Internship Report at Sankara Eye Foundation, Coimbatore

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

BATCH 2023-2025

Submitted By

Akshat Sharma

(IIHMR-U/10/2023-25/0038)

Under the Supervision and Guidance of

Dr. Himadri Sinha

(Professor, Provost IIHMR University & Dean SDS at IIHMR University, Jaipur)

2025

INTERNSHIP REPORT

Title: Barriers in Rural Outreach Eye Camps – Sankara Eye Foundation

Internship Organization: Sankara Eye Foundation India

Intern Name: Akshat Sharma

Internship Period: 17TH MARCH – 13TH JUNE

Course: MBA in Development Management

Institute: IIHMR University, Jaipur

1. INTRODUCTION

Cataract remains the leading cause of avoidable blindness in India, disproportionately affecting rural populations with limited access to surgical care. To combat this, organizations like Sankara Eye Foundation conduct free outreach eye camps that provide diagnosis, transportation, surgery, food, and accommodation at no cost to the patient. Despite these efforts, a significant number of eligible patients decline to undergo cataract surgery. This paradox points to deeper, non-clinical factors that influence healthcare utilization in underserved regions.

2. ORGANIZATION PROFILE

Sankara Eye Foundation India (SEFI) is a not-for-profit, community-focused organization delivering world-class eye care services across India, especially targeting underserved populations. With a mission to eliminate curable blindness, SEFI performs over 630,000 free eye surgeries annually through its pan-India network of 14 hospitals.

SEFI's model blends clinical excellence with community-based outreach, organizing eye screening camps in rural and semi-urban regions and promoting health equity. The organization's "Gift of Vision" initiative reflects its commitment to accessible eye care.

- Problem statement - Several units underperform due to an underutilized digital and traditional footprint, inconsistent patient follow-up, and low brand visibility in key communities.
- Traditional outreach has also lagged; many rural and semi-urban centers have not held regular vision camps or local partnerships, limiting community awareness of SEFI services.
- Moreover, the absence of structured referral networks limits patient inflow. Notably, 74% of patients rely on online reviews when choosing healthcare providers limiting their online discoverability and new patient acquisition potential.

3. METHODOLOGY

- This cross-sectional, mixed-method study was conducted among 48 patients who were eligible for cataract surgery but refused treatment. Data were collected using structured questionnaires and open-ended interviews. Quantitative data were analyzed using frequency distributions and percentages, while qualitative responses were subjected to thematic analysis. Sampling was purposive, focusing on high-refusal cases across multiple rural camps in Tamil Nadu organized by Sankara Eye Hospital, Coimbatore.

4. FINDINGS AND RESULTS

- A majority of patients were above 50 years (92%) and from nuclear families (77%) yet lacked practical support such as escorts or caregivers. Major reasons for refusal included: no one to accompany (14.6%), need for family consent (12.5%), fear of surgery (10.4%), and indirect economic concerns despite free services. Daily wage loss, social obligations, and low health literacy (67% illiterate) further contributed to refusal. Cultural priorities like temple events and familial ceremonies often delayed or prevented surgical participation.

5. CONCLUSION

- The internship validated and the study reveals that despite removing direct financial barriers, patients' decisions are shaped by psychological fears, lack of family support, cultural commitments, and perceived economic risks. These barriers must be addressed through targeted interventions such as family-inclusive counseling, visual health education, and community escort programs. Outreach models must evolve to address not just access, but acceptance—ensuring that patients not only receive the opportunity for sight restoration but feel supported enough to accept it.

Recommendations:

Engagement & Counseling

- Conduct pre-surgery counseling with patients and their families to address fears and explain benefits.
- Involve community health workers to organize family meetings and improve consent rates.

Address Psychological Barriers

- Run awareness campaigns in local languages to reduce fear of surgery.
- Share local patient testimonials to build trust and confidence.

6. LEARNINGS DURING INTERNSHIP

1. **Understanding Ground-Level Healthcare Delivery**

   Gained firsthand exposure to how large-scale rural health interventions like eye camps are planned, organized, and executed—right from patient screening to post-operative follow-up.

2. **Patient Behavior & Barriers**

   Learned to identify and analyze the psychological, social, and economic factors that influence health decision-making, especially reasons behind surgical refusal despite free services.

3. **Field Data Collection & Ethics**

   Developed skills in structured and semi-structured data collection, maintaining ethical research practices such as informed consent, confidentiality, and cultural sensitivity during interviews.

4. **Data Analysis & Interpretation**

   Gained experience in using Excel and thematic coding to analyze both quantitative and qualitative data and extract actionable insights from complex field-level scenarios.

5. **Health Communication Challenges**

   Understood the limitations of verbal counseling in low-literacy settings and the importance of culturally appropriate communication tools to improve patient awareness and motivation.

6. **Community Engagement & Cultural Sensitivity**

   Learned the significance of involving family members, local influencers, and volunteers to improve trust and participation in healthcare services in rural communities.

7. **Interdisciplinary Collaboration**

   Observed effective coordination between clinical teams, outreach coordinators, counselors, and data teams to run seamless eye care programs.

8. **Research Writing & Documentation**

   Improved my ability to document field findings, synthesize literature, and structure academic writing for reporting and thesis development.

9. **Time & Resource Management**

   Learned how to work within strict timelines and limited resources while maintaining data quality and field coordination during eye camp visits.

10. **Empathy & Human-Centered Perspective**

    Most importantly, the internship taught me to see beyond numbers and diagnoses—to understand the human stories, fears, and constraints that shape rural health behaviors.

11. Understood how **local culture, language, and media preferences** shape healthcare access and trust.

12. Recognized the importance of **data-driven decision-making** and real-time strategy adaptation in hospital outreach.