

A STUDY ON THE IMPACT OF SANKARA EYE FOUNDATION'S “GIFT OF VISION” PROGRAM

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Development Management

By

Naman Parashar

Under the Supervision and Guidance of

Dr. Himadri Sinha

2024



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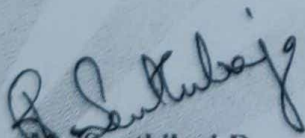
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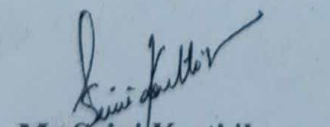
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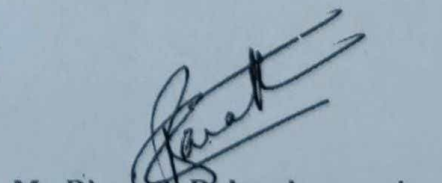
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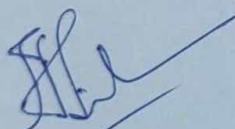
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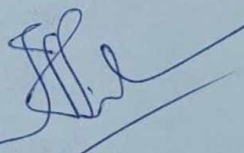
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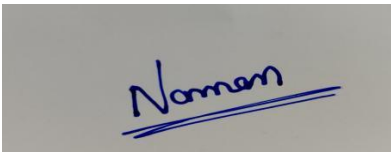
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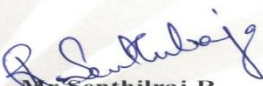
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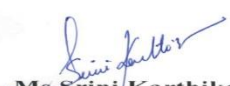
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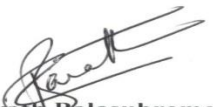
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Place: Coimbatore (Tamil Nadu)

Date:

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Abstract

Cataract remains a main reason of blindness globally, with an uneven load in emerging countries like India. Access to quality eye care facilities is often limited, particularly for underprivileged communities. This study evaluates the impact of Sankara Eye Foundation's "Gift of Vision" program, which provides free cataract surgeries to underprivileged populations in Coimbatore, India. The research employed an observational cross-sectional study design, involving 100 beneficiaries who experienced cataract surgery through the program between April 2023 and December 2023. Data were collected through structured questionnaires to assess the program's effects on visual acuity, quality of life, social participation, and economic well-being. The findings discovered significant improvements in the respondents' ability to perform daily tasks, participate in social events, and generate income after undergoing cataract surgery. The majority reported reduced difficulties and challenges in their daily lives, improved productivity, and high satisfaction with the care received. The study highlighted the multidimensional benefits of the "Gift of Vision" program, underscoring the importance of community-based interventions in alleviating the burden of preventable blindness and promoting socioeconomic empowerment.

The study findings, based on a survey of respondents aged 30-61+ years, majority being females with no formal education, reveal that most respondents learned about free cataract surgery camps through announcements and experienced significant improvements in their ability to participate in social activities, drive or go outside at night, work under direct sunlight, and use stairs after the surgery. The majority of respondents felt that the surgery reduced difficulties in performing daily tasks, improved their productivity and ability to generate income, and were highly satisfied with the care received at Sankara Eye Hospital.

Recommendations include increasing awareness programs, focusing on educational initiatives, exploring income-generating opportunities, strengthening community engagement, measuring long-term impact, and increasing program visibility. Overall, this research contributes to the discourse on effective strategies for addressing vision-related disabilities and promoting inclusive development in resource-limited settings.

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Chapter 1: Introduction

1.1 . Background

Vision impairment and blindness persist a pressing public health concern worldwide, mainly in emerging nations where access to eye care services is often limited. As per World Health Organization, globally "at least 2.2 billion people have a near or distance vision impairment" (WHO, 2022). Of these, around 1 billion cases are due to unaddressed refractive error or cataracts. Cataracts, the leading cause of blindness globally, account for over half of all cases of blindness (WHO, 2022).

In India, the burden of vision impairment is staggering. A recent study estimates that over 20 million people in India suffer from vision loss, with cataracts being the leading cause. This figure is significantly higher than the global average, underscoring the magnitude of the problem in the country. The socioeconomic implications of vision loss are profound, impacting individuals quality of life, productivity, and overall well-being.

1.2. Global Scenario

The World Health Organization (WHO) estimates that cataracts stay accountable for around 51% of blindness cases worldwide, affecting nearly 65.2 million people. The incidence of cataracts increases with age, and it is projected that about 50% of people aged 65 years and more have some degree of cataract formation. (World Health Organization (2022), World report on vision).

The global distribution of cataract prevalence is uneven, with higher rates observed in developing countries compared to developed nations. According to the WHO, the age-standardized incidence of cataract blindness is peak in Africa (1.4%) and South-East Asia (1.1%), followed by the Eastern Mediterranean (0.8%), Western Pacific (0.7%), Americas (0.5%), and Europe (0.4%) (World Health Organization (2020), Global data on visual impairments).

1.3. Indian Scenario

National Blindness and Visual Impairment Survey (2015-2019): This survey found that cataract is accountable for 66.2% of blindness cases and 62.4% of visual impairment cases in India, overall prevalence of cataract in India was estimated to be 6.1%.

India State-Level Disease Burden Initiative (2019): This report estimated that cataract was the leading cause of blindness in India, accounting for 62.6% of the total blindness burden in 2017. The age-standardized prevalence of cataract blindness was projected to be 0.57% in India.

International Agency for the Prevention of Blindness (IAPB) - Vision Atlas (2022): The Vision Atlas estimated that in 2020, there were approximately 9.8 million people with cataract blindness in India, accounting for nearly 60% of the global burden of cataract blindness, report also noted that the age-standardized prevalence of cataract blindness in India was 0.67%.

1.4. About Sankara Eye Foundation Coimbatore

Sankara Eye Foundation is a non-profit organization based in Coimbatore, Tamil Nadu that is dedicated to providing high-quality, affordable eye care to underprivileged communities across India. Since its inception in 1977, the foundation has been at the forefront of addressing preventable blindness, with a particular focus on cataract, which remains a leading cause of vision impairment in the country.

Sankara Eye Foundation's One of flagship initiatives is the "Gift of Vision" program, launched in 1990. This program aims to provide free cataract surgeries and comprehensive eye care services to individuals from economically disadvantaged backgrounds who would otherwise be unable to access or afford these vital interventions, last financial year (2023-24) Sankara Eye Hospital done 2,16,226 surgeries under “Gift of Vision” program. By eliminating financial barriers, the Gift of Vision program seeks to lighten the burden of preventable blindness and empower beneficiaries to lead more productive and fulfilling lives.

The Gift of Vision program functions through a network of vision centers and outreach camps, where beneficiaries are identified and screened for eye conditions, particularly cataracts. Those in need of surgical

intervention are then transported to Sankara Eye Foundation's base hospitals, where they receive free cataract surgeries performed by experienced ophthalmologists using state-of-the-art technology and equipment. In addition to the surgical procedures, the program provides comprehensive pre-operative and post-operative care, including counseling, medication, and follow-up visits, to ensure optimal recovery and long-term vision restoration. The program's holistic approach extends beyond medical interventions.

Through the Gift of Vision program, Sankara Eye Foundation has transformed the lives of countless individuals, enabling them to regain their independence, pursue economic opportunities, and participate more actively in their communities. The program's impact extends beyond the individual beneficiaries, as it also contributes to reducing the broader societal and economic burden associated with preventable blindness.

1.5. Purpose of the Research

The purpose of this research is to conduct a comprehensive evaluation of the impact of Sankara Eye Foundation's Gift of Vision program on the beneficiaries and their communities. Specifically, the study investigates the program's effectiveness in restoring vision, improving quality of life, and fostering socioeconomic empowerment among the individuals who have received surgical interventions.

1.6. The Problem

While the problem of vision impairment and its far-reaching consequences are well-documented, comprehensive assessments of community-based interventions like the Gift of Vision program are crucial for understanding their real-world impact and informing future strategies. As the World Health Organization notes, "effective strategies to prevent and treat vision impairment are urgently needed, particularly in low- and middle-income countries" (WHO, 2022). This study aims to address this knowledge gap by providing empirical evidence on the program's outcomes, challenges, and potential areas for improvement.

1.7. Context of the Research

The context of this research is particularly important given India's high incidence of vision loss, which is significantly higher than the global average. The World Health Organization estimates that "around 8 million people in India are blind, accounting for over one-third of the global burden of blindness" (WHO, 2022). These figures underscore the significant socioeconomic disparities that often limit access to eye care

facilities in the country. By evaluating a program that offers free eye care to underprivileged communities, this study has the potential to inform policymakers, healthcare providers, and non-profit organizations on effective strategies to address vision-related disabilities and promote inclusive development in India and beyond.

1.8. Objectives

The main objective of this study is to evaluate how Sankara Eye Foundation's Gift of Vision program affects the eye health, quality of life, and economic well-being of the people who receive the eye care services. This study aims to understand the program's impact from multiple angles. By doing this research, the goal is to provide insights that can help improve future eye care initiatives, especially community-based programs in low- and middle-income countries like India, where the need for such services is very high.

- To assess socio-economic profile of the patients who are undergone non-paying cataract surgery
- To assess how the programme has helped the patient socially.
- To assess what are the economic benefit of the programme to the patient.
- To document few cases to highlight the contribution of the programme in changing the lives of the patients.

Chapter 2: Review of Literature

1. The study looked at 200 cataract patients who had surgery at a major hospital in Tripura. Before surgery, most patients had very poor vision, with some only able to perceive light. After cataract surgery, 80% achieved good vision (20/30 or better) and quality of life improved significantly across different aspects like general function, vision, and psychological impact. 69% of patients were satisfied with the surgery results. The researchers suggest increasing access to this cost-effective surgery can substantially benefit those with vision impairment. However, the study was done at a major facility, so the quality-of-life findings may not apply to all settings. But overall, it highlights the positive impact cataract surgery can have (Acharya M et al., 2021).
2. The study looked at 300 cataract patients aged 50 and above who underwent cataract surgery. After 6 months, 182 patients came back for follow-up. Most patients (84%) achieved good vision (6/6 - 6/18) after surgery. Their quality of life related to vision, like overall eyesight, general functioning, and psychological well-being, improved significantly. Their general health-related quality of life also improved across different aspects: 83.5% had no problems doing their usual daily activities, improvements in movement, reduced discomfort, and less anxiety. Patients rated their overall health better after surgery. The researchers concluded that timely access to cataract surgery is important, especially for the elderly, as it can significantly enhance their vision and quality of life. However, some patients (39%) did not return for follow-up, and the study was limited to a single hospital center (Gupta S et al., 2021).
3. The study was conducted in rural Tamil Nadu, South India to assess the effect of successful cataract surgery on quality of life, household income, and societal position of poor patients. 294 visually impaired patients from low-income communities underwent free cataract surgery with intraocular lens implantation. One year later surgery, the study found significant improvements: Vision-related quality of life improved markedly. More patients were involved in money-generating activities (44.7% to 77.7%). Number of households with very low monthly income (less than 1000 Rupees) reduced from 50.5% to 20.5%. Number of working

household members increased. Widowed patients who underwent successful surgery were more likely to remarry within that year compared to those who remained visually impaired. The study highlights the broad positive impact of providing free, high-quality cataract surgery to underprivileged rural communities in alleviating blindness as well as poverty to some extent (Finger RP, Kupitz DG, Fenwick E, Balasubramanian B, Ramani RV, et al., 2012)

4. The study investigates the effect of cataract surgery interventions by the Noor Dubai Foundation (NDF) on social inclusion and quality of life in Katsina state, Nigeria. It used a survey method with a 5-point Likert scale questionnaire to collect data from 300 persons who were beneficiaries of the intervention. The results showed substantial improvements in social inclusion and quality of life indicators after the cataract surgeries, including: 98% of respondents agreed they depended less on companions, 98% agreed their participation in social functions improved, 99% agreed they had more control over their life choices, 96% agreed discrimination due to vision impairment reduced, 96% agreed their overall life sustainability improved. The study concluded that vision impairment decreases opportunities for social inclusion and hinders achieving the UN's Sustainable Development Goals. In summary, the paper highlighted the positive economic and social impacts of cataract surgery interventions in improving social inclusion and quality of life indicators in Katsina state, Nigeria (Taryam et al., 2023)
5. The study examined the associations between national socioeconomic development levels (measured by Human Development Index and Gross Domestic Product per capita) and the quantity and quality of cataract surgery across countries. It analyzed data from 266 Rapid Assessment of Avoidable Blindness (RAAB) studies conducted in 73 countries/territories between 1995-2015. Higher socioeconomic development levels were strongly linked with: Lower occurrence of cataract blindness, Higher cataract surgical coverage, Higher amount of intraocular lens implantation after surgery, Higher amount of good visual outcomes after cataract surgery. Countries with lower Human Development Index and lower GDP per capita had worse cataract surgery output (lower surgical coverage) and outcome (poorer postoperative vision) compared to higher-income countries. In summary, the study found strong positive correlations between national socioeconomic development levels and both the quantity (surgical coverage) and quality (good

postoperative vision) of cataract surgeries performed across countries worldwide (Wang W, Yan W, Müller A, He M., 2017)

6. Objective of this study aimed to assess how communities are engaged in eye care interventions in low- and middle-income countries and find the blockers and enablers associated with intervention implementation. Methods used are a scoping review was conducted by searching for peer-reviewed research on eye care interventions engaging peoples published between January 2011 and September 2021. A total of 73 studies were involved in the review. Findings are studies were conducted across 28 countries, with most targeting onchocerciasis and childhood eye conditions. 4 main fields of eye care interventions were identified: health promotion and education, drug/supplement supply and immunization campaigns, surveillance/screening/detection, and referral/pathway navigation. Most studies involved communities, but few empowered communities in the implementation process. Key barriers included limited resources, lack of incentives for community volunteers, distrust in interventions, and geographic access issues (Lee L, Moo E, Angelopoulos T, Yashadhana A., 2023)
7. This study looked at why many people in rural Nepal did not get cataract surgery, even when eye hospitals were available nearby. Out of 319 people identified with cataract, less than half (45.5%) agreed to get surgery within one year, despite being offered free transportation. The main reasons people gave for not getting surgery were: Cost issues, Logistical problems like not having someone to go with them, Fear of surgery, Being too busy with work. Many reported vision problems, but most (77%) could still do basic daily tasks like eating and dressing by themselves. This made them feel surgery was not really needed. Even after further counseling and offering free surgery, only 24% of those who initially refused ended up getting operated within the next year. The study found that beyond just providing accessible services, changing people's perceptions about needing surgery, increasing education levels (especially for women), and considering social/economic factors are crucial for improving cataract surgery uptake in such communities (Snellingen et al., 1998).

8. It was a multi-center longitudinal intervention study conducted in Kenya, Bangladesh, and the Philippines; the study aimed to measure the impact of cataract surgery on poverty alleviation among visually impaired cases. Cases with cataract-related visual impairment were recognized with the help of population-based surveys, then those were offered free or subsidized cataract surgery. Poverty data (per capita spending, asset possession, and self-rated wealth) were collected from cases and controls at baseline and one year after cataract surgery. The study found that one year after cataract surgery, per capita expenditure increased significantly among operated cases, reaching the level of controls, while assets remained largely unchanged. The increases in per capita expenditure were most apparent among the poorest cases at baseline, suggesting that cataract surgery can contribute to poverty mitigation, particularly among the most vulnerable members of society. In simple terms, the study displayed that providing cataract surgery to visually impaired individuals can help reduce their poverty levels, especially for those who were poorest before the surgery (Kuper H, Polack S, Mathenge W, Eusebio C, Wadud Z, et al., 2010).

9. This was a longitudinal study, baseline people aged 50 years with visual impairment due to cataract ('cases') and age-, sex-matched controls without visual impairment were interrogated about vision specific and generic HRQoL, daily activities and financial indicators (household per capita spending, assets and self-rated prosperity). Cases were offered free or subsidised cataract surgery. Cases and controls were re-interviewed around one and six years later. At baseline across the two countries there were 455 cases and 443 controls. Fifty percent of cases appeared for surgery. Response rates at six years were 47% for operated cases and 53% for controls. Cataract surgery improves quality of life, daily activities, and economic status of older adults in low-income countries. One year after cataract surgery, people who underwent surgery showed improvement in quality of life, participation in productive activities, household expenditure, and reduced need for assistance, becoming similar to those without visual impairment. These benefits were sustained even after six years, except for a decrease in time consumed on fruitful activities among both operated and non-operated groups, likely due to aging. Cataract surgery led to long-term improvements in household economic status, as measured by increased household expenditure and asset ownership over six years. In summary, cataract surgery has a lasting positive impact on the lives of older adults in low-income settings, improving their quality of life, daily functioning, and economic well-being over an extended period (Danquah L, Kuper H, Eusebio C, Rashid MA, Bowen L, et al., 2014)

10. This study evaluated the visual outcome after cataract surgery in rural areas of Punjab, India. Out of 428 operated eyes surveyed, only 45.3% gained good vision (visual acuity $\geq 6/18$), while 16.8% remained blind (visual acuity $< 3/60$) after cataract surgery. The main causes of blindness were complications related to cataract surgery itself, such as corneal edema/opacity (23.3%), retinal detachment (19.4%), and aphakic glaucoma (18.1%). Non-surgery related causes like pre-existing corneal opacity and glaucoma also contributed to blindness. Longer duration after cataract surgery was associated with poorer visual outcomes. The visual outcome was poor, even when surgeries were performed in hospitals or private clinics, not just in eye camps. The study highlights the need to improve the quality of cataract surgery and postoperative care, including long-term follow-up, in rural areas of India. In summary, this study found an unacceptably high rate of blindness after cataract surgery in rural Punjab, mainly due to surgery-related complications, emphasizing the need for better surgical quality and follow-up care (Anand R, Gupta A, Ram J, Singh U, Kumar R., 2013)

Chapter 3: Methodology

3.1 About the Study

a. Objectives

- 1 To assess socio-economic profile of the patients who are undergone non-paying cataract surgery
- 2 To assess how the programme has helped the patient socially.
- 3 To assess what are the economic benefit of the programme to the patient.
- 4 To document few cases to highlight the contribution of the programme in changing the lives of the patients.

Primary data will be collected through observation or through interviewing or telephonic interview by structured questionnaire.

b. Duration of the study: 3 Months

c. Sample Size: 100

d. The survey: The survey was conducted on patients who had undergone cataract surgery at Sankara Eye Hospital in Coimbatore district between April 2023 and December 2023. During this period, a total of 33,208 patients were selected for cataract surgery.

To identify the participants for the survey, two criteria were applied:

- 1. Age criteria:** Patients were filtered based on their age to ensure the sample was representative of the target population.
- 2. Surgery type:** Only patients who had experienced cataract surgery were considered, excluding those who had other types of eye surgeries.

After applying these two filters, a group of 280 patients was randomly selected from the eligible pool of cataract surgery patients. To collect data from these 280 patients, personal one-on-one interviews by calling the patients to nearby vision Centres and some patient's interview was done through calling. Out of the 280

patients contacted, a final sample of 100 patients successfully completed the survey and provided their responses.

e. Study type: Observational Cross-Sectional Study

f. Inclusion Criteria:

- Patients undergone cataract surgery through the “Gift of Vision” Program in Coimbatore.
- Willing to give informed consent and participate in follow-up assessments.

g. Exclusion Criteria:

- Patients who gone through other type of surgeries.
- Patients who are unwilling to participate in follow-up assessments.

h. Study Tools: Structured questionnaires to assess the social and economic Impact of “Gift of Vision” Programme.

i. Sampling Technique: Random Sampling.

j. Data Collection Method: Primary data will be collected through observation or through interview by structured questionnaires and telephonic interviews, secondary data will be collected through the Sankara Eye Foundation’s MIS.

k. Data Analysis: Microsoft Excel

Chapter 4: Analysis of the Findings

4.1 Introduction

The present study employed an observational cross-sectional study design to evaluate the impact of Sankara Eye Foundation's "Gift of Vision" program on its beneficiaries in Coimbatore. The study population consisted of 100 individuals who underwent free cataract surgery through the program between April 2023 and December 2023. The collected data was analyzed using Microsoft Excel to generate descriptive statistics and visualizations, facilitating the interpretation of the program's impact.

A. These are the research questions: -

- 1 How the programme has helped the patient socially?
- 2 What are the economic benefits of the programme to the patient?

B. The study objectives were as follows: -

1. To assess socio-economic profile of the patients who are undergone non-paying cataract surgery
2. To assess how the programme has helped the patient socially.
3. To assess what are the economic benefit of the programme to the patient.
4. To document few cases to highlight the contribution of the programme in changing the lives of the patients.

4.2 Findings and Analysis

I. Findings of Objective 1: To assess socio-economic profile of the patients who are undergone non-paying cataract surgery.

a. Age Group of The Respondents: The Fig 4.1 illustrates that out of 100 respondents 81 percent are from 51 – 60 years of age group, 14 percent are from 41 – 50 years of age group, 3 percent are from 61 years and above age group, and 2 percent are from 30 – 40 years of age group.

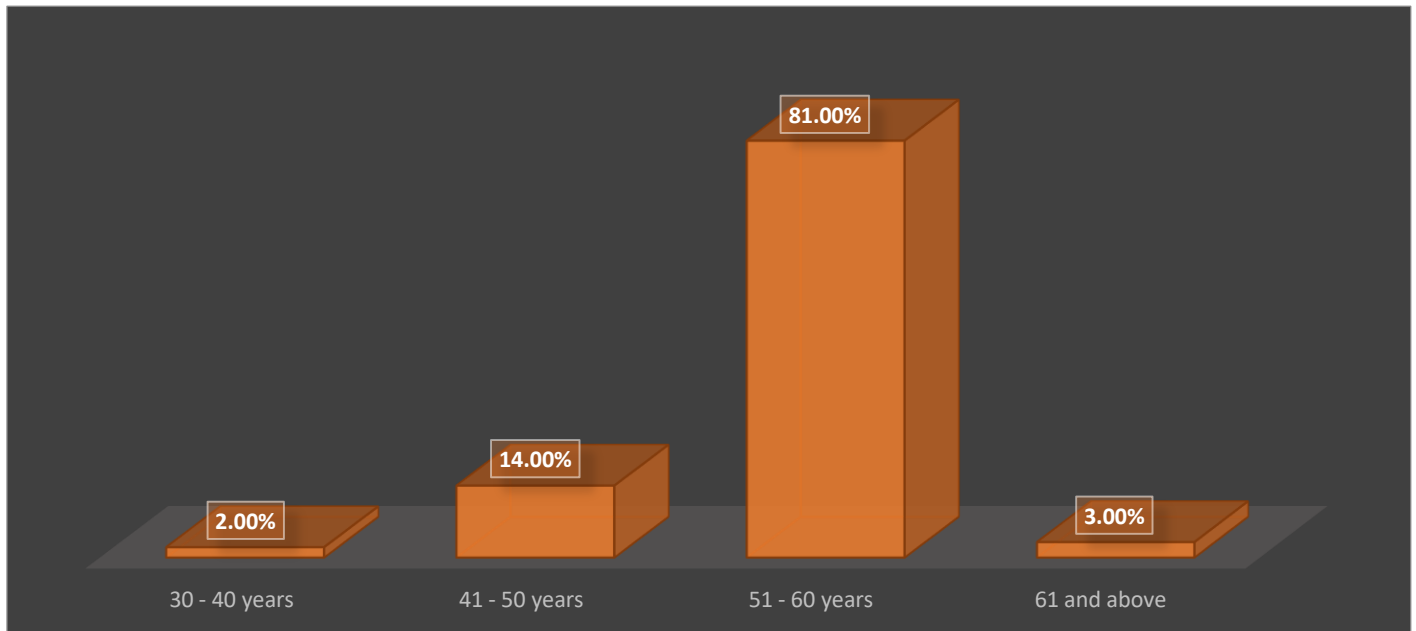


Fig. 4.1: Age group of the respondents

b. Gender wise distribution of the respondents: The Fig. 4.2 illustrates that out of 100 respondents, 59 were female, and 41 were male.

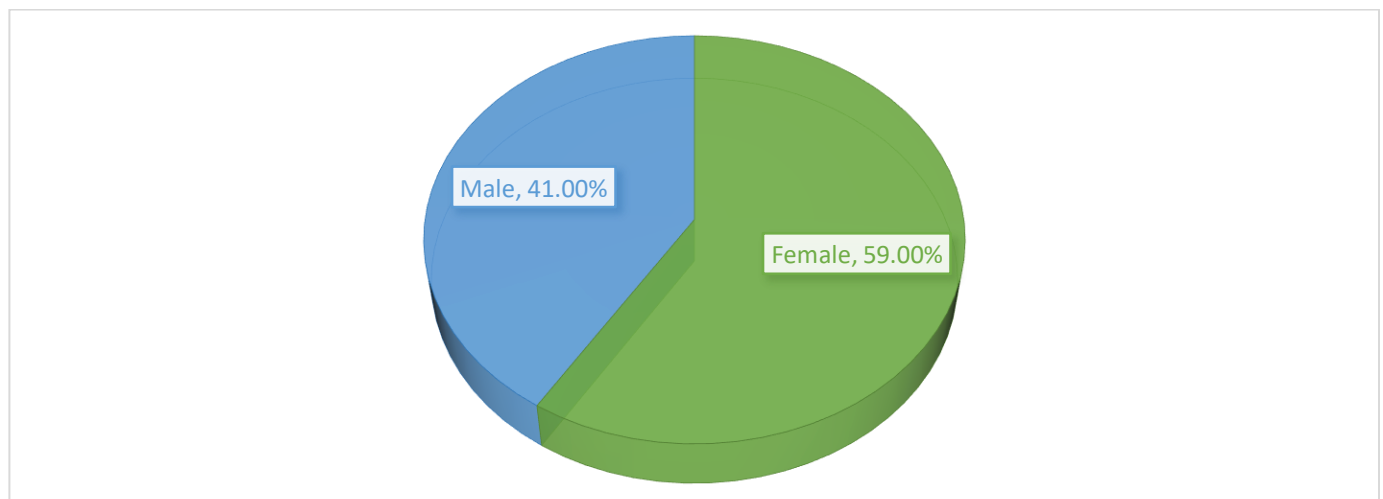


Fig. 4.2: Gender wise distribution of the respondents

c. Education level of the respondents: The Fig. 4.3 illustrates that out of 100 respondents 73 percent having no formal education, 10 percent having secondary education, 8 percent having primary education, also 8 percent having middle education, and 1 percent having college/university degree.

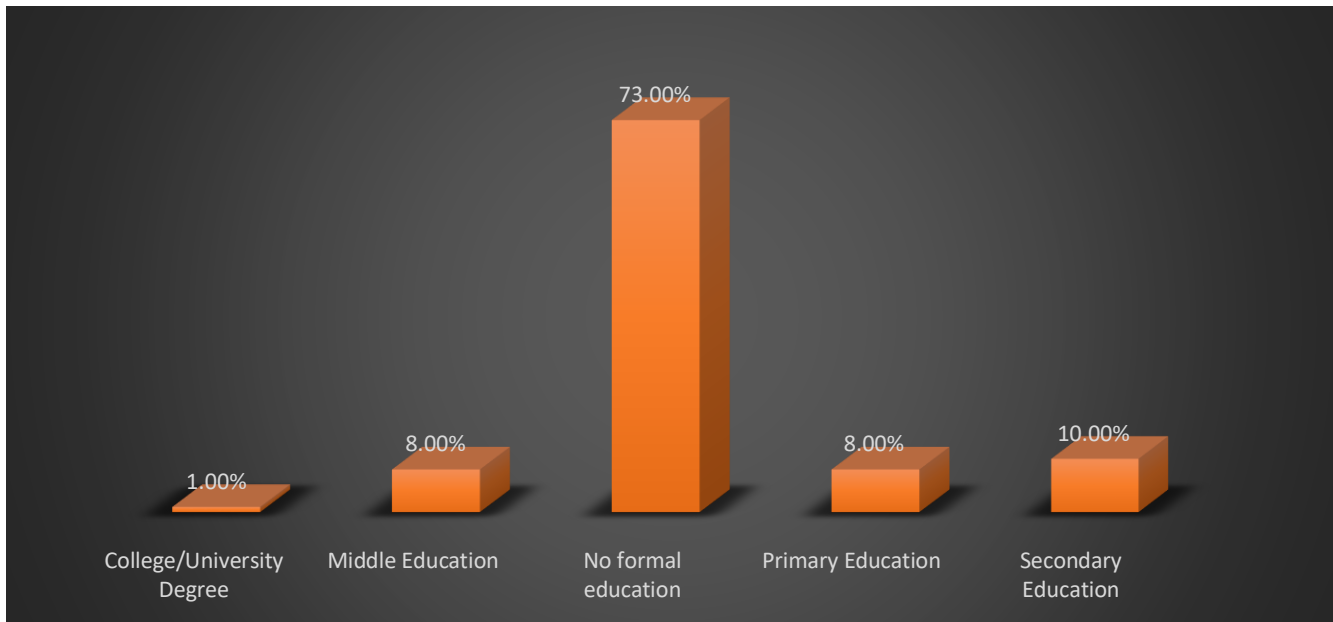


Fig. 4.3: Education level of the respondents

d. Respondents house type: The Fig. 4.4 illustrate that out of 100 respondents 46 percent is having semi – pucca house, 33 percent is having pucca house, 15 percent is having kuccha house, and 6 percent is having Pradhan Mantri Aawas Yojna house.

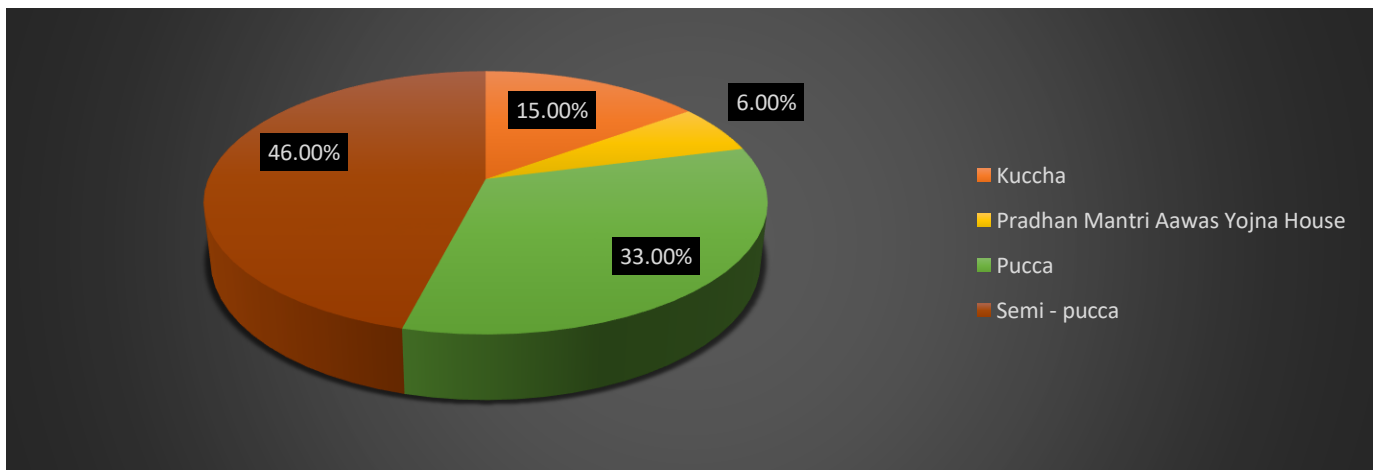


Fig. 4.4: Respondents house type

e. How respondents hear about free cataract surgery: The Fig. 4.5 illustrate that out of 100 respondents how they hear about Sankara Eye Hospital's free cataract surgery so 67 percent hear through camp announcements by auto rikshaws, 20 percent hear through the Sankara Eye's Vision Centres, 8 percent through friends and family, 3 percent through the camp banners, and 2 percent through mouth-to-mouth publicity.

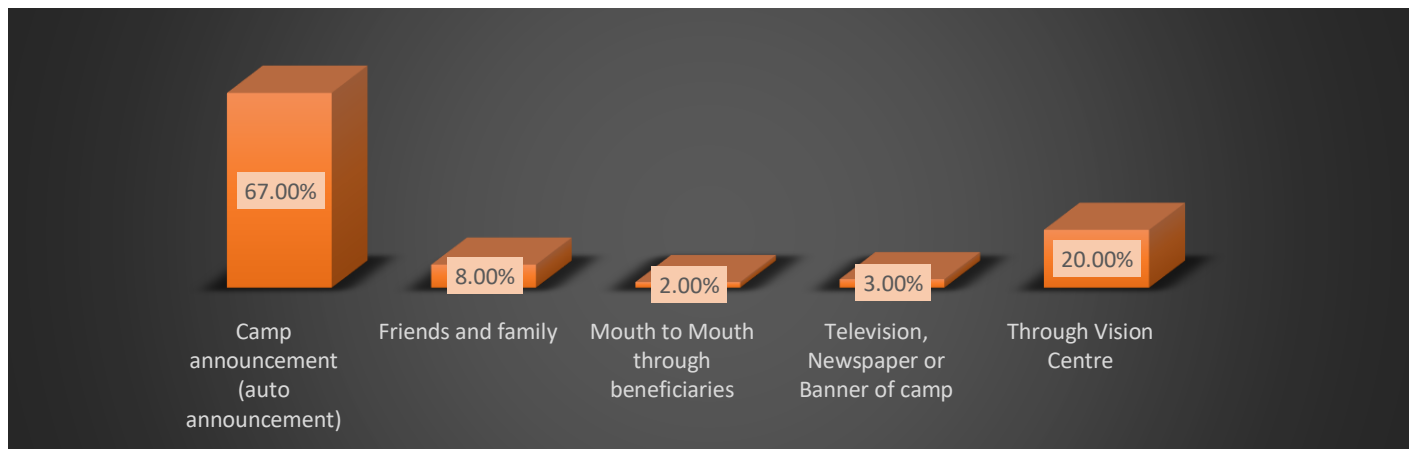


Fig. 4.5: How respondents hear about free cataract surgery?

f. Occupation of the respondents: The Fig. 4.6 illustrates the occupation of the 100 respondents, so out of 100 respondents 37 percent are engaged in daily wages work like laborer work or 100-day MGNREGA work, 27 percent are unemployed, 27 percent are self-employed, and 9 percent are engaged in private jobs having fix salary.

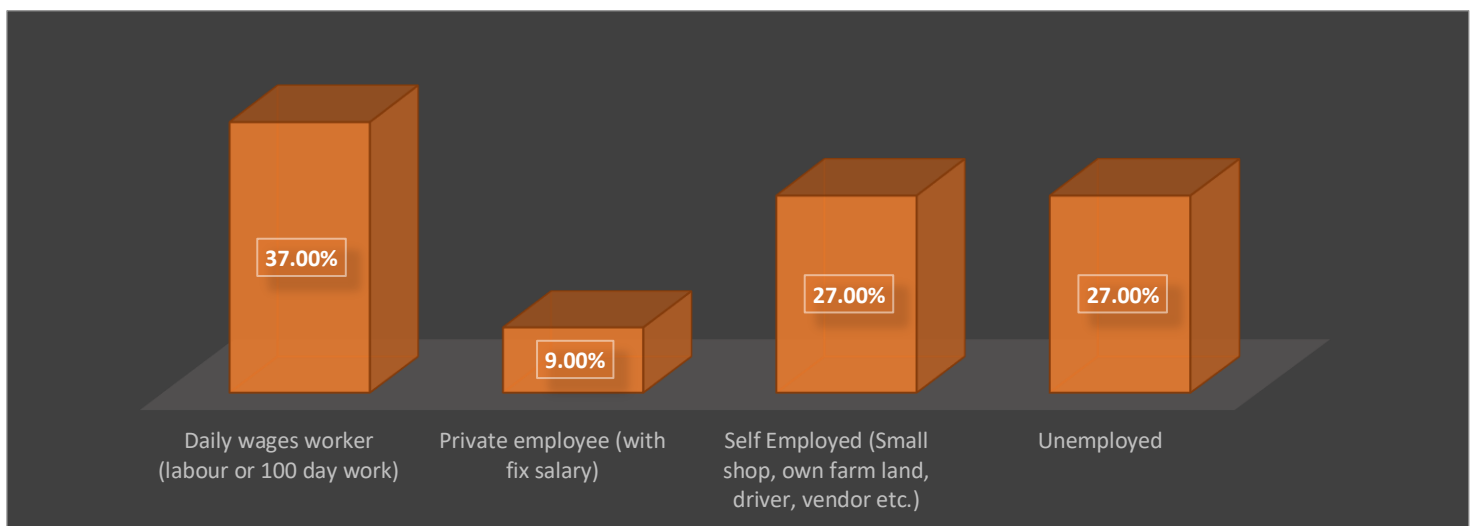


Fig. 4.6: Occupation of the respondents

g. Reason of unemployment: The Fig. 4.7 illustrate the reason of unemployment of 27 members, out of them 70 percent of the respondents doesn't need to work, 15 percent of the respondents are unemployed because they doesn't got work, 11 percent of the respondents are unemployed due to other health problems, and 4 percent of the respondents are unemployed due to vision problem.

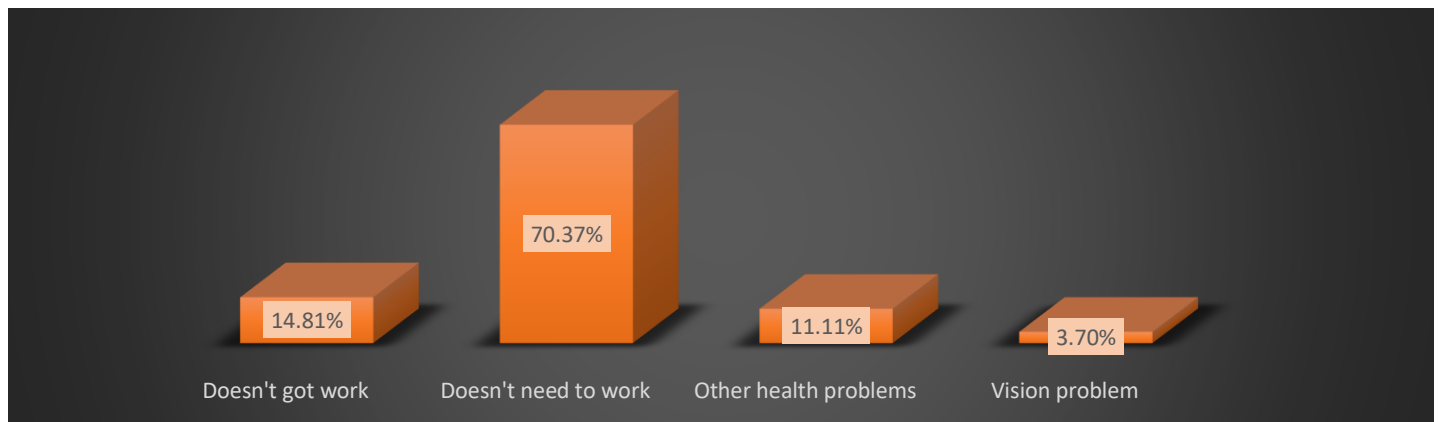


Fig. 4.7: Reason of unemployment

II. Findings of Objective 2: To assess how the programme has helped the patient socially.

a. Ability to take part in social activities after cataract surgery: The Fig. 4.8 illustrate that after cataract surgery how much their ability to take part in social activities affected, 90 percent of the respondents saying they feel a lot of improvement in participation in social activities, 8 percent of the respondents saying that participation in social activities is not affected or same after cataract surgery, and 2 percent of the respondents are saying that after the cataract surgery the participation in social activities became worse.

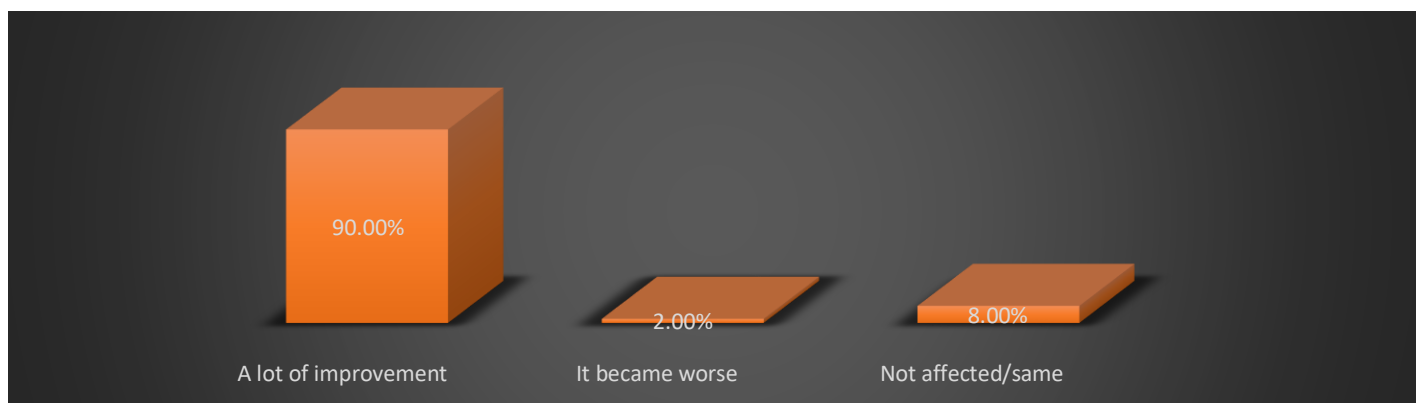


Fig. 4.8: Ability to take part in social activities after cataract surgery

- b. Difference noticed by the respondents in driving or going outside at night time:** The Fig. 4.9 illustrates the difference noticed by the respondents in driving or going outside at night time, so out of 100 respondents 91 percent of the respondents felt that it became easy than before after surgery, 8 percent of the respondents says that it has no changes or same after the surgery, and 1 percent of the respondents says that it became difficult after the cataract surgery.

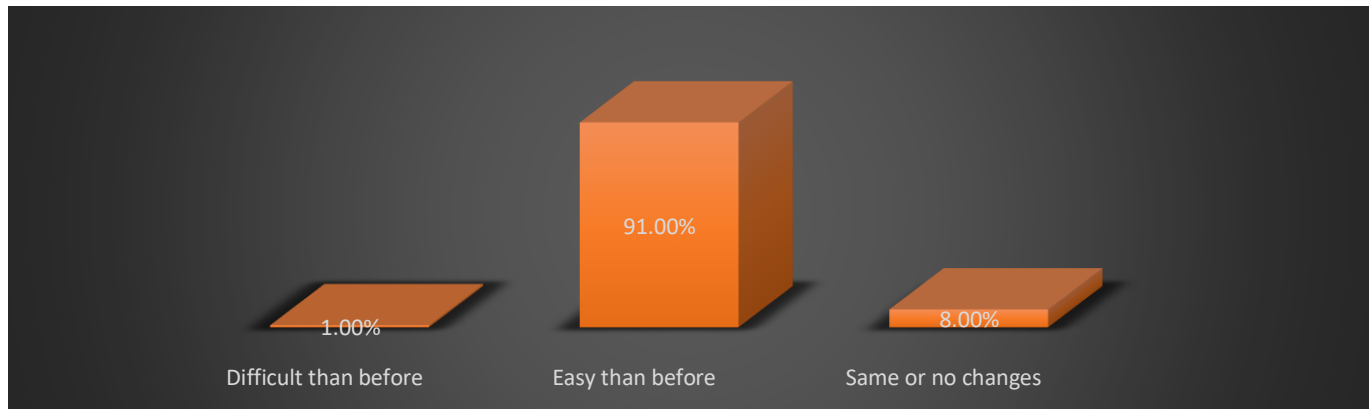


Fig. 4.9: Difference noticed by the respondents in driving or going outside at night time

- c. Difference noticed by the respondents in doing work under direct sunlight:** The Fig. 4.10 the difference noticed by the respondents in doing work under direct sunlight, so out of 100 respondents 88 percent of the respondents felt that it became easy than before after surgery, 6 percent of the respondents asks that it has no changes or same after the surgery, and 6 percent of the respondents asks that it became difficult after the cataract surgery.

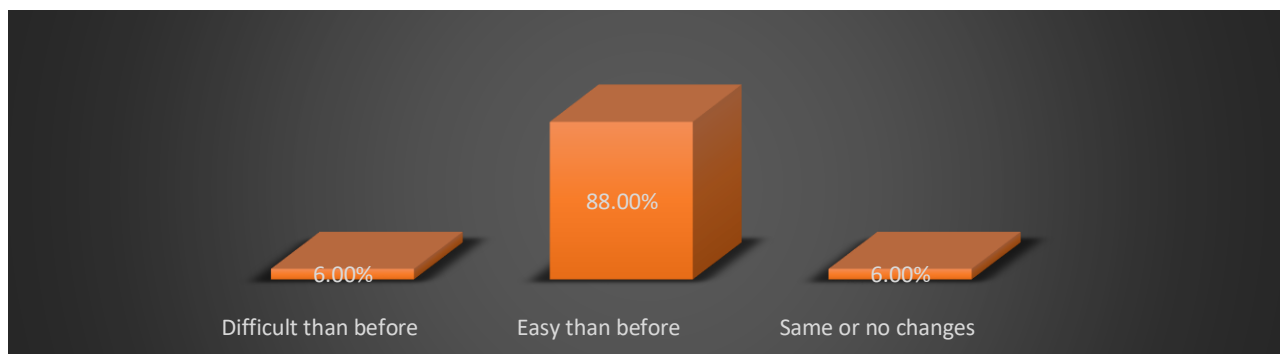


Fig. 4.10: Difference noticed by the respondents in doing work under direct sunlight

- d. Difference noticed by the respondents while using stairs:** The Fig. 4.11 illustrates the difference noticed by the respondents while using stairs, so out of 100 respondents 79 percent of the respondents felt that it became easy than before after surgery, 20 percent of the respondents says that it has no changes or same after the surgery, and 1 percent of the respondents says that it became difficult after the cataract surgery

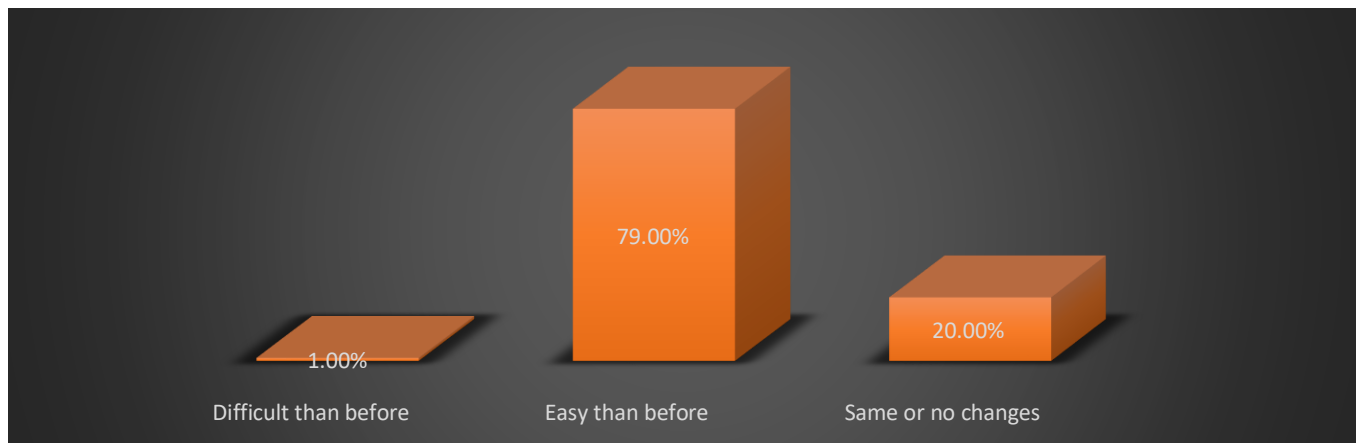


Fig. 4.11: Difference noticed by the respondents while using stairs

- e. Role of Surgery respondents feel in reducing any difficulty or challenge from day-to-day life:** The Fig. 4.12 illustrates the role of surgery respondents feel in reducing any difficulty or challenge from day-to-day life, so out of 100 respondents 94 percent of the respondents feel that yes surgery significantly reduced the difficulty or challenge from day-to-day life, and 6 percent of the respondents feel no changes or same the level of difficulty or challenge in day-to-day life after the cataract surgery.

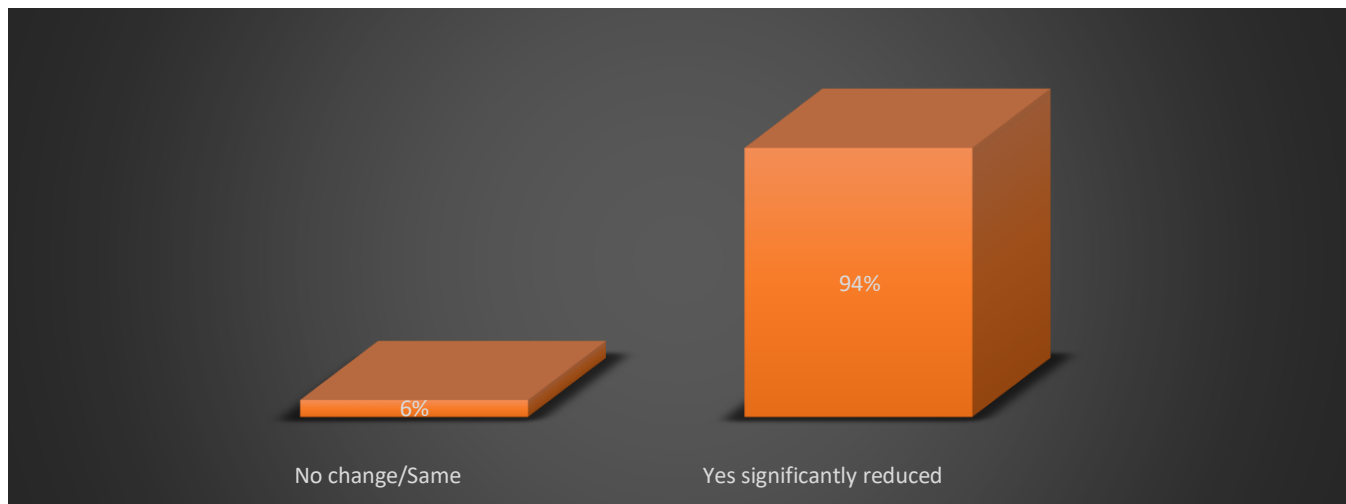


Fig. 4.12: Role of Surgery respondents feel in reducing any difficulty or challenge from day-to-day life

III. Findings of Objective 3: To assess what are the economic benefit of the programme to the patient.

- a. Effect of cataract surgery on productivity or ability to generate income:** The Fig. 4.13 illustrates the effect of cataract surgery on productivity or ability to generate income fell by 100 respondents, so out of 100 respondents 79 percent of the respondents feels that there is a lot of improvement in productivity or their ability to generate income after cataract surgery, and 21 percent of the respondents feels there is no improvement or the same productivity or same ability to generate income after cataract surgery.

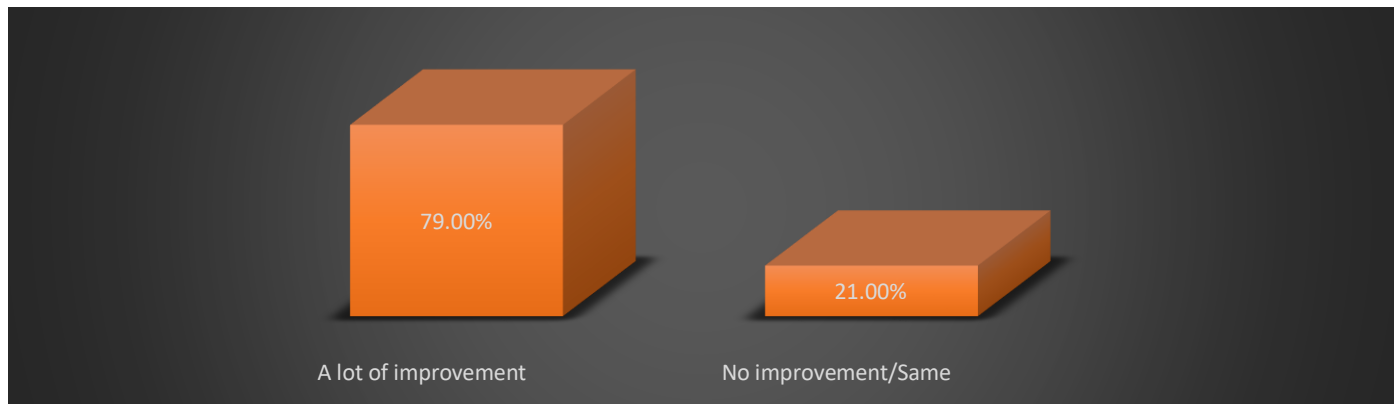


Fig. 4.13: Effect of cataract surgery on productivity or ability to generate income

- b. Satisfaction level of the respondents on care received at Sankara Eye Hospital:** The Fig. 4.14 illustrates the satisfaction level of the respondents on care received at Sankara Eye Hospital, so out of 100 respondents 77 percent of the respondents were highly satisfied with the care received at Sankara Eye Hospital, 22 percent of the respondents feels that they received good care at Sankara Eye Hospital, and 1 percent of the respondents were not satisfied by the care received at Sankara Eye Hospital.

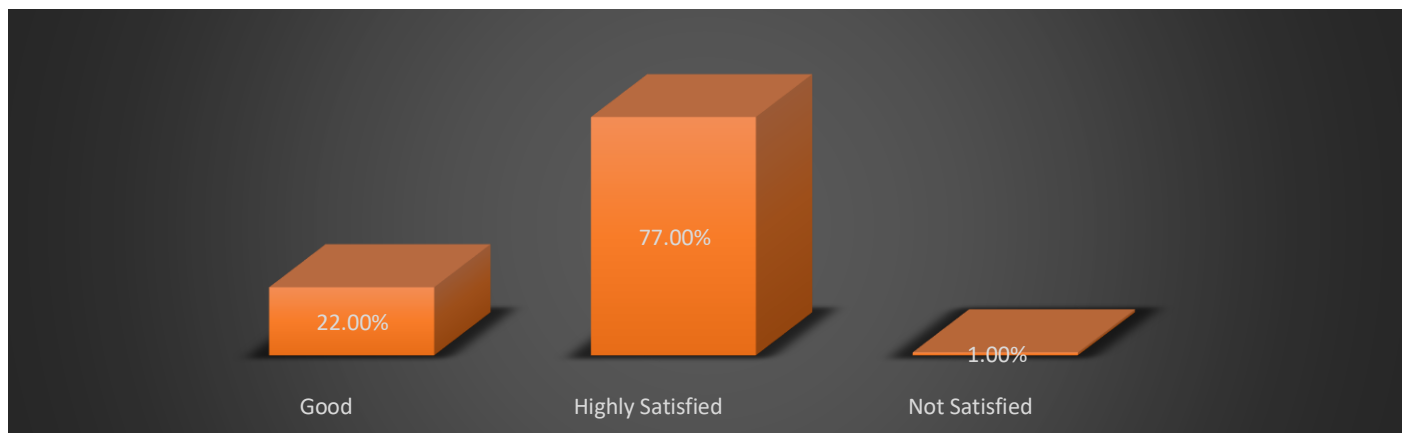


Fig. 4.14: Satisfaction level of the respondents on care received at Sankara Eye Hospital

Chapter 5: Testimonials

IV. Findings of Objective 4: To document few cases to highlight the contribution of the programme in changing the lives of the patients.



Fig: Ranganathan

Ranganathan, a 53-year-old teacher, had been struggling with a cataract in his left eye, which significantly impaired his vision. During the day, the glare from the sun made it difficult for him to see clearly, and at night, the bright headlights of oncoming vehicles left him virtually blinded while driving.

"Before the surgery, I had a hard time driving during the day because the sun would hit my eye, and I couldn't see properly," Ranganathan recalled. "At night, the flashing lights from buses and other vehicles made it nearly impossible for me to drive safely."

Fortunately, Ranganathan learned about the free cataract surgery provided by Sankara Eye Foundation. After undergoing the procedure, his vision was restored, and he could once again drive with confidence, both during the day and at night.

"Thanks to Sankara Eye Foundation, I can now drive without any issues, regardless of the time of day or night," Ranganathan expressed with gratitude. "The surgery has made a tremendous difference in my life, and I'm incredibly thankful for their support."



Pappathi, a 51-year-old daily wage worker, found herself struggling with a cataract that had caused a cloudy formation in her eyes, severely impacting her vision. Her life took a turn for the better when a Village Health Volunteer (VHV) identified her condition during a door-to-door screening process.

"Just a few days ago, I couldn't see properly due to the cataract," Pappathi recounted. "I was unable to carry out my daily work, which is essential for supporting my family."

Fig: Pappathi

Fortunately, Pappathi was then brought to the Sankara Eye Hospital, where she received comprehensive care and support. "The staff at the hospital treated me exceptionally well," she said. "They provided me with good, healthy, and hygienic food throughout the day, including refreshments."

Beyond the physical care, Pappathi was grateful for the clear communication and guidance she received from the hospital staff. "They explained the dos and don'ts to us in a way that was easy to understand," she added.

After undergoing cataract surgery at the hospital, Pappathi's vision was restored, allowing her to resume her daily work with ease. "I am deeply grateful to Sankara Eye Foundation for giving me back my sight," she expressed. "Their care and support have truly changed my life."

Pappathi and Ranganathan's story serves as a testament to the transformative power of accessible eye care services provided by Sankara Eye Foundation, particularly for those in underprivileged communities who rely on their daily wages to sustain their livelihoods.

Chapter 6: Discussion

Based on the questionnaire interviewed from the respondents, the following inferences can be drawn.

I. Discussions of Objective 1: To assess socio-economic profile of the patients who are undergone non-paying cataract surgery.

- a. The age group of the respondents varies from 30 – 61 years and above while the highest number of respondents belong from 51 – 60 years of age group.
- b. Majority of the respondents (i.e, 59 percent) are female, while 41 percent of the respondents are male.
- c. Majority of the respondents (i.e, 73 percent) have no formal education, 10 percent of the respondents having secondary education, 8 percent of the respondents having middle education, 8 percent of the respondents having primary education, only 1 percent of the respondent having college/university degree.
- d. Majority of the respondents (i.e, 46 percent) having semi – pucca house type, 33 percent of the respondents having pucca house, 15 percent of the respondents having kuccha house, while only 6 percent of the respondents having Pradhan Mantri Aawas Yojna House.
- e. Majority of the respondents (i.e, 67 percent) hear about free cataract surgery camp through camp announcement (auto announcement), 20 percent of the respondents hear through vision Centres, 8 percent of the respondents through friends and family, 3 percent of the respondents through television, newspaper or banner of the camp, and only 2 percent of the respondents through mouth-to-mouth promotion by beneficiaries.
- f. Majority of the respondents (i.e, 37 percent) are daily wages workers who engaged in construction work or 100 days MGNREGA work, 27 percent of the respondents are self-employed, 27 percent of the respondents are unemployed, and only 9 percent of the respondents are engaged in private job with fixed monthly salary.
- g. From those 27 percent unemployed majority of them (i.e, around 70 percent) doesn't need to work, around 15 percent of the respondents doesn't get work due to lack of skills, around 11 percent are unemployed due to some another health issues, while only around 4 percent are unemployed due to some major vision problem.

II. Discussions of Objective 2: To assess how the programme has helped the patient socially.

- a. After the cataract surgery majority of the respondent's (i.e, 90 percent) feels that in their ability to take part in social activities they see a lot of improvement, 8 percent of the respondents feel same or the no changes in participation in social activities, while only 2 percent of the respondents says that participation in social activities became worse after the cataract surgery.
- b. After the cataract surgery majority of the respondent's (i.e, 91 percent) feels that in their ability to driving or going outside at night time became easy compare to before, 8 percent of the respondents asks that they feel same or changes, while only 1 percent of the respondents asks that driving or going outside at night time became difficult compare to before after the cataract surgery.
- c. After the cataract surgery majority of the respondent's (i.e, 88 percent) feels that in their ability to work under direct sunlight became easy compare to before, 6 percent of the respondents asks that they feel same or changes, also 6 percent of the respondents asks that work under direct sunlight became difficult compare to before after the cataract surgery.
- d. After the cataract surgery majority of the respondent's (i.e, 79 percent) feels that in their ability to use stairs became easy compare to before, 20 percent of the respondents asks that they feel same or changes, and only 1 percent of the respondents asks that their ability to use stairs became difficult compare to before after the cataract surgery.
- e. Majority of the respondents (i.e, 94 percent) says that yes, they feel that the surgery has reduced the difficulties or challenges they faced while doing day to day task due to poor vision, and only 6 percent of the respondents says they feel the same or no changes in difficulties or challenges they faced while doing day to day task due to poor vision.

III. Discussions of Objective 3: To assess what are the economic benefit of the programme to the patient.

- a. Majority of the respondents (i.e, 79 percent) says that yes, they feel a lot of improvement in their productivity or ability to generate income, while 21 percent of the respondents says that they feel no improvement in their productivity or ability to generate income.
- b. Majority of the respondents (i.e, 77 percent) says that they were highly satisfied with the care they received at Sankara Eye Hospital, 22 percent of the respondents says that they received good care, while only 1 percent of the respondent says that they are not satisfied with the care received at Sankara Eye Hospital.

Chapter 7: Recommendations

1. Increase Awareness of the Program

- The current study, with its limited sample size and focus on Coimbatore, suggests a potential to increase the current 20% footfall by enhancing publicity efforts through vision centers. However, factors such as camp proximity to vision centers and the economic status of visitors should be taken into account in future studies. Consider conducting larger-scale studies to better understand the effectiveness of publicity through vision centers and its impact on footfall across all of Sankara Eye Foundation's Hospitals.

2. Strengthen Community Engagement

- The current study, based on a limited sample from Coimbatore, suggests encouraging more mouth-to-mouth promotion by beneficiaries (currently at 2%) through community ambassador programs where satisfied patients share their experiences. However, future studies should consider factors such as the prevalence of eye diseases in beneficiaries' areas and whether their family or friends have eye problems, to better understand the potential impact of such initiatives.

3. Measure Long-Term Impact

- Collaborate with academic institutions to conduct longitudinal studies that assess the long-term impact of the program on beneficiaries' socioeconomic status and quality of life. These studies should collect and analyze data on employment, income, and social participation before and after surgery, leveraging the expertise and resources of universities and research centers to quantify the broader impact of restored vision.

4. Increase Program Visibility

- Use social media and other platforms to share success stories and testimonials from those who have benefited from the program. This not only increases visibility but also can inspire more people to support the cause.

By implementing these recommendations, the Sankara Eye Foundation can enhance the impact of its Gift of Vision programme, improving not only the health outcomes but also the socio-economic conditions of its beneficiaries.

Chapter 8: Conclusion

The research on Sankara Eye Foundation's "Gift of Vision" program in Coimbatore provides evidence of the program's positive impact on the lives of its beneficiaries. The study reveals significant improvements in the participants' ability to engage in social activities, navigate daily life, work under various conditions, and maintain mobility after undergoing cataract surgery through the program. Moreover, a large majority of respondents reported reduced challenges in performing daily tasks and increased productivity and income-generating capacity, highlighting the far-reaching effects of the intervention on their quality of life and economic well-being.

The high levels of satisfaction expressed by the beneficiaries regarding the care received at Sankara Eye Hospital underscore the program's dedication to delivering quality eye care services. Furthermore, the socio-demographic profile of the respondents, which primarily consists of females aged 51-60 years with no formal education, emphasizes the program's commitment to serving underprivileged and disadvantaged populations who often face barriers in accessing essential eye care.

This study underscores the multidimensional benefits of the "Gift of Vision" program, demonstrating its potential to not only restore vision but also promote social participation and economic empowerment among its beneficiaries. The findings highlight the critical role of community-based interventions in tackling preventable blindness and promoting inclusive development in resource-constrained settings. By implementing the recommendations put forth, such as increasing awareness programs, strengthening community engagement, assessing long-term impact, and increasing program visibility, the Sankara Eye Foundation can further amplify the reach and effectiveness of its "Gift of Vision" program in lightening the burden of vision impairment among underprivileged communities in Coimbatore and beyond.

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Chapter 9: Annexure – 1

Questioner:

1. District/மாவட்டம்

2. Name / பெயர்

3. Age/வய

c. 30 - 40 years

d. 41 - 50 years

e. 51 - 60 years

f. 61 and above

4. Gender/பாலினம்

○ Male/ஆண்

○ Female/பெண்

○ Other:

5. Education Level/கல் a நிலை

○ No formal education/ ைறயான கல் a இல் ைல

○ Primary Education ஆரம் பக் கல்

○ Middle Education ந நிலைக் கல்

○ Secondary Education இரண் டாம் நிலை கல்

- College/University Degree கல் ரி/பல் கைலக்கழக பட்டம்

6. House type/உடன் வைக

- Kuccha/சைமக்கப்படாத
- Pucca/நிசச் யப்ப த்த
- Semi - pucca/பாஉ
- Pradhan Mantri Aawas Yojna House/மரதான் மந் ரி ஆவாஸ் ேயாஜனா

7. How did you hear about the cataract surgery camp of Sankara Eye Hospital?சங் கரா கண் ம
த்Fவமைன ன் கண் yரை அ வை ச்சை காம் பற் நீ ங் கள் எப்பJ
ேகள்aப்பட்Rரக் ள் ?

- Friends and family/நுண் பரக் ள் மற் ற் g ம் பத் னர்
- Through Vision Centre/கண் ணெளளி மையம் லம்
- Camp announcement (auto announcement) / காம் அ அப்ய (ஆட்டோ அ அப்ய)
- Television, Newspaper or Banner of camp/தொலைக்காட் , செய் த்தாள் அல் லஃ காடன் பதாைக
- Mouth to Mouth through beneficiaries/பயனாளிகள் லம் வாய் க் வாய்

8. Occupation/தொழில்

- Private employee (with fix salary)/தனியார் ஊழியர் (நிர்ணயமான சம்பளத்துடன்)
- Daily wages worker (labour or 100 day work)/ நகல் தொழிலாளர் (தொழிலாளர் அல்லது 100 நாள் பணி)

○ Self Employed (Small shop, own farm land, driver, vendor etc.)/Bயெதாபல்செய் பவரக் ள்
(ய கைட, சொந்த பண் ணை நிலம் , ஓட் நர், ற்பையாளர் ேபான் றைவ)

○ Unemployed/ேவைல ல் லா

9. Reason for not working/ேவைல செய் யாததற்g காரணம்

- Vision problem/பாரை வ மரச் ைனகள்
- Retired/ஓய் ெபற்றவர்(மன் வாங் ய)
- Other health problems/மற உடல் நலப் மரச் ைனகள்
- Doesn't need to work/ேவைல செய் ய ேதைவ ல் ைல
- Doesn't got work/ேவைல ைடக்கால் ைல

10. How much did your ability to take part in social activities (like attending events or visiting friends) increase after your cataract surgery?உங் கள் கண் யரை அ ைவ ைச்சக்gப் மறg சாக நடவJக்கைகளில் (நிகழ் களில் கலந்ெகாள்வF அல் லF நண் பரக் ைளச் சந் ப்பF ேபான் றைவ) பங் ேகற்பதற்கான உங் கள் றைன எவ் வள அ கரித்Fள்ளF?

- 1= A lot of improvement/நிறைய முன்னேற்றம்
- 2= Not affected/same/பா க்கப்படால் ைல/ ஒத்த
- 3= It became worse/அது மேலும் ேமோசமடைந்தது

11. After your cataract surgery, please rate how much difference you notice in doing these daily activities compared to before.உங் கள் கண்புரை அறுவை சிகிச்சைக்குப் பிறகு, இந்த தினசரி நடவடிக்கைகளைச் செய்வதில் முன்பு இருந்ததை விட எவ்வளவு வித்தியாசத்தை நீங் கள் கவனிக்கிறீர் கள் என்பதை மதிப்பிடுங் கள்.

	Easy than before/முன்னெப் போதையும் விட எளிதானது	Same or no changes/அ தே அல்லது மாற்றம் இல்லை	Difficult than before/முன் பை விட கடினமான து
Driving or going outside at night/வாகனம் ஓட்டுதல் அல்லது இரவில் வெளியே செல்வது			
Doing work in direct sunlight/நேரடி சூரிய ஒளியில் வேலை செய்தல்			
Using stairs in house or outside/வீட்டிற்கு உள்ளேயும் வெளியேயும் படிக்கட்டுகளைப் பயன்படுத்துதல்			

12. Do you feel that the surgery has reduced any difficulties or challenges you faced due to poor vision in your daily life or work? உங்கள் தினசரி வாழ்க்கை அல்லது வேலையில் மோசமான பார்வை காரணமாக நீங்கள் எதிர்கொள்ளக்கூடிய ஏதேனும்

சிரமங்கள் அல்லது சவால்களை அறுவை சிகிச்சை குறைத்ததாக நினைக்கிறீர்களா?

- 1= Yes significantly reduced/ஆம், அது கணிசமாகக் குறைந்தது.
- 2= No change/Same/மாற்றம் இல்லை/ ஒத்த
- 3= Even worse than before/முன்பை விட மோசம்

13. After your cataract surgery, how much difference do you notice in your ability to generate income or ability to perform that same task compared to before? உங்கள் கண்புரை அறுவை சிகிச்சைக்குப் பிறகு, வருமானத்தை உருவாக்கும் உங்கள் திறன் அல்லது அதே வேலையைச் செய்வதற்கான திறனில் முன்பு இருந்ததை விட எவ்வளவு வித்தியாசத்தை நீங்கள் கவனிக்கிறீர்கள்?

- 1= A lot of improvement/நிறைய முன்னேற்றம்
- 2= No improvement/Same/முன்னேற்றம் இல்லை / ஒத்த
- 3= Worse than before/முன்பை விட மோசம்

14. Were you satisfied with the care you received at the Sankara Eye Hospital? சங்கரா கண் மருத்துவமனையில் நீங்கள் பெற்ற கவனிப்பில் நீங்கள் திருப்தியடைந்தீர்களா?

- Highly Satisfied/மிகவும் திருப்தி
- Good/நல்லது
- Not Satisfied/திருப்தி இல்லை