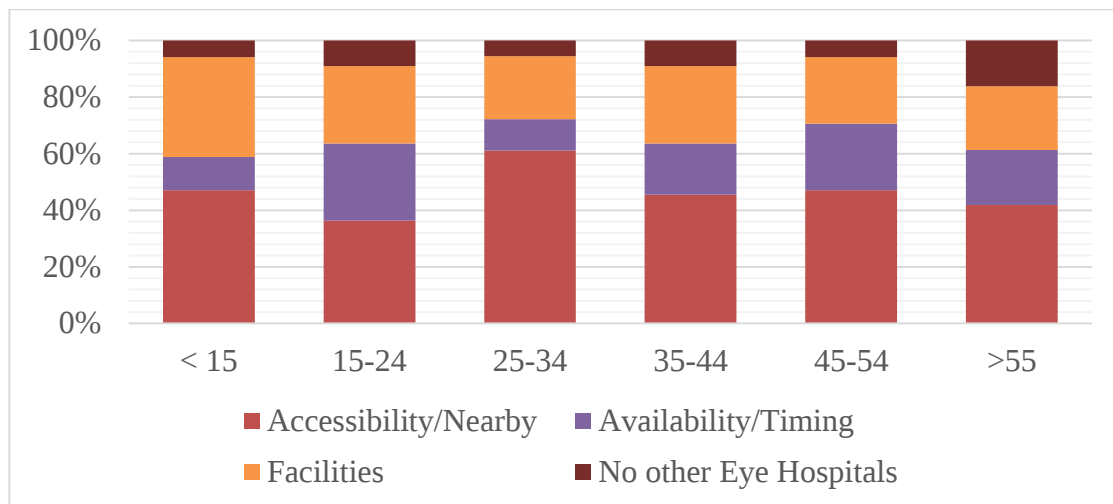


Fig-36- Factors Determining the Success of the Vision Centers-

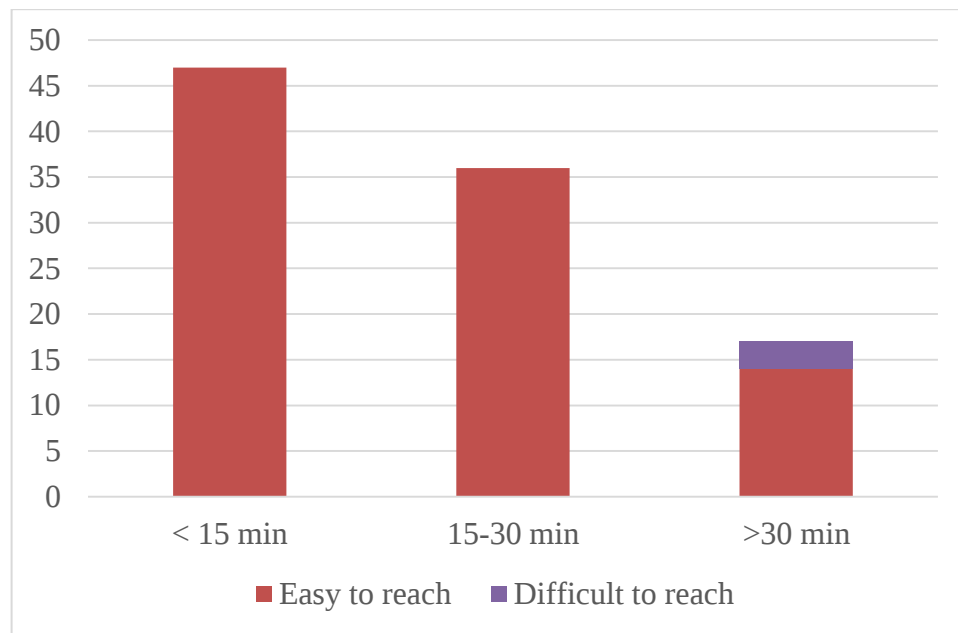


Figure 37: Accessibility of VC

- According to my study the vision Centers of Annur, Channagiri, Shikaripura and Krishnagiri which are performing quite well, the reason behind their successful performance is that, these vision centers are well located and the connectivity between the base hospital and vision center is also very good between these Vision Centers.
- Marketing Initiatives are well implemented.
- The staffs are trained and experienced at these Vision Centers.
- VHV's are going door to door to do awareness screening and attract patients to the VC.

4.8- Factors Responsible for the Underperformance of the Vision Centers-

According to my study Vision Centers of Dewas, Kannauj, Neem ka Thana and Kallakuruchi seems to be underperforming.

4.8.1- Factors Affecting the Dewas VC-

- Being a new VC they are still marking their presence in the market.
- Due to COVID, No camps could be organized in that area, so the OP remained low.
- Since the OP was low, the Optical sales and revenue generation also remained low.

- After interviewing it was found that optical prices at the Vision center seems to be on a higher end which needs to be revised because higher optical prices is also affecting the GP conversion rate.

4.8.2- Factors Affecting the Neem Ka Thana VC-

- According to the study done surgery conversion and referral to Base hospital from the Vision center of Neem Ka Thana was remained low and it was primarily because there was no Councillor and no dedicated field worker was there at the VC in last months.
- Another factor for low performance of this VC especially in terms of Lower revenue generation was “Lower Consultation Charges” than any other VC.
- In terms of Marketing and branding also, initiatives have to be implemented.
- Visibility of the VC is poor which needs to be improved.
- On the Optical Sales front, it has come into light that since there are many optical shops around the vicinity of our VC which are offering the Opticals at reduced prices therefore, we need to revise the Optical Prices.
- Person trained in Optical Sales is needed at the Vision Center.

4.8.3 Factors Affecting the Kannauj VC-

- According to the study, the primary reason that came into light for the underperformance of the Kannauj Vision Center was the Change of Team at the Kannauj Vision Center.
- The new Optometrist and the field worker have recently joined the Vision center.
- Poor Marketing Initiatives therefore need to do marketing of this VC to popularize it among the locals by printing handbills and doing mike announcements.
- On technical front there were issues in Teleconsultation because earlier there was poor internet service provider at this VC which affected the Teleconsultation percentage at this VC.

- In the winter season, since there was shortage of Doctors for Teleconsultation, the Teleconsultation percentage was affected at the VC.

4.8.4- Factors Affecting the Polur VC-

- After analyzing the data it has been found that the primary reason for the underperformance of Polur VC was low Optical sales which has impacted the revenue generation of the Vision Center
- The Optical sales were low because since due to COVID not many patients turned up to the VC.
- Another interesting finding that came into light that due to increase online work, this area has seen a huge demand in multicoated refracted glasses which were earlier not so much in demand and the VC does not have adequate stock of the same which also somehow affected the Optical Sales at Polur VC.
- The Publicity of the VC was low and it was poorly marketed so need to work upon marketing initiatives.
- Many Other Optical shops are there in the Vicinity around this Vision Center due to which there is a stiff competition.

Chapter-05- Discussion

- a) This paper discusses the issue of what determines performance of Vision centers and it is found that vision centers of Annur, Channagiri, Perur and Shikaripura and Krishnagiri are doing quite well and the major reason attributed to their success is good connectivity, easy accessibility, facilities offered, and well implemented marketing initiatives.
- b) The paper also discuss that majority of the Underperforming VC of Sankara Eye Foundation belongs to Northern India which means that there is a lot of work do in North India region to establish the presence of Sankara Eye Foundation.
- c) This study is suggesting the need based solution for the patients which will be different for different population like it is found that on an average 82% spectacle

selling is done from all the VCs and one of the reasons for not converting rest of the population is affordability or high range of spectacles available in the VCs as most of the spectacle is in different range in different VCs for ex the max range spectacles opted by the patients are diff in all VCs like Annur- Above 1000, Perur- below 500, Krishnagiri- 500-1000. The same issue is addressed in the study of “different dimensions of access to eye care from a public health perspective” which says to address a variety of demands from patients, providers, and policy makers, it is necessary to account for potential access and realized access measures.

Chapter-06: Recommendations

6.1 Strategies and Recommendation to Improve the Performance of Vision Centers-

As per the Study, we have identified that the major reasons responsible for the underperformance of the Vision Centers are

- Poor Visibility of the VC
- Poor camp patient referrals
- Lack of Marketing Initiatives
- Optical Price Range
- Stock of Opticals at the VC
- Availability of Dedicated Field Workers/VHVs at the VC.

So keeping the Primary issues in Mind various strategies can be implemented to Improve the performance of Vision Centers like-

- a) We can put up more banners and sign boards around 5-10 km radius of the VC to guide the people to VC.
- b) We can appoint dedicated field worker/VHVs to each of the Vision center whose sole responsibility will be to go door to door cover as maximum households he or she can cover and provide awareness regarding Eye care treatment and the facilities available at the VC.
- c) We can distribute pamphlets, placards and do mike announcements to popularize the VC at local level.

- d) Since everything has moved more to an online side we can put up camp details, location of Vision Centers and Services offered on various social media platforms to attract attention of the patients towards the respective VC.
- e) In this pandemic time, most of the school learning has shifted to online classes and we can make a great use of this opportunity by demanding at least one online class in every school in the vicinity to raise awareness among school going children and can ask them to visit the nearest VC if they face any eye problems.
- f) We can also offer discounted coupon cards to children and their family members to visit the VC and avail its services.
- g) Regarding the Optical prices VC can keep a regular check of the comparative prices offered at other optical shops and if needed should revise the optical price accordingly to keep up the steady sales of Opticals at the VC.
- h) Village Booth Camps can be setup at local level to attract patients from the villages which will increase the OP as well as referrals to the Base Hospital.
- i) VHV's need to contact and build repo with local clinic doctors and ask them for referrals.

Chapter-07- Conclusion:

As discussed already in the study, India is facing a huge challenge of “Preventable Blindness” and to overcome this challenge of people suffering from preventable blindness, Sankara Eye Foundation started a mission to eradicate preventable blindness from India and set out to establish 11 hospitals and 16 vision centers across 8 states in India to provide primary eye care services to all sections of the society especially to poor and needy at affordable cost. Through this study I analyzed the performance of all 16 Vision centers of Sankara Eye foundation India and found out that accessibility, connectivity, optical prices, services offered and the area covered by VC are some of the factors that determines the success of the Vision centers and on that front Vision centers of Annur, Perur, Channagiri and Shikaripura are doing quite well whereas vision centers of Dewas, Kannauj, Neem ka Thana and Ranebennuru seems to be underperforming and the primary reason for that came out to be the lack of marketing initiatives, higher optical prices at the Vision centers and

presence of so many optical shops in the near vicinity. Another factor that came into light for lower revenue generation at Neem ka Thana Vision center was lower consultation charges than any other vision center. The ongoing pandemic and lockdown restrictions across the country have also affected the performance of vision centers in terms of OP flow and revenue generation at the vision centers. One inference that can be drawn from this study upon seeing the performance of the vision centers is that Sankara Eye Foundation India although a very renowned organization has marked presence in Southern India has yet to establish and popularize its name in Northern India. Although even in this ongoing pandemic also, Sankara can do a lot to improve the performance of their vision centers like it can launch marketing campaign drives at those vision centers which are failing to attract patients to their VCs, we can also setup Village level booths to create awareness regarding eye care services at community level. To diagnose eye defects among children, this is a golden opportunity for us as these days all classes are being held online so we can start eye care awareness series at school levels and teach them about the importance of eye care and get consultation at their nearest VC if they have any eye problems.

So overall it can be said that there is a lot of potential in the Vision Centers of Sankara Eye foundation to provide best in class eye care treatment to all the sections of the society, it's just it need to follow some recommended steps and work on a mission mode strategically to utilize the full potential of the existing vision centers to reach out to maximum number of people and achieve the goal of eradicating preventable blindness from India altogether.

Chapter-08

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